The Tavistock and Portman NHS
NHS Foundation Trust

Annual Report and Accounts 2009/10

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Tavistock & Portman NHS Foundation Trust

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Presented to Parliament pursuant to Schedule 7, paragraph 25(4) of the National Health Service Act 2006

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1. Trust Chair's Statement

The Trust performed well in 2009/10, growing and developing its patient, education and training, research, and consultancy activities. While doing so, the Trust achieved "Excellent" ratings for quality and use of resources from the Care Quality Commission. The Trust's leadership and staff have worked hard to deliver these results, which provide a firm foundation for the coming year.

It is a privilege to have been appointed as Trust Chair. I took up post on 1st November 2009 and since then have been engaged in learning about the Trust, meeting its staff, its Governors and getting to grips with the business of the Trust. I have also been meeting key stakeholders who work in partnership with us or whose own work has significant impact on the Trust. All of this has been both challenging and stimulating.

It was with great sadness that we learned of the sudden death of Nicholas Selbie, the previous Trust Chair, in March of this year. He led the Trust with great distinction and clear commitment, and the current good performance owes much to his contribution. We were all sorry to hear that he and his family had not been able to enjoy their planned retirement.

I have been impressed with the work of the Board of Directors and have been supported by an excellent team of Non-Executive Directors. The Board of Directors will be recruiting a new Non-Executive Director later this year to replace Emma Satyamurti who has made a significant contribution to the work of the Trust on many fronts and who is fulfilling the role of Senior Independent Director for the remainder of her term of office. She will be hard to replace. I have also been supported by a strong Executive Team led by Matthew Patrick. We were sorry to have to say farewell to Neil Brimblecombe during the year and are currently seeking to recruit a distinguished Nurse Director to fill the Board post on a permanent basis.

In the coming year, I look forward to developing further relationships with Governors and Members in the interests of patients, families, staff and students. Governors and Members can make a significant contribution to the Trust's aim of improving patient and public involvement. The Board of Directors and the staff are working hard to understand how best to meet the twin challenges of improving the quality of our services and ensuring the most efficient and effective use of resources. The Trust is rightly proud of the quality of its services. The Board of Directors and all staff are fully engaged in programmes to sustain and improve quality even in the face of the enormous financial

difficulties that have already been identified in the local and the national health economy. We recognise the substantial financial pressures that the Trust faces and in our Annual Plan we have set a course for improving productivity and working in innovative ways to meet the challenges.

I look forward to working with the Trust over the coming year.

Angela Greatley
Trust Chair

2. Chief Executive's Statement

This year we have been very pleased to welcome our new Trust Chair, Angela Greatley. Angela is already making a very significant contribution to the Trust and our work. All staff at the Trust were, however, very saddened to hear of the untimely death of our last Trust Chair, Nicholas Selbie, shortly after his retirement. Nick added greatly to the life and development of the Trust, and will be very much missed.

The past year has been a turbulent one, with the UK recession impacting on individuals, organisations and systems. As a provider of mental health services this is of particular relevance, given the rise in mental health problems that will ensue. We are now also moving into what will inevitably be a period of significant constraint in public sector funding. This will create challenges for the health economy as a whole. For mental health services in particular, however, it is likely to be difficult given that, historically, funding for mental health services has always been harder hit then that for the acute sector when money is in short supply.

Within this difficult context, the past year has again been one of strong performance by the Trust. The Trust performed ahead of plan across the whole year: rated "Excellent" by the Care Quality Commission in 2009 both for quality of services and for management of financial resources; receiving a Financial Risk Rating of 4 from Monitor across all four quarters; and under the new Care Quality Commission regime, registered without qualification.

Over the last 15 years, the Trust has grown steadily and continued to do so over the past year (10% in real terms). This growth was delivered mostly through successful tendering for new business including patient services, education and training, and consultancy. At the same time, we have also steadily improved productivity so as to provide better services and also to meet our financial targets.

The Trust's quality programme draws on existing work in many areas, for example Patient and Public Involvement (PPI), communications, equalities and facilities – including the physical environment and catering. Over the past year this work has been consolidated. The Quality Programme Board has monitored progress on quality plans over the year and worked to develop an approach to implementing a quality programme which is both robustly sponsored by senior management and also locally owned with clear communication, reporting and accountability.

The years ahead will bring very significant challenges to all NHS organisations. All of the factors mentioned above, however, ensure that

the Trust is moving into an exceptionally difficult climate from a strong platform.

The Trust will continue to work closely with commissioners and other providers in the provision of high quality services to local residents. Working as part of a larger system is essential if the quality of patient services is not to suffer in economically stringent times.

At the same time, we recognise that very significant levels of productivity improvement and efficiencies will be required in an environment of financial constraint. The Trust will aim to achieve these while protecting and developing the quality of our services.

Dr Matthew Patrick
Chief Executive

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 History of Tavistock & Portman NHS Foundation Trust

The Tavistock and Portman NHS Foundation Trust 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 Principal Activities

The Trust is unusual in the balance 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 services, and education and training services:

- The Trust offers a broad range of generic and specialist outpatient mental health services to children, families and adolescents (CAMHS). CAMHS comprise the majority of the Trust's patient services. The Trust also offers a range of specialist and generic psychological therapy services to adults, including forensic services.
- 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 and has strong University partnerships.

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 education and training account for almost 95% of the Trust's income. Total income in 2009/10 was £30.3m, of which £13.4m was from patient services, and £14.9m from education and training.

Table 1: Income by Trust Services 2009/10

Area	Income £m
Patient Services	13.4
Education & Training	14.9
Consultancy	1.2
Research	0.1
Other	0.7
Income	**30.3**

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 527, or 412 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.

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 patient services for children and families, young people and adults, ensuring that those who need our services can access them easily
- Providing education and training 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 and mental health care, and to advance awareness of the personal, social and economic benefits associated with psychological therapies

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

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.

3.3 Progress in 2009/10

In 2009/10, the Trust continued to deliver a broad range of high quality patient services, mental health education and training, research, and consultancy. These activities resulted in an overall increase of 10% in income in real terms, ahead of the Trust's business plan. A significant proportion of this increase was related to the full-year effect of the successful consortium bid to administer and deliver Educational Psychology training for three Government Office Regions, comprising London, the South East of England and the East of England. The Trust has also worked to broaden the range of its Continuing Professional Development courses.

Beyond this, a number of new clinical service developments contributed to the Trust's development. In 2009, the Trust won the tender to provide a primary care-based psychological therapy service for City & Hackney PCT and GPs. The implementation of this service has been taking place over the past year. The Trust was also successful in tendering to deliver online wellbeing services in partnership with the Big White Wall. These services have now been commissioned by a number of individual Primary Care Trusts and by one Strategic Health Authority.

In relation to its Child and Adolescent Mental Health Services (CAMHS), the Trust was successful in tendering for the young persons' substance misuse service in Barnet, and for the outreach service for young people linked to our provision for looked after children in Haringey. Both of these have provided the Trust with an opportunity to develop closer

working relationships with local CAMHS as well as other health colleagues and those in the Local Authority.

Recent developments in the Portman Clinic included the completion and delivery of the Personality Disorder Knowledge and Understanding Framework (the PDKUF), a teaching and training programme commissioned by the Department of Health and the Ministry of Justice, written in collaboration with a consortium including a service user group. This training programme is to play a central role amongst other initiatives in the development of the work force dealing with personality disordered patients.

During the course of the year, the Trust was very involved in the development of a Mental Health Theme for UCL Partners (UCLP), our local Academic Health Science Centre. Membership of UCLP, and the partnership and development opportunities associated with this, are key elements of the Trust's strategy. In addition, the Trust contributed actively to the successful Health Innovation and Education Cluster (HIEC) bid associated with UCLP. This is of particular importance given the Trust's role in delivering "translational education and training", aimed at bridging the gap between research and improved clinical practice and population outcomes.

Alongside these new developments, the Trust has worked hard to deliver consistently high quality services across the span of its existing activity. Overall these achievements were recognised in the Trust's Care Quality Commission ratings of "excellent" for clinical services, and "excellent" for use of resources, and in its registration without condition with the Care Quality Commission.

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

The Trust continues to work closely with its Board of Governors and shares with its Governors a real commitment to ensuring that Members play a full and proper role in the further development of the organisation and its services to the benefit of all users of the Trust's services.

The Trust achieved a financial surplus of £651k in 2009/10, compared to £95k in 2008/09 (the 2008/09 figure is after an exceptional cost; and has also been re-stated in line with International Financial Reporting Standards)

Table 2: Summary of Financial Performance 2009/10

	2008/09 Re-stated	2009/10	
	Actual £000	Plan £000	Actual £000
Income			
Patient Services	10,867	13,454	13,422
Education & Training	13,612	14,444	14,912
Consultancy	911	994	1,162
Research	413	168	132
Other	990	540	672
Total income	**26,793**	**29,600**	**30,300**
Expenditure			
Pay	20,995	23,677	23,061
Non-pay	4,527	4,523	5,686
Exceptional cost	270		
Reserves		250	
Total expenditure	**25,792**	**28,450**	**28,747**
EBITDA	1,001	1,150	1,552
Depreciation, amortisation & impairments	(494)	(515)	(563)
Bank Interest	50	20	18
Other Finance Costs	(1)	0	(1)
Dividend (to the Department of Health)	(461)	(504)	(355)
Retained Surplus	**95**	**151**	**651**
EBITDA* as a % of income	3.7%	3.9%	5.1%
* EBITDA = Earnings Before Interest, Tax, Depreciation and Amortisation			

3.4 Focus for 2010/11

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 will continue to build on this in the future.

In so doing, the Trust aims to work closely with commissioners and other providers in the provision of high quality services to local residents. Working collaboratively with commissioners, and with other providers including university partners is key to maintaining and developing the Trust's position in all domains. Working as part of a larger system is essential if the quality of patient services, and education and training is not to suffer in economically stringent times.

One important area of collaboration is represented in the Trust's active involvement with the Academic Health Science Centre, UCL Partners. The

Trust was involved in the development of the Mental Health Theme within UCLP, and is aiming to build on this involvement in the coming year. We will also be developing our involvement with the Health Innovation and Education Cluster (HIEC), based around UCLP.

Over the coming years, very significant levels of productivity improvement and efficiencies will be required in an environment of financial constraint. The Trust will aim to achieve these while protecting and developing the quality of its services. Because of the importance that the Trust places on the quality of all of its services we have invested significantly over the past year, and will continue to do so, in key areas including patient experience and clinical outcomes. The Trust will be implementing the Connecting for Health system RiO in all its patient services in 2010/11.

In addition, we are 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. In this we will aim to build on our 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 community, poly-system and specialist settings.

We are also aiming to build on our strong training portfolio, increasing the range of academically validated postgraduate courses and Continuing Professional Development programmes we provide, as well as our professional qualifying courses. In addition, we will be pursuing new opportunities in blended or distance e-learning, building on our excellent University Partnerships. We will continue to support our rich activity in research, and to promote our consultancy work delivered through the Tavistock Consultancy Service. Lastly, we will seek to continually improve equity of access and equality in all areas and improved involvement of patients, students, and other users and stakeholders.

The Trust remains 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. In support of this, the Trust will be investing in additional support aimed at facilitating communication between Governors and the Members they represent.

Over the next twelve months, the organisation, activity, development and economy of the Trust will be managed in line with its Annual Plan and in a manner that builds a secure platform for future development.

3.5 Risks and Uncertainties

The Trust, the NHS, and the public sector as a whole face substantial financial pressures. Commissioning structures are to change, and commissioners will continue to review services as they seek to ensure high quality and value of money. Efficiency savings targets were set at 3.5% for 2010/11 and are expected to be higher in future years.

The Trust has set out in its Annual Plan a course for improving productivity, engaging with commissioners and working in innovative ways to ensure that it continues to provide the high-quality services that its reputation is based upon.

The Trust acknowledges that constraints in public sector funding historically hit mental health services harder than acute services. To mitigate this, the Trust's Plan includes a contingency budget that should allow the Trust to continue to continue to provide services should there be any shortfalls.

The Trust has in place an excellent assurance framework and risk register, which are reviewed regularly by the Board of Directors, and which highlight all the risks facing the Trust.

3.6 Finance

The audited Accounts for 2009/10 are attached to this Report.

The Trust again achieved all its statutory financial duties. Earnings before interest, tax, depreciation and amortisation were £1,552,000 (compared to £1,001,000 in the re-stated 2008/09 accounts); and after allowing for depreciation, interest and dividends, the Trust had a retained surplus of £651,000 (£95,000 in 2008/09). The surplus and the dividend together represent a 7.6% return on the assets employed (4.2% in 2008/09).

The cash balance at 31 March 2010 was £3,648,000 (up from £2,639,000 at 31 March 2009); cash forecasts indicate that the balance will reduce but remain positive throughout 2010/11. 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 2009/10 Accounts but to revert to level 3 based on the 2010 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.

Capital expenditure totalled £497,000. The Plan for the next three years allows for capital expenditure averaging £400,000 per year on improvements to the Trust's facilities, under the estates strategy; and a further £200,000 per year on IT equipment.

Details of all remuneration to each senior manager of the Trust are given in Note 32 to the Accounts.

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.

3.7 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 Trust re-launched its website in July 2009 and improvements have continued to be made to the site over the past year. The new website is more user-friendly, and is aimed at and around users. The Trust is currently working to develop the website to enable Governors and Member to engage with each other and with the Trust more directly. 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 recently reviewed its structures and systems around the delivery of quality, safety and governance, and the manner in which assurance in these areas is provided to both the Board of Directors and the Board of Governors. The Trust is now implementing a system of integrated delivery and governance around these areas which we believe will support our aim for continued improvement in these areas.

The Trust has also invested significantly in its service and business development teams and infrastructure.

3.8 New Patient Services and Significant Partnerships

The Trust has been successful in developing and delivering a number of new patient services over the past year. Key developments are referred to above (3.3).

The Trust has a number of established partnerships. These include University partnership with the University of East London (UEL) and the University of Essex. Both of these universities are involved in the validation of the Trust's academic programmes, and in quality assurance. The Trust will be working actively with its university partners over the coming year.

Over the past year, the Trust has also developed its partnership with UCL Partners, and with associated Health Innovation and Education Cluster (HIEC). The Trust will be developing these links further in the coming year, particularly in relation to research and education and training activities.

Over the past year, the Trust has also developed a close working relationship with the Anna Freud Centre, and presently has a number of shared clinical, research and training links in development.

In partnership with the Big White Wall, the Trust has developed online well-being services, which will be rolled out in 2010/11.

Lastly, the Trust is committed to working closely with commissioners, providers, and other stakeholders in the local health economy in delivering high quality services built around patient need.

3.9 Service Improvements

The Trust aims to continually improve its services and facilities in support of improved patient and other user experience. Services continually improve as a result of feedback and findings from staff, patients and stakeholders, and also audit findings.

In 2009/10, the wide range of environmental improvements made to the Trust in the previous year continued. Key developments have included:

- Completion of the refurbishment of the ground floor, reception and Patient Advice and Liaison (PALS) areas
- Further refurbishment of toilet facilities throughout the Tavistock Centre
- The Trust is rolling out a programme of facilities upgrades to rooms across the Tavistock Centre

- Upgraded teaching and training facilities in a number of areas
- Improved IT and audio-visual infrastructure, now supporting enhanced conference streaming and distance learning opportunities

The Trust has continued to invest significantly in communications activity, in part due to feedback from patients and users about the information systems in place. The Communications Committee has been working on a range of communication activities such as the new Trust website, a website for primary school children in conjunction with the Patient and Public Involvement Committee, internal communications, the rolling out of the new corporate style, and other web-based communications functioning.

3.10 Improving Quality

The development of the Trust's Quality Framework is led by the Chief Executive. 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. The delivery and further development of the Quality Framework will be led by the Medical Director in consultation with the Chief Executive and the Trust Director. 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 Corporate Governance and Facilities takes the overall leadership for ensuring compliance with national targets and Care Quality Commission Essential Standards. 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

3.11 Performance Indicators

In 2009, the Trust received a rating of "Excellent" from the Care Quality Commission for its quality of service. This is the seventh year running that the Trust has received the highest possible rating. This year the Trust also received a rating of "Excellent" for its use of resources and financial management. Lastly, the Care Quality Commission registered the Trust without conditions.

The Board of Directors declared compliance with all healthcare standards in 2009/10, and was given a 100% score for compliance with NHS Litigation Authority (NHSLA) Level One requirements.

The Trust also performed well against its internal performance indicators, including targets set for induction and mandatory training. The Trust's annual staff survey was one the most positive it has received.

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.

3.12 Complaints Handling

The Trust has a low number of complaints (ten in 2009/10) 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.

3.13 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 have attended the Trust's In Service Education and Training (INSET) day and provide advice. As a result of initiatives from the Green Group, 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 has been monitoring the Trust's energy consumption. This will enable the Trust to set informed performance indicators

In 2009/10, the Trust investigated 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 followed a recommendation to the Board of Directors to renew the boilers and this will take place during 2010.

3.14 Social and Community Issues

The Trust aims to makes a positive contribution to public mental health through its emphasis on early years interventions and preventative work. These contributions include, for example, the location of clinical practitioners in a variety of community settings including primary and secondary schools. The Trust has made 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. Flowing from this, the Trust has been working on the development of its Wellbeing Service, in partnership with the Big White Wall. These online services are now being rolled out in a number of geographical areas. This is work that we will be actively pursuing over the coming year.

3.15 Contractual Arrangements

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 527, or 412 whole-time equivalents (WTE), with many staff working flexible hours.

Table 3: Trust Staff Profile as at 31 March 2010

Staff	WTE
Medical consultants	24
Junior doctors	18
Other clinical staff	204
Non-clinical staff	166
Total	**412**

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.

The Trust has a contract, commissioned by NHS London, to deliver its wide range of postgraduate training programmes and courses. There are two smaller contract commissions for Specialist Medical Training (MADEL) of child and adolescent psychiatry, adult and forensic psychotherapy for psychiatrists, and for child and adolescent psychotherapy clinical training. NHS London also commissions Continuing Personal and Professional Development programmes for the Trust for NHS staff working in Trusts located in the NHS London strategic health authority.

3.16 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.

During the year, fraud committed by one employee was identified as a result of the bi-annual National Fraud Initiative. The employee was dismissed. Two other employees were dismissed when it was found that they had false identification documents.

3.17 NHS Foundation Trust Code of Governance

The Trust complies fully with the *NHS Foundation Trust Code of Governance*[1], issued by Monitor.

[1] Monitor, *NHS Foundation Trust Code of Governance*, September 2006 and March 2010

4. Board of Governors

4.1 Operation of the Boards of Governors and Directors

The Board of Directors is responsible for the governance, planning, and management 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 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. The Board of Governors also 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. 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, and to the Trust as a whole. The Trust expects this role to continue to develop strongly and be a valuable resource that enhances the Trust's functioning.

4.2 Composition of the Board of Governors

The Trust has three types of Governor – Public Governors and Staff Governors, who are elected, and Stakeholder Governors, who are appointed.

Public Governors

The Trust has three classes within the Public Constituency, which are set according to the volume of clinical activity: Camden, for residents of the

London Borough of 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 three seats; the Rest of London, for residents of all London Boroughs excluding Camden (to which the Trust delivers the majority of services) has six seats; and the rest of England and Wales, for all residents outside of London (to which the Trust delivers a higher proportion of specialist services) has two seats.

Camden

- Ms Jennie Bird
  Elected November 2006. Re-elected November 2009. Term of office ends October 2012
- Ms Mary Burd
  Elected November 2009. Term of office ends October 2012
- Mr Adam Elliot
  Elected November 2009. Term of office ends October 2012
- Ms Lou James
  Elected November 2006. Term of office ended October 2009
- Mr Michael Whiteley
  Elected November 2006. Term of office ended October 2009

Rest of London

- Dr Robin Anderson
  Elected November 2006. Re-elected November 2009. Term of office ends October 2012
- Ms Stephanie Cooper (Lead Governor)
  Elected December 2006. Re-elected November 2009. Term of office ends October 2012
- Ms Sara Godfrey
  Elected November 2009. Term of office ends October 2012
- Mr Jonathan Jewell
  Elected February 2008. Term of office ended October 2009
- Dr Caroline Lindsey
  Elected November 2006. Re-elected November 2009. Term of office ends October 2012
- Ms Carole Stone
  Elected November 2009. Term of office ends October 2012
- Dr Claudine Strickland
  Elected December 2006. Term of office ended October 2009

- Mr John Wilkes
  Elected November 2006. Re-elected November 2009. Term of office ends October 2012

Rest of England & Wales

- Ms Chrissie Kimmons
  Elected November 2006. Re-elected November 2009. Term of office ends October 2012
- Ms Jan McHugh
  Elected November 2009. Term of office ends October 2012

Staff Governors

The Trust has three classes within the Staff Constituency, with two set to represent staff according to their job type and grade – Administrative and Technical, which includes staff paid on Agenda for Change bands 1 to 6, and Clinical, Academic and Senior, which includes staff paid on Agenda for Change bands 7 and above (or equivalent). The third class within the Staff Constituency is for Representatives of Recognised Staff Organisations and Trade Unions. All staff members who fall into that category are not eligible to be members of either of the other classes.

Administrative and Technical

- Mrs Amanda Hawke
  Elected November 2006. Re-elected November 2009. Term of office ends October 2012

Clinical, Academic, Senior

- Dr David Bell
  Elected December 2006. Term of office ended October 2009
- Mr Jonathan Bradley
  Elected November 2009. Term of office ends October 2012

Representatives of Recognised Staff Organisations and Trade Unions

- Mr Robin Bonner
  Elected November 2006. Re-elected November 2009. Term of office ends October 2012

Stakeholder Governors

Stakeholder Governors are Governors who are appointed, rather than elected, from within organisations with whom the Trust has a relationship. The National Health Service Act 2006 requires that the Board of Governors has Stakeholder Governors from a Primary Care Trust for which the Trust provides goods or services (the Trust has a Stakeholder Governor from Camden Primary Care Trust), a Local Authority within the Trust's Public Constituency (the Trust has a Stakeholder Governor from Camden Local Authority), and any organisations that the Trust considers partnership organisations (the Trust has Stakeholder Governors from Voluntary Action Camden, the University of East London, the University of Essex, and the London Strategic Health Authority).

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

- Ms Simone Hensby
  Appointed November 2006. Re-appointed November 2009. Term of office ends October 2012

University of Essex (A key education partner)

- Dr Aulay Mackenzie
  Appointed November 2006. Re-appointed November 2009. Term of office ends October 2012

University of East London (A key education partner)

- Professor Susan Price
  Appointed November 2006. Term of office ended October 2009
- Professor Steve Trevillion
  Appointed November 2009. Term of office ends October 2012

Primary Care Trusts (As appointed by Camden PCT)

- Mr John Carrier
  Appointed November 2006. Re-appointed November 2009. Term of office ends October 2012

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

- Councillor Roger Freeman
  Appointed April 2007. Re-appointed November 2009. Term of office ends October 2012

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

- Vacant

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

- Vacant

4.3 Amendments to the Composition of the Board of Governors

The Trust is currently still trying to find a candidate to fill the Specialist Commissioning seat.

The Trust proposed to abolish the Education Commissioning seat as it has been unable to fill this position. This was proposed as an amendment to the Constitution and was approved by the Board of Directors at their meeting on 28th July 2009, by the Board of Governors at their meeting on 10th September 2009, by Members at the Annual General Meeting on 22nd October 2009, and by Monitor in February 2010.

In February 2010, the Board of Governors unanimously voted Ms Stephanie Cooper to serve as Lead Governor.

4.4 Elections to the Board of Governors

The Trust held elections for all Public and Staff seats in October 2009. Elections were held in accordance with the election rules as set out in the Trust's Constitution[2]. Contested elections were held for three out of the six Constituencies. Six of the existing ten Public Governors, and two of the existing three Staff Governors stood for re-election and all were re-elected. This indicates that Governors were happy in their role, and that there was a continued wish to work with the Trust.

Table 4 provides information on voter turnout by Constituency. The Trust's voter turnout was higher than average for the Staff Constituency, but lower than average for the Public Constituency. The Trust is keen to improve its voter turnout in future elections.

[2] Tavistock & Portman NHS Foundation Trust, *Constitution, Election Rules, Standing Orders*, April 2009

Table 4: Voter Turnout by Constituency

Constituency	Number of Seats	Number of Candidates	Number of Eligible Voters	Total Number of votes cast	Turnout (%)
Public: Camden	3	7	505	79	15.6
Public: Rest of London	6	7	2,353	248	10.5
Public: Rest of England & Wales	2	2	N/A	N/A	N/A
Staff: Administrative & Technical	1	3	154	44	28.6
Staff: Clinical, Academic, Senior	1	1	N/A	N/A	N/A
Staff: Representatives of Recognised Staff Organisations and Trade Unions	1	1	N/A	N/A	N/A

Only one of the three Public Constituency classes was uncontested. This was the Rest of England and Wales class, which is the most difficult class to engage with, due to the geographical distance from the Trust of members of that class. Two of the Trust's Staff Constituencies were uncontested. One of those was the Representatives of Recognised Staff Organisations and Trade Unions class. This class has only 11 members, and the likelihood of this class being contested is low.

4.5 Meetings of the Board of Governors

The Board of Governors meets formally four times a year. Details on individual attendance can be found below in Table 5.

Table 5: Attendance at Board of Governors Meetings

Name	May 2009	Sep 2009	Dec 2009	Feb 2010
N. Selbie*	✓	✓	N/A	N/A
A. Greatley*	N/A	N/A	✓	✓
R. Anderson	✓	✓	✓	✓
D. Bell	✓	✓	N/A	N/A
J. Bird	x	✓	✓	x
R. Bonner	✓	x	✓	✓
J. Bradley	N/A	N/A	✓	✓
M. Burd	N/A	N/A	✓	✓
J. Carrier	✓	✓	x	✓
S. Cooper	✓	✓	✓	✓
A. Elliott	N/A	N/A	✓	✓
R. Freeman	x	✓	✓	x
S. Godfrey	N/A	N/A	✓	✓
A. Hawke	✓	✓	✓	✓
S. Hensby	✓	✓	✓	x
L. James	✓	✓	N/A	N/A
J. Jewell	✓	✓	N/A	N/A
C. Kimmons	✓	✓	x	✓
C. Lindsey	✓	✓	x	✓
A. Mackenzie	✓	✓	✓	x
J. McHugh	N/A	N/A	✓	✓
C. Stone	N/A	N/A	✓	✓
C. Strickland	✓	x	N/A	N/A
S. Price	x	x	N/A	N/A
S. Trevillion	N/A	N/A	✓	✓
M. Whiteley	x	✓	N/A	N/A
J. Wilkes	✓	✓	✓	x

* Chair

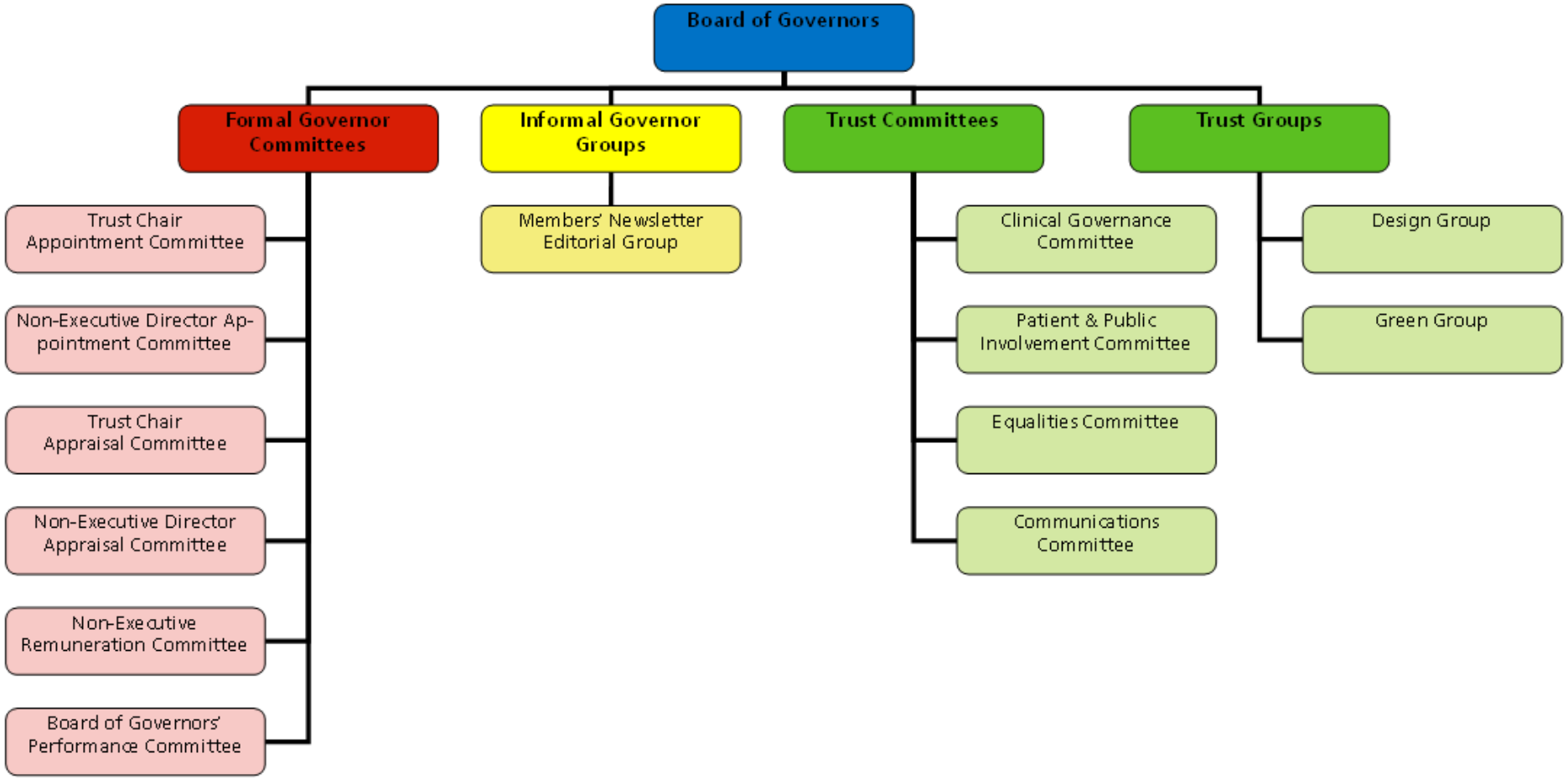
4.6 Committees of the Board of Governors

From April 2009 to February 2010, there were three formal Committees of the Board of Governors, which enabled the Governors to fulfil their responsibilities: the Trust Chair Appraisal and Appointment Panel, the Non-Executive Director Appraisal and Appointment Panel, and the Membership and Governors' Review Committee. These Committees did not have any delegated powers, but provided advice to the Board of Governors as a whole. In January and February 2010, the Trust held a consultation with Governors about the set up of Governor Committees. Following this consultation, responsibility for reviewing appointments, appraisals and remuneration have been split into separate committees, and the Board of Governors now has the Trust Chair Appointment

Committee, the Non-Executive Director Appointment Committee, the Trust Chair Appraisal Committee, the Non-Executive Director Appraisal Committee, and the Non-Executive Remuneration Committee, which reviews the remuneration of the Trust Chair and other Non-Executive Directors. The Board of Governors also has the Board of Governors' Performance Committee, which reviews the performance, sets objectives, and considers the developmental needs of Governors. Governors agreed to disband the Membership and Governors' Review Committee, as much of this Committee's function is taken up by the Trust's Patient and Public Involvement Committee, which has two Governor representatives.

In addition to Committees and groups of the Board of Governors, Governors are also invited to sit on a number of Trust Committees and groups. Diagram 1 shows the Committees and Groups that Governors' sit on.

Diagram 1: Committees and Groups of the Board of Governors and Committees and Groups with Governor Representation



4.7 The Register of Governors' Interests

The Trust requires all Governors to disclose details of company directorships or other material interests in companies or related parties held by Governors that are likely to do business or are possibly seeking to do business, with the Trust. These disclosures are entered on to the *Register of Governors' Interests*. This Register is available on request via the Trust Secretary's office.

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

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.

The Members' Newsletter is the primary vehicle for communication with Members, and the Trust encourages Governors to write articles for this. The Members' Newsletter Editorial Group has a Governor representative. Each Newsletter aims to feature Public Governors to introduce Members to their Governors. Governors are encouraged to attend the Annual General Meeting, which is a major event to which Members are invited each year. Governors are also encouraged to develop their own ways of engaging with their Members.

The Trust re-launched its website in July and is in the process of developing a specific area of this website dedicated to Governors and Members, where Members will be able to contact Governors.

5. Board of Directors

5.1 Composition of the Board of Directors

Non-Executive Directors

Mr Martin Bostock, Non-Executive Director
Appointed November 2008. Term of office ends 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 November 2007. Term of office ends 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

Ms Angela Greatley, Trust Chair
Appointed November 2009. Term of office ends October 2012

Selected relevant experience:

- Formerly Chief Executive of The Sainsbury Centre for Mental Health a research and development charity
- Previously Fellow in Mental Health at The King's Fund
- Experience of working in the NHS in a variety of managerial roles and as a director of commissioning
- Previous experience as a non executive board member at a neighbouring mental health trust and before that as a board member of a large further education college
- Spent time as a Trustee of 'Mental Health Media' (now part of Mind) and is currently a non executive board member of 'Headstrong' the Irish National Youth Mental Health Centre
- Served as an elected member of a London local authority in the 1970s and early 1980s.

Qualifications:

- Read Social Administration at the London School of Economics & Political Science
- Completed the Athena women's development programme sponsored by the Department of Health
- F.R.S.A.

Ms Joyce Moseley, Non-Executive Director
Appointed January 2009. Term of office ends 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, Senior Independent Director
Appointed August 2003. Re-appointed November 2007. Term of office ends 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 November 2005. Term of office ended 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 August 2006. Term of office ends 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

Executive Directors

Dr Neil Brimblecombe, Nurse Director
Appointed May 2007. Left office January 2010

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, Bedford College, 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 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

5.2 Amendments to the Composition of the Board of Directors

Mr Nicholas Selbie reached the end of his term of office on 31st October 2010. Ms Angela Greatley was appointed by the Board of Governors as Trust Chair, and took up postion 1st November 2010.

Dr Neil Brimblecombe stood down from his role as Nurse Director on 31st January 2010. At the time of writing this report, the recruitment process for Dr Brimblecombe's replacement was underway, but no appointment had been made.

Mr Richard Strang stood down as Senior Independent Director on 1st December 2009. On 1st March 2010, Ms Emma Satyamurti was appointed Senior Independent Director.

5.3 Independence of Non-Executive Directors

The Trust has no Non-Executive Directors with ministerial appointments or involvement in political activity.

5.4 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.

5.5 Balance, completeness and appropriateness of membership of the Board of Directors

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.

5.6 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. In September 2009, the Board of Directors held an extraordinary meeting to review the Trust's safeguarding arrangements and to approve a declaration requested from all foundation trusts by Monitor.

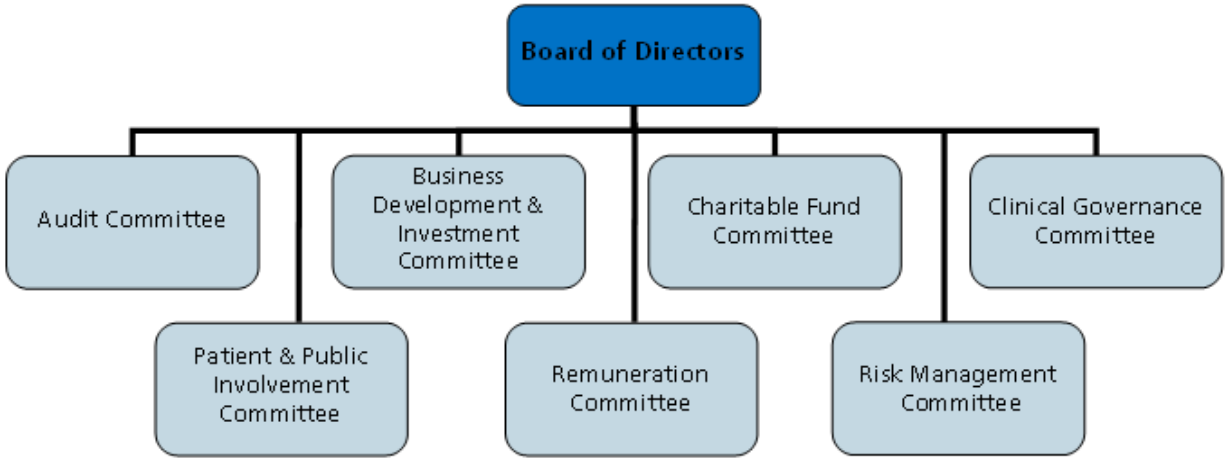
Table 6: Attendance at Board of Directors' Meetings

Name	Apr 2009	May 2009	Jun 2009 (E)	Jun 2009	Jul 2009	Sep 2009 (E)	Sep 2009	Oct 2009	Nov 2009	Jan 2010	Feb 2010	Mar 2010
M. Bostock	✓	✓	✓	✓	✓	x	✓	✓	✓	✓	✓	✓
N. Brimblecombe	✓	✓	✓	✓	✓	x	✓	x	✓	✓	N/A	N/A
A. Greatley	N/A	N/A	N/A	N/A	✓	N/A	N/A	N/A	✓	✓	✓	✓
A. Kara	✓	✓	✓	✓	✓	✓	✓	✓	x	x	✓	✓
T. Klauber	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	x
L. Lyon	✓	x	✓	✓	✓	x	✓	✓	✓	✓	✓	x
J. Moseley	✓	✓	x	✓	✓	x	✓	✓	✓	✓	✓	✓
M. Patrick	✓	✓	✓	✓	✓	✓	✓	x	✓	✓	✓	✓
E. Satyamurti	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
N. Selbie	✓	✓	✓	✓	✓	✓	✓	✓	N/A	N/A	N/A	N/A
R. Senior	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	x
R. Strang	✓	✓	x	x	✓	✓	x	✓	✓	✓	✓	✓
S. Young	✓	✓	✓	✓	x	✓	✓	✓	✓	✓	✓	✓

5.7 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 Committee, and the Risk Management Committee.

Diagram 2: Committees of the Board of Directors



Audit Committee

The Audit Committee meets at least five times a year.

Table 7: Attendance at Audit Committee Meetings

Name	Apr 2009	May 2009	Jun 2009	Sep 2009	Nov 2009	Jan 2010	Mar 2010
A Kara	✓	✓	x	✓	✓	✓	✓
E. Satyamurti	✓	✓	✓	✓	✓	✓	✓
R. Strang*	✓	✓	✓	✓	✓	✓	✓

* Committee Chair

Business Development and Investment Committee

The Business Development and Investment Committee meets on an ad hoc basis, as required. In 2009/10, there were five meetings of the Committee.

Table 8: Attendance at Business Development and Investment Committee Meetings

Name	May 2009	Jul 2009	Oct 2009	Dec 2009	Mar 2010
A. Greatley	N/A	N/A	N/A	✓	✓
A. Kara	✓	x	x	✓	✓
L. Lyon	✓	✓	✓	✓	✓
J. Moseley	N/A	x	x	✓	✓
M. Patrick	✓	✓	✓	✓	✓
N. Selbie	x	x	x	N/A	N/A
R. Strang*	x	✓	✓	✓	✓
S. Young	✓	✓	✓	x	✓

* Committee Chair

Charitable Fund Committee

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

Table 9: Attendance at Charitable Fund Committee Meetings

Name	Jan 2010
A. Greatley*	✓
M. Patrick	✓
N. Selbie*	N/A
S. Young	✓

* Committee Chair

Clinical Governance Committee

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

Table 10: Attendance at Clinical Governance Committee Meetings

Name	May 2009	Jul 2009	Sep 2009	Nov 2009	Jan 2010	Mar 2010
A. Kara	x	x	x	N/A	N/A	N/A
J. Moseley	N/A	N/A	N/A	✓	✓	✓
R. Senior*	✓	✓	✓	✓	✓	✓

* Committee Chair

Patient and Public Involvement Committee

The Patient and Public Involvement Committee meets on a monthly basis, with the exception of August and December. In 2009/10, there were no meetings in July or September.

Table 11: Attendance at Patient and Public Involvement Committee Meetings

Name	Apr 2009	May 2009	Jun 2009	Oct 2009	Nov 2009	Jan 2010	Feb 2010	Mar 2010
M. Bostock	✓	✓	✓	✓	✓	✓	✓	✓
N. Brimblecombe	✓	✓	✓	x	✓	x	N/A	N/A

Remuneration Committee

The Remuneration Committee meets once annually to consider clinical excellence awards and at least once annually to consider the remuneration of the Chief Executive and other Executive Directors.

Table 12: Attendance at Remuneration Committee Meetings

Name	Apr 2009	Feb 2010
M. Bostock	✓	✓
A. Greatley*	N/A	✓
A. Kara	✓	✓
J. Moseley	✓	✓
E. Satyamurti	✓	✓
N. Selbie*	✓	N/A
R. Strang	✓	✓

* Committee Chair

Risk Management Committee

The Risk Management Committee meets on a quarterly basis. In 2009/10, there were two extraordinary meetings in November to review the Trust's Care Quality Commission compliance submission.

Table 13: Attendance at Risk Management Committee Meetings

Name	Apr 2009	Jul 2009	Oct 2009	Nov 2009 (E)	Nov 2009 (E)	Jan 2010
M. Bostock	✓	x	✓	x	✓	x
L. Lyon	✓	x	✓	✓	✓	✓
M. Patrick*	✓	✓	✓	✓	✓	✓
R. Senior	✓	✓	✓	✓	✓	✓
S. Young	✓	✓	✓	x	x	✓

* Committee Chair

Part of the committee structure of the Board of Directors has been revised from April 2010, to develop further the Trust's management of clinical quality and clinical governance, and to create a more integrated system of development, delivery and assurance.

This includes the dissolution of the Clinical Governance Committee and Risk Management Committee, and the establishment of the Clinical Quality, Safety and Governance Committee, and the establishment of work streams for corporate governance and risk (which will report directly to the Board of Directors), clinical outcomes, clinical audit, patient safety and clinical risk, and quality accounts and contracting informatics (which will report to the Clinical Quality, Safety and Governance Committee. The Audit Committee, Business Development and Investment Committee, Charitable Fund Committee, Patient and Public Involvement Committee and the Remuneration Committee will remain.

5.8 Directors' Interests

The Trust requires all Directors to disclose details of company directorships or other material interests in companies or related parties held by Directors that are likely to do business or are possibly seeking to do business, with the Trust. These disclosures are entered on to the *Register of Directors' Interests*. This Register is available on request via the Trust Secretary's office.

5.9 Performance Evaluation

The Board of Directors has a statutory obligation to undertake a formal and rigorous annual evaluation of its own performance. Performance evaluation for the Board of Directors for the year 2009/10 took place in March and April 2010. The review was conducted in two parts. The first was a survey of all Board members, considering the objectives, the functioning, and the skills base and development of the Board of Directors, the results of which were presented to the Board of Directors at their meeting in April 2010, for discussion. The survey identified where Directors felt any potential skills gaps were, and the results of the survey will help to inform the Non-Executive Director appointments in 2010/11.

The second part of the review was conducted by an external consultant who met with the Board of Directors at their meeting in March 2010, to ask the Board to consider how they might assess their own performance, asking the Board to consider criteria for performance evaluation, and also identify where they felt they could benefit from further development or interventions. Following this discussion, it was agreed than an away day session will be facilitated for Board members to fully discuss these issues.

5.10 Commitments of the Trust Chair

Neither Mr Nicholas Selbie nor Ms Angela Greatley had any significant other commitments affecting their work for the Trust or their time commitment during 2009/10.

6. Audit Committee

6.1 Composition of the Audit Committee

- Mr Richard Strang, Non-Executive Director (Committee Chair)
- Ms Emma Satyamurti, Non-Executive Director
- Mr Altaf Kara, Non-Executive Director

The Finance Director, Mr Simon Young, 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.

6.2 Meetings of the Audit Committee

In 2009/10, the Audit Committee met seven times.

Table 14: Attendance at Audit Committee Meetings

Name	Apr 2009 (E)	May 2009 (E)	Jun 2009	Sep 2009	Nov 2009	Jan 2010	Mar 2010
A Kara	✓	✓	x	✓	✓	✓	✓
E. Satyamurti	✓	✓	✓	✓	✓	✓	✓
R. Strang*	✓	✓	✓	✓	✓	✓	✓

* Committee Chair

6.3 Work of the Audit Committee

In 2009/10, 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 meets mandatory NHS Internal Audit Standards and provides 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 counter-fraud plan has been reviewed to ensure that the Trust continues to develop its programme of deterrence, prevention and detection.

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.

6.4 Additional Audit Work

The External Auditors are reviewing the Quality Report as required by new guidance issued this year by Monitor. No other work has been commissioned from the External Auditors during 2009/10.

6.5 Appointment of External Auditors

KPMG were appointed by the Board of Governors in February 2008 as the Trust's External Auditors for 2008/09, and were re-appointed as the Trust's External Auditors for 2009/10 in September 2009 by the Board of Governors on the recommendation of the Audit Committee.

7. Nomination Committee

7.1 Composition of the Nomination Committees

In 2009/10, the Trust had two standing nomination committees – the Trust Chair Appraisal and Appointment Panel, and the Non-Executive Director Appraisal and Appointment Panel. One appointment was made in 2009/10, to the role of Trust Chair.

Trust Chair Appraisal and Appointment Panel Composition

- Mr Robin Anderson, Governor, Public: Rest of London
- Mr Robin Bonner, Governor, Staff: Representatives of Recognised Staff Organisations and Trade Unions
- Ms Stephanie Cooper, Governor, Public: Rest of London
- Cllr Roger Freeman, Governor, Stakeholder: Local Authorities
- Mr John Wilkes, Governor, Public: Rest of London (Committee Chair)

The Director of Human Resources, Ms Susan Thomas, attended the meeting of the Trust Chair Appraisal and Appointment Panel.

7.2 Meetings of the Trust Chair Appraisal and Appointment Panel

In 2009/10, the Trust Chair Appraisal and Appointment Panel met once.

Table 15: Attendance at Trust Chair Appraisal and Appointment Panel Meetings

Name	May 2009
R. Anderson	✓
R. Bonner	✓
S. Cooper	✓
R. Freeman	x
J. Wilkes*	✓

* Committee Chair

7.3 Work of the Trust Chair Appraisal and Appointment Panel

The Trust Chair Appraisal and Appointment Panel led the process of appointment of a new Trust Chair, who took up post in November 2009. The Panel is a Committee of the Board of Governors, comprising of three Public Governors, one Staff Governor, and one Stakeholder Governor. Based on previous good experience with Non-Executive Director and Chief Executive appointments, the Panel decided to involve the Trust's Human Resources Department.

The Panel reviewed the timetable for recruitment, advertising possibilities, and the initial job description and person specification. The Board of Governors, Board of Directors and all Trust staff were consulted on the job description, which was then approved by the Panel. The role was advertised in The Times and The Guardian, as well as on NHS Jobs. In addition, the advertisement was sent to the Board of Governors, Board of Directors and all staff, who were encouraged to show the advertisement to any suitable candidates they knew. The recruitment campaign was successful with a good number of applicants. The panel invited a Non-Executive Director to join them for shortlisting, along with the Deputy Director of Human Resources, who provided professional advice. Four candidates were shortlisted – three women and one man.

Building on the effectiveness and inclusiveness of the Chief Executive recruitment in 2007, the Panel decided to hold an exercise for the shortlisted candidates, at which members of the Board of Directors and Board of Governors could input to the appointment process. A joint meeting of members of the Boards was arranged, and shortlisted candidates were asked to prepare a brief paper of no more than two sides for discussion. Candidates were given a choice of topics, listed below:

- What factors promote (and hinder) constructive Board of Directors to Board of Governors relationships?

- How can membership organizations engage with their Members effectively?

- What are the challenges foundation trusts, particularly mental health foundation trusts, will be facing over the next five years?

The purpose of the exercise was threefold: firstly, to give candidates the opportunity to demonstrate how they manage meetings and their personal style of engaging with groups; secondly, to allow Governors and Directors who were not on the interview panel the opportunity to have some input into the appointment process; and thirdly, to allow the interview panel the opportunity to see the candidates in a different

setting, and giving the candidates an opportunity to comment on the exercise.

The Trust sought feedback from all those present at the exercise, but this feedback was not disclosed to the interview panel until they had made a decision on who they wished to recommend to the Board of Governors for appointment. This decision was made with the understanding that should there have been a great discrepancy between the feedback and the interview panel's decision, the panel would undertake to review their decision.

The interview panel consisted of three members of the Trust Chair Appraisal and Appointment Panel, one Non-Executive Director, the Chief Executive, and the Director of Human Resources, for professional advice. The interview panel unanimously recommended Ms Angela Greatley for appointment, and feedback from the exercise concurred with this. This recommendation was put to the Board of Governors at their meeting on 10th September, and was unanimously agreed.

8. Membership

8.1 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 three seats; the *Rest of London* (to which the Trust delivers the majority of services) has six seats; and the *Rest of England and Wales* (to which the Trust delivers a higher proportion of specialist services) has two seats. The number of seats in the Camden constituency was reduced for the 2009 elections, and the Rest of England and Wales constituency gained an additional seat, to reflect the distribution of the Trust's services.

The Trust is mindful of the need to ensure that our membership grows and continues to be representative. The Trust writes to all new patients, three months after their first appointment, inviting them to become Members. 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.

8.2 Membership Statistics

The Trust is proud of its record in recruiting Members, and recruitment remains strong to date. 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 many trusts in proportion to revenue and activity. At year end, the Trust had 4,910 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 526 Staff Members.

Table 16: Membership size and movements

Members	2009/10	2010/11[3]
Public Constituency		
At year start (01/04/09)	4,493	4,910
New members	898	800
Members leaving	481	400
At year end (31/03/10)	**4,910**	**5,310**
Staff Constituency		
At year start (01/04/09)	495	526
New members	90	90
Members leaving	59	60
At year end (31/03/10)	**526**	**556**
All Members		
At year start (01/04/09)	4,988	5,436
New members	988	890
Members leaving	540	460
At year end (31/03/10)	**5,436**	**5,866**

Table 17: Analysis of current Public Membership

	Number of Members	Eligible Membership
Age (years)		
0 – 16	0	1,998,227
17 – 21	41	3,188,986
22 +	3,338	37,695,670
Unknown	1,531	
Ethnicity		
White	2,678	39,561,045
Mixed	124	365,321
Asian or Asian British	230	1,895,137
Black or Black British	294	878,717
Other	68	182,663
Unknown	1,516	
Socio-economic groupings[4]		
ABC1	4,133	20,999,815
C2	158	6,149,928
D	34	6,976,630
E	357	6,540,173
Gender		
Male	953	20,635,338
Female	3,413	22,247,545
Unknown	544	

[3] Estimated figures

[4] These figures are based on ACORN profiles as recommended by Monitor; and the classification of these Members is based on the electoral ward they live in http://www.caci.co.uk/acorn/

In 2009/10, Public Membership increased by 417 Members, or 9%. However, the Trust lost 481 Members over the course of the year, and the reasons for this need to be investigated.

The Trust is aware that it has no Members under the age of 17 and that the proportion of 17 – 21 year olds is decreasing, which is perhaps not unexpected given the difficulties in engaging with this group. A priority over the coming year is to recruit more Members in these age groups and the Trust has already started talking to the local youth council about ways of ensuring relevance to this age range. The Adolescent Directorate will be undertaking a 'rebranding' exercise in the coming year and we will co-ordinate their consultations with raising awareness about the Trust membership. The Trust is also giving consideration to developing a family membership category in order to get better representation from younger children.

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, the Trust's Membership is over-representative of group ABC1 (upper-middle, middle, and lower-middle class) compared to the London population as a whole. It is likely that this reflects the presence in the Membership profile of students and alumni. Groups C2- E (skilled working class, working class, and those on the lowest levels of subsistence) are under represented. The number of Members in these groups has declined since 2008/9, and the Trust is investigating this further.

The Trust is also conscious of the ethnic make up of its membership, and the Trust's Patient and Public Involvement Committee are working on developing Black and Minority Ethnic engagement over the coming year.

8.3 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 refining targets for recruitment. Within these targets, priority for growth will be under 16's. The delayed children's website launch in June of this year is likely to provide opportunities to publicise the membership to a younger audience.

The Trust is committed to developing membership activity. In summary, current plans include:

- Continuing the Trust's 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 Newsletter to ensure that Members' views are sought on relevant issues
- Developing the Trust's website so that it is more relevant to Members
- Develop corporate governance arrangements to increase membership engagement
- Change the Trust's Constitution to allow younger Members to join or to develop a 'family' membership category

The Trust will continue to work to bring the profile of our Public Membership more in line with that of London. The Trust is also mindful of the fact that it does not have any black or minority ethnic (BME) representation on the Board of Governors. The Patient and Public Involvement Committee has been working on developing BME engagement, and two Governors are now part of this Committee.

The Trust is pleased with the size of its membership, and is continuing to develop ways of interacting with Members in a more lively way.

8.4 Contact procedures for Members

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

The Trust is in the process of developing a web page dedicated to Governors and Members, where Members will be able to contact Governors.

9. Remuneration Report

9.1 Statement on Accounting Policies

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

9.2 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.

Details of pay and pensions for senior management are given in Note 32 to the Accounts.

Dr Matthew Patrick
Chief Executive
7th June 2010

9.3 Remuneration of Senior Managers

All Trust staff, including Directors, 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. In 2009/10, the Remuneration Committee decided that a bonus scheme was not the most appropriate way to evaluate the performance and motivate the Chief Executive. Having accepted that, the Committee agreed to review the Chief Executive's salary annually to ensure the remuneration package continues to reflect performance and is commensurate with similar roles.

9.4 Remuneration Committees

In 2009/10, the Trust had three Committees that considered remuneration: the Remuneration Committee, a sub-committee of the Board of Directors, and the Trust Chair Appraisal and Appointment Panel and the Non-Executive Director Appraisal and Appointment Panel, which are sub-committees of the Board of Governors and which were charged with reviewing the remuneration of the Trust Chair and Non-Executive Directors respectively.

Remuneration Committee

Composition of the Remuneration Committee

- Mr Martin Bostock, Non-Executive Director
- Ms Angela Greatley, Trust Chair (Committee Chair from November 2009)
- Mr Altaf Kara, Non-Executive Director
- Ms Joyce Moseley, Non-Executive Director
- Ms Emma Satyamurti, Non-Executive Director
- Mr Nicholas Selbie, Trust Chair (Committee Chair to October 2009)
- Mr Richard Strang, Non-Executive Director

The Director of Human Resources, Ms Susan Thomas, and the Deputy Director of Human Resources, Mr Namdi Ngoka, attend at meetings of the Remuneration Committee when the Committee considers the remuneration of Executive Directors to provide information and advice. The Chief Executive, Dr Matthew Patrick, attends meetings of the Remuneration Committee when it considers NHS Clinical Excellence Awards in order to give context and detailed information if required.

Meetings of the Remuneration Committee
In 2009/10, the Remuneration Committee met twice

Table 18: Attendance at Remuneration Committee Meetings

Name	Apr 2009	Feb 2010
M. Bostock	✓	✓
A. Greatley*	N/A	✓
A. Kara	✓	✓
J. Moseley	✓	✓
E. Satyamurti	✓	✓
N. Selbie*	✓	N/A
R. Strang	✓	✓

* Committee Chair

Work of the Remuneration Committee
In 2009/10, the Remuneration Committee met to consider performance related pay (PRP) for the Chief Executive and for other Executive Directors and members of the Trust's Management Committee. The Committee agreed to discontinue PRP for the Chief Executive, and not to extend it to other Directors.

The Remuneration Committee also met to consider NHS Clinical Excellence Awards.

Trust Chair Appraisal and Appointment Panel and Non-Executive Director Appraisal and Appointment Panel

Composition of the Trust Chair Appraisal and Appointment Panel (which considered the remuneration of the Trust Chair)

- Mr Robin Anderson, Governor, Public: Rest of London
- Mr Robin Bonner, Governor, Staff: Representatives of Recognised Staff Organisations and Trade Unions
- Ms Stephanie Cooper, Governor, Public: Rest of London
- Cllr Roger Freeman, Governor, Stakeholder: Local Authorities
- Mr John Wilkes, Governor, Public: Rest of London (Committee Chair)

Composition of the Non-Executive Director Appraisal and Appointment Panel (which considered the remuneration of Non-Executive Directors)

- Ms Lou James, Governor, Public: Camden
- Ms Chrissie Kimmons, Governor, Public: Rest of England & Wales

- Mr Nicholas Selbie, Trust Chair (Committee Chair)
- Mr John Wilkes, Governor, Public: Rest of London

Between January and April 2009, the Trust Chair Appraisal and Appointment Panel, together with the Non-Executive Director Appraisal and Appointment Panel engaged the services of Hewitt New Bridge Street, a remuneration consultancy firm. Consultants from Hewitt New Bridge Street were invited to a joint Panel meeting in April 2009. In addition, 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 this time.

Meetings of the Trust Chair Appraisal and Appointment Panel (when considering the remuneration of the Trust Chair)
In 2009/10, the Trust Chair Appraisal and Appointment Panel met once to receive the report of the external review of remuneration.

Table 19: Attendance at Trust Chair Appraisal and Appointment Panel Meetings

Name	Apr 2009
R. Anderson	✓
R. Bonner	✓
S. Cooper	✓
R. Freeman	x
J. Wilkes*	✓

* Committee Chair

Meetings of the Non-Executive Director Appraisal and Appointment Panel (when considering the remuneration of Non-Executive Directors)
In 2009/10, the Non-Executive Director Appraisal and Appointment Panel met once to receive the report of the external review of remuneration.

Table 20: Attendance at Non-Executive Director Appraisal and Appointment Panel Meetings

Name	Apr 2009
L. James	x
C. Kimmons	✓
N. Selbie*	x
J. Wilkes	✓

* Committee Chair

Work of the Trust Chair Appraisal and Appointment Panel and the Non-Executive Director Appraisal and Appointment Panel (with regards to the remuneration of the Trust Chair)

During 2008/09, the Trust Chair Appraisal and Appointment Panel and the Non-Executive Director Appraisal and Appointment Panel decided to work together to jointly consider the remuneration of the Trust Chair and the Non-Executive Directors.

In line with Monitor's *Code of Governance*[5], these two Panels jointly sought external advice on the remuneration of the Trust Chair and other Non-Executive Directors. They 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.

Although the majority of the work was carried out in 2008/09, Hewitt New Bridge Street did not report to the Panels until April 2009, when the summary results, finding and recommendations from their review was presented to a joint meeting of the Panels.

Hewitt New Bridge Street did a remuneration comparison exercise with similar size NHS Foundation Trusts (income up to £100m), and non-NHS comparators such as Regulatory Bodies, Friendly Societies and small sized commercial companies (referred to as Small Cap Companies) with a turnover of up to £100m. In addition to remuneration comparisons, other non-remuneration factors were included, such as time commitment requirements, recruitment and retention issues, and increased levels of governance responsibility necessary in foundation trusts in comparison with non-foundation trusts. The findings from the Hewitt remuneration exercise clearly showed that the Trust paid Non-Executive Directors slightly less in comparison with other foundation trusts and comparable organisations sampled and that the Chair of the Audit Committee, Senior Independent Director (SID) and the Trust Chair were paid significantly less, in comparison with other foundation trusts and comparable organisations sampled. These findings were not dissimilar to findings established in previous exercises undertaken by the Human Resources Department. Governors reviewed the Hewitt findings in depth and felt they had demonstrated that remuneration for the Trust Chair, Chair of the Audit Committee and Senior Independent Director were considerably out of line with comparators. Governors unanimously agreed that remuneration levels needed to be re-calibrated and brought in to line with market rates for similar posts across the NHS. When considering Non-

[5] Monitor, *The NHS Foundation Trust Code of Governance*, September 2006, 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.*"

Executive remuneration, Governors took into consideration the remuneration of other Trust staff as well as the economic climate in which the Trust was operating.

10. Quality Report

10.1 Chief Executive's Statement

The Trust remains proud of its record for the provision of high quality mental health services. In previous years the Healthcare Commission awarded the Trust the highest rating of excellent for the quality of our clinical services. Under the new Care Quality Commission regulation the Trust has achieved registration without conditions. *High Quality Care for All* (June 2008) offered a welcome focus on the quality of clinical services. The introduction of Quality Accounts now offers an opportunity for us to work with patients, the public, staff, the Board of Governors, the Board of Directors, our commissioners and other stakeholders to ensure that we provide the highest quality services and continue to offer innovative ways of improving mental health.

Over the last year our Quality Programme Board has overseen progress on quality improvement plans and has worked to develop our approach to implementing a quality programme which is both robustly sponsored by senior management and the Board of Directors, and locally owned in each clinical service line through clear lines of communication, reporting and accountability. Over the coming year, we will be implementing an integrated system of Clinical Quality, Safety and Governance. This system will also provide assurance to the Board of Directors and ensure that the work streams that fall within this domain deliver on their objectives, supported through adequate and equitable resourcing across the Trust at service line level. Each service line within the Trust already produces an annual report to the Board of Directors which includes financial, performance, clinical quality and staffing data.

The majority of the national indicators proposed for mental health do not apply to our Trust because we provide specialist out-patient services and few indicators have been developed which apply either to CAMHS or adult psychological therapies. However, we are keen to find ways of capturing and demonstrating the quality of the services we offer through expanding data collection and identifying areas for development, using national measures where they exist to allow benchmarking.

We have made progress on the three areas we identified as priorities for improvement last year. Our refurbished reception area in now completed, our redesigned website has been launched and we have continued to work on increasing return rates within our outcome monitoring programme. Return rates are high in some areas but we are keen to improve return rates across the clinical services and to develop measures which reflect patient's goals for treatment. We are pleased that over 70%

of respondents to our annual survey rated the care they received as "good", "very good", or "excellent". We have explored ways of including more actively those less likely to respond to a postal survey. Results from pilot telephone surveys suggest one positive way forward. We plan to expand the range of consultations over the coming year to include a wider range of patients and carers, governors and other stakeholders.

We believe that well-trained, well- supported staff are key to delivering high quality services and therefore we are pleased that participation in our induction and training programmes is high and that well over 90% of our staff have a personal development plan. We now plan to prioritise addressing staff stress in addition to providing opportunities for development.

Going forward we anticipate improvements in care through improved data collection with the implementation of our new electronic patient record system, RiO. We continue to work to improve mental health services through our participation in the development of innovative services such as the Family Drug and Alcohol Court, and the City and Hackney Primary Care Psychotherapy Consultation Service.

In summary, the Trust is absolutely committed to the quality agenda and to the areas of patient experience, clinical outcomes and safety that comprise it. We intend to work closely with all of our stakeholders in order to ensure that we deliver on our commitments.

I confirm that I have read through this quality report which has been prepared on my behalf. I have ensured that whenever possible that the report contains data that has been verified and/or previously published in the form of reports to the Board of Directors and confirm that to the best of my knowledge the information contained in this report is accurate.

Dr Matthew Patrick
Chief Executive
7th June 2010

10.2 Priorities for quality improvement and statements of assurance

For the year 2010/11 priorities for quality improvement have been selected taking into account a range of views and external factors. Key inputs have included:

- Patient feedback on experience of Trust services
- Quality agenda as set out in *High Quality Care for All*[6]
- Consultation with the Board of Directors, the Board of Governors, and staff
- Consultation with commissioners though reporting on Quality Improvement Plans for 2009/10 and agreeing CQUIN targets for 2010/11.

We have added two new priorities to the three we worked on in 2009/10 making a total of five priorities for 2010/11; the two new priorities are patient and public involvement, and maintaining a high quality effective workforce. Thus the priorities for 2010/11 are as follows:

- Clinical Outcome Monitoring
- Patient and Public Involvement
- Improvements to the built environment and facilities
- Access to clinical service and health care information for patients and public
- Maintaining a high quality, effective workforce

Our aim is that all of these priorities will be supported through the involvement of Governors and Membership

Clinical Outcome Monitoring

CAMHS Outcome Monitoring Programme

Routine outcome monitoring data has been collected in the CAMHS Directorate for several years. However, the range of measures used needed to be expanded in order to fulfil the requirements of CORC (CAMHS Outcome Research Consortium). CORC specifies an agreed common set of measures to routinely evaluate outcome from at least three key perspectives (the child, the parent / carer and the practitioner).

The CAMHS Directorate undertook a six-month pilot project across two generic teams in Camden (October 2009 – April 2010) in order to

[6] Department of Health, *High quality care for all: NHS Next Stage Review Final Report*, June 2008

implement the expanded protocol. All processes, including significant additional IT support were put in place and information is now being provided on a monthly basis to the Camden CAMHS Commissioner. However initial return rates from the pilot have been below 25%, which makes them unusable; to address this issue a number of changes have been made to the format of data collection. In addition, the Trust is hosting a training workshop on outcome monitoring for CAMHS clinicians in May 2010, to help increase the relevance and value of outcome measures for clinicians. There remain concerns, however, that the return rates will not meet the target of 60% required by the Camden CAMHS commissioners by the end of this financial year (2010/11). An action plan is in place to mitigate this risk. Currently, the expanded protocol is in use in clinical teams providing CAMH services to patients and families living in Camden, with plans later this year to implement the protocol across all services within the directorate for every new patient referred.

The Learning and Complex Disabilities Service, the Under Fives Service and the Fostering and Adoption Service will be piloting new outcome measures specifically designed for the population of children / young people who attend these services.

Collection and reporting of the agreed CORC dataset has now been implemented across Camden Service Lines. However, for the year 2010/11 the department needs to improve data collection in the following domains: demographic data, presenting problem, and professionals involved for every new case. There have been technical problems related to use of new forms which have been resolved. An additional outcome monitoring report will be completed in May 2010 to evaluate compliance.

Further work is been undertaken to ensure, where possible, that the outcome monitoring processes and core dataset are compliant with the new electronic patient record system (RiO) which will be launched in September 2010.

Adult Outcome Monitoring Programme

At this time, outcome monitoring in the Adult Department is based on the CORE System (Clinical Outcomes for Routine Evaluation) which was developed in the UK for use in psychotherapy to measure outcome, and to provide data for service audit and evaluation. The return rates have remained consistently high over the past number of years (over 90% at pre-assessment and over 50% at end-of-treatment). However, a change in the outcome monitoring protocol has had the effect of further increasing the return rates of forms from patients. Now, rather than receiving the end of treatment form by post, clinicians hand the forms directly to patients. In addition, new outcome measures are also being piloted in the Adult Department Brief Therapy Service and will be reported on later in 2010/11.

Patient and Public Involvement

The Trust places great store by patient and public involvement, including students and other non-patient users of our services. In 2009/10, highlights included the launch our new website, making information about our clinical services more readily available to our patients and we worked on the development of an innovative children's website, to be launched in 2010/11. For further information on patient and public involvement activity, see Section 15.6. In the coming year we will be:

- Undertaking a stakeholder consultation on the quality of our clinical services in liaison with the Patient and Public Involvement Committee (the PPI Committee includes patient, public and Governor representatives who will be involved in the planning of this work)
- Inviting patients and carers to take part in consultations (for example on patient information and confidentiality)
- Developing more creative ways of obtaining feedback such as using the internet and telephone surveys, and events such as themed open meetings.

Improvements to the built environment and facilities

In 2009 we focussed on refurbishment of high traffic ground floor areas, responding to concerns that had been raised in previous patients' surveys about the 'tired' condition of the building. Such comments were far from universal, however, many patients giving positive feedback about the 'feel' of the building and praise for the artwork.

Our review of patient feedback included all the possible feedback mechanisms including the Experience of Service Questionnaire (ESQ). Most data from the ESQ has come from the Adolescent Department where it has been most used. However the ESQ was piloted in the Child and Family Department from October 2009 until March 2010 before being formally incorporated into the outcome monitoring procedure for the department effective from 1st April 2010 for Camden Service Lines. The feedback from this questionnaire in relation to the environment is reasonably positive although there have been additional comments about the books in the waiting areas (need for more) and the therapy rooms (seeming sparse). We have recently been donated books by an author parent and have donations of popular children's magazines.

In order to improve the quality of the environment for patients, refurbishment work was undertaken during the summer 2009. This included the ground floor reception and waiting area; PALS / patient information area; space between the reception area and the lifts, and

commissioning of new art work for the waiting area and the corridor leading to the lifts.

Once the refurbishment had been completed a survey was carried out to ascertain the impact of the changes made. Feedback forms were placed in the waiting rooms of the Adult, Child and Family and Adolescent Department for two weeks, during which a total of twenty forms were completed.

Similar to the pre-refurbishment survey, the feedback received during the post-refurbishment period was mixed. However, 60% of the respondents thought that the new design and layout of the main reception and the waiting area made the ground floor look better. In response to the feedback received, there have been measures taken to address the concerns raised about the refurbishment work. These measures have included adding plants, soft furnishing and a frosted glass screen. The lighting on the ground floor corridor has been softened and the some of the artwork has been changed. A further survey will be undertaken in 6 months.

The Patient and Public Involvement (PPI) Lead is a member of the Trust's Design Advisory Group in order to ensure that there is on-going review of the feedback received from patients about the environment. The Design Advisory Group is led by the Trust Director, who is the Trust Board Design Champion and the group includes active Governor participation .This also ensures that there is a process in place for improving and maintaining the quality of the environment based on a range of views including patients, Governors, Members and staff.

A rolling programme of refurbishments is in hand and plans are in development for improvements to the use of external spaces

Access to clinical service and health care information for patients and the public

We view the Trust website as a key portal of access to, and a key route for disseminating information about, the Trust and its services. In 2008, a strategic decision was made to redesign the website to ensure that it was fit for purpose. The communications team conducted a survey, through the membership newsletter, to establish ideas about what patients thought was important to consider in the redesign. We appointed a design company and they also conducted user testing. It was apparent that the patient population felt strongly that the website needed to be organised around the kinds of questions patients (and our student users) might ask. The website has, therefore, been completely revised and the new site was launched in July 2009.

There have been several rounds of user testing on the new website, where patients have been asked to search for particular pages and then have given feedback on the ease of navigation through the site, which has led to further improvements. After the site has been live for a year we will conduct a further survey through the members' newsletter to check that the site is functioning as it should.

The Communications Team is preparing a series of downloadable leaflets on Life Issues which will offer information and advice in relation to common issues encountered across the life span. The series will be launched in 2010/11 and will make a contribution to promoting public health and well-being

Following a consultation from People First, the Trust has developed information leaflets suitable for people with learning disabilities and will make these available from 2010/11.

Maintaining a high quality, effective workforce

The Trust has always performed well in staff surveys. Our most recent survey is also very positive, in fact improving on the strong surveys of previous years. In many areas the Trust ranks in the top 20% of mental health trusts, for example in the percentage of staff expressing strong satisfaction with their jobs and in the percentage of staff who would recommend the Trust as a place to work or to receive treatment. The percentage of staff reporting that they work extra hours for the Trust remains high, as in previous years although this year somewhat less than before, which is an improvement. One less positive feature, however, is that staff surveys have also reported significant levels of stress amongst the staff group. Over 2010/11, we aim to put in place a range of measures to reduce work related stress.

In addition we aim to maintain a well-trained, flexible and creative workforce through providing personal development plans, supporting Continuing Professional Development and continuing to support workshops aimed at enhancing clinical learning and development.

Involvement of Governors and Members

We believe that the quality of our services will benefit from working more closely our Governors, and Members; they are key to our future direction and nature of the Trust.

While achieving this aim is not straightforward, in pursuit of it increasing time and resourcing is being devoted to supporting and facilitating our governance structures. Over the coming year we want also to focus on development and support of links between Members and Governors.

Website and e-mail possibilities are being explored. We also aim to include a Governor in each of a number of key quality committees and work streams within the Trust in order to promote closer working between the executive, the staff and Governors and through their links, the Membership.

In this way we would hope to make the most of our Governors' and Members' contribution to the continuing improvement of the quality of our patient services.

Statements of Assurance from the Board of Directors

Review of Services
During 2009/10, the Tavistock and Portman NHS Foundation Trust provided four NHS services.

The Tavistock and Portman NHS Foundation Trust has reviewed all the data available to them on the quality of care in 4 of these NHS services.

The income generated by the NHS services reviewed in 2009/10 represents 44% of the total income generated from the provision of NHS services by the Tavistock and Portman NHS Foundation Trust for 2009/10.

Participation in Clinical Audits and National Confidential Enquiries
During 2009/10 there were no national clinical audits and 2 national confidential enquiries covered NHS services that Tavistock and Portman NHS Foundation Trust provides.

During 2009/10, the Tavistock and Portman NHS Foundation Trust participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that the Tavistock and Portman NHS Foundation Trust was eligible to participate in during 2009/10 are as follows:

- National Homicide Audit
- National Suicide Audit

The national clinical audits and national confidential enquiries that the Tavistock and Portman NHS Foundation Trust participated in during 2009/10 are as follows:

- National Homicide Audit

- National Suicide Audit.

The national clinical audits and national confidential enquiries that Tavistock and Portman NHS Foundation Trust participated in, and for which data collection was completed during 2009/10, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

- National Homicide Audit 100%
- National Suicide Audit 100%

The reports of two national clinical audits were reviewed by the provider in 2009/10 and the Tavistock and Portman NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided. No action required.

The reports of eleven local clinical audits were reviewed by the provider in 2009/10 and the Tavistock and Portman NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

- To provide feedback of the findings to the Board of Directors, Executive Committee and clinicians within the relevant department where audit undertaken and to the PPI Lead, as appropriate covering a range of services. For example, feedback and guidelines have been provided to clinicians for improving the quality and consistency of information recorded in patient case files, following the Case Note Audit.

Participation in clinical research

The number of patients receiving NHS services provided or sub-contracted by the Tavistock and Portman NHS Foundation Trust that were recruited during that period to participate in research approved by a Research Ethics Committee was approximately 70.

The use of the CQUIN framework

A proportion of the Tavistock and Portman NHS Foundation Trust's income in 2009/10 was conditional upon achieving quality improvement and innovation goals agreed between the Tavistock and Portman NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2009/10 and for the following 12 month period are available on request from Robin Bonner,

Head of Service Development and Agreements, email: rbonner@tavi-port.nhs.uk.

The total financial value was £43k. Achievement of goals is currently in the final stages of ratification. The Trust expects to receive £42k of the £43k.

Registration with the Care Quality Commission (CQC) and periodic / special reviews

The Tavistock and Portman NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is full registration without conditions.

The Care Quality Commission has not taken enforcement action against the Tavistock and Portman NHS Foundation Trust during 2009/10.

The Tavistock and Portman NHS Foundation Trust is not subject to periodic review by the Care Quality Commission.

The Tavistock and Portman NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

Information on the quality of data

The Tavistock and Portman NHS Foundation Trust did not submit records during 2009/10 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The Tavistock and Portman NHS Foundation Trust score for 2009/10 for Information Quality and Records Management, assessed using the Information Governance Toolkit was 88%.

The Tavistock and Portman NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission.

10.3 Other Information

This section gives an overview of the quality of care offered by the Trust based on performance in 2009/10 against indicators used in the 2008/09 Annual Report.

Patient Safety indicators

NHS Litigation Authority level

In March 2009, the NHS Litigation Authority (NHSLA) awarded the Trust a Level 1 rating with a 100% pass rate for compliance with the requirements for written process. This assessment is valid for two years. The Trust is committed to continuing to improve the safety of Trust services and aims to achieve Level 2 rating in March 2011, which will demonstrate that its risk management and patient safety policies and procedures are effective in practice.

Number of patient safety incidents

The Trust has a relatively low incident rate due to the nature of its patient services. Many of the reported incidents have occurred in the Trust's Specialist Children's Day Unit which includes a school for children with emotional difficulties and challenging behaviour. Following a discussion with the National Patient Safety Agency (NPSA) over the course of the year, the Trust now reports all incidents in the Children's Day Unit, which involve pupil to pupil violence as "clinical incidents". All other clinical incidents, which are generally few in number, continue to be reported to the NSPA on a monthly basis via the intranet National Reporting and Learning Service (NRLS) staff portal.

Table 21: Frequency of patient safety incidents[7]

	2009/10	2008/09
Incidents	264	187

The total reported incidents (both clinical and non-clinical) rose in 2009/10, which was thought to be related to a general increase in awareness of incident reporting across the Trust. The Trust had one Serious Untoward Incident (SUI) in 2009/10, which was fully investigated and the subsequent report submitted to the Board of Directors and Camden Commissioners, and submitted to NHS London as required. The Board of Directors has monitored compliance with the action plan and the SUI is closed. The Trust routinely promotes incident reporting at the Trust-wide Induction, INSET and other risk training events.

[7] This refers to both clinical and non-clinical incidents

Monitoring of adult safeguarding alerts

The importance of safeguarding vulnerable adults, by identifying and reporting those adults who might be at risk, has been highlighted by the Trust. This has been through the mandatory training provided at the annual Trust INSET day, and via email reminders to Trust staff over the course of the year. During the past year, the LCDS (Learning and Complex Disabilities Service) has liaised with local authorities on two separate occasions, concerning two vulnerable adults, who were already known to their Local Authority prior to their contact with the Trust. So that the Trust remains active in responding to and monitoring the needs of this group, staff continue to be encouraged to submit the Trust incident reporting form.

Adult safeguarding alerts will be monitored regularly over 2010/11

Electronic recording of Children in Need

Last year, when determining the objectives for Patient Safety for 2009/10, the Trust set itself a target of electronically recording those children in need. However, it has not been possible to take this forward, because of problems with the definition of "children in need", which extends beyond the Trust. However, it is recognised that this is an area which requires further work.

Attendance at Trust-wide induction days

Last year we set ourselves a target of improving attendance at Trust-wide induction from 66% in 2008/09 to 75% in 2009/10. We are pleased to report that attendance rose to 85% in 2009/10.

For 2010/11 we have two targets, firstly, to maintain a high level of attendance at Trust-wide induction, and secondly to achieve a 75% attendance at local induction in addition to Trust-wide induction.

Attendance at mandatory training

The Trust provides its main mandatory training update via its In-Service Education and Training (INSET) day, which staff are required to attend every two years. At INSET, staff receive training updates in the following areas:

- Risk management and assessment
- Health and Safety (including security and lone working)
- Infection Control (including hand washing)
- Confidentiality and Caldicott guidance
- Equality and Diversity

- Information Governance
- Safeguarding Children Level 1
- Safeguarding Adults
- Fire safety

In 2009/10, the Trust was in transition in the way that it records its mandatory training, moving from spreadsheets on Excel to using the Electronic Staff Records OLM module. At year-end, this was not fully functional and therefore attendance at INSET, our core mandatory training update, is measured by numbers attending against expected numbers attending in the year.

INSET is run twice each year, and the Trust expects all staff to attend once every two years. At the year-end, our permanent staff numbers were around 520 and in year 260 staff had attended INSET, which gives a performance on near 100% attendance. During 2010/11, we will be moving to identifying update requirements on a person-by-person basis and inviting those due for update personally, and following up individuals and their managers when they do not attend.

Safeguarding of Children

- 97% of the target staff group attended Safeguarding of Children Level 1 training.
- All staff requiring Level 2 training have been identified. 75% will have be trained by May 2010. Our target is to train the remaining 25% by October 2010.
- 94% of those required to attend Level 3 training had completed their training at March 2010.
- We will ensure staff are offered updated Safeguarding of Children training as required and monitor attendance.

Clinical Effectiveness

Monitor number of staff with Personal Development Plans
Through appraisal and the agreement of Personal Development Plans we aim to support our staff to maintain and develop their skills. A Personal Development Plan also provides evidence that an appraisal has taken place.

The number of staff with Personal Development Plans in 2009/10 was 93%, an increase on the level for the previous two years, with a figure of 92% in 2008/09 and 77% in 2007/08.

For the 2010/11 we aim to achieve a return rate above 90% in order to demonstrate that we now have a consistently robust system in place.

Evidence of increase in range of treatment modalities

The Trust is a national leader in the provision of systemic psychotherapy and psychodynamic psychotherapy. Alongside this, the Trust is increasing the range of treatments available so that we can offer therapies to a greater range of patients and offer a greater choice of treatments to all our patients. Some of these developments include extensions of approaches we already use, as well as new developments based on combining elements know to be effective within two or more established modalities of treatment.

Over 30 staff are now trained to basic level in Interpersonal Therapy (IPT) and a cohort are proceeding to practitioner level training, with a smaller group now approaching supervisor level.

Dynamic Interpersonal Therapy (DIT) is a brief psychodynamic competency based approach developed by the Trust in collaboration with the Anna Freud Centre. Six staff have completed basic training in DIT.

Both IPT and DIT have been approved as appropriate treatments to offer within Improving Access to Psychological Therapies (IAPT) programmes nationally.

Seven staff trained in Mentalisation Based Therapy (MBT), an effective treatment for people with personality disorders. A Mentalisation based variant of Multi Systemic Therapy is being offered for young people on the cusp of care.

Within family approaches, FAST (Family and Schools Together) is being piloted. This approach is amongst the top five evidence-based family interventions in the USA and is just being introduced in the UK.

The Trust is also delivering EMDR (Eye Movement Desensitisation and Reprocessing) for highly traumatised children and Relationship Development Intervention (RDI) as a component of autism services.

Cognitive Behaviour Therapy is continuing to develop within the Trust as a treatment modality.

Over the coming year we will work to embed new approaches and monitor whether patients have been offered a choice of treatment where that is appropriate

Outcome monitoring returns data

The Trust is committed to using outcome measures for evaluating the effectiveness of the clinical interventions it provides. The ongoing challenge faced by services is how to obtain reasonable return rates, sufficient to enable the Trust to effectively evaluate its clinical services. There are many factors which can contribute to low return rates, such as the perceived lack of relevance and usefulness of these measures, both by patients and clinicians alike. It is important to note, at the time of writing this report, a number of forms sent to patients and clinicians in the period before 31st March 2010 had still to be returned. For this reason, the 2009/10 post assessment return rates for most departments and services were slightly lower than expected. The return rates for the Trust's services are at Table 22 and Table 23.

Child and Family Department

- Up until 2009, the Child and Family Department, in line with the recommendations of CORC (CAMHS Outcome Research Consortium) have used three standardized measures: The SDQ (Strength and Difficulties Questionnaire), which has been completed by services users and teachers; and the CGAS (The Child Global Assessment of Functioning) and the PIRGAS (Parent-Infant Relationship Global Assessment), both which are completed by clinicians, the CGAS for children ages 4-16 and the PIRGAS for children under the age of 3.
- Outcome data has been collected within three services, the generic Child and Family Department (consisting of specialist services and teams), the North Camden Team and the South Camden Team. For the SDQ forms completed by young people, the return rates only include those patients seen as part of the Fostering, Adoption and Kinship Team, within the Child and Family Department and North and South Camden teams. As a consequence, the overall figures are low for this outcome measure.
- The steps which are being taken to improve the return rates include a greater involvement of the clinician in encouraging families to complete these forms; mandatory training for clinicians and administrative staff highlighting the relevance and important of these tools for demonstrating clinical effectiveness; and the addition of the 'Added Value Score' for the SDQ, as a key indicator of performance in CAMHS from 2010.
- As part of the plan to expand the range of measures collected in the Child and Family Department, in line with the requirements of

CORC, a key development will be the introduction of a "goal-based measure", where the young person and family will determine what they wish to change over the course of treatment. In addition, information will be routinely collected concerning their experience of the service using the CHI-ESQ.

The Adolescent Department

- The outcome measures used in the Adolescent Department are part of the Achenbach System of Empirically Based Assessment, and include forms to be completed by the young people and another form to be completed by the clinician and Significant Other (someone the young person nominates to complete the form).
- In order to increase the rate of returns from service users, the Adolescent Department is planning to introduce new outcome monitoring measures. Initially, information will be gathered from a series of focus groups with young people to determine which measures are likely to be suitable for the young people who attend the Adolescent Department. It is anticipated that these new measures will prove more effective in encouraging young people to provide feedback on their mental well-being and so increase the rate of returns.
- However, in terms of considering clinical effectiveness, it is helpful to consider the_information based on the data covering 6 years, from 2003-2009, using the Achenbach System of Empirically Based Assessment (ASEBA) measures. From this data, it is evident that at the 'Pre-Assessment' stage 54% of patients fell within the 'clinical' domain, whereas at the 'Post-Assessment' stage, this drops to 46% and to 32% at the 'End of Treatment'. These figures indicate that over the past 6 years patients attending the Adolescent Department have demonstrated improvement over time, from the point of assessment to the end of treatment.

The Adult Department

- Outcome monitoring in the Adult Department is based on the CORE System (Clinical Outcomes for Routine Evaluation) which was developed in the UK for use in psychotherapy to measure outcome, and to provide data for service audit and evaluation.
- With a commitment to increasing the return rates in November 2009 changes were made to the protocol, whereby the clinician now provides the end of treatment form directly to the patient. Although the data has yet to be fully analysed, this change has resulted in a slight increase in the return rates from patients, dating from the time when the protocol was changed. In addition,

new outcome measures are being piloted in the Adult Directorate Brief Therapy Service and will be reported on later this year.

The Portman Clinic

- There are limitations of the CORE as a measure of outcome for a forensic population receiving psychotherapeutic treatment, as seen at the Portman Clinic, as evidenced from the relatively low return rates from both clinicians and patients of completed CORE forms, particularly at the end of treatment stage.
- Because of the limitations of using the CORE as the sole outcome measure, the Portman Clinic have been investigating the use of other pre-existing validated instruments measuring outcomes considered more appropriate for a forensic population. These instruments include: The Global Assessment of Functioning (GAF) to measure symptom change; the Shedler-Westen Assessment Procedure (SWAP), a clinician rated measure); the Millon Clinical Multi-axial Inventory-III (a patient-rated measure), to measure personality change; and the Global Assessment of Relational Functioning Scale (GARF), a clinician-rated measure, to assess the quality of patients' interpersonal relationships. Portman clinicians have been piloting the use of the SWAP on patients as part of the assessment, with favourable results.
- In conclusion, as outlined above, all departments and services across the Trust are committed to improving the rate of returns of the forms used for evaluating clinical effectiveness. In addition, progress is being made to include measures which are more relevant and meaningful for the specific patient group, more sensitive to change, and which are based on patient-determined change. Furthermore, the success of using telephone interviews with young people for the CHI-ESQ, suggests that there are benefits to considering other methods to improve response / return rates, such as the use of e-mail and the Internet / Trust website etc.

Table 22: Outcome monitoring questionnaire return rates completed by Service Users

Department	Outcome Monitoring Instrument	Completed By	Outcome Monitoring Returns For[8]	Year	Treatment Stages							
					Pre-assessment	Post-Assessment	End of Waiting List	6m	12m	18m	24m	End of Treatment
Child and Family Department (including North/South Camden)	Self report SDQ (only FA-K team)	Young persons (age 11-16)	2007/08	1	35.29%	N/A	N/A	14.29% (N=3)	23.08% (N=3)	27.27% (N=3)	33.33% (N=2)	0.00%
			2008/09	2	50.00%	N/A	N/A	27.27% (N=6)	14.29% (N=2)	23.08% (N=3)	0.00%	0.00%
			2009/10	3	21.43%	N/A	N/A	43.75% (N=7)	10.00% (N=1)	30.00% (N=3)	0.00%	0.00%
	Parent and Teacher SDQ	Parents/ Carers and Teachers	2007/08	1	74.16%	N/A	N/A	45.16%	43.57%	40.98%	38.99%	30.00%
			2008/09	2	68.38%	N/A	N/A	40.17%	41.97%	36.79%	39.20%	25.00%
			2009/10	3	41.32%	N/A	N/A	39.36%	42.57%	35.57%	38.61%	29.41%
Adolescent Department	YASR / YSR	Young persons (age12-30)	2007/08	1	79.22%	14.43%	N/A	14.41%	13.33%	16.18%	11.67% (N=7)	28.07% (N=16)
			2008/09	2	86.52%	20.74%	N/A	14.42%	14.81%	20.69%	12.00% (N=6)	14.29% (N=7)
			2009/10	3	98.37%	17.71%	N/A	13.48%	13.11% (N=8)	22.22%	11.11% (N=4)	10.34% (N=3)
	CBCL / YABCL	Significant other (not specified)	2007/08	1	68.27%	12.50%	N/A	14.55%	13.33%	16.18%	10.00%	15.56% (N=7)
			2008/09	2	82.52%	14.84%	N/A	15.53%	14.81%	17.24%	10.00% (N=5)	11.11% (N=5)
			2009/10	3	95.40%	14.11%	N/A	13.64%	11.48% (N=7)	17.78% (N=8)	8.33% (N=3)	3.70% (N=1)
Adult Department	CORE	Adult patients	2007/08	1	92.57%	39.24%	52.28%	N/A	N/A	N/A	N/A	50.28%
			2008/09	2	94.96%	56.10%	57.01%	N/A	N/A	N/A	N/A	51.06%
			2009/10	3	99.53%	55.68%	65.29%	N/A	N/A	N/A	N/A	50.68%
Portman Clinic			2007/08	1	81.94%	54.55%	N/A	N/A	N/A	N/A	N/A	15.38% (N=2)
			2008/09	2	73.17%	46.15%	N/A	N/A	N/A	N/A	N/A	18.75% (N=3)
			2009/10	3	73.33%	38.24%	N/A	N/A	N/A	N/A	N/A	12.50% (N=1)

[8] Year runs 1st April to 31st March

Table 23: Outcome monitoring questionnaire return rates completed by Therapists

Department	Outcome Monitoring Instrument	Completed By	Outcome Monitoring Returns For[9]	Year	Treatment Stages						
					Post-Assessment	End of Waiting List	6m	12m	18m	24m	End of Treatment
Child and Family Department	CGAS (age 4-16) PIR-GAS (under 4's)	Therapist	2007/08	1	68.25%	N/A	51.47%	50.74%	47.03%	50.00%	73.76%
			2008/09	2	63.98%	N/A	50.00%	45.79%	47.89%	52.00%	78.13%
			2009/10	3	71.43%	N/A	51.06%	48.00%	48.98%	52.48%	76.67%
Adolescent Department	YABCL (over 18) CBCL (under 18)	Therapist	2007/08	1	35.48%	N/A	41.44%	34.44%	36.23%	25.00%	53.85%
			2008/09	2	36.21%	N/A	38.83%	38.27%	35.59%	28.00%	48.72%
			2009/10	3	29.01%	N/A	35.23%	31.15%	33.33%	27.78%	31.82% (N=7)
Adult Department	CORE Therapy Assessment form (at post assessment) CORE End of Therapy form (at end of treatment)	Therapist	2007/08	1	98.01%	N/A	N/A	N/A	N/A	N/A	93.94%
			2008/09	2	93.70%	N/A	N/A	N/A	N/A	N/A	91.88%
			2009/10	3	78.65%	N/A	N/A	N/A	N/A	N/A	86.47%
Portman Clinic			2007/08	1	97.73%	N/A	N/A	N/A	N/A	N/A	50.00% (N=4)
			2008/09	2	77.05%	N/A	N/A	N/A	N/A	N/A	16.67 % (N=2)
			2009/10	3	43.59%	N/A	N/A	N/A	N/A	N/A	0.00% (N=0)
			2009/10	3	43.59%	N/A	N/A	N/A	N/A	N/A	0.00% (N=0)

[9] Year runs 1st April to 31st March

Service User Forms:

- SDQ: Strengths and Difficulties Questionnaire
- YASR: Young Adult Self Report
- YSR: Youth Self report
- CBCL: Child Behaviour Check List
- YABCL: Young Adult Behaviour Check List
- CORE: Clinical Outcomes in Routine Evaluation- Outcome Measure

Therapist User Forms:

- CGAS: Children's Global Assessment Scale
- PIR-GAS: Parent Infant Relationship Global Assessment Scale
- CBCL: Child Behaviour Check List
- YABCL: Young Adult Behaviour Check List
- CORE - Therapy Assessment form
- CORE - End of Therapy form

Patient Experience

Percentage of patients rating care "excellent" / "very good" / "good"
Feedback from patients who responded to the most recent yearly patient survey demonstrated that 70% either rated their care as "excellent", "very good" or "good", a figure which the Trust has achieved consistently for the past five years. 73% felt that they were listened to and treated with respect and dignity, and 69% would recommend the Trust to their friends or family members.

For 2010/11 we are aiming for 70% or more of those patients responding to the survey to rate their care as "excellent" / "very good" / "good".

In consideration of the fact that the response rate to patient surveys is low for young people, the information from CHI-ESQ (Experience of Service Questionnaire) was used to obtain the views of young people attending the Adolescent Department, aged 16 and over, following their Assessment in the Department. Rather than completing this questionnaire on paper, young people were invited to complete this Questionnaire by telephone interview. This proved most successful, as almost 80% of patients who agreed to participate (in a pilot run over a period between 2008 and 2009) provided feedback. Overall the responses from patients has been very positive and so far 100% of those asked said they would certainly recommend the help offered in the Adolescent Department to a

friend if they needed it; and that overall the help they received was good. 91% felt that they were 'listened to'; and that they were 'treated well'. The weaker points were: not offered 'convenient appointment time', the 'convenience of the location', and 'convenient facilities'.

It is planned to use the CHI-ESQ more widely within the Trust and continue to explore innovative ways of gaining meaningful patient feedback about the quality of care.

Decrease number of negative comments received about environment

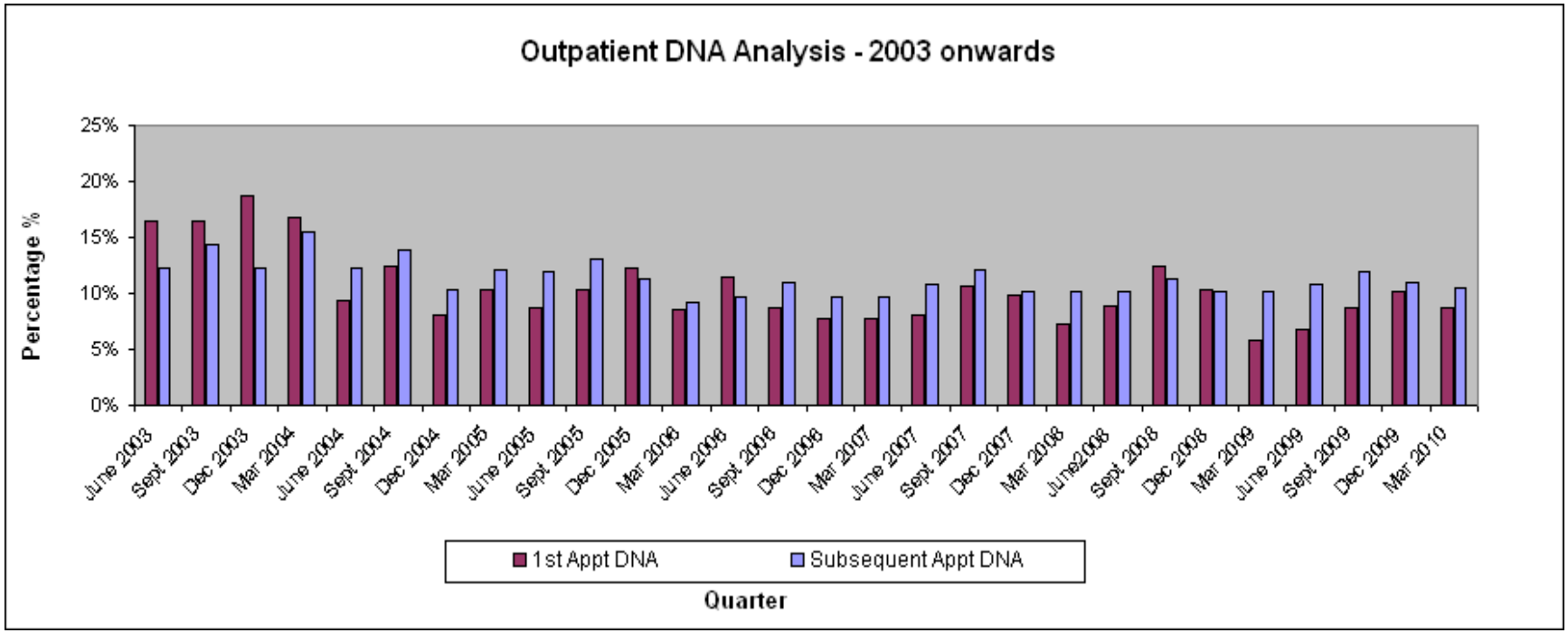
As one of the priorities for Quality Improvement in 2009/10, work was undertaken to refurbish and improve the reception and waiting areas on the ground floor, toilet facilities and the access to refreshments. Overall, the feedback was positive, with 60% of the patients responding positively to the changes made to the reception and waiting area, whilst 25% of the respondents were dissatisfied with the redesign of this area. As indicated above under priority 3, improvements to the built environment, measures have been taken to address the negative feedback received concerning the refurbishment work.

The survey will be repeated in six months to monitor patients' views about the refurbishment and to ensure that any further need for change is identified

Monitor DNA rates

The "did not attend" rate (DNA) for 2009/10 was 8.8% for first attendances, which is a decrease compared to the 2008/09 figure of 9.5%, while the DNA rate remained at the 10.4% for subsequent appointments. Compared with other mental health trusts, with a historical DNA rate of 14%, this could generally be regarded as a positive indicator for patient satisfaction with their care. However, one of the future tasks will be to obtain an up-dated figure for other mental health trusts.

Diagram 3: Outpatient DNA Analysis



Monitor rate of complaints received

In accordance with the complaints procedure, all complaints were investigated by the Chief Executive, in conjunction with the relevant Service Director. In response to one of the complaints, the Trust has changed its practice concerning the amount of patient information shared with other professionals. In addition, staff training has been provided where required.

Table 24: Frequency of complaints

	2009/10	2008/09
Complaints	10	8

Pilot using text messaging to communicate with patients over 16

Recent feedback from young people indicated that they would prefer to receive communication concerning appointments either by text or email, rather than by letter. This information was obtained from young people (aged 16-18) who participated in two focus groups held at a local comprehensive school in Camden in 2009. A pilot project is planned for 2010/11 on the use of text messaging with some of the young people attending the Adolescent Department who agree to be contacted by text. The results from this pilot project will be reviewed to consider whether the use of text messages might be implemented with other patient groups in the Trust. If it is to be implemented, then guidelines will be developed which will apply across the Trust.

Performance against key national priorities and National Core Standards

The first four mental health indicators set out in Appendix B to the Compliance Framework are not applicable to the Tavistock and Portman NHS Foundation Trust, as the Trust does not provide services to which the indicators would apply.

With regard to the mental health indicators on data completeness, the Trust does not expect to comply with the indicator on data identifiers. The Trust is taking steps to improve data quality in 2010/11, particularly with regard to the collection of marital status.

The Trust complies with requirements regarding access to healthcare for people with a learning disability.

The Tavistock and Portman NHS Foundation Trust declared full compliance with all 26 Essential Standards to the Care Quality Commission, in its declaration in October 2009, and has provided assurance to its Board of Directors in April 2010 that full compliance was maintained throughout 2009/10.

10.4 Comments on the Quality Report

Lead Commissioning Primary Care Trust

Comments from Camden Primary Care Trust
Our lead Commissioner reviewed our Quality Report and was overall satisfied that the Report accorded with her knowledge of our services. She commented on reports on our outcome monitoring, recognising the difficulties encountered in collecting data over the last year and also our determination to improve return rates and to achieve ambitious targets in 2010/11. In addition she noted two areas of quality improvement and innovation which were not noted in the Quality Report; firstly, a successful capacity building project in CAMHS, cascading learning to the workforce in lower tiers e.g. schools to support early intervention and secondly, the development of the children's website which is shortly to be launched.

Local Overview and Scrutiny Committee

The Camden Overview and Scrutiny Committee contacted our Chief Executive in advance to advise us that they were not in a position to review our quality report this year.

Local Involvement Network

Comment from Camden Local Involvement Network (LINk)
Members from LINks responded very positively to the Quality Report, finding it to be an interesting and accessible description of the services provided by the Trust. They suggested that it might be helpful for future Reports to include information on the psychological therapy services available to Black and Minority Ethnic (BME) and refugee groups (such as the Young Black People's Consultation Service, Trauma Service and Refugee Service) along with the measures taken by the Trust to ensure equitable access issues for individuals with disabilities. In addition, they thought that it would have been useful to clarify the current procedures in place both for upholding standards for cleanliness and ensuring effective infection control.

11. Sustainability and Climate Change

11.1 Commentary

The Tavistock and Portman NHS Foundation Trust has committed itself to meeting the targets set out in the Carbon Reduction Commitment for public sector organisations. This reduction target is set at 10% of overall energy consumption by 2015. The Board of Directors is aware of the pressures within organisations to adhere to energy and carbon legislation, reduce energy costs and improve energy and carbon targets around corporate and social responsibility (CSR). The Board of Directors has identified energy and climate change emissions as one of its priorities for the 2010/11 and beyond.

The Trust's main site is a 1960s building. As a building of its time, the structure is poorly insulated, making it difficult to heat efficiently without major capital investment. To help resolve this, the Board of Directors has agreed a capital project for boiler replacement.

The Trust's duel fuel gas/oil boilers were installed in 1984. They are currently operating to estimated efficiency of 65%. With the installation of condensing boilers in 2010/11, the energy efficiency is predicted to increase up to 95%.

The Trust is not required to be an early implementer of the Carbon Reduction Commitment. However, the Trust recognises the importance of collating effective data on its energy consumption. In order to better understand where and what energy is being used, the Trust will be installing an automated meters reader (AMR), which will allow the Trust to monitor its energy use and set targets for consumption reduction. The installation of AMR will provide the Trust with an energy management tool, allowing the Trust to undertake better data analysis, monitor its monthly energy consumption, and understand its energy profile.

In 2009/10, the Trust's waste supplier was Camden Council. The Trust is currently in the process of changing its waste supplier, which will enable greater accountability for waste and enable the Trust to recycle more of its waste.

The Trust has appointed a Board-level lead for Sustainability to work with the Director of Corporate Governance and Facilities, the Sustainability Lead and the Trust-wide Green Group. Sustainability is included in regular reports to the Board of Directors.

11.2 Performance

Table 25: Sustainability Performance

Area		Non-Financial Data (applicable metric)	Financial Data (£k)
2009/10			
Waste Minimisation and Management	Absolute values for total amount of waste produced by the Trust	1,100 m³	---
	Method of disposal	Landfill	---
	Expenditure on waste disposal	---	£18,984
Finite Resources	Water[10]	3,916 m³	£14,659
	Electricity	145,989 kWh	£72,658
	Gas	67,623 f³	£64,847
	Other energy consumption	None	--
2008/09			
Waste Minimisation and Management	Absolute values for total amount of waste produced by the Trust	1,100 m³	---
	Method of disposal	Landfill	---
	Expenditure on waste disposal	---	£17,419
Finite Resources	Water	4,832 m³	£19,465
	Electricity	144,837 kWh	£88,258
	Gas	65,407 f³	£58,727
	Other energy consumption	10,000 L (oil)	£7,453

11.3 Priorities and Targets

The future priorities and targets are:

- Capital investment for energy saving projects
- The nomination of an Energy Champion at a senior management level
- Investment in data collection, making automated meter reading (AMR) fully operational
- A review of procurement processes
- Positive work towards cultural change

[10] Non-financial data has been taken from the Trust's own readings of the water meter. One of the Trust's other sites, Centre Heights, has not been included in the non-financial data as no meter readings are available from the water company. For the financial data, calculations have been made from our invoices covering all sites.

12. Equality and Diversity

12.1 Approach to Equality and Diversity

The Trust has a standing Equalities Committee chaired by the Director of Service Development and Strategy. The Equalities Committee leads on all aspects of equality and diversity. There are three main elements to the Trust's Equality and Diversity strategy:

Equality Impact Assessment Tool

The Trust uses an Equalities Impact Assessment (EQIA) process which screens all new and updated policies, procedures, and proposed service changes to ensure they meet all legislative equality, diversity and human rights requirements. This process ensures that policies and practices that are specifically designed to promote equality and tackle discrimination are likely to achieve this aim.

Single Equality Scheme

The Trust is implementing a Single Equality Scheme across all aspects of service provision and training. The scheme was subject to a detailed consultation process and modified to reflect feedback. Each Service Line will have a dedicated member of staff to lead on equalities who will be responsible for ensuring each equality strand is pro-actively engaged with in terms of assessing current equalities status, identifying areas for change and improvement in service provision. The Single Equality Scheme provides a planned engagement with all aspects of equality over the next three-year period (2010 – 2012), ensuring that each equality strand is mainstreamed into all Trust functions and policies.

A number of priorities have been identified and timetabled into a rolling action plan.

Data Collection

The Trust is proactively increasing data collection and mapping local needs, hence ensuring both equality of access and matching service provision to local need, taking all aspects of diversity into account.

The Trust has met its publication duties. All Equality and Diversity policies, procedures and Trust papers are published on the Trust's Intranet and website. These include the Single Equality Scheme 2010 – 2013.

12.2 Performance

Age

The Trust has a balanced workforce age profile. The figures in Table 19 show an increase in staff appointment for 2009/10. This is reflective of the period of growth currently being experienced by the Trust. The Trust's employment practices are geared towards attracting and retaining talent irrespective of age.

The Trust does not require Members to disclose their age, ethnicity, gender or disability, although, with the exception of disability, there is an option to disclose this information on the Membership application form. The statistics may not therefore be totally representative of the Trust's Public Membership population.

The Trust currently has no Members under the age of 17, and has a small and decreasing number of Members aged 17 – 21 years old (although around 31% of Members do not disclose their age). Engaging with younger Members will be a priority for the Trust over the next few years.

Ethnicity

In 2009/10, there was an increase in the percentage of white staff by 1.9% from 2008/09. The percentage figures for Asian or Asian British (0.4%), Mixed (0.5%) and other ethnic groups (0.5%) have not greatly changed from 2008/09. There was a drop in figures for Black or Black British ethnic groups by 1.4% from 2008/09. However, overall it does not appear that particular staff group is disadvantaged. The Trust's Equalities Committee has commissioned a Race Equality in Employment sub-group. The role of this sub-group is to develop measures to promote workforce diversity, inclusion and equality at all levels of the organisation. The recommendations from this sub-group will enable the Trust to address any inequalities if and where they exist.

The Trust is conscious of the ethnic make up of its Membership. Membership statistics indicate that the Trust is under-representative of the populations of all ethnicity categories for Camden and London, but appears more so for white, Asian or Asian British and Black or Black British. However, it is important to note that around 30% of the Trust's Public Members do not disclose their ethnicity. The Trust is keen to develop BME engagement through its work on the Patient and Public Involvement Committee.

Gender

The gender profile of Trust staff indicates that majority of the workforce is female, both for clinical and non-clinical staff groups. The figures for

females have increased by 1.3% from 2008/09. This should be interpreted within the context that Trust employs staff who are best qualified for the role requirements regardless of their gender.

The Trust has a greater number of female Members than male (although around 11% of Members do not disclose their gender). This is apparently consistent with the membership of other Trusts.

Disability

The recorded disability figures increased by 0.26% from 2008/09. The Trust maintains ''two ticks positive about disabled people'' status and continues to find ways to increase awareness and support systems for staff with disability.
The Trust does not currently require Members to disclose any disability on the Membership application form. However, the Trust is keen to collect as much data as possible on Members, and the Membership application form will be amended in 2010/11 to include an option to disclose any disability.

Table 26: Equality and Diversity of Staff and Public Members

	Staff	%	Public Membership	%
2009/10				
Age				
0 – 16	0	0	0	0
17 – 21	0	0	41	0.84
22 +	527	100	3,338	67.98
Unknown	0	0	1,531	31.18
Ethnicity				
White	412	78.18	2,678	54.54
Mixed	14	2.66	124	2.53
Asian or Asian British	33	6.26	230	4.68
Black or Black British	44	8.35	294	5.99
Other	24	4.55	68	1.38
Unknown	0	0	1,516	30.88
Gender				
Male	137	26	953	19.41
Female	390	74	3,413	69.51
Transgender[11]	0	0	N/A	N/A
Unknown	0	0	544	11.08
Disability				
Recorded Disability	12	2.28	N/A	N/A

[11] The Membership application form does not have an option for transgender, so this category is marked on this table as N/A for Public Membership

	Staff	%	Public Membership	%
2008/09				
Age				
0 – 16	0	0	2	0.04
17 – 21	0	0	53	1.18
22 +	494	100	3,315	73.78
Unknown	0	0	1,123	24.99
Ethnicity				
White	377	76.32	2,396	53.33
Mixed	11	2.23	110	2.45
Asian or Asian British	33	6.68	196	4.36
Black or Black British	48	9.72	251	5.59
Other	25	5.06	58	1.29
Unknown	0	0	1,482	32.98
Gender				
Male	135	27.33	894	19.9
Female	359	72.67	3,023	67.28
Transgender	0	0	N/A	N/A
Unknown	0	0	576	12.82
Disability				
Recorded Disability	10	2.02	N/A	N/A

12.3 Priorities and Targets

Trust-wide priorities are outlined in the Single Equality Scheme. They are as follows:

Culture and Governance

- To ensure that Trust leadership consider and are fully informed of their role in equalities
- Equality issues to be effectively integrated into existing planning and review processes
- Examine equalities in relation to Trust Adult and Specialist services

Diversity in Senior Grades

- To increase the diversity of those in leadership positions

Opportunities for debate

- The Equalities Committee to consider how best to take forward debates on equalities with the Trust

Religion

- Examine alternatives to the existing multi-faith prayer facilities for staff and students

Disability

- Improve data collection in patient services and to create an environment where staff with a disability feel able to declare this and to receive appropriate support

Sexual Orientation

- Gain more information about how people perceive the Trust's patient services, training and working at the Trust in relation to sexual orientation

Age

- To increase the number of young Members of the Foundation Trust

Socio-economic status

- Analyse the socio-economic profile of Trust patients

Information

- Examine outcome data in relation to equality issues in the third year of the Single Equality Scheme programme

Patient Services Priorities

- CAMHS
    - To identify an equalities lead to ensure that equality issues are actively addressed in all areas of the Trust's work
    - To try to better meet patient preferences for therapists, particularly in relation to race, gender, and religion, by highlighting this issue at the point of allocation
    - To use targeted advertising to attract and then train / recruit more staff from minority groups
    - To increase the scope and coverage of the Trust's community outreach work, in particular to target hard-to-reach communities, and take services to them

- To act on the Camden Community Child and Adolescent Mental Health Services Evaluation Report 2009, in particular to improve service delivery to primary schools across Camden
- To improve data collection from the Trust's community teams and projects, in order to monitor progress in improving access

- Adult Services Priorities

- The priority is to formally bring equalities into planning of the Adult Department and it will be an agenda item at every monthly executive meeting. Race and ethnicity is the other main priority; the aim is to change the profile of the Department from that of a white, middle class service into something that is clearly in the vanguard of multi-cultural enterprises, increase the number of trainees from black and minority ethnic groups and to increase our awareness of the racial identities of the clients who purchase particularly our short courses.

Performance against Priority Areas

The Single Equality Scheme was adopted in February 2010 and the primary objective in 2009/10 was to develop and publish the Scheme and lay the foundations for future actions, monitoring and measurement.

Monitoring arrangements

The Trust has developed a three-year plan (2010 – 2013) of the way in which the Single Equality Scheme will be implemented and mainstreamed this into each of the Trust functions and policies.

The action plan has clear objectives towards promoting single equality with steps to achieve it and realistic timetables for meeting the objectives. It also includes responsibilities for implementing the action plan and gives a clear indication of specific, scheduled, outcomes.

The Equalities Committee will monitor progress and provide an annual report to the Management Committee and Board of Directors.

13. Staff Survey

13.1 Commentary

A substantial amount of promotional work has taken place in the past year, not only to engage staff in the annual survey process but also to increase participation and encourage staff to take ownership of the survey. In addition, throughout 2009, staff were kept up-to-date with any changes or improvements that were implemented as a direct result of views expressed in the 2008 survey. This ensured that the annual survey and the benefits of completing it remained in the forefront of staff thinking, throughout the year.

Following a detailed analysis of this year's survey, action plans for improvement in areas where it is identified the Trust can do better, will be provided to the Board of Directors for approval. These plans will clearly identify targets and timescales for improvement, as well as details of the nominated managers, with responsibility for taking actions forward. This will ensure key survey targets are met. Regular updates on targets will be provided to the Board of Directors throughout the year.

Staff will be made aware of the areas where the Trust has done well and where it needs to improve. Staff involvement is essential in achieving these targets, therefore regular updates on progress will be provided to staff using newsletters, reports, e-mail notifications and through discussions at Trust staff meetings.

13.2 Performance

The 2009 survey shows an increase in the number of staff taking part in the survey as compared with previous years. The Trust's response rate of 57% was also higher than the national response rate of 55%. The Trust's response rate in 2008 was 55% and 53% in 2007. This year's results also show improvements in nearly all areas with a higher number of positive responses overall, than in 2008.

A number of areas where the Trust did not score particularly well in the 2008 survey have also shown marked improvements this year.

These include:

- A reduction in the number of staff stating that they work extra hours to meet deadlines

- An increase in the number of staff stating that they were having well structured appraisals
- A reduction in the number of staff experiencing work-related stress
- An increase in the number of staff stating that adequate hand-washing materials were available across the Trust
- An increase in the number of staff stating that there were good opportunities at the Trust to develop
- An increase in the number of staff rating the Trust's incident reporting procedures as effective

However, some areas have not improved since 2008 and these include:

- A reduction in the number of staff receiving health and safety and equalities training in the past 12 months. While responses in this area have gotten worse in comparison to last year, this reduction can be explained by the recently introduced requirement for staff to attend training every two years and not every year
- A slight increase in the number of staff stating their intention to leave the Trust
- A reduction in the number of staff indicating that they were receiving Job relevant training

In terms of top and bottom rankings the following results were identified:

The Trust's top four ranking scores were in:

- Job satisfaction
- Effective action from employer in tackling violence or harassment
- Staff not experiencing bullying and harassment from patients
- Staff recommending the Trust as a good place to work

However, the Trust's bottom three scores were in:

- Staff working extra hours
- Staff receiving health and safety training
- Staff receiving job relevant training

The summary of the Trust's results are shown in the tables below with comparisons made against 2008 results. The accompanying notes summarise the main areas of concern, as well as planned activities, to secure improvements.

Table 27: 2009 Staff Survey Findings – Response Rate

	2008/09		2009/10		Trust Improvement / Deterioration
Response Rate	**Trust**	**National Average**	**Trust**	**National Average**	
	55%	53%	57%	55%	Increase 2%

Table 28: 2009 Staff Survey Findings – Top 4 Ranking Scores

	2008/09		2009/10		Trust Improvement / Deterioration
Top 4 Ranking Scores	**Trust**	**National Average**	**Trust**	**National Average**	
Staff job satisfaction[12]	3.8	3.5	3.9	3.5	Increase 0.09%
Perception of effective action from employer towards violence & harassment[13]	3.84	3.52	3.96	3.54	Increase 0.12%
Experience of harassment, bullying or abuse from patients / relatives in past 12 months	7%	27%	5%	25%	Decrease 2%
Staff recommending Trust as a place to work and receive treatment	83%	49%	4.30	3.43	(Ranking used this year, not %)

Table 29: 2009 Staff Survey Findings – Bottom 3 Ranking Scores

	2008/09		2009/10		Trust Improvement / Deterioration
Bottom 3 Ranking Scores	**Trust**	**National Average**	**Trust**	**National Average**	
% working extra hours	84%	64%	79%	63%	Decrease 5%
% receiving health and safety training in last 12 months	73%	75%	59%	75%	Decrease 14%
% receiving job relevant training, learning & development in the last 12 months	88%	81%	81%	81%	Decrease 7%

[12] This score is an average based on a scale of 1 to 5, with 5 being the most positive
[13] Ibid.

13.3 Priorities and Targets

The key priority areas for the Trust this year are as follows:

- Increasing the Trust's staff survey response rate
- Addressing issues relating to staff working additional hours
- Addressing issues concerning the identification of job relevant training needs across the Trust through better appraisals
- Continuing to implement measures to improve attendance at mandatory training events
- Implementing innovative methods of providing mandatory training updates and information to staff

In other to ensure that these future priorities are properly measured, the following will take place:

- A responsible manager / officer will be nominated to manage each action plan priority area
- Regular reports will be provided to the Board of Directors and Management Committee showing whether set deadlines and timescales have been met and areas where further work is required
- 2010 survey results will be compared against 2009 outcomes to see whether remedial action taken has secured desired improvements

14. Regulatory Ratings

14.1 Explanation of Ratings

Monitor assigns each NHS foundation trust a risk rating for governance, finance and the provision of mandatory goods and services (as defined in their Terms of Authorisation).

Financial Risk Rating

Financial Risk Ratings are allocated using a scorecard which compares key financial metrics consistently across all foundation trusts. The rating reflects the likelihood of a financial breach of an NHS foundation trust's Terms of Authorisation. A rating of 5 reflects the lowest level of financial risk and a rating of 1 the highest.

Governance Risk Rating

A green risk rating indicates that a foundation trust's governance arrangements comply with its Terms of Authorisation; an amber risk rating reflects that concerns exist about one or more aspects of governance; and a red risk rating indicates that there are concerns that a trust is, or may be, in significant breach of its Terms of Authorisation.

Mandatory Services Rating

A green rating indicates that the Trust is continuing to deliver all the services it is required to provide under the terms of its authorisation.

14.2 Summary of Performance

The Trust has worked hard to achieve and maintain good ratings. Performance in all areas has been high and maintained at this rate. For patient services the "mandatory services" rating has always been at the highest grade. The governance rating has also been at the highest rating consistently since the Trust received its licence, with no concerns over governance raised by Monitor. The Financial Risk Rating was higher than planned in 2009/10, meaning the Trust had a lower level of risk. There were no formal interventions.

14.3 Analysis of Ratings

Governance Risk Ratings and Mandatory Services Ratings were maintained at Green for 2009/10, as planned.

In its Annual Plan, the Trust budgeted to maintain a Financial Risk Rating of 3, opting for prudence in light of the tough economic climate facing the NHS. The Trust's budgets were carefully planned with a contingency reserve to buffer against any unplanned budgetary shortfalls, as well as a small planned surplus. In the event, the contingency was not needed, and the surplus therefore exceeded Plan, leading to a Financial Risk Rating of 4.

Table 30: Table of Analysis of Regulatory Ratings

	Annual Plan	Q1	Q2	Q3	Q4
2009/10					
Financial Risk Rating	3	4	4	4	4
Governance Risk Rating	Green	Green	Green	Green	Green
Mandatory Services	Green	Green	Green	Green	Green
2008/09					
Financial Risk Rating	3	4	4	4	4
Governance Risk Rating	Green	Green	Green	Green	Green
Mandatory Services	Green	Green	Green	Green	Green

15. Public Interest Disclosures

15.1 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 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.

15.2 Policies in relation to disabled employees and equal opportunities

The Trust finalised its Single Equality Scheme 2010 – 2013, which incorporates a description of the Trust's current work in the disability arena and future plans.

The Trust values equality and diversity and is committed to the development of anti-discriminatory practice and the provision of equal opportunities. The Trust's Single Equality Scheme and Equal Opportunity Policy lend themselves to increasing awareness, accountability and good practice within the Trust's employment framework. The Trust maintains the two ticks "positive about disabled people" status and continues to find new ways to take positive action where appropriate with regards to disability.

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.

Trust-wide Disability Awareness Training is delivered on an ongoing basis on INSET days. An Equality session for the Board of Directors and Management Committee was delivered in May 2010.

15.3 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.

15.4 Occupational Health

The Royal Free Hospital continues to supply the Trust's Occupational Health support for all staff. The Trust has a Service Level Agreement with the Royal Free Hospital, which it monitors regularly.

Occupational Health 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.

15.5 Consultations

The Trust's Single Equality Scheme was subject to a very thorough consultation process, over 50% of staff attended workshops on the scheme. The draft scheme was placed on our website and people's views were invited.

The Trust's Patient and Public Involvement Committee undertook a great deal of consultation work during 2009/10. For information on this, see 14.6, below.

The Trust's Chair of the Equalities Committee and the Trust's CAMHS Equalities Lead attended the Camden Health Scrutiny Committee in January 2010, in connection with improving access to health services for minority ethnic groups.

15.6 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 2009/10, the PPI Team continued to work on developing creative ways of eliciting feedback from users of our services. Feedback was gained from small scale audits, the suggestions' box, surveys in the Members' Newsletter, and directly to the Trust's Patient Advice and Liaison Service. The Committee has established an annual survey for children and feedback has been very positive.

The Trust ran a number of consultations over the course of the year. These included:

- A pre- and post-refurbishment survey of the ground floor reception
- Focus group work with children on content for the children's emotional well being website
- Focus group work with adolescents about the use of text messages for appointment confirmation and cancellation
- A consultation with the learning disabilities advocacy group People First about accessibility of Trust buildings and literature for people with learning disabilities
- A consultation with the Camden community development workers with responsibility for BME and mental health engagement on engaging BME populations with the work of the Trust
- Service user testing on the Trust's new website to improve its usability for patients
- Telephone surveys with adolescents on their experiences of the services offered to them
- A survey on patient catering

The Patient and Public Involvement Committee has a user representative working with the RiO implementation steering group to help the Trust think about the potential impacts on patients of the new system. The Committee's user representative has also helped with developing an "out of hours" information leaflet, and, using his experience as a patient in the Adult Department, is working with trainee clinicians in the Department to facilitate better understanding of the patient perspective.

Together with the Department of Education and Training, the Patient and Public Involvement Committee ran a half-day workshop with users on how they could be involved in developing training courses.

The Trust is planning the following consultation / engagement work planned for 2010/11:

- To populate and launch the members only area of the Trust's website in order to facilitate communication between Members and Governors
- To repeat the refurbishment audit to understand the impact of further changes made in response to previous feedback
- To consult with patients on how to continue to improve the building and grounds
- To consult on the design of child-friendly access to the Child and Family Department
- To develop a system of obtaining feedback from patients about their experience of services over the phone
- To improve our communication with potential service users through social media and networking sites
- To link up with other mental health services locally to ensure good practice in involvement work is shared and developed
- To repeat the consultation with People First to ensure changes made are appropriate
- To consult regarding the development of a "family membership" category for the foundation trust Membership in order to promote the input of families and young children
- To invite users to be involved with the review of the Trust's patient information on record keeping and confidentiality

15.7 Serious Untoward Incidents

The Trust reported and investigated one incident under its Serious Incident Policy in 2009/10 following a suicide incident. An action plan was

presented to the Board of Directors in November 2009 and was completed within the year.

15.8 Sickness Absence Data

The Trust monitors its sickness absence data on a monthly basis, and reports to the Board of Directors annually. The Trust's sickness absence rate was 1.4% as of 31 March 2009. The sickness absence figure by FMA calculation was an average of 3.4 days absence per whole time equivalent employed over the financial year.

15.9 Better Payment Practice Code

Performance is detailed in Note 31 to the Accounts.

15.10 Cost Allocations

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

15.11 Management Costs

Management costs were £2.7m in the year, equivalent to 8.8% of income.

15.12 NHS Constitution

The Trust meets all of the Rights and has regards to the Pledges in the NHS Constitution[14].

[14] Department of Health, *The NHS Constitution for England*, March 2010

16. Statement of the Accounting Officer's Responsibilities

Statement of the Chief Executive's responsibilities as the Accounting Officer of the Tavistock & Portman NHS Foundation Trust

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 *NHS Foundation Trust Accounting Officer Memorandum*[15] issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

Under the National Health Service Act 2006, Monitor has directed the Tavistock & 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 & 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 Annual Reporting Manual 2009-10*[16] 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 Annual Reporting Manual[17] 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

[15] Monitor, *NHS Foundation Trust Accounting Officer Memorandum*, April 2008
[16] Monitor, *NHS Foundation Trust Annual Reporting Manual 2009-10*, April 2010
[17] Ibid.

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*[18].

Dr Matthew Patrick
Chief Executive
7th June 2010

[18] Monitor, *NHS Foundation Trust Annual Reporting Manual 2009-10*, April 2010

17. Statement of Directors' Responsibilities in Respect of the Accounts

The Directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. Monitor, with the approval of the Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure of the Trust for that period. In preparing those accounts, the Directors are required to:

- apply on a consistent basis accounting policies laid down by Monitor with the approval of the Treasury
- make judgments and estimates which are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The Directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust and to enable them to ensure that the accounts comply with requirement outlined in the above mentioned direction of Monitor. They are also responsible for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

By order of the Board of Directors

Matthew Patrick
Chief Executive
7th June 2010

Simon Young
Director of Finance
7th June 2010

18. Independent Auditor's Report to the Board of Governors of the Tavistock & Portman NHS Foundation Trust

We have audited the financial statements of Tavistock and Portman NHS Foundation Trust for the year ended 31 March 2010 under the National Health Service Act 2006. These comprise, the Statement of Comprehensive Income, the Statement of Financial Position, the Cash flow Statement, the Statement of Changes in Taxpayers' Equity 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 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 105 and 106, 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 2010.

We review whether the statement on internal control on pages 110 to 116 reflects compliance with Monitor's guidance issued in the NHS Foundation Trust Annual 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 of the state of affairs of Tavistock and Portman NHS Foundation Trust as at 31 March 2010 and of its income and expenditure for the year then ended.

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.

Neil Thomas
Senior Statutory Auditor for and on behalf of KPMG LLP, Statutory Auditor
Chartered Accountants
Canada Square
London
7th June 2010

19. Statement on Internal Control

19.1 Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Foundation Trust Accounting Officer Memorandum*[19].

19.2 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 31st March 2010 and up to the date of approval of the Annual Report and Accounts.

19.3 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

[19] Monitor, *NHS Foundation Trust Accounting Officer Memorandum*, April 2008

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 Trust's 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.

19.4 The risk and control framework

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 of Directors 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.

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.

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 of Directors that "Based on the work undertaken in 2009/10, 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."

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 and one Governor serve on the Clinical Governance Committee.
- The Board of Governors appoints 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.

Information Governance and Data Security

- The Trust's Information Governance Action Plan has been fully implemented.
- At 31 March 2010, 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 Director of Finance is the Senior Information Risk Owner for the Trust, and has received appropriate training in this role.

Standards for Better Health

- The Trust is fully compliant with the core Standards for Better Health.

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.

Obligations under equality, diversity, and human rights legislation

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

Climate Change

- The Trust is undertaking risk assessments and will have Carbon Reduction Delivery Plans in place by 2010/11, in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that the Trust's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

19.5 Annual Quality Report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year. Monitor has issued guidance on the form and content of annual Quality Reports which incorporate the above legal requirements in the *NHS Foundation Trust Annual Reporting Manual*.[20]

The development of the Quality Report has been led by the Trust's Quality Programme Board, which oversees progress on quality improvement plans and develops the approach to implementing quality programmes. The Quality Programme Board is chaired by the Trust Director. The Quality Programme Board consulted the Trust's Board of Directors, Board of Governors, staff, and its Commissioners, Overview and Scrutiny Committee, and Local Involvement Network (LINk) on the Quality Report. The Trust carries out extensive consultation throughout the year on many aspects of its service, and carefully considers all feedback, which has helped to inform this Report.

The Board of Directors receives reports from all service lines regarding and all data in the Quality Report has previously been published in the form of reports to the Board of Directors. All clinical data has been reviewed by the Clinical Governance Committee. The Clinical Quality, Safety, and Governance Committee will oversee all quality work from 2010/11 onwards, providing assurance to the Board of Directors on a regular basis. The Quality programme is robustly scrutinised by the Board of Directors and the Management Committee, but is locally owned by clinical services lines, and informed by the Department of Health document, *High Quality Care for All*[21], and by the feedback from users of the Trust's services, which is sought on a continual basis. Over the course of the last year, the Quality Programme Board became aware of potential weaknesses in the Trust's governance systems relating to co-ordination and clarity about responsibility for the Quality Programme. In order the

[20] Monitor, *NHS Foundation Trust Accounting Officer Memorandum*, April 2008
[21] Department of Health, *High quality care for all: NHS Next Stage Review Final Report*, June 2008

address these issues, the Board of Directors has re-structured its committee system, and additional resources have been made available to support the appointment of a Quality Accounts Lead.

19.6 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.

19.7 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 Trust who have responsibility for the development and maintenance of the internal control framework, and comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board of Directors, the Audit Committee and 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 during 2009/10, and also approved the declaration of compliance with the Care Quality Commission's national priority standards.

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.

19.8 Conclusion

No significant internal control issues have been identified.

Dr Matthew Patrick
Chief Executive
7th June 2010

20. Foreword to the Accounts

These accounts for the period ended 31 March 2010 have been prepared by the Tavistock & Portman NHS Foundation Trust in accordance with paragraphs 24 and 25 of Schedule 7 to the National Health Service Act 2006.

Matthew Patrick
Chief Executive
7th June 2010

Simon Young
Director of Finance
7th June 2010

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2010

	note	2009/10 £000	2008/09 £000
Operating Income from continuing operations	2.1	30,300	26,793
Operating Expenses of continuing operations	3.1	(29,311)	(26,286)
OPERATING SURPLUS / (DEFICIT)		**989**	**507**
FINANCE COSTS			
Finance income	5	18	50
Finance expense - financial liabilities	6.1	0	0
Finance expense - unwinding of discount on provisions		(1)	(1)
PDC Dividends payable		(355)	(461)
NET FINANCE COSTS		**(338)**	**(412)**
Share of Profit / (Loss) of Associates/Joint Ventures accounted for using the equity method		0	0
Corporation tax expense		0	0
Surplus from continuing operations		**651**	**95**
Surplus/(deficit) of discontinued operations and the gain/(loss) on disposal of discontinued operations		0	0
SURPLUS FOR THE YEAR		**651**	**95**
Other comprehensive income			
Revaluation gains/(losses) and impairment losses property, plant and equipment		0	719
Other recognised gains and losses		0	0
TOTAL COMPREHENSIVE INCOME FOR THE PERIOD		**651**	**814**
Prior period adjustments		0	0
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		**651**	**814**

Note: Allocation of Profits for the period:

	2009/10 £000	2008/09 £000
(a) Surplus for the period attributable to:		
(i) minority interest, and	0	0
(ii) owners of the parent.	651	95
TOTAL	**651**	**95**
(b) total comprehensive income for the period attributable to:		
(i) minority interest, and	0	0
(ii) owners of the parent.	651	814
TOTAL	**651**	**814**

STATEMENT OF FINANCIAL POSITION

	note	31 Mar 2010 £000	31 Mar 2009 £000
Non-current assets			
Intangible assets	8.1	117	78
Property, plant and equipment	9.1	12,753	12,858
Total non-current assets		12,870	12,936
Current assets			
Inventories	13.1	2	13
Trade and other receivables	14.1	2,801	3,465
Other financial assets	29	0	0
Non-current assets for sale and assets in disposal groups	10.1	0	0
Cash and cash equivalents	23	3,648	2,639
Total current assets		6,451	6,117
Current liabilities			
Trade and other payables	15.1	(2,203)	(2,129)
Borrowings	17	0	0
Other financial liabilities		0	0
Provisions	21	(103)	(388)
Tax payable		(593)	(497)
Other liabilities	16	(2,771)	(3,054)
Liabilities in disposal groups		0	0
Total current liabilities		(5,670)	(6,068)
Total assets less current liabilities		13,651	12,985
Non-current liabilities			
Other financial liabilities		0	0
Provisions	21	(61)	(46)
Total non-current liabilities		(61)	(46)
Total assets employed		13,590	12,939
Public Dividend Capital		3,403	3,403
Revaluation reserve	22	8,022	8,208
Income and expenditure reserve		2,165	1,328
Total taxpayers' equity		13,590	12,939

These accounts were approved by the Board on 28th May 2010
and signed on its behalf by

Dr. Matthew Patrick
Chief Executive

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

	Total	Public Dividend Capital	Revaluation Reserve	Income and Expenditure Reserve
	£000	£000	£000	£000
Taxpayers' Equity at 1 April 2009 - as previously stated	**13,303**	3,403	8,208	1,692
Restatement to International Financial Reporting Standards (see notes 4.3 and 33)	**(364)**	0	0	(364)
Taxpayers' Equity at 1 April 2009 - restated	**12,939**	3,403	8,208	1,328
Surplus for the year	**651**	0	0	651
Transfer of the excess of current cost depreciation over historical cost depreciation to the Income and Expenditure Reserve	**0**	0	(186)	186
Taxpayers' Equity at 31 March 2010	**13,590**	3,403	8,022	2,165
Taxpayers' Equity at 1 April 2008 as previously stated	**12,393**	3,403	7,717	1,273
Restatement to International Financial Reporting Standards (see notes 4.3 and 33)	**(268)**	0	0	(268)
Taxpayers' Equity at 1 April 2008 - restated	**12,125**	3,403	7,717	1,005
Surplus for the year	**95**	0	0	95
Share of comprehensive income from associates and joint ventures	**0**	0	0	0
Revaluation gains/(losses) and impairment losses on intangible assets	**0**	0	0	0
Revaluation gains/(losses) and impairment losses property, plant and equipment	**719**	0	719	0
Transfer of the excess of current cost depreciation over historical cost depreciation to the Income and Expenditure Reserve	**0**	0	(228)	228
Movements on other reserves	**0**	0	0	0
Taxpayers' Equity at 31 March 2009	**12,939**	3,403	8,208	1,328

STATMENT OF CASH FLOWS	2009/10 £000	2008/09 £000
Cash flows from operating activities		
Operating surplus from continuing operations	**989**	**507**
Operating surplus of discontinued operations	0	0
Operating surplus/(deficit)	**989**	**507**
Non-cash income and expense:		
Depreciation and amortisation	473	494
Impairments	90	0
(Increase)/Decrease in Trade and Other Receivables	693	(668)
(Increase)/Decrease in Other Assets	0	0
(Increase)/Decrease in Inventories	11	6
Increase/(Decrease) in Trade and Other Payables	160	495
Increase/(Decrease) in Other Liabilities	(187)	1,096
Increase/(Decrease) in Provisions	(270)	379
Tax (paid) / received	0	0
Movements in operating cash flow of discontinued operations	0	0
Other movements in operating cash flows	0	0
NET CASH GENERATED FROM/(USED IN) OPERATIONS	**1,959**	**2,309**
Cash flows from investing activities		
Interest received	18	54
Purchase of financial assets	(3,001)	(3,000)
Sales of financial assets	3,001	3,000
Purchase of intangible assets	(71)	(48)
Purchase of Property, Plant and Equipment	(511)	(132)
Net cash generated from/(used in) investing activities	**(564)**	**(126)**
Cash flows from financing activities		
Public dividend capital received	0	0
Public dividend capital repaid	0	0
Interest paid	0	0
PDC Dividend paid	(386)	(461)
Cash flows from (used in) other financing activities	0	0
Net cash generated from/(used in) financing activities	**(386)**	**(461)**
Increase/(decrease) in cash and cash equivalents	1,009	1,722
Cash and Cash equivalents at 1 April 2009	2,639	**917**
Cash and Cash equivalents at 31 March 2010	**3,648**	**2,639**

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 Annual Reporting Manual which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the 2009/10 NHS Foundation Trust Annual Reporting Manual issued by Monitor. The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) and HM Treasury's Annual 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.
The 2009/10 NHS Foundation Trust Annual Reporting Manual accords with International Financial Reporting Standards (IFRS), with the effective date of transition for NHS Foundation Trusts being 1st April 2008. That is to say, the accounts for the year ended 31st March 2010 are the first to comply with IFRS, presenting one year's comparative information from 1st April 2008.
A reconciliation of the amount of equity reported under UK Generally Accepted Accounting Principles to equity reported using International Financial Reporting Standards is given at note 33.2, for both 1st April 2008 and 31st March 2009.

A reconciliation of the surplus reported under UK Generally Accepted Accounting Principles to equity reported using International Financial Reporting Standards is given at note 33.1, for the year ended 31st March 2009.

NOTES TO THE ACCOUNTS

1. Accounting Policies

1.2. 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 Tavistock and Portman 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 Tavistock and Portman 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.

1.3 Income recognition

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable.

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.

NOTES TO THE ACCOUNTS
1. Accounting Policies continued

1.4 Expenditure on Employee Benefits

Short-Term Employee Benefits

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

Pension Costs

NHS Pension Scheme:

Past and present employees are covered by the provisions of the 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. It is not possible for the Tavistock and Portman NHS Foundation Trust to identify its share of the underlying scheme liablities. Therefore, the scheme is accounted for as a defined contribution scheme.

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

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

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 Tavistock and Portman NHS Foundation Trust to identify its share of the underlying scheme liabilities. Therefore, the scheme is accounted for as a defined contribution scheme under IAS 19.

1.5 Expenditure on Other Goods and Services

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

NOTES TO THE ACCOUNTS
1. Accounting Policies continued

1.6 Property, Plant and Equipment

Recognition

Property, Plant and Equipment is capitalised where:

it is held for use in delivering services or for administrative purposes; it is probable that future economic benefits will flow to, or service potential be provided to, the Trust; it is expected to be used for more than one financial year; the cost of the item can be measured reliably; and

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

it forms 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

it forms 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.

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

NOTES TO THE ACCOUNTS
1. Accounting Policies continued

1.6 Property, Plant and Equipment continued

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attibutable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

All assets are measured subsequently at fair value.

Property assets are valued by independent valuers, 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.

In the light of the fall in the property market during the six months to 31st March 2009, a further interim valuation was also undertaken as at 31st March 2009.

The property valuations assume no biological or asbestos hazards, and that although a higher value might be achieved if some of the properties were redeveloped for residential use, the local authority's desire to retain community and health premises would mean a valuation for continuing existing use is more appropriate.

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.

Subsequent Expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is added to the asset's carrying value. Where subsequent expenditure is simply restoring the asset to the specification assumed by its economic useful life then the expenditure is charged to operating expenses.

NOTES TO THE ACCOUNTS
1. Accounting Policies continued

1.6 Property, Plant and Equipment continued

Measurement

Depreciation

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

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

Property, Plant and Equipment which has been reclassifed as "Held for Sale" ceases to be depreciated upon the reclassification. Assets in the course of construction are not depreciated until the asset is brought into use or reverts to the trust, respectively.

Revaluation and Impairment

Increases in asset values arising from revaluation are recognised in the revaluation reserve, except where, and to the extent that, they reverse an impairment previouly recognised in operating expenses, in which case they are recognised in operating income.

Decreases in asset values and impairments are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter charged to operating expenses.

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

NOTES TO THE ACCOUNTS
1. Accounting Policies continued

1.6 Property, Plant and Equipment continued

Derecognition

Assets intended for disposal are reclassified as "Held for Sale" once all of the following criteria are met:

the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales; and

the sale must be highly probable, ie:
- management are committed to a plan to sell the asset;
- an active programme has begun to find a buyer and complete the sale;
- the asset is being actively marketed at a reasonable price;

- the sale is expected to be completed within 12 months of the date of classification as "Held for Sale"; and
- the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

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

Protected assets

Under the terms of the authorisation of the Tavistock and Portman NHS Foundation Trust, 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 Tavistock and Portman NHS Foundation 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

Recognition

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

Internally Generated Intangible Assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised.
Expenditure on research is not capitalised.
Expenditure on development is capitalised only where all of the following can be demonstrated:

the project is technically feasible to the point of completion and will result in an intangible asset for sale or use;
the Trust intends to complete the asset and sell or use it;
the Trust has the ability to sell or use the asset;
how the intangible asset will generate probable future economic or service delivery benefits eg the presence of a market for its output, or where it is to be used for internal use, the usefulness of the asset;
adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset; and
the Trust can measure reliably the expenses attributable to the asset during development.

Software

Software which is integral to the operation of hardware eg an operating system, is capitalised as part of the relevant item or property, plant and equipment. Software which is not integral to the operation of hardware eg application software, is capitalised as an intangible asset where expenditure of at least £5,000 is incurred.

NOTES TO THE ACCOUNTS
1. Accounting Policies continued

1.7 Intangible fixed assets

Measurement

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

Subsequently intangible assets are measured at fair value. Increase in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse an impairment previously recognised in operating expenses, in which case they are recognised in operating income. Decreases in asset values and impairments are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses. Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of "other comprehensive income".

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

Amortisation

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

1.8 Inventories

Inventories are valued at the lower of cost and net realisable value on a First In, First Out method. 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 Financial Instruments

Recognition

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.

Derecognition

All financial assets are derecognised 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.

Classification and Measurement

Financial assets are categorised as loans and receivables.
Financial liabilities are classified as other financial liabilities.

Financial Instruments at "fair value through income and expenditure"

Financial instruments at "fair value through income and expenditure" are financial instruments held for trading. A financial asset or financial liability is classified in this category if acquired principally for the purpose of selling in the short-term. Derivatives are also categorised as held for trading unless they are designated as hedges.

NOTES TO THE ACCOUNTS
1. Accounting Policies continued

1.9 Financial Instruments continued

Loans and Receivables

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

The Tavistock and Portman NHS Foundation Trust's loans and receivables comprise current investments, cash and cash equivalents, NHS debtors, accrued income and other debtors.

Loans and receivables are recognised initially at fair value, net of transaction costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

Other financial liabilities

All other financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability.

Other financial liabilities are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classifed as long-term liabilities.

Interest on financial liabilites carried at amortised cost is calculated using the effective interest method and charged to Finance Costs. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

NOTES TO THE ACCOUNTS
1. Accounting Policies continued

1.9 Financial Instruments continued

Impairment of Financial Assets

At the Statement of Financial Position date, the Trust assesses whether any financial assets, other than those held at "fair value through income and expenditure" are 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.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced through the use of a bad debt provision.

An asset's carrying value is only written down directly when it is certain that the lower value is the only amount recoverable. When it is still possible the full amount will be recovered, the asset is treated as impaired.

NOTES TO THE ACCOUNTS
1. Accounting Policies continued

1.9 Financial Instruments continued

Market Risk, Credit Risk and Liquidity Risk of Financial Instruments

There are three types of risk associated with financial instruments: market risk, credit risk and liquidity risk.

Market risk is the risk that the fair value or cash flows of a financial instrument will fluctuate because of changes in market prices. This could be interest rate risk, currency risk or any other price risk. All of the Tavistock and Portman NHS Foundation Trust's financial instruments are denominated in sterling, and so there is no currency risk. The Tavistock and Portman NHS Foundation Trust's cash and cash equivalents, £3,648,000 at 31 March 2010 (£2,639,000 at 31 March 2009) receive a very low rate of interest, in line with market rates. If interest rates rise in the future, the Tavistock and Portman NHS Foundation Trust will seek to place term deposits to benefit from higher rates. The Tavistock and Portman NHS Foundation Trust has no interest-bearing liabilities and so a rise in interest rates carries no risk of added expenditure in the future. There are no other price risks to the Tavistock and Portman NHS Foundation Trust's financial instruments.

Credit risk is the risk that a counterparty to a financial instrument will cause financial loss to the Tavistock and Portman NHS Foundation Trust by failing to discharge an obligation. The Tavistock and Portman NHS Foundation Trust's receivables, particularly trade and NHS receivables, worth £2,653,000 at 31 March 2010 and £3,384,000 at 31 March 2009, carry a risk that the counterparty will not pay. For this reason the Tavistock and Portman NHS Foundation Trust accounts for some of these asset as impaired, please see note 14.

Liquidity risk is the risk that the Tavistock and Portman NHS Foundation Trust will encounter difficulties meeting obligations associated with financial liabilities. The Tavistock and Portman NHS Foundation Trust has, at 31 March 2010 £5,731,000 (31 March 2009: £6,114,000) of liabilities. Excluding deferred income, where there is no further obligation to pay cash, and non current provisions, leaves liabilities of £2,899,000 (31 March 2009: £3,014,000) payable in the short term. With readily available cash and cash equivalents of £3,648,000 (31 March 2009: £2,639,000), the Tavistock and Portman NHS Foundation Trust is able to fulfil its obligations as they fall due and faces little liquidity risk.

NOTES TO THE ACCOUNTS
1. Accounting Policies continued

1.10 Leases

Finance Leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the Tavistock and Portman NHS Foundation Trust, the asset is recorded as Property, Plant and Equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

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 annual rental is split between the repayment of the liability and a finance cost. The annual finance cost is calculated by applying the implicit interest rate to the outstanding liability and is charged to Finance Costs in the Statement of Comprehensive Income.

Operating Leases

Other leases are regarded as operating leases and the rentals are charged to operating expenses on a straight-line basis over the term of the lease.
Operating lease incentives received are added to the lease rental and charged to operating expenses over the life of the lease.

Leases of Land and Buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately. Leased land is treated as an operating lease.

NOTES TO THE ACCOUNTS
1. Accounting Policies continued

1.11 Provisions

The Tavistock and Portman NHS Foundation Trust provides for legal or constructive obligations that are of uncertain timing or amount at the Statement of Financial Position 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.

Clinical Negligence Costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the Tavistock and Portman 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 Tavistock and Portman NHS Foundation Trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the Tavistock and Portman NHS Foundation Trust is disclosed at note 21.

Non-clinical risk pooling

The Tavistock and Portman 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.

1.12 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 25 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 25, unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

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

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

NOTES TO THE ACCOUNTS
1. Accounting Policies continued

1.13 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS trust.
HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS32.

A charge, reflecting the forecast cost of capital utilised by the Tavistock and Portman 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 Tavistock and Portman NHS Foundation Trust. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated assets, (ii) net cash balances held with the Government Banking Services and (iii) any PDC dividend balance receivable or payable. In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result of the audit of the annual accounts. Average relevant net assets are calculated as a simple mean of opening and closing relevant net assets.

1.14 Value Added Tax

Most of the activities of the Tavistock and Portman 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.

NOTES TO THE ACCOUNTS
1. Accounting Policies continued

1.15 Foreign exchange

The functional and presentational currencies of the Trust are sterling.
A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.
Where the Trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:-

- monetary items (other than financial instruments measured at "fair value through income and expenditure") are translated at the spot exchange rate on 31 March;
- non monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction; and
- non monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains and losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

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

1.16 Cash, bank and overdrafts

Cash, bank and overdraft balances are recorded at the current values of these balances in the Tavistock and Portman NHS Foundation Trust's cash book. These balances exclude monies held in the Tavistock and Portman 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, "other income" and "finance costs" in the periods to which they relate. Bank charges are recorded as operating expenditure in the periods to which they relate.

1.17 Critical Accounting Estimates and Judgments

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

NOTES TO THE ACCOUNTS

1. Accounting Policies continued

1.18 Accounting standards that have been issued but have not yet been adopted

The following accounting standards, amendments and interpretations have been issued by the IASB and IFRIC but are not yet required to be adopted:

Effective for the next financial year ending 31 March 2011:

IFRS 3 (amendment) Business combinations (revised 2008) - various amendments	(effective 1 July 2009)
IAS 27 (amendment) Consolidated and separate financial statements - changes to reflect accounting for non-controlling (previously minority) interests	(effective 1 July 2009)
IAS 39 (amendment) 'Financial Instruments: Recognition and Measurement' - amendments relating to eligible hedged items, embedded derivatives when reclassifying financial instruments	(effective 1 July 2009)
IFRS 1 (amendment) First time adoption of IFRS - improvements to structure. No changes to technical content.	(effective 1 July 2009)
IFRS 2 (amendment) Share-based payments - improvements to clarify changes relating to IFRS 3	(effective 1 July 2009)
IAS 39 (amendment) Financial instruments: Recognition and measurement - additional guidance and clarification	(effective 1 January 2010)
IFRS 1 (amendment) First time adoption of IFRS - additional exemptions for first time adopters	(effective 1 January 2010)
IAS 32 (amendment) Financial instruments: Presentation - clarification of rights issues	(effective 1 February 2010)

Efffective for future financial years:

IFRS 1 (amendment) First time adoption of IFRS - limited exemptions for first time adopters in relation to IFRS 7 disclosures	(effective 1 July 2010)
IFRS 9 Financial instruments - replacement of IAS 39	(effective 1 January 2013)

The Trust has considered the above new standards, interpretations and amendments to published standards that are not yet effective and concluded that they are either not relevant to the Trust or that they would not have a significant impact on the Trust's financial statements, apart from some additional disclosures.

1.19 Accounting standards, amendments and interpretations issued that have been adopted early

The Trust has not early adopted any new accounting standards, amendments or interpretations.

Note 2.1 OPERATING INCOME (by classification)

	2009/10 Total £000	2008/09 Total £000
Income from Activities		
Cost and Volume Contract income	2,601	1,687
Block Contract income	5,495	5,097
Other clinical income from mandatory services	0	311
Other non-protected clinical income **	5,326	3,772
Total income from activities	**13,422**	**10,867**
Other operating income		
Research and development	132	413
Education and training	14,912	13,612
Charitable and other contributions to expenditure	19	50
Non-patient care services to other bodies	0	0
Other ***	1,815	1,851
Total other operating income	**16,878**	**15,926**
TOTAL OPERATING INCOME	**30,300**	**26,793**

Note 2.2 Private patient income

	2009/10 £000	2008/09 £000	Base Year £000
Private patient income	0	0	
Total patient related income	13,422	10,867	9,170
Proportion (as percentage)	**0.00 %**	**0.00 %**	**0.00 %**

Section 44 of the NHS Act 2006 requires that private patient income as a proportion of total patient related income should not exceed a cap. Under the Health Act 2009 this cap is now increased to at least 1.5% for all mental health Foundation Trusts.
As a result of a judicial review in 2009, the definition of private patient income has been widened. Under this new definition, however, the Trust's private patient income in 2009/10 remains nil.

Note 2.3 Operating lease income

	2009/10 Total £000	2008/09 Total £000
Operating Lease Income		
Rents recognised as income in the period	85	131
TOTAL	85	131
Future minimum lease payments due		
- not later than one year;	0	26
- later than one year and not later than five years;	0	0
- later than five years.	0	0
TOTAL	**0**	**26**

Note 2.4 OPERATING INCOME (by type)	2009/10	2008/09
	Total	Total
	£000	£000
Income from activities		
NHS Foundation Trusts	**156**	201
NHS Trusts	**76**	65
Strategic Health Authorities	**1,062**	163
Primary Care Trusts	**8,356**	7,408
Local Authorities	**2,584**	2,366
Department of Health - other	**33**	0
Non NHS: Other	**1,155**	664
Total income from activities	**13,422**	**10,867**
Other operating income		
Research and development	**132**	413
Education and training	**14,912**	13,612
Charitable and other contributions to expenditure	**19**	50
Other	**1,815**	1,851
Total other operating income	**16,878**	**15,926**
TOTAL OPERATING INCOME	**30,300**	**26,793**

Analysis of Income from activities: Non-NHS Other	2009/10	2008/09
	Total	Total
	£000	£000
Ministry of Defence	0	0
Other government departments and agencies	0	0
Other	1,155	664
Total	**1,155**	**664**

Mandatory and Non-Mandatory Services Income	2009/10	2008/09
	Total	Total
	£000	£000
Cost and volume contract income	2,601	1,687
Block contract income	5,495	5,097
Other clinical income from mandatory services	0	311
Total income from mandatory patient services	8,096	7,095
Court report assessment work	513	579
Mednet income	288	0
Other non protected clinical income	4,525	3,193
Total income from patient services	13,422	10,867

*** Analysis of Other Operating Income: Other	2009/10	2008/09
	Total	Total
	£000	£000
Car parking	25	35
Consultancy	1,162	911
Clinical excellence awards	142	209
Property rentals	85	131
Other	401	565
Total	**1,815**	**1,851**

Note 3.1 OPERATING EXPENSES (by type)	**2009/10 Total £000**	2008/09 Total £000
Employee Expenses - Executive directors	**642**	606
Employee Expenses - Non-executive directors	**71**	66
Employee Expenses - Staff	**22,348**	20,323
Drug costs	**2**	4
Supplies and services - clinical (excluding drug costs)	**183**	130
Supplies and services - general	**73**	68
Establishment	**614**	580
Transport	**7**	8
Premises	**1,278**	1,598
Increase / (decrease) in bad debt provision	**10**	39
Depreciation on property, plant and equipment	**444**	478
Amortisation on intangible assets	**29**	16
Impairments of property, plant and equipment	**90**	0
Audit fees		
audit services- statutory audit	**47**	44
audit services -regulatory reporting	**0**	0
Other auditors remuneration		
further assurance services	**10**	6
other services	**0**	0
Clinical negligence	**124**	86
Legal fees	**38**	61
Consultancy costs	**304**	165
External lecturers and seminar leaders	**1,193**	944
Training, courses and conferences	**362**	308
Patient travel	**41**	33
Redundancy	**0**	3
Hospitality	**18**	18
Publishing	**4**	8
Insurance	**52**	42
Interpreting service	**24**	19
Internal audit	**31**	32
Payroll	**28**	27
Occupational health	**17**	7
Professional charges	**355**	34
Educational external contracts	**430**	3
Other services	**16**	7
Losses, ex gratia & special payments	**30**	156
Other	**396**	367
TOTAL	**29,311**	26,286

Note 3.2 Arrangements containing an operating lease

	2009/10	2008/09
	£000	£000
Minimum lease payments	96	123
Contingent rents		0
Less sublease payments received		0
TOTAL	**96**	**123**

	31 Mar 10	31 Mar 09
	£000	£000
Future minimum lease payments due:		
- not later than one year;	96	7
- later than one year and not later than five years;	47	133
- later than five years.		0
TOTAL	**143**	**140**

Note 3.3 Limitation on auditor's liability

The limitation on the external auditor's liability to the Tavistock and Portman NHS Foundation Trust for the external audit service provided is £1 million (2008/09 unlimited liability)

Note 3.4 The late payment of commercial debts (interest) Act 1998

No interest or compensation was paid under this legislation.

Note 4.1 Employee Expenses	**2009/10**	**2009/10**	**2009/10**	**2008/09**
	Total	**Permanent**	**Other**	**Total**
	£000	**£000**	**£000**	**£000**
Salaries and wages	**18,037**	**13,493**	**4,544**	16,064
Social security costs	**1,650**	**1,169**	**481**	1,471
Pension costs - defined contribution plans Employers contributions to NHS Pensions	**2,221**	**1,573**	**648**	2,034
Pension Cost - other contributions	**28**	**20**	**8**	15
Termination benefits	**11**	**11**	**0**	0
Agency/contract staff	**1,055**		**1,055**	1,249
TOTAL	**23,002**	**16,266**	**6,736**	**20,833**

Note 4.2 Average number of employees (WTE basis)	**2009/10**	**2009/10**	**2009/10**	**2008/09**
	Total	**Permanent**	**Other**	
	Number	**Number**	**Number**	**Number**
Medical and dental	**41**	**16**	**25**	41
Ambulance staff	**0**	**0**	**0**	0
Administration and estates	**157**	**136**	**21**	147
Healthcare assistants and other support staff	**0**	**0**	**0**	0
Nursing, midwifery and health visiting staff	**9**	**7**	**2**	6
Nursing, midwifery and health visiting learners	**0**			0
Scientific, therapeutic and technical staff	**146**	**82**	**64**	134
Social care staff	**24**	**22**	**2**	25
Bank and agency staff	**16**		16	17
Other	**4**	**2**	**2**	4
TOTAL	**397**	**265**	**132**	**374**

Note 4.3 Employee benefits	**2009/10**	2008/09
	£000	£000
Value of holiday pay accrued (included in note 15) at 1 April 2009	**364**	268
Change in value of holiday pay accrued (included in note 3.1) during the year	**36**	96
Value of holiday pay accrued (included in note 15) at 31 March 2010	**400**	**364**

The employee benefits shown above are the value to the Trust of holiday pay accrued at the balance sheet date and to be taken at a later date. There are no other non-pay benefits provided to staff.
It is the value of these benefits described above, now accounted for because of the Trust's adoption of International Financial Reporting Standards, that has caused the restatement of the accounts for the year ended 31st March 2008.

The effect of accounting for holiday pay in accordance with International Financial Reporting Standards

	As reported in these financial statements	As previously published
	£000	£000
Net assets at 31st March 2008	12,125	12,393
Surplus for the year to 31st March 2009	95	191
Unrealised net surplus on revaluations in year to 31st March 2009	719	719
Net assets at 31st March 2009	12,939	13,303

Note 4.4 Early retirements due to ill health

During the year ended 31st March 2010 (and also the year ended 31st March 2009) there were no retirements from the Trust on the grounds of ill health.

Note 4.5 Management Costs

Management costs were £2.7 million in the year, (2008/09 £2.3 million), equivalent to 8.8% (2008/09 8.5%) of income.

Note 5 Finance income	2009/10	2008/09
	£000	£000
Interest on loans and receivables	7	50
Interest on available for sale financial assets		0
Interest on held-to-maturity financial assets	11	0
Other gains (investment properties)		0
Available for sale financial assets and liabilities held at fair value through income and expenditure account		
- fair value gains		0
- fair value losses		0
Net gains / (losses) on available for sale financial assets through income and expenditure		**0**
Other *		0
TOTAL	**18**	**50**

No interest has been earned on impaired financial assets

Note 6.1 Finance costs - interest expense

There has been no interest payable during the year ended 31st March 2010 (£497 during the year ended 31st March 2009).

Note 6.2 Impairment of assets (PPE & intangibles)

In the year ended 31 March 2010, assets under construction worth £90,000 were abandoned.
In the year ended 31st March 2009, land and buildings were treated as impaired by £2,351,000 because of the fall in property market values.

Note 7 Segmental Reporting

The Statement of Comprehensive Income and the Statement of Financial Position have been examined, and from this examination it has been determined that all activities relate to healthcare conducted in the London area. For this reason the Tavistock and Portman NHS Foundation Trust has only one operating segment and in accordance with International Financial Reporting Standard 8, no segmental analysis has been prepared.

Note 8.1 Intangible assets 2009/10	Total	Software licences (purchased)
	£000	£000
Gross cost at 1 April 2009	**127**	127
Additions - purchased	**68**	68
Gross cost at 31 March 2010	**195**	195
Amortisation at 1 April 2009	**49**	49
Amortisation at start of period for new FT's	**0**	
Provided during the year	**29**	29
Amortisation at 31 March 2010	**78**	78
Net book value		
Net book value of purchased intangible assets at 1 April 2009	**78**	78
Net book value of donated intangible assets at 1 April 2009	**0**	0
Net book value total at 1 April 2009	**78**	78
Net book value		
Net book value of purchased intangible assets at 31 March 2010	**117**	117
Net book value of donated intangible assets at 31 March 2010	**0**	0
Net book value total at 31 March 2010	**117**	117

Note 8.2 Intangible assets acquired by government grant

There are no intangible assets acquired by government grant.

Note 8.3 Economic life of intangible assets	Min Life Years	Max Life Years
Intangible assets - purchased		
Software	5	5

Note 8.4 Intangible assets 2008/09	Total	Software licences (purchased)
	£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		
Net book value of purchased intangible assets at 1 April 2008	**36**	36
Net book value of donated intangible assets at 1 April 2008	**0**	0
Net book value total at 1 April 2008	**36**	36
Net book value		
Net book value of purchased intangible assets at 31 March 2009	**78**	78
Net book value of donated intangible assets at 31 March 2009	**0**	0
Net book value total at 31 March 2009	**78**	78

Note 9.1 Property, plant and equipment 2009/10	Total	Land	Buildings excluding dwellings	Assets under Construction	Plant & Machinery	Information Technology	Furniture & Fittings
	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2009	**14,182**	3,495	9,524	158	201	737	67
Additions - purchased	**429**	0	72	262	5	74	16
Additions - donated	**0**	0	0	0	0	0	0
Reclassifications	**0**	0	330	(330)	0	0	0
Cost or valuation at 31 March 2010	**14,611**	3,495	9,926	90	206	811	83
Accumulated depreciation at 1 April 2009	**1,324**	0	779		108	383	54
Provided during the year	**444**	0	294		37	109	4
Impairments recognised in operating expenses	**90**			90			
Accumulated depreciation at 31 March 2010	**1,858**	0	1,073	90	145	492	58
Net book value							
Net book value of owned tangible assets at 1 April 2009	**12,858**	3,495	8,745	158	93	354	13
Net book value of purchased tangible assets at 1 April 2009	**0**	0	0	0	0	0	0
Net book value of donated tangible assets at 1 April 2009	**0**	0	0	0	0	0	0
Net book value total at 1 April 2009	**12,858**	3,495	8,745	158	93	354	13
Net book value							
Net book value of owned tangible assets at 31 March 2010	**12,753**	3,495	8,853	0	61	319	25
Net book value of purchased tangible assets at 31 March 2010	**0**	0	0	0	0	0	0
Net book value of donated tangible assets at 31 March 2010	**0**	0	0	0	0	0	0
Net book value total at 31 March 2010	**12,753**	3,495	8,853	0	61	319	25

Note 9.2 Analysis of property, plant and equipment 31 March 2010	Total	Land	Buildings excluding dwellings	Assets under Construction	Plant & Machinery	Information Technology	Furniture & Fittings
	£000	£000	£000	£000	£000	£000	£000
Net book value							
Net book value of protected assets at 31 March 2010	**11,244**	2,995	8,249				
Net book value of unprotected assets at 31 March 2010	**1,509**	500	604	0	61	319	25
Total at 31 March 2010	**12,753**	3,495	8,853	0	61	319	25

Note 9.3 Property, plant and equipment 2008/09

	Total	Land	Buildings excluding dwellings	Assets under Construction	Plant & Machinery	Information Technology	Furniture & Fittings
	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2008	**13,260**	4,161	8,092	90	201	664	52
Additions - purchased	**203**		26	89		73	15
Impairments charged to revaluation reserve	**(2,351)**	(1,455)	(896)	0	0	0	0
Reclassifications	**0**		21	(21)			
Revaluation surpluses	**3,070**	789	2,281	0	0	0	0
Cost or valuation at 31 March 2009	**14,182**	3,495	9,524	158	201	737	67
Accumulated depreciation at 1 April 2008	**846**	0	452	0	71	271	52
Provided during the year	**478**		327		37	112	2
Impairments recognised in operating expenses	**0**						
Accumulated depreciation at 31 March 2009	**1,324**	0	779	0	108	383	54
Net book value							
Net book value of owned tangible assets at 1 April 2008	**12,414**	4,161	7,640	90	130	393	0
Net book value of purchased tangible assets at 1 April 2008	**0**						
Net book value of donated tangible assets at 1 April 2008	**0**	0	0	0	0	0	0
Net book value total at 1 April 2008	**12,414**	4,161	7,640	90	130	393	0
Net book value							
Net book value of owned tangible assets at 31 March 2009	**12,858**	3,495	8,745	158	93	354	13
Net book value of purchased tangible assets at 31 March 2009	**0**						
Net book value of donated tangible assets at 31 March 2009	**0**	0	0	0	0	0	0
Net book value total at 31 March 2009	**12,858**	3,495	8,745	158	93	354	13

All land and buildings are revalued using professional valuations in accordance with IAS 16 every five years. Valuations are carried out by professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual. 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 was also carried out as at 1 April 2008.

In the light of the fall in the property market during the six months to 31 March 2009, a further interim valuation was also undertaken as at 31st March 2009.

Note 9.4 Analysis of property, plant and equipment 31 Mar 2009

	Total	Land	Buildings excluding dwellings	Assets under Construction	Plant & Machinery	Information Technology	Furniture & Fittings
	£000	£000	£000	£000	£000	£000	£000
Net book value							
Net book value of protected assets at 31 March 2009	**11,120**	2,995	8,125				
Net book value of unprotected assets at 31 March 2009	**1,738**	500	620	158	93	354	13
Total at 31 March 2009	**12,858**	3,495	8,745	158	93	354	13

Note 9.5 Economic life of property, plant and equipment

	Min Life Years	Max Life Years
Land		
Buildings excluding dwellings	5	50
Dwellings		
Assets under Construction		
Plant & Machinery	5	5
Transport Equipment		
Information Technology	3	8
Furniture & Fittings	5	5

Of the totals at 31 March 2010, none related to land or buildings treated as modern equivalent assets nor valued using an alternative site method nor valued at open market value. It is likely that open market value would be higher than the values used here which reflect continuing use as clinics.

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.

Plant and equipment are valued at cost depreciated over useful life.

Note 10.1 Non-current assets for sale and assets in disposal groups 2009/10

There are no non-current assets for sale nor assets in disposal groups at 31 March 2010 nor at 31 March 2009.

Note 11.1 Investments

The Trust does not hold any non-current asset investments (31st March 2009: £nil)

Note 12.1 Investments in associate (and jointly controlled operations)

The Trust does not hold any investments in associates nor in jointly controlled operations (31st March 2009: £nil)

Note 13.1 Inventories	**31 Mar 2010**	**31 Mar 2009**	**1 Apr 2008**
	£000	**£000**	**£000**
Materials	2	13	19
Work in progress	0	0	0
Finished goods	0	0	0
Inventories carried at fair value less costs to sell	0	0	0
TOTAL Inventories	**2**	**13**	**19**

Note 13.2 Inventories recognised in expenses	**2009/10**	**2008/09**
	£000	**£000**
Inventories recognised in expenses	0	0
Write-down of inventories recognised as an expense	3	0
Reversal of any write down of inventories resulting in a reduction of recognised expenses	0	0
TOTAL Inventories recognised in expenses	**3**	**0**

Note 14.1 Trade receivables and other receivables	Total 31-Mar-10 £000	Total 31-Mar-09 £000
Current		
NHS Receivables	**731**	**1,074**
Other receivables with related parties	**0**	**0**
Provision for impaired receivables	**(364)**	**(348)**
Prepayments	**139**	**194**
Accrued income	**342**	**235**
PDC receivable	**31**	**0**
Other receivables	**1,922**	**2,310**
TOTAL CURRENT TRADE AND OTHER RECEIVABLES	**2,801**	**3,465**

There are no non current trade or other receivables.
All of the above trade and other receivables are financial assets apart from the prepayments.

NHS receivables have a very low credit risk, mainly because NHS debtors are government-backed, and also because NHS organisations correspond about balances outstanding at the year-end. Accrued income comes from different sources other than NHS and government, so its credit risk is a little higher. The other receivables are mostly other trade debtors for court report or consultancy work, or students for training, so again these carry a slightly higher risk than do NHS receivables.

Note 14.2 Provision for impairment of receivables	31-Mar-10 £000	31-Mar-09 £000
At 1 April 2009	348	290
At start of period for new FT's		
Increase in provision	275	82
Amounts utilised		(24)
Unused amounts reversed	(259)	
At 31 March 2010	**364**	**348**

Note 14.3 Analysis of impaired receivables	31-Mar-10 £000	31-Mar-09 £000
Ageing of impaired receivables		
Up to three months	78	66
In three to six months	106	145
Over six months	180	137
Total *	**364**	**348**
Ageing of non-impaired receivables past their due date		
Up to three months	1,540	2,656
In three to six months	417	332
Over six months	96	48
Total	**2,053**	**3,036**

Note 14.4 Finance lease receivables
There are no finance lease receivables.

Note 15.1 Trade and other payables	Total 31 March 2010 £000	Total 31 March 2009 £000
Current		
Receipts in advance	**0**	0
NHS payables	**380**	364
Amounts due to other related parties	**45**	0
Trade payables - capital	**0**	81
Other trade payables	**261**	0
Other payables	**40**	354
Accruals	**1,477**	1,330
TOTAL CURRENT TRADE AND OTHER PAYABLES	**2,203**	2,129

There are no non current trade and other payables.

Note 15.2 - early retirements detail included in NHS payables above	31 March 2010 £000	31 March 2010 Number	31 March 2009 £000	31 March 2009 Number
- to buy out the liability for early retirements over 5 years	0		0	
- number of cases involved		0		0
- outstanding pension contributions	309		279	

Note 16 Other liabilities	31 March 2010 £000	31 March 2009 £000	1 April 2008 £000
Current			
Deferred Income	2,771	3,054	1,990
Deferred Government Grant	0	0	0
Net Pension Scheme Liability	0	0	0
TOTAL OTHER CURRENT LIABILITIES	**2,771**	3,054	1,990

There are no non current liabilities for deferred income, deferred government grant nor deferred net pension scheme liability.

Note 17 Borrowings

The Trust has no current nor non-current borrowings (31st March 2009: £nil)

Note 18 Prudential borrowing limit

The Tavistock and Portman 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.

Further information on the NHS Foundation trusts Prudential Borrowing Code and Compliance Framework can be found on the website of Monitor, the Independent Regulator of Foundation Trusts.

In 2009/10 these limits totalled £6.7m (2008/9 £5.0m), comprising maximum cumulative long-term borrowing of £4.7m and an approved working capital facility of £2.0m. The Trust did not borrow during 2009/10 or 2008/09.

	2008/09 actual	2008/09 approved plan	2009/10 actual	2009/10 approved plan
Dividend cover ratio	3.0	2.5	4.4	2.3
Debt service costs as a percentage of revenue	0.0%	0.0%	0.0%	0.0%

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 2010 (or at 31 March 2009).

The Interest cover and the Debt service cover ratios are not shown in the table above, as the Trust has had no debt in either year.

Note 19 Finance lease obligations

There were no finance lease obligations in 2009/10 (or in the Year ended 31 March 2009).

Note 20 PFI obligations (on Statement of Financial Position)

There were no private finance initiative obligations in 2009/10 (or in the Year ended 31 March 2009).

Note 21 Provisions for liabilities and charges	Current		Non-current	
	31 March 2010	31 March 2009	31 March 2010	31 March 2009
Pensions relating to former directors		0		0
Pensions relating to other staff	6	5	61	46
Other legal claims	97	113		0
Other		270		0
Total	**103**	**388**	**61**	**46**

At 31.3.2009, there was a provision for a payment to be made in connection with the Trust's premises.

The movements on these provisions are shown below:

	Total	Pensions - former directors	Pensions - other staff	Legal claims	Other
	£000	£000	£000	£000	£000
At 1 April 2009	**434**		51	113	270
Change in the discount rate	**0**	0	0	0	0
Arising during the year	**26**	0	19	7	
Utilised during the year	**(297)**	0	(4)	(23)	(270)
Reversed unused	**0**	0			
Unwinding of discount	**1**	0	1		
At 31 March 2010	**164**	**0**	**67**	**97**	**0**
Expected timing of cashflows:					
- not later than one year;	**6**		6		
- later than one year and not later than five years;	**118**		21	97	
- later than five years.	**40**		40		
TOTAL	**164**	**0**	**67**	**97**	**0**

Legal claims concern employers' liability matters.

£ nil (31.3.2009: £nil) is included in the provisions of the NHS Litigation Authority at 31 March 2010 in respect of clinical negligence liabilities of the Trust

Note 22 Revaluation reserve

	Total Revaluation Reserve	Revaluation Reserve - intangibles	Revaluation Reserve - property, plant and equipment
	£000	£000	£000
Revaluation reserve at 1 April 2009	**8,208**	0	8,208
Revaluation gains/(losses) and impairment losses on intangible assets	**0**	0	0
Revaluation gains/(losses) and impairment losses property, plant and equipment	**0**	0	0
Transfers to the income and expenditure account in respect of assets disposed of	**0**	0	0
Transfer of the excess of current cost depreciation over historical cost depreciation to the Income and Expenditure Reserve	**(186)**	0	(186)
Revaluation reserve at 31 March 2010	**8,022**	0	8,022
Revaluation reserve at 1 April 2008	**7,717**	0	7,717
At start of period for new FT's	**0**	0	0
Revaluation gains/(losses) and impairment losses on intangible assets	**0**	0	0
Revaluation gains/(losses) and impairment losses property, plant and equipment	**719**	0	719
Transfers to the income and expenditure account in respect of assets disposed of	**0**	0	0
Transfer of the excess of current cost depreciation over historical cost depreciation to the Income and Expenditure Reserve	**(228)**	0	(228)
Other transfers between reserves	**0**	0	0
Movements on other reserves	**0**	0	0
Revaluation reserve at 31 March 2009	**8,208**	0	8,208

Note 23 Cash and cash equivalents	year ended 31 March 2010 £000	year ended 31 March 2009 £000
At 1 April 2009	2,639	917
Net change in year	1,009	1,722
At 31 March 2010	**3,648**	2,639
Broken down into:		
Cash at commercial banks and in hand	22	48
Cash with the Government Banking Service	3,626	2,591
Other current investments	0	0
Cash and cash equivalents as in Statement of Financial Position	**3,648**	2,639
Bank overdraft	0	0
Cash and cash equivalents as in Statement of Cash Flows	**3,648**	2,639

There are no third party assets held by the Tavistock and Portman NHS Foundation Trust (31 March 2009: £nil)

Note 24.1 Contractual Capital Commitments

Commitments under capital expenditure contracts at 31 March 2010 were £nil (31 March 2009: £nil)

Note 24.2 Events after the reporting period

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.

Note 25. Contingent (Liabilities) / Assets

At 31.3.2010, there were three employer's liability litigation cases outstanding against the Trust.

The gross possible liability of the Trust for all these cases in aggregate is £22,500, of which £20,000 is provided for in these accounts.

Two of these cases were also outstanding at 31 March 2009, when the gross possible liability for both these cases was £20,000, of which £12,500 was provided in the accounts.

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.

Note 26.1 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 during 2008/9 commissioned from the Tavistock and Portman NHS Foundation Trust a training course to the value of £22,500 on behalf of a Strategic Health Authority.

Dr Robert Senior is employed by University College London. University College London entered into an educational psychology training consortium agreement with the Tavistock and other partners including the Children's Workforce Development Council during 2009/10, which resulted in the Tavistock paying University College London £105,852. (2008/9 £nil). During 2008/9, University College London provided SIFT funding of £4,236.

Dr Robert Senior also has a research collaboration with the Anna Freud Clinic. The Anna Freud Clinic pays for training by Tavistock and Portman NHS Foundation Trust staff worth £8,691 in 2009/10 (2008/09: £11,300) The Anna Freud Clinic also provides funding for a post £4,000 (2008/9: £8,881). The Anna Freud Clinic is paid by the Tavistock for a tutor post £13,684 (2008/9: £nil). The Tavistock pays the Anna Freud Centre for teaching worth £22,440 in 2009/10 (2008/9 : £nil), research evaluation worth £6,500 in 2009/10 (2008/9: £nil) and £nil consultancy to the Tavistock Adult Depression Study (2008/9: £6,500).

Professor Andrew Cooper is a trustee of Sutherland Trust, which pays the Tavistock £4,475 for Tavistock Consultancy Service (2008/9: £NIL)

Key management personnel have received employment benefits as detailed below.

	2009/10 £'000s	2008/09 £'000s
Key management personnel compensation for short-term employee benefits	1,447	1,297
Key management personnel compensation for post employment benefits	192	146
Key management personnel compensation for other long term benefits	0	0
Key management personnel compensation for termination benefits	0	0
Key management personnel compensation for share based payment	0	0
Key management personnel compensation in total	1,639	1,443

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.

Note 26.1 Related Party Transactions continued

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 2010	Total charge for the year ended 31 March 2010	Debtor/ (creditor) as at 31 March 2010	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
	£000	£000	£000	£000	£000	£000
London Strategic Health Authority	11,547	3	25	10,412	5	118
Barnet Primary Care Trust	424		0	453	0	5
Camden Primary Care Trust	4,655	6	31	3,947	4	282
Haringey Teaching Primary Care Trust	475		(7)	436	0	7
Hillingdon Primary Care Trust	1,260		(1)	1,265	0	0
Islington Primary Care Trust	478	14	54	425	0	14
Westminster Primary Care Trust	256		(31)	192	0	(13)

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 2010	**Debtor/ (creditor) as at 31 March 2010**	Total charge for the year ended 31 March 2009	Debtor/ (creditor) as at 31 March 2009
	£000	**£000**	£000	£000
Tavistock and Portman Charitable Fund	**0**	**2**	56	16
Tavistock Clinic Foundation	**0**	**26**	4	1

The accounts for these two charities are published separately.

Note 27.1 Financial assets by category

	Total	Loans and receivables	Assets at fair value through the I&E *	Held to maturity	Available-for-sale
	£000	£000	£000	£000	£000
Assets as per Statement of Financial Position					
Trade and other receivables excluding non financial assets (at 31 Mar 2010)	**2,631**	2,631	0	0	0
Other Investments (at 31 Mar 2010)	**0**	0	0	0	0
Other Financial Assets (at 31 Mar 2010)	**0**	0	0	0	0
Cash and cash equivalents (at bank and in hand (at 31 Mar 2010))	**3,648**	3,648	0	0	0
Total at 31 March 2010	**6,279**	**6,279**	**0**	**0**	**0**
Trade and other receivables excluding non financial assets (at 31 Mar 2009)	**3,271**	3,271	0	0	0
Other Investments (at 31 Mar 2009)	**0**	0	0	0	0
Other Financial Assets (at 31 Mar 2009)	**0**	0	0	0	0
Cash and cash equivalents (at bank and in hand (at 31 Mar 2009))	**2,639**	2,639	0	0	0
Total at 31 March 2009	**5,910**	**5,910**	**0**	**0**	**0**

Note 27.2 Financial liabilities by category	Total	Other financial liabilities	Liabilities at fair value through the I&E
	£000	£000	£000
Liabilities as per Statement of Financial Position			
Trade and other payables excluding non financial assets (31 Mar 2010)	**2,203**	2,203	0
Other financial liabilities (31 Mar 2010)	**0**	0	0
Provisions under contract (at 31 Mar 2010)	**0**	0	0
Total at 31 March 2010	**2,203**	**2,203**	**0**
Borrowings excluding Finance lease and PFI liabilities (at 31 Mar 2009)	**0**	0	0
Trade and other payables excluding non financial assets (31 Mar 2009)	**1,765**	1,765	0
Other financial liabilities (31 Mar 2009)	**0**	0	0
Provisions under contract (at 31 Mar 2009)	**0**	0	0
Total at 31 March 2009	**1,765**	**1,765**	**0**

Note 27.3 Fair values of financial assets at 31 March 2010	Book Value £000	Fair value £000
Non current trade and other receivables excluding non financial assets	0	0
Other Investments	0	0
Other	2,631	2,631
Total	**2,631**	**2,631**

Note 27.4 Fair values of financial liabilities at 31 March 2010	Book Value £000	Fair value £000
Non current trade and other payables excluding non financial liabilities	0	0
Provisions under contract	0	0
Loans	0	0
Other	2,203	2,203
Total	**2,203**	**2,203**

Note 28.1 Losses and Special Payments	2009/10 Total number of cases	2009/10 Total value of cases	2008/09 Total number of cases	2008/09 Total value of cases
	Number	£000's	Number	£000's
LOSSES:				
Losses of cash due to overpayment of salaries etc.	1	4	0	0
Losses of cash due to other causes	0	0	1	0
TOTAL LOSSES	**1**	**4**	**1**	**0**
SPECIAL PAYMENTS:				
Compensation under legal obligation	2	15	2	41
Ex gratia payments in respect of personal injury, with advice	1	8	1	3
TOTAL SPECIAL PAYMENTS	**3**	**23**	**3**	**44**
TOTAL LOSSES AND SPECIAL PAYMENTS	**4**	**27**	**4**	**44**

None of the above cases exceeded £100,000 during 2009/10 or 2008/09.

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

Note 28.2 Recovered Losses

There were no compensation payments received from CHCC or other losses recovered during 2009/10 or 2008/09.

Note 29 Other Financial Assets

	31 March 2010 £'000	31 March 2009 £'000
Non-current		
Derivatives and Embedded Derivatives held at 'fair value through Income and Expenditure'		0
Available for sale financial assets		0
Held to maturity investments		0
Loan and receivables		0
Total	0	0
Current		
Derivatives and Embedded Derivatives held at 'fair value through Income and Expenditure'		0
Available for sale financial assets		0
Held to maturity investments		0
Loan and receivables		0
Total	0	0

Note 30 Other Financial Liabilities

	31 March 2010 £'000	31 March 2009 £'000
Non-current		
Derivative and embedded derivatives held at 'fair value through income and expenditure'		0
Other financial liabilities		0
Total	0	0
Current		
Derivative and embedded derivatives held at 'fair value through income and expenditure'		0
Other financial liabilities		0
Total	0	0

Note 31 Better Payment Practice Code

	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	% of bills paid within 30 days
				£000	£000	£000
Year ended 31 March 2010	**5,023**	**4,476**	**89%**	**5,947**	**5,547**	**93%**
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.

Note 32 Directors' and Senior Managers' Remuneration

Name		2009/10 Salary (bands of £5,000)	2008/09 Salary (bands of £5,000)
Bostock, M.	Non-Executive Director appointed 1 November 2008	5-10	0-5
Brimblecombe, N.R.	Nurse Director until 31 January 2010	5-10	10-15
Cooper, A.	Director of Research and Development	55-60	60-65
Graham, R.	Director of Adolescent Directorate from 1 May 2008	80-85	75-80
Greatley, A.	Chair from 1 November 2009	10-15	n/a
Harris, R.	Director of Child and Family Directorate	95-100	85-90
Kara, A.A.K.	Non-Executive Director	5-10	5-10
Kennedy, E.	Director of Research and Development from 1 November 2009	90-95	n/a
Key, P.	Director of Corporate Governance and Facilities	85-90	80-85
Klauber, T.	Dean of Postgraduate Studies	95-100	90-95
Lewin, M.	Non-Executive Director until 31 October 2008	n/a	0-5
Likierman, A.	Non-Executive Director until 31 October 2008	n/a	0-5
Lyon, L.	Director, Adolescent until 30 April 2008, now Trust Director	80-85	70-75
Moseley, J.	Non-Executive Director from 1 January 2009	5-10	0-5
Patrick, M. P. H.	Chief Executive	135-140	145-150
Ruszczynski, S.	Director of Portman Clinic	90-95	80-85
Satyamurti, E.	Non-Executive Director	5-10	5-10
Selbie, G.N.	Chair until 31 October 2009	15-20	20-25
Senior, R.	Medical Director	75-80	75-80
Smith, J.	Director of Performance	110-115	80-85
Stokoe, P.	Director of Adult Directorate	75-80	65-70
Strang, R.W.	Non-Executive Director	10-15	5-10
Thomas, S.	Director of Human Resources	85-90	80-85
Youell, B.	Disciplines' Representative to Management Committee from 16 July 2009	50-55	n/a
Young, S.	Director of Finance	100-105	95-100

		Pension at age 60		Lump sum at age 60		Cash Equivalent Transfer		
Name		Total accrued pension at 31 March 2010 (Bands of £5,000)	Real increase since 31 March 2009 (Bands of £2,500)	Total accrued lump sum at 31 March 2010 (Bands of £5,000)	Real increase since 31 March 2009 (Bands of £2,500)	at 31 March 2010 £000	at 31 March 2009 £000	Real increase since 31 March 2009 £000
Brimblecombe, N.R.	Nurse Director until 31 January 2010	30-35	0-2.5	100-105	0-2.5	607	575	32
Graham, R	Director of Adolescent Directorate from 1 May 2008	25-30	2.5-5	75-80	7.5-10	436	372	64
Harris, R	Director of Child and Family Directorate	45-50	5-7.5	135-140	20-22.5	1045	836	209
Kennedy, E	Director of Research and Development from 1 November 2009	5-10	n/a	25-30	n/a	139	n/a	n/a
Key, P	Director of Corporate Governance and Facilities	20-25	2.5-5	70-75	7.5-10	574	478	96
Klauber, T	Dean of Postgraduate Studies	35-40	5-7.5	115-120	15-17.5	0	0	0
Lyon, L	Director, Adolescent until 30 April 2008, now Trust Director	35-40	2.5-5	115-120	10-12.5	876	771	105
Patrick, M.P.H.	Chief Executive	40-45	7.5-10	125-130	22.5-25	809	629	180
Ruszczynski, S.	Director of Portman Clinic	10-15	2.5-5	35-40	7.5-10	317	233	84
Smith, J.	Director of Service Development & Strategy	30-35	7.5-10	90-95	27.5-30	524	342	182
Stokoe, P.	Director of Adult Directorate	5-10	0-2.5	25-30	2.5-5	225	183	42
Thomas, S.	Director of Human Resources	25-30	2.5-5	75-80	7.5-10	500	425	75
Youell, B.	Disciplines' Representative to Management Committee	15-20	n/a	45-50	n/a	385	n/a	n/a
Young, S.F.	Director of Finance	20-25	0-2.5	70-75	5-7.5	579	510	69

	Value £'000s
Directors' remuneration	713
Employer contributions to pension schemes	75

	Number
Total number of directors to whom benefits are accruing under:	
- Money purchase schemes	0
- Defined benefit schemes	6

signed:

Dr. Matthew Patrick
Chief Executive

Note 33 Restatement for International Reporting Standards

The effective date for the Tavistock and Portman NHS Foundation Trust's transition to International Financial Reporting Standards (IFRS) is 1st April 2008. The accounts for the Tavistock and Portman NHS Foundation Trust for the year ended 31st March 2010 are the first to comply with International Financial Reporting Standards, presenting one year's comparative information from 1st April 2008.

A reconciliation of the amount of equity reported under UK Generally Accepted Accounting Principles to equity reported using International Financial Reporting Standards is given at note 33.2, for both 1st April 2008 and 31st March 2009.

A reconciliation of the surplus reported under UK Generally Accepted Accounting Principles to equity reported using International Financial Reporting Standards is given at note 33.1, for the year ended 31st March 2009.

Note 33.1 Income and Expenditure Account	**UK GAAP 31/03/2009 £000**	IAS 19	**IFRS Restated 31/03/2009 £000**	**STATEMENT OF COMPREHENSIVE INCOME**
Income from Activites	10,867		26,793	Operating Income
Other Operating Income	15,926			
Operating Expenses	(26,190)	(96)	(26,286)	Operating Expenses
OPERATING SURPLUS / (DEFICIT)	**603**		507	**OPERATING SURPLUS / (DEFICIT)**
				FINANCE COSTS
Finance Income	**50**		50	Finance income
Other finance costs - unwinding of discount	**(1)**		(1)	Finance expense - unwinding of discount on provisions
PDC dividends payable	**(461)**		(461)	PDC Dividends payable
RETAINED SURPLUS FOR THE YEAR	**191**		**95**	**SURPLUS/(DEFICIT) FOR THE YEAR**
STATEMENT OF RECOGNISED GAINS AND LOSSES				**OTHER COMPREHENSIVE INCOME**
Surplus/(deficit) for the financial year before dividend payments	652			
Unrealised surplus/(deficit) on fixed asset revaluations	719		719	Revaluation gains/(losses) and impairment losses property, plant and equipment
TOTAL RECOGNISED GAINS AND LOSSES FOR THE FINANCIAL YEAR	**1,371**		814	**TOTAL COMPREHENSIVE INCOME AND EXPENSE FOR THE YEAR**
TOTAL RECOGNISED GAINS AND LOSSES IN THE FINANCIAL YEAR	**1,371**		814	**TOTAL COMPREHENSIVE INCOME AND EXPENSE FOR THE YEAR**
Note: Allocation of Profits/(Losses) for the period:				**Note: Allocation of Profits/(Losses) for the period:**
(a) profit/(loss) for the period attributable to:				**(a) profit/(loss) for the period attributable to:**
(i) minority interest, and			0	(i) minority interest, and
(ii) owners of the parent.			95	(ii) owners of the parent.
(b) total comprehensive income for the period attributable to:				**(b) total comprehensive income for the period attributable to:**
(i) minority interest, and			0	(i) minority interest, and
(ii) owners of the parent.			814	(ii) owners of the parent.

The adjustment under IFRS 19 reflects the value of holiday leave accrued by staff at 31st March 2010, to be taken in the year to 31st March 2011.

Note 33.2 Restatement for International Reporting Standards

BALANCE SHEET AT 1 APRIL 2008	UK GAAP 31 Mar 2008 £000	IAS 19	IFRS Restated 01/04/2008	STATEMENT OF FINANCIAL POSITION
FIXED ASSETS:				**NON-CURRENT ASSETS**
Intangible assets	36		36	Intangible assets
Tangible assets	12,414		12,414	Property, Plant and Equipment
TOTAL FIXED ASSETS	**12,450**		12,450	**TOTAL NON-CURRENT ASSETS**
CURRENT ASSETS:				**CURRENT ASSETS**
Stocks and work in progress	19		19	Inventories
Debtors	2,798		2,798	Trade and Other receivables
Cash at bank and in hand	917		917	Cash and Cash Equivalents
TOTAL CURRENT ASSETS	**3,734**		3,734	**TOTAL CURRENT ASSETS**
Creditors falling due within one year	(3,736)	(268)	(4,004)	**Trade and other payables, tax payable and other liabilities**
PROVISIONS FOR LIABILITIES AND CHARGES	(55)		(55)	Provisions
TOTAL ASSETS EMPLOYED	**12,393**		**12,125**	**NET ASSETS**
FINANCED BY TAXPAYER'S EQUITY				**TAXPAYERS' EQUITY:**
Public dividend capital	3,403		3,403	Public Dividend Capital
Revaluation reserve	7,717		7,717	Revaluation reserve
Income and expenditure reserve	1,273	(268)	1,005	Income and expenditure reserve
TOTAL TAXPAYERS' EQUITY	**12,393**		12,125	**TOTAL TAXPAYERS' EQUITY**

The adjustment under IFRS 19 reflects the value of holiday leave accrued by staff at 31st March 2010, to be taken in the year to 31st March 2011, please see note 4.3

Note 33.2 Restatement for International Reporting Standards

BALANCE SHEET AT 31 MARCH 2009	UK GAAP 31/03/2009 £000	IAS 19	IFRS Restated 31/03/2009	STATEMENT OF FINANCIAL POSITION
FIXED ASSETS:				**NON-CURRENT ASSETS**
Intangible assets	78		78	Intangible assets
Tangible assets	12,858		12,858	Property, Plant and Equipment
TOTAL FIXED ASSETS	**12,936**		12,936	**TOTAL NON-CURRENT ASSETS**
CURRENT ASSETS:				**CURRENT ASSETS**
Stocks and work in progress	13		13	Inventories
Debtors	3,465		3,465	Trade and Other receivables
Cash at bank and in hand	2,639		2,639	Cash and Cash Equivalents
TOTAL CURRENT ASSETS	**6,117**		6,117	**TOTAL CURRENT ASSETS**
Creditors falling due within one year	(5,316)	(364)	(5,680)	**Trade and other payables, tax payable and other liabilities**
PROVISIONS FOR LIABILITIES AND CHARGES	(434)		(434)	Provisions
TOTAL ASSETS EMPLOYED	**13,303**		**12,939**	**NET ASSETS**
FINANCED BY TAXPAYER'S EQUITY				**TAXPAYERS' EQUITY:**
Public dividend capital	3,403		3,403	Public Dividend Capital
Revaluation reserve	8,208		8,208	Revaluation reserve
Income and expenditure reserve	1,692	(364)	1,328	Income and expenditure reserve
TOTAL TAXPAYERS' EQUITY	**13,303**		12,939	**TOTAL TAXPAYERS' EQUITY**

The adjustment under IFRS 19 reflects the value of holiday leave accrued by staff at 31st March 2010, to be taken in the year to 31st March 2011, please see note 4.3

Note 33.3 Restatement for International Reporting Standards

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CASH FLOW STATEMENT FOR YEAR TO 31 MARCH 2009	UK GAAP 2008/09 £000	IAS 19	IFRS Restated 2008/09 £000	CASH FLOW STATEMENT
OPERATING ACTIVITIES - Note 19.1				
OPERATING SURPLUS/(DEFICIT)	603	(96)	507	**Operating surplus/(deficit)**
Depreciation and amortisation	494		494	Depreciation and amortisation
(Increase)/decrease in debtors	(668)		(668)	(Increase)/Decrease in Trade and Other Receivables
			0	(Increase)/Decrease in Other Assets
(Increase)/decrease in stocks	6		6	(Increase)/Decrease in Inventories
Increase/(decrease) in creditors	1,495	96	1,591	Increase/(Decrease) in Trade and other Payables
			0	Increase/(Decrease) in Other Liabilities
Increase/(decrease) in provisions	379		379	Increase/(Decrease) in Provisions
NET CASH INFLOW/(OUTFLOW) FROM OPERATING	**2,309**	**0**	**2,309**	**NET CASH GENERATED FROM/(USED IN) OPERATIONS**
Interest received	54		54	Interest received
(Purchase) of current asset investments	(3,000)		(3,000)	Purchase of financial assets
Sale of current asset investments	3,000		3,000	Sales of financial assets
(Payments) to acquire intangible fixed assets	(48)		(48)	Puchase of intangible assets
Receipts from sale of intangible fixed assets	0		0	Sales of intangible assets
(Payments) to acquire tangible fixed assets	(132)		(132)	Purchase of Property, Plant and Equipment
Receipts from sale of tangible fixed assets	0		0	Sales of Property, Plant and Equipment
	(461)		(461)	PDC Dividend paid
INCREASE/(DECREASE) IN CASH	1,722	0	1,722	**Increase/(decrease) in cash and cash equivalents**
			917	**Cash and Cash equivalents at 1 April 2008**
			2,639	**Cash and Cash equivalents at 31 March 2009**