

# Annual Report and Accounts 2011/12

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# Tavistock & Portman NHS Foundation Trust

## Annual Report and Accounts 2011/12

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

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# Annual Report 2011/12

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## Foreword to the Report

This last year has been an exceptionally difficult one for the NHS, and for almost all organisations within it. Protracted uncertainty and conflict around the passage of the Health and Social Care Bill through Parliament, and its long term implications for the NHS, have unsettled many staff. Structural reform at both a local and a national level has also made many tasks that much harder, for example partnerships across provider boundaries and collaborative work with commissioners. Lastly, the pressure on NHS finances has been greater than at any previous time. This has been particularly so within the North Central Sector of London, where this Trust is located, and where three of our five Primary Care Trusts have been working to recover from a deficit position prior to handing over commissioning responsibilities to local Clinical Commissioning Groups in April 2013.

Within this context, over the past year our staff have worked tremendously hard and have again achieved outstanding results and outcomes for their patients and students. We believe that our clinical services, training and education continue to be amongst the best in the country, representing genuine and affordable excellence. This quality is reflected both in our feedback from patients and students, and in continued support from commissioners.

Alongside the delivery of such high quality services, levels of innovation also remain very high. Over the past year our Family Drug and Alcohol Court (FDAC), delivered in partnership with Local Authorities and with the Family Court, has won multiple national awards. Our online mental health and wellbeing service, delivered in partnership with Big White Wall, is now commissioned for the armed forces in addition to multiple instances within the NHS and beyond. The Trust has taken on the management of two children's centres within Westminster following competitive tender; and we are strategically investing in the development of e- and blended learning, to ensure that access to our training and education is made as easy and universal as possible for the mental health and social care workforce across the country. As a part of the Trust's involvement in the development of online mental health services and training, we have also been part of discussions convened by the Department of Health around the possible need for a national e-mental health strategy.

Inevitably, within the current climate, much attention over the past year has also been focused on productivity and cost reduction. At the beginning of the year we operated a successful, if painful, voluntary redundancy scheme, but alongside this we have been engaged in extensive service redesign to ensure that we continue to develop and deliver the quality of service for which we have earned our reputation,

with reduced numbers of staff. This is not an easy task, but again our staff have engaged in it with real commitment to preserving outcomes and value for all clients.

One very significant new appointment to the senior management team this year has been that of Malcolm Allen to the role of Dean. Malcolm took up his role in January and is already making a real and valued contribution. I would like to take the opportunity to thank Trudy Klauber, the outgoing Dean, for her tremendous contribution over the seven years for which she held the role. Trudy has returned to a role focused more on direct clinical service provision and training, but is also leading the Trust on our important equalities agenda.

Our students continue to give us excellent feedback and both of our recent Deans' success in working closely with education commissioners has ensured that the Trust continues to be valued as a high quality, responsive provider.

Our research team has also been successful in securing more R&D income over the past year. Research and development are immensely important to the Trust in terms of the contribution that we seek to make. As a part of this contribution the Trust has continued to engage very actively with its local Academic Health Science System, UCL Partners. Within UCLP we have been centrally involved in work looking at the application of value-based approaches to mental health care; in the development of the Psychological Interventions Research Centre (PIRC); and in work looking at the measurement of clinical and patient determined outcomes in Child and Adolescent Mental Health services.

The development of the North London Local Education and Training Board (LETB) will also be held within UCLP, and the Trust is closely involved in its establishment. LETBs will be key structures within the new commissioning landscape for training and education.

In terms of governance and performance, the Trust has maintained its planned Financial Risk Rating (FRR) of three across all four quarters of the year; a governance rating of green; registration without qualification from the CQC (including a very positive CQC inspection); an NHSLA rating of Level 2; and outstanding results in a number of audits focused on the quality of our training and education.

The Board of Directors has continued to perform very effectively. The Away Day held in October 2011 provided an excellent opportunity for all Board members to engage with developing the strategy for the coming year and this will be reflected in the Annual Plan 2012 /13. The Board has maintained and strengthened its focus on improving quality and the patient experience, managing the tight financial position and working to develop new and existing markets. Our performance in relation to our

quality objectives and those areas required to be reported on by Monitor are set out in the Quality Report, Annex A.

Work to understand members' views remains a high priority. One of the benefits of being a foundation trust is that it enables us to engage with our members and stakeholders in a way that adds value to the discussions that contribute to the plans of the Trust, but this doesn't just happen, it needs to be worked at.

Our Board of Governors has moved beyond its first round of re-elections and many governors now in their second term will retire in the coming year. We shall lose a great deal of experience when they leave. However, the board of directors and board of governors have worked together on specific issues in joint meetings and are already working closely to support the elections for governors to take place in the autumn of 2012. This is particularly important as we work to implement the Health and Social Care Act. It has been good to see that the positive culture established over our first five years as a foundation trust continues to be built upon and this will support the effective implementation of the Act.

Over the coming year, the Trust will continue to work closely with service users, commissioners and other providers in the provision of high quality services to local residents, and to people from across the country for our specialised services. At the same time, we recognise that very significant levels of productivity improvement and efficiencies will still be required in such a difficult financial environment. The Trust will aim to achieve these while protecting and developing the quality of our services. Our staff surveys continue to indicate a very high level of satisfaction and engagement from staff; this is a precious commodity, and one that needs to be nurtured through genuine and open communication and involvement as we move forward in the new NHS environment.



Matthew Patrick  
Chief Executive  
29<sup>th</sup> May 2012



Angela Greatley  
Trust Chair  
29<sup>th</sup> May 2012

# Introduction to the Tavistock and Portman NHS Foundation Trust

## History of the 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.

As an NHS Mental Health Trust we see ourselves as a public benefit organisation. Our vision is focused on the type of communities and society that we want to contribute to creating and to be a part of. We want to make a positive difference

Beyond this, we are an organisation rooted in ideas and in their innovative translation into effective practice. We contribute to the pool of ideas through our own research and development, but are also committed to bringing together the best ideas of the time, old and new, from inside and out, together with the most gifted and able professionals in our fields of endeavour. We aim to share our ideas and practice through as many routes as possible.

Working alongside others is a key component of our identity. We aim to work in the communities we serve, either as individuals or in teams, listening, learning, sharing, exchanging and working with others as partners.

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

To enhance the wellbeing of our staff and to support them in maximising their potential and contribution, we invest in our own core economy as expressed in our culture, values and identity, creating time and places where ideas and difference can be shared and explored.

## 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 applied psychological therapy services to adults, including forensic services. Many of our services are now located in community or primary care settings.
- 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 enrolls in excess of 2000 students each year and has strong University partnerships.

In addition, the Trust has a strong research tradition, and a 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.

## Preparation of Report and Accounts

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



# Directors' Report

## Business Review

### The Trust in 2011/12

In 2011/12, 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 2.7% in income, slightly more than the 1.3% increase in the Trust's business plan. Income for patient services and for education and training both grew.

New clinical services which had started, or been taken on during the previous year, were developed further during 2011/12. Amongst these are the Barnet Young People's Drug and Alcohol Service, the City and Hackney Primary Care Psychotherapy Consultation Service, Westminster Family Centres, and our online mental health services.

During the year, the Trust remained fully involved in the development of the Mental Health Theme for UCL Partners (UCLP), our local Academic Health Science System. Membership of UCLP, and the partnership and development opportunities associated with this, are key elements of the Trust's strategy.

Throughout the year, the Trust has continued to promote equity of access and equality across the full range of its services, both clinical and educational. The ethnic minority profiles of the Trust's patient and student populations continue to broadly 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 offered a voluntary redundancy scheme in summer 2011, as part of the plan to deliver savings through service redesign. 24 applications were accepted. Together with a smaller number of compulsory redundancies in specific services, the costs of redundancy payments and early retirements amounted to £1,208k. These restructuring costs are identified separately in the Accounts, and are not included in the calculation of Monitor's financial risk rating for the Trust.

The Trust achieved a financial surplus of £131k in 2011/12 before restructuring costs. The Annual Plan was for a surplus of £158k before restructuring costs of £1m.

**Table 1: Financial Overview 2011/12**

	<b>2011/12 (£000)</b>	<b>2010/11 (£000)</b>
<b>Income</b>		
Patient Services	14,163	14,159
Education & Training	16,137	15,360
Consultancy	887	910
Research	299	157
Other	1,763	1,799
Total income	33,249	32,385
<b>Expenditure</b>		
Pay	25,067	25,137
Non-pay	7,190	6,328
Total expenditure	32,257	31,465
EBITDA before restructuring costs	992	920
Depreciation, amortisation & impairments	-529	-511
Bank interest	10	15
Other finance costs	-2	-1
Dividend (to DH)	-340	-333
Retained surplus before restructuring costs	131	90
Restructuring costs	-1,208	0
Retained surplus / (deficit)	-1,077	90
EBITDA (before restructuring) as % of income	3.0%	2.8%

## Risks and uncertainties

The Trust, the NHS, and the public sector as a whole face substantial financial pressures. Commissioning structures are changing, and commissioners will continue to review services as they seek to ensure high quality and value of money. Efficiency savings targets were set at 4% for 2011/12 and are expected to remain at least at this level in future years.

The Trust has set out in its Annual Plan a course for continuing to improve productivity, engage with commissioners and work 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 will remain for the foreseeable future. To mitigate the potential impact of this, the Trust's Plan includes a contingency budget that should allow the Trust 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 the risks facing the Trust. The main identified risk remains the need for productivity savings in 2012/13. This risk is being managed by a programme board chaired by the Deputy Chief Executive. This Board is accountable to the Chief Executive and reports regularly to the Management Committee and to the Board of Directors.

## **Analysis of development and performance**

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.

Over the past year the Trust has worked to integrate its resources around business development, communications, marketing and contracting. The new team is now established and delivering high-quality support and leadership for the organisation.

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. The Trust's performance in relation to our quality objectives can be found in the Quality Report at Annex A.

In 2011/12, the environmental improvement programme continued. Key developments have included:

- Refurbishment of one wing of the ground floor and creation of additional seminar room
- Relocation of student common room to lecture theatre area
- Continuation of improvement to toilet facilities in a number of our sites
- Replacement of boilers to enhance performance and energy efficiency

The Trust has continued to develop its communications activity, in part due to feedback from patients and users about the information systems in place. The Communications Team has been working on a range of communication activities such as the new Trust website and more proactive engagement with the media in relation to the Trust's work. Internal communications remain a high priority, especially when the NHS is subject to so much change.

## **The Trust at the end of 2011/12**

The Trust achieved Level Two of the NHS Litigation Authority requirements during 2010/11, with a score of 46/50. This rating has been retained.

Compared with other mental health trusts, where the average DNA rate reported is around 14%<sup>1</sup>, the Trust-wide DNA rate for patients in 2011/12 both for First Attendances (which can include assessment or consultation appointments) and for subsequent/follow-up appointments is below average, at 11%.

## **Governance and Assurance**

The Care Quality Commission has registered the Trust without conditions.

The Trust also performed well against its internal performance indicators. We were particularly pleased to see very significant improvement against targets set for induction and mandatory training. The Trust's annual staff survey was again one the most positive it has received. This will only remain the case, however, if we continue to communicate with all staff in an open and transparent manner, ensuring that staff feel some sense of engagement with change.

The Trust aims to make 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 is also seeking creative and constructive ways to support the implementation of the mental health strategy *No Health Without Mental Health*. One expression of this has been through the continued development and roll out of our on-line Wellbeing Service, in partnership with the Big White Wall. Another has been our engagement with the possible development of a national e-mental health strategy. This is work that we will be actively pursuing over the coming year.

## **Operating and Financial Review**

The audited accounts for 2011/12 are attached to this Report.

The Trust again achieved all its statutory financial duties. Earnings before interest, tax, depreciation and amortisation were £992k (compared to

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<sup>1</sup> Audit Commission, *Mental Health Benchmarking Club*, April 2010

£920k in 2010/11); and after allowing for depreciation, interest and dividend, the Trust has a surplus of £131k (£90k in 2010/11). These figures are before allowing for £1,208k of restructuring costs – payments for redundancy and early retirement. The surplus and dividend together represent a 3.5% return on the assets employed (3.0% in 2010/11).

The cash balance at 31 March 2012 was £2,357k, down from £4,712k the previous year, mainly due to the redundancy and early retirement payments. The Trust has a loan facility which has now been increased to £2.4m, but no borrowing was necessary in the period.

The Trust expects its Financial Risk Rating issued by Monitor to be at level 3 based on the 2011/12 Accounts; and to remain at this level based on the 2012 Annual Plan. As in previous years, the Trust plans to achieve a small surplus (before restructuring costs) by meeting the national target for annual efficiency improvements. The return on capital employed, which was 3.5% for 2011/12, is planned to remain above 3%.

Based on the 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 £425k, less than Plan due to a delay in one project and a slightly lower requirement for new IT equipment. The Plan for the next three years continues to allow for improvements to the Trust's facilities, under the Estates strategy; and for further IT developments.

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

As far as the Directors are aware, there is no relevant information which has not been taken into account in this report and accounts. 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 aware of that information.

Since the end of the year, the Trust has accepted a number of applications for voluntary redundancy. The Directors are not aware of any other events that have arisen since the end of the year which have affected or may significantly affect the operations of the Trust.

# Remuneration Report

## Remuneration Committee

### Composition & Attendance

Table 2: Composition & Attendance at Remuneration Committee Meetings 2011/12

	24 <sup>th</sup> May 2011	31 <sup>st</sup> Jan 2012
Angela Greatley (Chair)	✓	✓
Martin Bostock	✓	✓
Altaf Kara	✓	✓
Joyce Moseley	✓	✓
Ian McPherson	✓	✓
Richard Strang	✓	✓

All members of the Committee are Non-Executive Directors.

The Director of Human Resources, Ms Susan Thomas, provided advice to the Committee.

### Remuneration Policy

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 generally remunerated under Agenda for Change, with the exception of the Deputy Chief Executive and Director of Finance and the Dean of Postgraduate Studies, who are paid on spot salaries. Notice periods are in accordance with national agreements, and there are no special provisions for termination periods.

All Trust staff, including Directors, are generally 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 pay of the CEO was reviewed on 24th May 2011. It was agreed that it should increase in line with the increment that was due, but should not be increased any further at this time, due to the current NHS and general public sector situation.

The salaries of senior managers are shown in Note 32 to the Accounts.



Matthew Patrick  
Chief Executive  
29<sup>th</sup> May 2012

# Governance

## Constitutional Authority

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 is 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 to each meeting of the Board of Governors on the key issues regarding the delivery of 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.

## Board of Governors

### Composition & Attendance

**Table 3: Composition & Attendance at Board of Governors Meetings 2011/12**

Governor Name	Type	May 2011	Sept 2011	Dec 2011	Feb 2012
Robin Anderson	Public	✓	x	✓	✓
Jennie Bird	Public	✓	✓	N/A	N/A
Jo Blanchard	Public	N/A	N/A	✓	X
Robin Bonner	Staff	✓	N/A	N/A	N/A
Jonathan Bradley	Staff	✓	✓	✓	✓
Mary Burd	Public	✓	✓	✓	✓
Pat Callaghan	Stakeholder	✓	x	x	x
John Carrier	Stakeholder	✓	N/A	N/A	N/A
Stephanie Cooper	Public	✓	✓	✓	✓
Adam Elliott	Public	x	N/A	N/A	N/A
Sara Godfrey	Public	✓	✓	✓	x
Amanda Hawke	Staff	✓	✓	✓	✓
Simone Hensby	Stakeholder	x	x	x	x
Lou James	Public	N/A	N/A	✓	✓
John Joughin	Stakeholder	N/A	N/A	✓	✓
Chrissie Kimmons	Public	x	N/A	N/A	N/A
Brenda Lewin	Public	N/A	N/A	✓	✓
Caroline Lindsey	Public	x	✓	✓	✓
Aulay Mackenzie	Stakeholder	✓	x	N/A	N/A
Jan McHugh	Public	✓	N/A	N/A	N/A
Nigel South	Stakeholder	N/A	N/A	x	✓
Carole Stone	Public	x	✓	x	x
Steve Trevillion	Stakeholder	✓	x	N/A	N/A
John Wilkes	Public	✓	✓	✓	✓

Public and Staff Governors are elected for a period of three years. The term of office of the current Board of Governors began on 1<sup>st</sup> November 2009, and will come to an end on 31<sup>st</sup> October 2012.

### Constituencies

**Public Constituency:** 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.



**Staff Constituency:** 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

**Stakeholder Governors:** These 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).

## **Elections**

There were a number of resignations from the Board of Governors, for a variety of reasons set out below. These are detailed below. Because of the timing of the various resignations, some seats were filled, and others left vacant.<sup>2</sup>

- Ms Jennie Bird resigned as she was unable to continue to dedicate time to the role (Public: Camden)
- Mr Robin Bonner resigned as he retired from his staff position at the Trust (Staff: Representatives...)
- Mr John Carrier resigned as the PCT cluster no longer wished to allocate a representative (Stakeholder: PCTs)
- Mr Adam Elliott resigned as he moved home and was no longer a resident of the "Camden" class (Public: Camden)

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<sup>2</sup> According to the Trust's Constitution, a by-election is required provided there is at least a year and a day remaining from the announcement of results until the term of office expires, otherwise the seat shall be left vacant, Tavistock & Portman NHS Foundation Trust, *Constitution, Election Rules, Standing Orders*, February 2010, Paragraph 10.4

- Ms Chrissie Kimmons resigned as she was unable to continue to dedicate time to the role (Public: Rest of England & Wales)
- Dr Aulay Mackenzie resigned as he resigned from his staff position at the University of Essex (Stakeholder: University of Essex)
- Ms Jan McHugh resigned as she moved home and was no longer a resident of the "Rest of England & Wales" class (Public: Rest of England & Wales)
- Prof. Steve Trevillion resigned as he retired from his staff position at the University of East London (Stakeholder: UEL)

According to the Trust's Constitution, should vacancies arise during a term of office, the unsuccessful candidate with the highest number of votes at the last stage of the count of the previous election shall be deemed elected.<sup>3</sup> As a contested election was held in Summer 2009 for the Camden class of the Public Constituency (i.e. there were more nominated candidates than seats to be filled), the remaining eligible candidates were considered to fill the seats vacated by Ms Jennie Bird and Mr Adam Elliott. Only one candidate from the 2009 election was eligible – Ms Brenda Lewin – and she was automatically deemed elected.

In September 2011, the Trust held a by-election for both seats in the Rest of England and Wales class of the Public Constituency. Elections were held in accordance with the election rules set out in the Trust's Constitution.<sup>4</sup> Table 4 provides information on voter turnout.

**Table 4: Voter Turnout, By-Election, September 2011**

Constituency	Number of Seats	Number of Candidates	Number of Eligible Voters	Total Number of votes cast	Turnout (%)
Public: Rest of England & Wales	2	4	2019	180	8.9%

## 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

<sup>3</sup> Tavistock & Portman NHS Foundation Trust, *Constitution, Election Rules, Standing Orders*, February 2010, Paragraph 10.4

<sup>4</sup> Tavistock & Portman NHS Foundation Trust, *Constitution, Election Rules, Standing Orders*, February 2010, Annex 2

*Register of Governors' Interests*, the latest version can be found on the Trust's website and is available on request via the Trust Secretary's office.

## **Understanding the views of members and Governors**

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

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 Governor representation. 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.

## Board of Directors

### Composition & Attendance

#### Non-Executive Directors

- ***Ms Angela Greatley, Trust Chair***  
Appointed November 2009. Term of office ends October 2012
  - Non-Executive Director of Headstrong
  - Formerly CEO of The Sainsbury Centre for Mental Health
  - Formerly Fellow in Mental Health at The King's Fund
  - Experience of working in the NHS in a variety of managerial roles and as Director of Commissioning
  - Formerly Non-Executive Director at a neighbouring mental health trust
  - Formerly board member of a large further education college
  - Formerly a Trustee of Mental Health Media (now part of MIND)
  - Formerly elected member of a London Local Authority in 1970s and 1980s

The Trust Chair has no significant commitments outside the Trust.

- ***Mr Martin Bostock, Senior Independent Director***  
Appointed November 2008. Re-appointed November 2011. Term of office ends October 2014
  - Chairman, Nelson Bostock Communications
  - Trustee, The Citizenship Foundation
  - Formerly Head of Press and Publicity, London Borough of Hackney
  - Experience of senior roles in a number of commercial PR agencies
  - Spent a year teaching in Thailand with VSO
- ***Mr Altaf Kara, Non-Executive Director***  
Appointed November 2007. Re-appointed November 2010. Term of office ends October 2013
  - Director, Healthcare Practice, Ernst & Young until 14<sup>th</sup> March 2012
  - Formerly Managing Partner, Alvarez and Marsal
  - Formerly Independent Management Consultant
  - Formerly Partner, Accenture

- ***Ms Joyce Moseley, Non-Executive Director***  
Appointed January 2009. Re-appointed November 2011. Term of office ends October 2014
  - Chair, HTC Group
  - Trustee of the Social Research Unit at Dartington
  - Associate Advisor to G4S
  - Patron, The Who Cares? Trust
  - Formerly Chief Executive, Catch 22
  - Formerly Director of Social Services, London Borough of Hackney
  - OBE in 2007 for services to youth justice
  
- ***Dr Ian McPherson, Non-Executive Director***  
Appointed November 2010. Term of office ends October 2013
  - Chief Executive, Mental Health Providers Forum
  - Formerly Director, National Mental Health Development Unit
  - Formerly Director, National Institute for Mental Health in England
  - Formerly Director of Mental Health, Worcestershire Mental Health Partnership Trust
  - Formerly Director of Mental Health, North Warwickshire NHS Trust
  - Formerly Head of Adult Mental Health Clinical Psychology, North Warwickshire NHS Trust
  - Formerly Course Director / Lecturer in Clinical Psychology Programme, University of Birmingham
  
- ***Mr Richard Strang, Deputy Trust Chair***  
Appointed August 2006. Re-appointed August 2010. Term of office ends October 2013
  - Governor & Chair of Finance Committee, Sherborne Girls
  - Formerly Corporate Finance Consultant
  - Formerly Senior Managing Director, Bear Stearns
  - Formerly Corporate Finance, Morgan Grenfell
  - Formerly Non-Executive Director, Morgan Grenfell
  - Formerly seconded to Gleacher Morgan Grenfell
  - Formerly seconded to British Rail Investments
  - Formerly Accountant, Peat Marwick Mitchell

## Executive Directors

No Executive Director holds any Non-Executive position elsewhere.

- ***Dr Matthew Patrick, Chief Executive***

Appointed March 2008

- Formerly Trust Director, Tavistock & Portman NHS Foundation Trust
- Formerly Consultant Psychiatrist in Psychotherapy, Tavistock & Portman NHS Trust
- Formerly Wellcome Trust Advanced Fellowship, Tavistock & Portman NHS Trust
- Formerly Lecturer in Developmental Psychopathology, University College London
- Formerly MRC Training Fellow, Tavistock Clinic

- ***Mr Malcolm Allen, Dean***

Appointed January 2012

- Formerly Chief Executive, British Psychoanalytic Council
- Formerly chair of work group on multi-disciplinary teams, New Ways of Working for Psychological Therapies
- Formerly Director of Capital, Arts Council England
- Formerly Director, Birmingham Media Development Agency
- Formerly Project Consultant, Broadway Media Centre, Nottingham
- Formerly Owner / Manager Arrowdam
- Formerly Film & Media Officer, East Midlands Arts

- ***Ms Lis Jones, Nurse Director***

Appointed September 2010

- Formerly Director of Nursing and Mental Health Care of Older People's Services, Camden & Islington NHS Foundation Trust
- Formerly Nurse Advisor, Department of Health
- Formerly Head of Mental Health Nursing, Camden & Islington NHS Foundation Trust
- Formerly Community Mental Health Team Manager, Bloomsbury & Islington
- Formerly Community Mental Health Nurse, Bloomsbury Health Authority

- ***Ms Trudy Klauber, Dean***

Appointed September 2004. Left office December 2011

- Child Psychotherapist, Tavistock & Portman NHS Foundation Trust
- Consultant Child & Adolescent Psychotherapist, Donald Winnicott Centre
- Teaches regularly overseas
- Formerly Organising Tutor of PG Dip / MA in Psychoanalytic Observational Studies
- Formerly Director, Donald Winnicott Centre
- Formerly Head of Child Psychotherapy, Tavistock Clinic
- Qualified teacher formerly holding various roles in secondary comprehensive schools

- ***Ms Louise Lyon, Trust Director***

Appointed March 2008

- Consultant Clinical Psychologist, Tavistock & Portman NHS Foundation Trust
- Formerly Clinical Director of Adolescent Directorate, Tavistock & Portman NHS Foundation Trust
- Formerly Head of Psychology, Tavistock & Portman NHS Foundation Trust
- Formerly Deputy Trust Clinical Governance Lead, Tavistock & Portman NHS Foundation Trust
- Formerly Consultant Clinical Psychologist, SW Kensington & Chelsea Mental Health Centre

- ***Dr Rob Senior, Medical Director***

Appointed December 2006

- Senior Research Fellow, University College London
- Honorary Consultant Child & Adolescent Psychiatrist, Tavistock & Portman NHS Foundation Trust and Royal Free London NHS Foundation Trust
- Trust Named Doctor for Child Protection
- Systemic Psychotherapist

- ***Mr Simon Young, Finance Director & Deputy Chief Executive***

Appointed Finance Director April 1996, and Deputy Chief Executive additionally October 2011

- Formerly Director of Finance at London Ambulance Service

- Formerly at Glaxo
- Formerly at National Can Corporation
- Formerly Management Accountant in manufacturing industry

**Table 5: Composition & Attendance at Board of Directors Meetings 2011/12**

Director Name	Apr 11	May 11	June 11 Ex	June 11	July 11	Sept 11	Oct 11	Nov 11	Jan 12	Feb 12	Mar 12
Angela Greatley (Chair)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Malcolm Allen	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	✓	✓	✓
Martin Bostock	x	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lis Jones	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Altaf Kara	✓	✓	✓	x	x	✓	x	✓	✓	✓	✓
Trudy Klauber	✓	✓	✓	✓	✓	✓	✓	✓	N/A	N/A	N/A
Louise Lyon	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ian McPherson	✓	✓	✓	✓	✓	✓	x	✓	✓	✓	✓
Joyce Moseley	x	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Matthew Patrick	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rob Senior	✓	✓	x	✓	✓	✓	✓	✓	✓	✓	✓
Richard Strang	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Simon Young	✓	✓	✓	✓	✓	x	✓	✓	✓	✓	✓

### **Independence of Non-Executive Directors**

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

### **Balance, completeness, and appropriateness of membership**

The Board of Directors was comprised of six Executive and six Non-Executive Directors, including a Non-Executive Trust Chair. Of the six Executive Directors, only five were voting members. One of the Executive Directors was the Finance Director. Two of the current Executive Directors were registered medical practitioners; one of the Executive Directors was a registered nurse (this Executive Director was a non-voting Director); one was a child and adolescent psychotherapist; and one clinical psychologist. All members of the Board of Directors had joint responsibility for every decision of the Board of Directors regardless of their individual skill or status. All members had responsibility to constructively challenge the decisions of the Board and helped to develop proposals on strategy.

The expertise of Non-Executive Directors included finance, management consultancy, public relations and communications, and public policy. The mix of expertise is reviewed each time there is an appointment to be made.



## 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 2011/12 will take place in May and June 2012, and will be conducted by an external consultant. The review will be conducted in three parts, comprising observation of the Board, individual interviews with all members of the Board, and a development session. The purpose of the review is to determine how effectively the Board functions, and to consider ways in which performance could be enhanced.

## Register of 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 the Trust's website and on request via the Trust Secretary's office.

## Audit Committee

### Composition & Attendance

Table 6: Composition & Attendance at Audit Committee Meetings 2011/12

Member Name	May 2011	Sept 2011	Dec 2011	Jan 2012	Mar 2012
Richard Strang (Chair)	✓	✓	✓	✓	✓
Altaf Kara	✓	✓	x	✓	✓
Ian McPherson	✓	x	✓	✓	✓

All members of the Committee are Non-Executive Directors. The Finance Director, Mr Simon Young, is normally in attendance at meetings of the Committee. Other members of the management team attend as appropriate to discuss specific agenda items. In addition, representatives from External Audit, Internal Audit and Local Counter Fraud Specialist are also present.

### Audit Committee Work 2011/12

In 2011/12, 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 and has agreed a working relationship with the Clinical Quality, Safety and Governance Committee to ensure that the work of the two Committees is integrated and that the Audit Committee has appropriate oversight of the Clinical Quality Safety and Governance Committee without duplicating its work.

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 External Auditors have examined the Quality Accounts and given a limited assurance opinion on the content of the Quality Report and on the selected performance indicators reported therein, in addition to auditing the financial accounts as required. The counter-fraud plan and the work of the Local Counter Fraud Specialist have 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 has reviewed the Annual Governance Statement, which is included in this report, and has confirmed to the Board of Directors that the wording of the Statement is consistent with the findings reported to the Committee during the year.

## Non-Executive Director Appointment Committee

### Composition & Attendance

**Table 7: Membership & Attendance at Non-Executive Director Appointment Committee Meetings 2011/12**

Member Name	July 2011 <sup>5</sup>
Angela Greatley (Chair)	✓
Jonathan Bradley	✓
Mary Burd	✓
Carole Stone	✓
Richard Strang	✓
Louise Lyon	✓

The Non-Executive Director Appointment Committee is chaired by the Trust Chair, and there are three Governor seats, one Non-Executive Director seat, and one Executive Director seat, ensuring that the views of the Board of Directors are taken into consideration for every Non-Executive Director appointment. The Director of Human Resources, Ms Susan Thomas, is normally in attendance at meetings of the Committee.

### Non-Executive Director Appointment Committee Work 2011/12

The Committee met to consider the re-appointment of Mr Martin Bostock and Ms Joyce Moseley in July 2011, and made a recommendation to the Board of Governors that they both be re-appointed for a further three year term, beginning 1<sup>st</sup> November 2011. This recommendation was approved by the Board of Governors at their meeting on 15<sup>th</sup> September 2011.

## Membership

### Eligibility and Constituencies

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.

<sup>5</sup> This meeting was held virtually

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 current students and staff are members unless they opt out of membership.

## Membership Statistics

Table 8: Membership Statistics 2011/12

Constituency	31 March 2012	31 March 2011
Public	6151	4810
Staff	707	722

## Membership Strategy

Action was taken during the year to achieve four strategic aims:

- Increase membership by 10% by March 2012
- Develop stronger links with membership
- Increase members contributions to the members newsletter
- Increase numbers of younger users in the membership

## Contact Procedures for Members

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

# Staff Survey

## Commentary

The Trust continues to ensure that staff feel engaged with, and take ownership of, the annual survey process through the use of various communication techniques. In this past year these have included notifications and updates to staff following any changes implemented as a result of staff survey feedback and e-mails and bulletins from various Directors and Committees on progress in areas where it was identified that the Trust needed to improve. This has been important in ensuring that the survey remains in the forefront of staff thinking throughout the year. Additionally, e-mails were sent to staff reminding them of these developments and the benefits of completing the survey during the 2011 survey process.

A summary outcome of the findings from the 2011 survey has recently been provided to all staff. However, a more detailed analysis, including action plans for improvement, is being provided to the Board of Directors for approval. Action plans will include improvement targets and timescales with Senior Managers identified to lead on each area of activity.

On-going communication in the form of newsletters, briefings and e-mail notifications will continue, showing areas where the Trust has done well and where it needs to improve. Staff will also be provided with regular updates on progress at staff meetings.

## Summary of Performance

This year saw a slight increase in the number of staff taking part in the survey, as compared with the previous year. The Trust's response rate of 52% was higher than the response rate of 51% in 2010.

This year's results also show improvements in a number of areas in comparison with the 2010 survey. Some of these areas include:

- An increase in the number of staff having equality and diversity training;
- An increase in the number of staff using flexible working options;
- An increase in the number of staff being appraised;

- An increase in the number of staff receiving job-relevant training;
- An increase in the number of staff stating that the Trust provides equal opportunities for career progression; and
- An increase in the number of staff reporting good health and well-being at work.

There were no areas identified in the survey where staff experience had deteriorated significantly in comparison with the 2010 survey. However, some areas still required further improvement. These include:

- The number of staff working extra hours
- The numbers reporting errors and near misses; and
- Staff motivation

The Trust's top four ranking scores were in:

- Staff reporting good communication between senior management and staff
- Low numbers of staff witnessing harmful errors, near misses and incidents
- Staff job satisfaction; and
- Staff using flexible working options

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

- Staff working extra hours
- Staff receiving health and safety training
- Staff motivation at work; and
- Numbers of staff reporting error, near misses and incidents

The summary of the Trust's results is shown in the tables below with comparisons made against 2010 results. The accompanying notes summarise the main areas where actions are required, as well as planned activities, to secure improvements.

**Table 9: 2011 Staff Survey Findings – Response Rate**

2011/12		2010/11		Trust Improvement / Deterioration
Trust	National Average	Trust	National Average	
52%	55%	51%	54%	Decrease 1%

**Table 10: 2011 Staff Survey Findings – Top Ranking Scores**

Question	2011/12		2010/11		Trust Improvement / Deterioration
	Trust	National Average	Trust	National Average	
Staff job satisfaction	3.79	3.59	3.79	3.60	No change
% of staff witnessing potential harmful errors, near misses or incidents in last month	10%	27%	11%	28%	Decrease 1%
% of staff reporting good communication between senior management and staff	51%	29%	56%	31%	Decrease 5%
% of staff using flexible working options	88%	67%	85%	67%	Increase 3%

**Table 11: 2011 Staff Survey Findings – Bottom Ranking Scores**

Question	2011/12		2010/11		Trust Improvement / Deterioration
	Trust	National Average	Trust	National Average	
% working extra hours	73%	65%	75%	65%	Decrease 2%
% receiving health & safety training in last 12 months	71%	83%	62%	80%	Increase 9%
% reporting near misses or incidents witnessed in last month	85%	97%	95%	97%	Decrease 10%
Staff motivation at work	3.77	3.81	3.95	3.82	Decrease 0.18

## Priorities and Targets for 2012/13

The key priority areas for the Trust 2012/13 are as follows:

- Increasing the Trust's staff survey response rate
- Addressing issues relating to staff working additional hours
- Continuing to implement measures to improve attendance at mandatory training events
- Providing targeted health and safety updates and information to staff
- Continuing to provide incident reporting training; and
- Analysing data and processes relating to staff motivation and seeking improvements in that area

To ensure that these future priorities are properly measured, the following will take place:

- A senior lead will be nominated to manage each action plan priority area;
- Regular reports will be provided to the Board of Directors and Management Committee detailing activities undertaken so far and timescales;
- Regular reviews will be undertaken at Committees to assess impact of any improvement measures undertaken; and
- Managers and Directors will be encouraged to discuss the survey content and outcomes in team meetings, Committees and at other team events to ensure staff continue to understand the benefits of completing the survey.



# Sustainability and Climate Change

## Commentary

The Trust is committed to meeting the targets set out in the Carbon Reduction Commitment for Public Sector Organisations. The target is set at a 10% reduction in its overall energy consumption by 2015. The Board of Directors is aware of the pressures within public sector organisations to adhere to energy and carbon legislation, reduce energy costs and improve energy and carbon targets around corporate and social responsibility (CSR), and has identified energy and climate change emissions as one of its priorities for 2012.

The Trust's main site is a 1960s building. As a building of its time, it is poorly insulated, and as a consequence this makes the structure hard to heat efficiently without major capital investment. The Trust recognises the characteristics of the building and has put in place a capital programme to meet these needs.

The Trust's priorities for 2011/12 were:

- Capital investment programme for energy;
- Investment in energy reduction and data collection; and
- Continue to promote culture of change

## Summary of Performance

The Trust's dual fuel gas / oil boilers were installed in 1984, and were replaced in July 2011 by a new condensing boiler system with a predicted efficiency saving of between 7% and 12%. The new boiler installation has been operational throughout winter 2011/12, with an expected approximate 5% saving in energy consumption.

The Trust recognises that it falls below the threshold for the need to be an early implementer as laid down in the Carbon Reduction Commitment (CRC). The Trust is awaiting the revisions to the existing CRC scheme, which are due to be released in July 2012.

As part of its overall strategy to reduce energy consumption, the Trust has signed into the Government utilities supply contract for secure cost

benefit and future data analysis. The Trust recognises that this will allow for:

- accurate energy consumption data
- energy profiling; and
- an energy management tool for future energy cost predictions

The Trust has implemented a number of schemes to reduce waste consumption. By switching waste contractors to Grundon Waste Management, it is hoped to achieve a figure of zero waste to landfill by 2015. Recycling bins have also been distributed throughout the building.

**Table 12: 2011 Sustainability Performance**

Area		2011/12		2010/11	
		Non-Financial Data	Financial Data (£000)	Non-Financial Data	Financial Data (£000)
Waste minimisation and management	Total waste	110 T	---	72 T <sup>6</sup>	---
	Disposal method	Landfill	£0.3	Landfill	£5.9
		Recycled	£13.6	Recycled	£13
Finite resources	Water <sup>7</sup>	5,911 m <sup>3</sup>	£5.1	4,092 m <sup>3</sup>	£3.8
	Electricity	166,907 kWh	£81	682,676 kWh	£75.9
	Gas	194,544 kWh	£32.9	360,027 kWh	£32.9
	Other	N/A	N/A	N/A	N/A

## Priorities and Targets for 2012/13

- Reduction of waste to landfill to 0%
- Travel plan to reduce carbon footprint
- Build on current cycle strategy; and
- Continued commitment to energy reduction

<sup>6</sup> This data is for the Trust's main site at 120 Belsize Lane. Data for other sites is unavailable.

<sup>7</sup> The spike in water consumption in 2011/12 is a result of the testing of the new boiler system

# Regulatory Ratings

## Monitor's Risk 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. Levels 3, 4 and 5 are considered by Monitor to be satisfactory.

### 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.

**Table 13: Monitor Risk Ratings in 2011/12**

	Annual Plan	Q1	Q2	Q3	Q4 expected
Financial Risk Rating	3	3	3	3	3
Governance Risk Rating	Green	Green	Green	Green	Green

**Table 14: Monitor Risk Ratings in 2010/11**

	Annual Plan	Q1	Q2	Q3	Q4
Financial Risk Rating	3	3	3	3	3
Governance Risk Rating	Green	Green	Green	Green	Green

## **Summary of Regulatory Performance 2011/12**

The Trust has worked hard to achieve and maintain good ratings. Performance in all areas has been high and maintained at this rate. 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 at level 3 throughout 2011/12. There were no formal interventions.

In its Annual Plan, the Trust budgeted to maintain a Financial Risk Rating of 3, again opting for prudence in light of the tough economic climate facing the NHS. This target rating was achieved in each quarter of the year.

The planned surplus was achieved.

## Other Disclosures in the Public Interest

### Communicating with employees

This work is extensive and includes capturing discussion as part of the objective setting, appraisal, and CPD processes; emails to all staff on key topics, situation updates from the Chief Executive; open meetings with the Chief Executive; open meetings with the Boards of Directors and Governors; meetings with trades' union representatives; engagement with Staff Governors; and essential and useful information provided through the Trust's intranet.

The following consultation took place:

- staff in the CAMHS Directorate on service design; and
- improving the access to outside space

Staff meetings have been taking place over the year, in particular concentrating on proposed changes in our work across the three domains of child and adolescent, specialist and adult, and central services. The Productivity Programme Board who are charged with working on new proposals, send regular information updates to all staff and these are in addition to the monthly briefings and monthly fora, run by the Chief Executive.

### Equal Opportunities for employees

The Trust's Equal Opportunities Policy sets out principles and practices that the Trust will adopt to meet with its legal obligations and its commitment to treat job applicants and staff fairly. Our employment policies are compliant with the requirements of the Equalities Act 2010 and the legislative intent around various protected characteristics.

The Trust's Equalities Committee reports annually to the Board of Directors on Equality matters. The Equalities objectives identified and published this year for the Trust also focus on ethnicity and disability as areas of continuing commitment. The Trust will prioritise an agreed plan of work in relation to sexual orientation with staff and with users of our clinical and education and training services.

In relation to staff disability, progress has been made under the Single Equality Scheme to create an environment where the Trust and disabled

employees are able to engage in a meaningful way throughout their employment cycle. Currently, the Trust fulfils the requirements for the use of the "Two Ticks" symbol and we hope to secure Job Centre's validation for continued use of the symbol on an annual basis following their validation process. As part of the wider engagement with staff who have disclosed their disability, annual meetings are organised by the Human Resources Manager to discuss any emergent access and support needs. This is in addition to any meeting with Human Resources or the line manager during the course of the year. In 2011/12, 14 members of staff (includes three bank staff) have disclosed their disability and meetings for this year have been planned and are underway at the time of this report (the figure reported in 2010, in the Single Equality Scheme was nine). Disability Access Audits are conducted to evaluate building access and reports are taken to the Clinical Quality, Safety, and Governance Committee.

Staff have been made aware of the current support systems, facilities and provisions for reasonable adjustment via e-mail, at the INSET days, through the Trust-wide Single Equality Scheme update event, and through the relevant employment policy briefing sessions undertaken jointly with Staff Side, including "Equal opportunities". We hope the initiatives and current support systems in place will influence staff to further engaged with the Trust in a confidential manner and feel able to disclose their disability. It is hoped this approach will enable staff to realise the range of support systems available to them and for the Trust to enhance the functional experience of disabled staff whilst at work.

The Directorate of Human Resources produce an annual Workforce Statistics Report for the Board of Directors. This report covers data extracted from the Electronic Staff Record, payroll, and HR system. The report includes data on gender, ethnicity, and age profiles, amongst other elements. From 2012, the report will be made available within the equalities section of the Trust's website.

As reported in the Staff Survey results for 2011, the largest local change since the 2010 survey where staff experience has improved is the percentage of staff having equality and diversity training (59% in 2011 compared with 46% in 2010). In the additional theme of Equality and Diversity, the survey indicates no change since the 2010 survey in the percentage of staff experiencing discrimination at work, and is the lowest (best) 20% compared with all mental health trusts in 2011. The percentage of staff believing that Trust provides equal opportunities for career progression and promotion also remains unchanged since 2010 survey and the ranking in this area is average compared with all mental health trusts in 2011.

The results of one of the survey's questions on equal opportunities benchmarked the Trust against other mental health / learning disability

trusts, and highlighted that 91% of respondents stated that the Trust acts fairly with regard to career progression and promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age, as opposed to 89% for 2010. The average median for other mental health trusts is 90%.

## **Health and Safety**

The Trust holds bi-annual In-Service Education and Training (INSET) days, to ensure attendance by all staff (usually 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. The current policy has been in place since June 2010 and is due to be reviewed in June 2013.

The Trust has an Occupational Health scheme in place, in partnership with the Royal Free Hospital. The Occupational Health Team will either give clearance for staff to work, or alternatively, make recommendations for any adaptations or arrangements that are needed to accommodate a disability or health issue.

## **Countering 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.

The Trust took part in the 2011/12 National Fraud Initiative. So far, the matching reports provided by the Audit Commission have not on this occasion led to any fraud at the Trust being identified.

## **Better Payment Practice Code**

Performance is detailed in Note 31 to the Accounts.

## **Patient and Public Activity, Including Consultations with the Public**

The Trust is committed to consulting with patients and local public on any new developments it makes, as well as on issues of how it provides its services. General satisfaction feedback is provided through the outcome monitoring programme, and every year the Trust surveys a proportion of its users, both current and ex, using a patient survey that has been modified from the national mental health survey.

In addition, the Trust has a number of methods for obtaining more specific feedback on aspects of service provision. These have included 'secret shopper' methodology, where volunteer members of the public have telephoned, e-mailed, or visited the Trust. The Trust has undertaken a survey designed for and by children for users of the CAMHS Directorate and have consulted patients on how they would like to provide on-going feedback to the Trust.

The Trust has also invited members, patients and the public to bid for funds for projects that improve patient experience, and this has proved very popular with recent examples of bids including developing a green space in a contact service run in Westminster, a mural for the children's waiting room, an emergency fund for patients in desperate need, and a play table for waiting children.

Some of the Trust's outreach services have run consultation evenings on aspects of service provision. For example, the Young People's Drug and Alcohol Service in Barnet had a 'film and popcorn' evening where service users were invited in to help the service think about the promotional material it develops.

The Chief Executive and the Department of Education and Training, as well as specific services in the Trust, run Twitter and Facebook feeds, which enable users to give real time feedback to issues and questions.

The Trust has recently purchased the equipment (perspex boxes with coloured tokens) that will enable people using the Trust to give immediate and visual responses to questions relevant to its services, and will be using this 'visual straw poll' methodology to obtain feedback on questions around services.



In relation to work with public organisations, the Trust has continued its active involvement with the London-wide Patient and Public Involvement Forum, and this has led to the Trust's involvement in a number of public events such as participation in the local 'Time to Change' event and mental health awareness day, where the Trust have been able to talk to the public about the services the Trust provides as well as participation in the awareness raising programme.

The Trust is also developing its relationships with local mental health organisations, with a focus on those who work with black and minority ethnic (BME) populations initially. This has been through the Trust's relationship with Voluntary Action Camden as well as visiting organisations directly and inviting organisations to meet the Patient and Public Involvement Team.

## **Consultation with Local Groups and Organisations**

In producing the annual Quality Report, the Trust consulted with Camden Primary Care Trust, Camden Local Involvement Network (LINKs), and the Camden Overview and Scrutiny Committee.

## **Additional Pensions Liabilities**

No liabilities due to retirement on health grounds were incurred. Financial information on pensions is set out in the accounts.

## **Sickness Absence Data**

Staff absence due to sickness was 3.48 days of sickness per FTE, or 1.5%.

## **Cost Allocation and Charging**

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

## **Serious Untoward Incidents**

There were no serious untoward incidents in 2011/12.

## Statement of Accounting Officer's Responsibilities

The National Health Service Act 2006 states that the Chief Executive is the Accounting Officer of the NHS Foundation Trust. The relevant responsibilities of Accounting Officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the *NHS Foundation Trust Accounting Officer Memorandum*<sup>8</sup> 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 2011/12*<sup>9</sup> 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*<sup>10</sup> 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 Trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the

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<sup>8</sup> Monitor, *NHS Foundation Trust Accounting Officer Memorandum*, April 2008

<sup>9</sup> Monitor, *NHS Foundation Trust Annual Reporting Manual 2011/12*, February 2012

<sup>10</sup> Ibid.

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*<sup>11</sup>.



Matthew Patrick  
Chief Executive  
29<sup>th</sup> May 2012

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<sup>11</sup> Op cit.

## **INDEPENDENT AUDITOR'S REPORT TO THE BOARD OF GOVERNORS OF TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST**

We have audited the financial statements of Tavistock and Portman NHS Foundation Trust for the year ended 31 March 2012 on pages 58 to 113. These financial statements have been prepared under applicable law and the accounting policies set out in the Statement of Accounting Policies.

This report is made solely to the Board of Governors of Tavistock and Portman NHS Foundation Trust in accordance with Schedule 10 of 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 them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Board of Governors of the Trust, as a body, for our audit work, for this report or for the opinions we have formed.

### **Respective responsibilities of the accounting officer and the auditor**

As described more fully in the Statement of Accounting Officer's Responsibilities on pages 46 and 47 the accounting officer is responsible for the preparation of financial statements which give a true and fair view. Our responsibility is to audit, and express an opinion on, the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practice's Board's Ethical Standards for Auditors.

### **Scope of the audit of the financial statements**

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of whether the accounting policies are appropriate to the Trust's circumstances and have been consistently applied and adequately disclosed, the reasonableness of significant accounting estimates made by the accounting officer and the overall presentation of the financial statements. In addition we read all the financial and non-financial information in the annual report to identify material inconsistencies with the audited financial statements. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

### **Opinion on financial statements**

In our opinion the financial statements:

- give a true and fair view of the state of Tavistock and Portman NHS Foundation Trust's affairs as at 31 March 2012 and of its income and expenditure for the year then ended; and
- have been prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2011/12.

**Opinion on other matters prescribed by the Audit Code for NHS Foundation Trusts**

In our opinion the information given in the Directors' Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

**Matters on which we are required to report by exception**

We have nothing to report where under the Audit Code for NHS Foundation Trusts we are required to report to you if, in our opinion, the Annual Governance Statement does not reflect the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual, is misleading or is not consistent with our knowledge of the Trust and other information of which we are aware from our audit of the financial statements

We are not required to assess, nor have we assessed, whether all risks and controls have been addressed by the Annual Governance Statement or that risks are satisfactorily addressed by internal controls.

**Certificate**

We certify that we have completed the audit of the accounts of Tavistock and Portman NHS Foundation Trust in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Audit Code for NHS Foundation Trusts issued by Monitor.

Ross Tudor

Ross Tudor, Senior Statutory Auditor, for and on behalf of KPMG LLP

Chartered Accountants  
15 Canada Square  
London  
E14 5GL

29/05/2012

# Annual Governance Statement

## 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*.<sup>12</sup>

## 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 on-going process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of the Tavistock and 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 Trust for the year ended 31 March 2012 and up to the date of approval of the annual report and accounts.

## Capacity to handle risk

As Chief Executive, I hold overall responsibility for risk management, the Operational Risk Register, and the Assurance Framework.

The Medical Director is responsible for the management of clinical risk, has the overall responsibility for clinical governance, and chairs the Clinical Quality, Safety, and Governance Committee which provides the Board of Directors with assurance of effective risk management within the Trust.

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<sup>12</sup> Op. cit.

Health and safety issues are covered by the Corporate Governance and Risk work group which reports to the Clinical Quality, Safety, and Governance Committee.

The Corporate Governance and Risk workstream Lead assesses evidence of effective risk management of non-clinical risks, and the Patient Safety and Clinical Risk workstream Lead assesses clinical risks. They monitor the respective elements of the Operational Risk Register. Both report to the Clinical Quality, Safety, and Governance Committee.

The Deputy Chief Executive and Director of Finance is responsible for identifying risks to strategic objectives and for reporting on the management of these risks, using the Trust's Assurance Framework, or Strategic Risk Register. He is also responsible for maintaining an effective system of internal financial control and for providing financial information to enable the Trust's management and Board of Directors to manage financial risk.

The Deputy Chief Executive is the Trust's Senior Information Risk Owner (SIRO).

The Director of Corporate Governance and Facilities is responsible for non-clinical risk and provides a central resource of expertise and advice on all non-financial risk management. The Director of Corporate Governance and Facilities also leads and coordinates the assessment of progress against each of the risk management standards set by the NHS Litigation Authority.

The Director of Corporate Governance and Facilities leads the Trust's action plans towards maintaining compliance with the CQC's essential standards and reports to the Board of Directors via the Clinical Quality, Safety, and Governance Committee if there is any risk of the Trust failing to maintain compliance.

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 for the provision of training services with the Department of Health through NHS London.

Through induction courses, the biennial staff training day and other training events, staff are trained in the recognition, reporting and management of clinical and non-clinical risks relevant to their posts.

## The risk and control framework

Strategic and operational risks are covered by comprehensive Risk Registers. The Trust's Management Committee agrees and implements the necessary actions, which are included in the reports to the Board of Directors. The Trust's "risk appetite" is determined by agreeing for each Register entry an assessment of whether the residual risk – after taking account of the actions taken and planned – is tolerated or not.

Strategic risks are identified by management and the Board of Directors as part of preparing the Annual Plan. The Plan is developed in consultation with our Board of Governors, who represent the public; Trust staff; and key stakeholders. The Plan document itself includes the key risks; and the formal Strategic Risk Register, which tabulates the risks, the actions being taken to manage them, who is taking these actions, and who is monitoring them, is presented and approved at the same time. Every two to three months, the Board of Directors receives an update on the high-level risks and the action being taken on them. An update will be given immediately in the event of a major change or new risk.

Operational risks are identified and included in the Operational Risk Register, which is presented in full to the Board of Directors annually; assurance that risks are being identified and managed is received by the Clinical Quality, Safety, and Governance Committee.

Risk management is embedded in Trust management and is integral to the development of policies and procedures, as well as in practice reinforced by training at all levels.

The Clinical Quality, Safety, and Governance Committee reports to the Board of Directors quarterly, based on assurance reports it has itself received on corporate governance and risk; clinical outcomes; clinical audit; patient safety and clinical risk; quality reporting; patient and public involvement; and information governance.

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 Clinical Quality, Safety, and Governance Committee, 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 Board of Directors receives minutes and/or reports from the Clinical Quality, Safety, and Governance Committee and the Audit Committee.



When the Board of Directors approves each quarter the declarations required by Monitor regarding governance, finance and quality, it receives appropriate supporting evidence. For the quality declaration, this has included updates on the action plan agreed after the 2010/11 Quality Report and audit; and a review of the Trust's performance on all ten areas identified in Monitor's Quality Governance Framework.

The Trust is fully compliant with the registration requirements of the Care Quality Commission.

The Trust currently holds NHSLA Level 2 assessment; this will be re-assessed in 2013/14.

The Trust's information governance policies were reviewed during the year and updated as required. The Trust further enhanced the management of information assets and the support to information asset owners. Over 95% of staff completed information governance training.

At 31 March 2012, the Trust has declared that it has reached at least Level Two against all the key criteria of the Information Governance toolkit issued for the NHS.

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

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

The Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

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 Governors serve on the Clinical Quality, Safety, and Governance Committee.

The Board of Governors appoints the Trust's External Auditors and reviews, with the Board of Directors, the performance of the Trust, including any risk of breach of the Terms of Authorisation.

## **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 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 controls.

## **Annual Quality Report**

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports, which incorporate the above legal requirements, in the *NHS Foundation Trust Annual Reporting Manual*<sup>13</sup>.

The work to produce the Quality Report has been supported and scrutinised through the Quality Report workstream and the Clinical Quality, Safety, and Governance Committee. Staff follow the procedures approved by the Board of Directors. A senior member of clinical staff is the Quality Lead and terms of reference for this workstream were agreed by the Committee. The Quality Lead does not line manage those people supplying evidence for this Report; the Lead facilitates its production and takes an impartial view of submissions and progress. Data is drawn from the Trust's clinical systems, especially RiO; these findings have been reviewed extensively at Board level, including Governors serving on the Clinical Quality, Safety, and Governance Committee.

Issues identified in the Quality Report are reflected in the quality priorities set in the Annual Plan, which are monitored by the Board of Directors through the framework set out above.

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<sup>13</sup> Op. cit.

## Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the Internal Auditors, clinical audit and the executive managers and clinical leads within the Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the Quality Report attached to this Annual Report and other performance information available to me. My review is also informed by comments made by the External Auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board of Directors, the Audit Committee and the Clinical Quality, Safety, and Governance Committee; and a plan to address weaknesses and ensure continuous improvement of the system is in place.

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 has reported to the Board of Directors that *"Based on the work undertaken in 2011/12, 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."*

## Conclusion

No significant internal control issues have been identified.



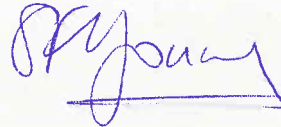
Matthew Patrick  
Chief Executive  
29<sup>th</sup> May 2012

## Foreword to the Accounts

These accounts for the period ended 31 March 2012 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  
29<sup>th</sup> May 2012



Simon Young  
Director of Finance  
29<sup>th</sup> May 2012

# STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2012

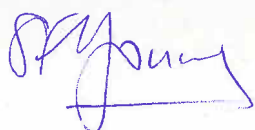
		2011/12	2010/11
	note	£000	£000
Operating income from continuing operations	2.1	33,249	32,385
Operating expenses of continuing operations	3.1	(33,994)	(31,976)
<b>OPERATING SURPLUS / (DEFICIT)</b>		<b>(745)</b>	<b>409</b>
<b>FINANCE COSTS</b>			
Finance income	5.0	10	15
Finance expense - unwinding of discount on provisions		(2)	(1)
PDC dividends payable		(340)	(333)
<b>NET FINANCE COSTS</b>		<b>(332)</b>	<b>(319)</b>
<b>Surplus/Deficit from Continuing Operations</b>		<b>(1,077)</b>	<b>90</b>
<b>SURPLUS / (DEFICIT) FOR THE YEAR</b>		<b>(1,077)</b>	<b>90</b>
<b>Other comprehensive income</b>		<b>-</b>	<b>-</b>
<b>TOTAL COMPREHENSIVE INCOME FOR THE YEAR</b>		<b>(1,077)</b>	<b>90</b>
<b>Note: Allocation of profits for period</b>		2011/12	2010/11
		£000	£000
<b>(a) surplus for the period attributable to</b>			
(ii) owners of the parent		(1,077)	90
<b>TOTAL</b>		<b>(1,077)</b>	<b>90</b>
<b>(b) total comprehensive income for the period attributable to</b>			
(ii) owners of the parent		(1,077)	90
<b>TOTAL</b>		<b>(1,077)</b>	<b>90</b>

Without redundancy costs, the Trust would have had an operating surplus of £463,000 for 2011/12 and a surplus of £131,000. The redundancy costs of £1,208,000 are as shown at note 4.1.

# STATEMENT OF FINANCIAL POSITION

		31 Mar 2012	31 Mar 2011
	note	£000	£000
<b>Non-current assets</b>			
Intangible assets	8.1	98	111
Property, plant and equipment	9.1	12,512	12,603
<b>Total non-current assets</b>		12,610	12,714
<b>Current assets</b>			
Inventories	13.1	-	1
Trade and other receivables	14.1	2,479	2,422
Cash and cash equivalents		2,357	4,712
<b>Total current assets</b>		4,836	7,135
<b>Current liabilities</b>			
Trade and other payables	15.1	(2,006)	(2,031)
Provisions	21	(47)	(51)
Tax payable	15.1	(584)	(558)
Other liabilities	16	(2,151)	(3,469)
Liabilities in disposal groups		-	-
<b>Total current liabilities</b>		(4,788)	(6,109)
<b>Total assets less current liabilities</b>		12,658	13,740
<b>Non-current liabilities</b>			
Provisions	21	(55)	(60)
<b>Total non-current liabilities</b>		-	-
<b>Total assets employed</b>		12,603	13,680
Public dividend capital		3,403	3,403
Revaluation reserve	22	7,659	7,840
Income and expenditure reserve		1,541	2,437
<b>Total taxpayers' equity</b>		12,603	13,680

These accounts were approved by the Board on 29th May 2012  
and signed on its behalf by




# STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

		Public		Income and
		Dividend	Revaluation	Expenditure
		Capital	Reserve	Reserve
	note	£000	£000	£000
<b>Taxpayers's Equity at 1 April 2011</b>		13,680	3,403	7,840
Surplus/(Deficit) for the year		(1,077)	-	(1,077)
Transfer of the excess of current cost depreciation over historical cost depreciation to the income and expenditure reserve		-	-	(181)
<b>Taxpayers's Equity at 31 March 2012</b>		<u>12,603</u>	<u>3,403</u>	<u>7,659</u>
<b>Taxpayers's Equity at 1 April 2010</b>		13,590	3,403	8,022
Surplus for the year		90	-	-
Transfer of the excess of current cost depreciation over historical cost depreciation to the income and expenditure reserve		-	-	(182)
<b>Taxpayers's Equity at 31 March 2011</b>		<u>13,680</u>	<u>3,403</u>	<u>7,840</u>

## STATEMENT OF CASH FLOWS

	2011/12 £000	2010/11 £000
<b>Cash flow from operating activities</b>		
Operating surplus/(deficit) from continuing operations	(745)	409
<b>Operating surplus / (deficit)</b>	<u>(745)</u>	<u>409</u>
<b>Non-cash income and expense</b>		
Depreciation and amortisation	529	511
(Increase)/Decrease in Trade and Other Receivables	(150)	461
(Increase)/Decrease in Inventories	1	1
Increase/(Decrease) in Trade and Other Payables	(7)	(205)
Increase/(Decrease) in Other Liabilities	(1,292)	663
Increase/(Decrease) in Provisions	(9)	(53)
<b>NET CASH GENERATED FROM/(USED IN) OPERATIONS</b>	<u>(1,673)</u>	<u>1,787</u>
<b>Cash flow from investing activities</b>		
Interest received	10	15
Purchase of financial assets	(1,600)	(2,801)
Sales of financial assets	1,600	2,801
Purchase of intangible assets	(23)	(26)
Purchase of property, plant and equipment	(422)	(297)
<b>Net cash generated from/(used in) investing activities</b>	<u>(435)</u>	<u>(308)</u>
<b>Cash flow from financing activities</b>		
PDC dividend paid	(247)	(415)
<b>Net cash generated from/(used in) financing activities</b>	<u>(247)</u>	<u>(415)</u>
<b>Increase/(decrease) in cash and cash equivalents</b>	(2,355)	1,064
<b>Cash and cash equivalents at 1 April 2011</b>	<u>4,712</u>	<u>3,648</u>
<b>Cash and cash equivalents at 31 March 2012</b>	<u><u>2,357</u></u>	<u><u>4,712</u></u>



## **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 Foundation Trust Accounting and Reporting Manual (FTARM) which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the FT ARM 2011/12 issued by Monitor. The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) and HM Treasury's FReM 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.

#### **Accounting convention**

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

## **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 classified 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 contracts from commissioners in respect of healthcare services, and from NHS London for 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 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**

#### **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 Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under direction of Secretary of State, in England and Wales. It is not possible for the NHS foundation trust to identify its share of the underlying scheme liabilities. Therefore, the scheme is accounted for as a defined contribution scheme.

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 IAS19.

#### **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**

#### **1.6 Property, Plant and Equipment**

##### **Recognition**

Property, plant and equipment is recognised 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**

#### **1.6 Property, Plant and Equipment**

##### **Measurement**

###### *Valuation*

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

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.

The last full valuation was carried out in April 2008.

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. In the absence of evidence of a significant fluctuation in the property market since 2009, no valuation will be carried out until 2013. Five yearly valuations are adequate in the current property market.

There have been no major building projects, and the Trust has not identified any significant impairment that could have taken place since the 2008 and 2009 valuations.

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**

#### **1.6 Property, Plant and Equipment**

##### **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.

Property, plant and equipment which has been reclassified 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*

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

Revaluation losses 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".

###### *Impairments*

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

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

Other impairments are treated as revaluation losses. Reversals of "other impairments" are treated as revaluation gains.

## **NOTES TO THE ACCOUNTS**

### **1. Accounting Policies**

#### **1.6 Property, Plant and Equipment**

##### **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 costs to sell" falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

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

## **NOTES TO THE ACCOUNTS**

### **1. Accounting Policies**

#### **1.6 Property, Plant and Equipment**

##### **Donated, government grant and other grant funded assets**

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

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

##### **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 building 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

#### 1.7 Intangible assets

##### Recognition

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

##### *Internally Generated Intangible Assets*

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

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**

#### **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. Revaluation gains and losses and impairments are treated in the same manner as for Property, Plant and Equipment.

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

##### **Amortisation**

Intangible assets are amortised over their expected useful 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**

#### **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, that is, when receipt or delivery of the goods or services is made.

##### **Derecognition**

All financial assets are derecognised when the rights to receive cash flows 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 categorised 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**

#### **1.9 Financial Instruments**

##### **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 classified as long-term liabilities.

Interest on financial liabilities 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**

#### **1.9 Financial Instruments**

##### **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.

## **NOTES TO THE ACCOUNTS**

### **1. Accounting Policies**

#### **1.9 Financial Instruments**

##### **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, £2,357,000 at 31 March 2012 (£4,712,000 at 31 March 2011) 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 £2,141,000 at 31 March 2012 (£2,299,000 at 31 March 2011) carry a risk that the counterparty will not pay. For this reason the Tavistock and Portman NHS Foundation Trust accounts for some of these assets 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 2012 £4,843,000 (£6,169,000 at 31 March 2011) of liabilities. Excluding deferred income, where there is no further obligation to pay cash, and non current provisions, leaves liabilities of £2,637,000 (£2,640,000 at 31 March 2011) payable in the short term. With readily available cash and cash equivalents of £2,357,000 (£4,712,000 at 31 March 2011) the Tavistock and Portman NHS Foundation Trust is able to fulfil its obligations as they fall due and faces little liquidity risk. To safeguard against liquidity risk, cash flow is reported monthly to the Board.

## **NOTES TO THE ACCOUNTS**

### **1. Accounting Policies**

#### **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 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. The lease liability is de-recognised when the liability is cancelled, discharged or expires.

##### *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**

#### **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, and for which it is probable that there will be future outflow of cash or other resources and a reliable estimate can be made of the amount, 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, except for early retirement provisions and injury benefit provisions which both use the HM Treasury's pension discount rate of 3.0% (2010/11: 2.9%) 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, but it is not recognised in Tavistock and Portman NHS Foundation Trust's accounts.

#### *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 claim 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 for 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**

#### **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 used 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 within the Government Banking Services (GBS), excluding cash balances held in GBS accounts that relate to a short term working capital facility, 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.

#### **1.15 Corporation Tax**

The Tavistock and Portman NHS Foundation Trust has no corporation tax liability because its activities are public sector healthcare and education.

## **NOTES TO THE ACCOUNTS**

### **1. Accounting Policies**

#### **1.16 Foreign Exchange**

The functional and presentational currencies of the Tavistock and Portman NHS Foundation 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 and losses on non-monetary asset and liabilities are recognised in the same manner as other gains and losses on these items.

#### **1.17 Losses and Special Payments**

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had NHS trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

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

## **NOTES TO THE ACCOUNTS**

### **1. Accounting Policies**

#### **1.18 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 judgments 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 judgment are in accounting for property, plant and equipment, accounting for untaken annual leave and in accounting for receivables. Property, plant and equipment includes the Tavistock Centre, Portman Clinic and the Day Unit, properties of high value whose accounting is subject to property market fluctuations. Operating costs include an estimate for the annual leave earned but not taken at the year-end date. Accounting for receivables necessarily involves judgment when assessing levels of impairment.

## NOTES TO THE ACCOUNTS

### 1. Accounting Policies

#### 1.19 Accounting Standards that have been issued by not yet adopted

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

Change published	Published by IASB	Financial year for which the change first applies	potential impact
IFRS 7 Financial instruments: Disclosure (amendment) - transfers of financial assets	October 2010	effective 2012/13 but not yet adopted by the EU	unlikely to have significant impact
IFRS 9 Financial instruments: Financial Assets: Financial Liabilities	November 2009 and October 2010	uncertain	unlikely to have significant impact
IFRS 10 Consolidated Financial Statements	May 2011	effective 2013/14 but not yet adopted by the EU	may mean consolidation of the Tavistock and Portman Charitable Fund
IFRS 11 Joint Arrangements	May 2011	effective 2013/14 but not yet adopted by the EU	unlikely to have significant impact
IFRS 12 Disclosure of Interests in Other Entities	May 2011	effective 2013/14 but not yet adopted by the EU	unlikely to have significant impact
IFRS 13 Fair Value Measurement	May 2011	effective 2013/14 but not yet adopted by the EU	unlikely to have significant impact
IAS 12 Income Taxes amendment	December 2010	effective 2012/13	unlikely to have significant impact
IAS 1 Presentation of Financial Statements on Other Comprehensive Income	June 2011	effective 2013/14 but not yet adopted by the EU	unlikely to have significant impact
IAS 27 Separate Financial Statements	May 2011	effective 2013/14 but not yet adopted by the EU	unlikely to have significant impact
IAS 28 Associates and Joint Ventures	May 2011	effective 2013/14 but not yet adopted by the EU	unlikely to have significant impact

The Trust has considered the above new standards, interpretations and amendments to published standards that are not yet effective and concluded that they are 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.

## **NOTES TO THE ACCOUNTS**

### **1. Accounting Policies**

#### **1.20 Going Concern**

After making enquiries, the directors have a reasonable expectation that Tavistock and Portman NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continued to adopt the going concern basis in preparing the accounts.

## NOTES TO THE ACCOUNTS

### 2.1 Operating Income (by classification)

	2011/12 Total £000	2010/11 Total £000
<b>Income from Activities</b>		
Cost and volume contract income	3,049	2,723
Block contract income	6,461	5,620
Other non-protected clinical income	4,653	5,816
<b>Total Income from Activities</b>	<b>14,163</b>	<b>14,159</b>
<b>Other operating income</b>		
Research and development	299	157
Education and training	16,137	15,360
Charitable and other contributions to expenditure	-	63
Other see also note 2.4	2,650	2,646
<b>Total other operating income</b>	<b>19,086</b>	<b>18,226</b>
<b>TOTAL OPERATING INCOME</b>	<b>33,249</b>	<b>32,385</b>

### 2.2 Private patient income

	2011/12 £000	2010/11 £000	Base Year £000
Private patient income	-	-	-
Total patient related income	14,163	14,159	9,170
<b>Proportion (as percentage)</b>	<b>-</b>	<b>-</b>	<b>-</b>

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 Tavistock and Portman NHS Foundation Trust's private patient income remains nil.

### 2.3 Operating Lease Income

	2011/12 Total £000	2010/11 Total £000
<b>Operating Lease Income</b>		
Rents recognised as income in the period	8	22
<b>TOTAL</b>	<b>8</b>	<b>22</b>
<b>Future minimum lease receipts due</b>		
- not later than one year;	-	-
- later than one year and not later than five years;	-	-
- later than five years	-	-
<b>TOTAL</b>	<b>-</b>	<b>-</b>

## NOTES TO THE ACCOUNTS

### 2.4 Operating income (by type)

	2011/12	2010/11
	Total	Total
	£000	£000
<b>Income from Activities</b>		
NHS Foundation Trusts	86	92
NHS Trusts	242	90
Strategic Health Authorities	1,431	1,261
Primary Care Trusts	8,632	8,708
Local Authorities	3,009	3,062
Department of Health - other	-	68
Non NHS other *	763	878
<b>Total Income from Activities</b>	<b>14,163</b>	<b>14,159</b>
<b>Other operating income</b>		
Research and development	299	157
Education and training	16,137	15,360
Charitable and other contributions to expenditure	-	63
Other **	2,650	2,646
<b>Total other operating income</b>	<b>19,086</b>	<b>18,226</b>
<b>TOTAL OPERATING INCOME</b>	<b>33,249</b>	<b>32,385</b>

#### \* Analysis of Income from Activities: Non NHS - other

	2011/12	2010/11
	Total	Total
	£000	£000
Other	763	878
<b>Total</b>	<b>763</b>	<b>878</b>

#### \*\* Analysis of Other Operating Income: Other

	2011/12	2010/11
	Total	Total
	£000	£000
Car parking	26	40
Consultancy	887	910
Clinical excellence awards	117	116
Property rentals	8	22
Childrens Workforce Development Confederation income for training consortium	1,341	1,090
Other	271	468
<b>Total</b>	<b>2,650</b>	<b>2,646</b>

## NOTES TO THE ACCOUNTS

### 2.4 Operating income (by type) (continued)

<b>Mandatory and Non-Mandatory Services Income</b>	2011/12	2010/11
	Total	Total
	£000	£000
Cost and volume contract income	3,049	2,723
Block contract income	6,461	5,620
Total income from mandatory patient services	9,510	8,343
Other non protected clinical income	4,653	5,816
<b>Total income from patient services</b>	<b>14,163</b>	<b>14,159</b>



### Note 3.1 OPERATING EXPENSES (by type)

	2011/12 £000	2010/11 £000
Employee expenses - Executive directors	836	686
Employee expenses - Non-executive directors	75	75
Employee expenses - staff	24,156	24,376
Supplies and services - clinical (excluding drug costs)	94	181
Supplies and services - general	127	81
Establishment	503	529
Transport	1	4
Premises	1,270	1,473
Increase / (decrease) in bad debt provision	(69)	19
Depreciation on property, plant and equipment	493	478
Amortisation on intangible assets	36	33
Impairments of property, plant and equipment		-
Audit fees		
audit fees - statutory audit	67	63
audit services - regulatory reporting		
Other auditors remuneration		
further assurance services		1
other services		
Clinical negligence	162	136
Legal fees	63	43
Consultancy costs	369	235
External lecturers and seminar leaders	1,073	1,341
Training, courses and conferences	465	307
Patient travel	58	50
Redundancy	1,208	28
Hospitality	18	17
Insurance	58	57
Interpreting service	80	35
Internal audit	46	14
Payroll	29	22
Occupational health	18	18
Professional charges	874	484
Educational external contracts	1,273	870
Other services	104	13
Losses, ex gratia and special payments	20	(69)
Other	487	376
<b>TOTAL</b>	<b>33,994</b>	<b>31,976</b>

**Note 3.2 Arrangements containing an operating lease**

	2011/12 £000	2010/11 £000
Minimum lease payments	152	99
Less sublease payments received	(8)	-
<b>TOTAL</b>	<b>144</b>	<b>99</b>

	31 Mar 2012 land £000	31 Mar 2012 buildings £000	31 Mar 2012 other £000	31 Mar 2012 total £000
<b>Future minimum lease payments due:</b>				
- not later than one year;	-	15	9	24
- later than one year and not later than five years;	-	7	3	10
- later than five years.				
<b>TOTAL</b>	<b>-</b>	<b>22</b>	<b>12</b>	<b>34</b>

	31 Mar 2011 land £000	31 Mar 2011 buildings £000	31 Mar 2011 other £000	31 Mar 2011 total £000
<b>Future minimum lease payments due:</b>				
- not later than one year;	-	51	-	51
- later than one year and not later than five years;	-	8	-	8
- later than five years.				
<b>TOTAL</b>	<b>-</b>	<b>59</b>	<b>-</b>	<b>59</b>

**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 (2010/11£1 million).

**Note 3.4 The Late Payment of Commercial Debts (interest) Act 1998**

No interest or compensation was paid under this legislation.

## NOTES TO THE ACCOUNTS

### 4.1 Employee Expenses

	2011/12 Total £000	2011/12 Permanent £000	2011/12 Other £000	2010/11 Total £000
Salaries and wages	20,481	19,958	523	19,927
Social security costs	1,882	1,834	48	1,831
Pension costs - defined contribution plans	-	-	-	-
Employer contributions to NHS Pensions	2,440	2,378	62	2,464
Pensions costs - other contributions	26	26	-	26
Termination benefits	1,208	1,208	-	58
Agency / contract staff	163	-	163	784
<b>TOTAL</b>	<b>26,200</b>	<b>25,404</b>	<b>796</b>	<b>25,090</b>

Exit package cost band	Number of compulsory redundancies 2011/12	Number of voluntary redundancies 2011/12	Number of other exit packages agreed 2011/12	Total number of exit packages by cost band 2011/12
less than £10,000	2	6	-	8
£10,000 to £25,000	4	5	-	9
£25,000 to £50,000	-	6	-	6
£50,000 to £100,000	-	8	-	8
over £100,000	-	1	-	1
Total number of exit packages by type	6	26	-	32

Exit package cost band	Number of compulsory redundancies 2010/11	Number of voluntary redundancies 2010/11	Number of other exit packages agreed 2010/11	Total number of exit packages by cost band 2010/11
less than £10,000	-	-	-	-
£10,000 to £25,000	-	-	1	1
£25,000 to £50,000	1	-	-	1
Total number of exit packages by type	1	-	1	2

### 4.2 Average number of employees (WTE basis)

	2011/12 Total Number	2011/12 Permanent Number	2011/12 Other Number	2010/11 Total Number
Medical and dental	39	39		40
Administration and estates	156	156		159
Nursing, midwifery and health visiting staff	11	11		12
Scientific, therapeutic and technical staff	161	161		165
Social care staff	23	23		23
Bank and agency staff	24		24	26
Other	5	5		5
<b>TOTAL</b>	<b>419</b>	<b>395</b>	<b>24</b>	<b>430</b>

## NOTES TO THE ACCOUNTS

### 4.3 Employee benefits

	2011/12	2010/11
	£000	£000
Value of holiday pay accrued (included in note 15) at 1 April 2011	292	400
Value of holiday pay accrued (included in note 3.1)	<u>7</u>	<u>(108)</u>
Value of holiday pay accrued (included in note 15) at 31 March 2012	<u><u>299</u></u>	<u><u>292</u></u>

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.

### 4.4 Early Retirements due to Ill Health

During the year ended 31 March 2012, and also the year ended 31 March 2011, there were no retirements from the Trust on the grounds of ill health.

### 4.5 Management Costs

Management costs were £3.1 million in the year (2010/11 £3.0 million), equivalent to  
9.4% (2010/11 9.2% of income)

## NOTES TO THE ACCOUNTS

### Note 5 Finance income

	2011/12 £000	2010/11 £000
interest on held-to-maturity financial assets	10	15
<b>TOTAL</b>	<b>10</b>	<b>15</b>

No interest has been earned on any impaired financial assets.

### Note 6.1 Finance costs - interest expense

There has been no interest payable during the year ended 31 March 2011 (to 31 March 2010, £nil)

### Note 6.2 Impairment of assets (Property, Plant and Equipment and Intangibles)

In the years ended 31 March 2012 and 31 March 2011 there have been no impairments of property, plant, equipment nor intangible assets.

## NOTES TO THE ACCOUNTS

### Note 7 Segmental Reporting

segments as follows:-

	Operating Income 2011/12 £000	Operating expenses 2011/12 £000	Operating surplus before restructuring 2011/12 £000	Dividends and unwinding discount 2011/12 £000
Specialist and Adult Services, including training and research	13,354	13,347	7	139
Child and Adolescent Services, including training and research	19,905	19,428	477	203
<b>Total</b>	<b>33,259</b>	<b>32,775</b>	<b>484</b>	<b>342</b>

The above analysis does not include the redundancy costs of £1,208k

### Restated 2010/11

	Operating Income 2010/11 £000	Operating expenses 2010/11 £000	Operating surplus before restructuring 2010/11 £000	Dividends and unwinding discount 2010/11 £000
Specialist and Adult Services, including training and research	12,627	12,950	(323)	159
Child and Adolescent Services, including training and research	19,773	19,026	747	175
<b>Total</b>	<b>32,400</b>	<b>31,976</b>	<b>424</b>	<b>334</b>

### Format reported in 2010/11

	Operating expenditure 2010/11 £000	Dividends and unwinding discount 2010/11 £000
Adult Department Services, including training and research	5,357	66
Portman Clinic Services, including training and research	2,083	22
Adolescent Services, including training and research	4,468	63
Tavistock Consultancy Services, including training	1,042	8
Children's Services, including training and research	19,026	175
<b>Total</b>	<b>31,976</b>	<b>334</b>

Assets and liabilities are not reported on a segmental basis.

## NOTES TO THE ACCOUNTS

### Note 8.1 Intangible assets 2011/12

	Total £000	Software licences purchased £000
Gross cost at 1 April 2011	222	222
Additions - purchased	23	23
Gross cost at 31 March 2012	245	245
Amortisation at 1 April 2011	111	111
Provided during the year	36	36
Amortisation at 31 March 2012	147	147
Net book value of purchased intangible assets at 1 April 2011	111	111
Net book value of donated intangible assets at 1 April 2011	-	-
Net book value of total intangible assets at 1 April 2011	111	111
Net book value of purchased intangible assets at 31 March 2012	98	98
Net book value of donated intangible assets at 31 March 2012	-	-
Net book value of total intangible assets at 31 March 2012	98	98

### 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

#### Intangible assets - purchased

Software

Minimum life (years)	Maximum life (years)
5	5

## NOTES TO THE ACCOUNTS

### Note 8.4 Intangible assets 2010/11

	Total £000	Software licences purchased £000
Gross cost at 1 April 2010	195	195
Additions - purchased	27	27
Gross cost at 31 March 2011	222	222
Amortisation at 1 April 2010	78	78
Provided during the year	33	33
Amortisation at 31 March 2011	111	111
Net book value of purchased intangible assets at 1 April 2010	117	117
Net book value of donated intangible assets at 1 April 2010	-	-
Net book value of total intangible assets at 1 April 2010	117	117
Net book value of purchased intangible assets at 31 March 2011	111	111
Net book value of donated intangible assets at 31 March 2011	-	-
Net book value of total intangible assets at 31 March 2011	111	111



## NOTES TO THE ACCOUNTS

### Note 9.1 Property, plant and equipment 2011/12

	Total £000	Land £000	Buildings £000	Assets under Construction £000	Plant & Machinery £000	Information Technology £000	Furniture & Fittings £000
<b>Cost or valuation at 1 April 2011</b>	14,939	3,495	10,044	103	206	1,008	83
Additions - purchased	402	-	82	212	-	108	-
Additions - donated	-	-	-	-	-	-	-
Reclassifications	-	-	222	(222)	-	-	-
<b>Cost or valuation at 31 March 2012</b>	<b>15,341</b>	<b>3,495</b>	<b>10,348</b>	<b>93</b>	<b>206</b>	<b>1,116</b>	<b>83</b>
<b>Accumulated depreciation at 1 April 2011</b>	2,336	-	1,387	90	181	614	64
Provided during the year	493	-	330	-	22	135	6
<b>Accumulated depreciation at 31 March 2012</b>	<b>2,829</b>	<b>-</b>	<b>1,717</b>	<b>90</b>	<b>203</b>	<b>749</b>	<b>70</b>
<b>Net book value</b>							
Net book value of purchased tangible assets at 1 April 2011	12,603	3,495	8,657	13	25	394	19
Net book value of donated tangible assets at 1 April 2011	-	-	-	-	-	-	-
<b>Net book value of owned tangible assets at 1 April 2011</b>	<b>12,603</b>	<b>3,495</b>	<b>8,657</b>	<b>13</b>	<b>25</b>	<b>394</b>	<b>19</b>
<b>Net book value</b>							
Net book value of purchased tangible assets at 31 March 2012	12,512	3,495	8,631	3	3	367	13
Net book value of donated tangible assets at 31 March 2012	-	-	-	-	-	-	-
<b>Net book value of owned tangible assets at 31 March 2012</b>	<b>12,512</b>	<b>3,495</b>	<b>8,631</b>	<b>3</b>	<b>3</b>	<b>367</b>	<b>13</b>

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 the prospective valuation date of 1 April 2005. The revaluation undertaken at that date was accounted for on 31 March 2005. The last full 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 31 March 2009. In the absence of evidence of a significant fluctuation in the property market since 2009, no valuation will be carried out until 2013. Five yearly valuations are adequate in the current property market.

There have been no major building projects, and the Trust has not identified any significant impairments that could have taken place since the 2008 and 2009 valuations

### Note 9.2 Analysis of property, plant and equipment 2011/12

	Total £000	Land £000	Buildings £000	Assets under Construction £000	Plant & Machinery £000	Information Technology £000	Furniture & Fittings £000
<b>Net book value</b>							
Net book value of protected assets at 31 March 2012	11,065	2,995	8,070	-	-	-	-
Net book value of unprotected assets at 31 March 2012	1,447	500	561	3	3	367	13
<b>Total at 31 March 2012</b>	<b>12,512</b>	<b>3,495</b>	<b>8,631</b>	<b>3</b>	<b>3</b>	<b>367</b>	<b>13</b>

# NOTES TO THE ACCOUNTS

## Note 9.3 Property, plant and equipment 2010/11

	Total £000	Land £000	Buildings £000	Assets under Construction £000	Plant & Machinery £000	Information Technology £000	Furniture & Fittings £000
<b>Cost or valuation at 1 April 2010</b>	14,611	3,495	9,926	90	206	811	83
Additions - purchased	328	-	118	13	-	197	-
Additions - donated	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-
<b>Cost or valuation at 31 March 2011</b>	<b>14,939</b>	<b>3,495</b>	<b>10,044</b>	<b>103</b>	<b>206</b>	<b>1,008</b>	<b>83</b>
<b>Accumulated depreciation at 1 April 2010</b>	1,858	-	1,073	90	145	492	58
Provided during the year	478	-	314	-	36	122	6
<b>Accumulated depreciation at 31 March 2011</b>	<b>2,336</b>	<b>-</b>	<b>1,387</b>	<b>90</b>	<b>181</b>	<b>614</b>	<b>64</b>
<b>Net book value</b>							
Net book value of owned tangible assets							
at 1 April 2010	12,753	3,495	8,853	-	61	319	25
Net book value of purchased tangible assets							
at 1 April 2010	12,753	3,495	8,853	-	61	319	25
Net book value of donated tangible assets							
at 1 April 2010	-	-	-	-	-	-	-
<b>Net book value at 1 April 2010</b>	<b>12,753</b>	<b>3,495</b>	<b>8,853</b>	<b>-</b>	<b>61</b>	<b>319</b>	<b>25</b>
<b>Net book value</b>							
Net book value of owned tangible assets							
at 31 March 2011	12,603	3,495	8,657	13	25	394	19
Net book value of purchased tangible assets							
at 31 March 2011	12,603	3,495	8,657	13	25	394	19
Net book value of donated tangible assets							
at 31 March 2011	-	-	-	-	-	-	-
<b>Net book value at 31 March 2011</b>	<b>12,603</b>	<b>3,495</b>	<b>8,657</b>	<b>13</b>	<b>25</b>	<b>394</b>	<b>19</b>

## Note 9.4 Analysis of property, plant and equipment 2010/11

	Total £000	Land £000	Buildings £000	Assets under Construction £000	Plant & Machinery £000	Information Technology £000	Furniture & Fittings £000
<b>Net book value</b>							
Net book value of protected assets							
at 31 March 2011	11,070	2,995	8,075	-	-	-	-
Net book value of unprotected assets							
at 31 March 2011	1,533	500	582	13	25	394	19
<b>Total at 31 March 2011</b>	<b>12,603</b>	<b>3,495</b>	<b>8,657</b>	<b>13</b>	<b>25</b>	<b>394</b>	<b>19</b>

## NOTES TO THE ACCOUNTS

### Note 9.5 Economic life of property, plant and equipment

	Min Life Years	Max Life Years
Buildings excluding dwellings	5	50
Plant and machinery	5	5
Information technology	3	8
Furniture and fittings	5	5

Of the totals at 31 March 2012, 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 account 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.

#### 10.1 Non-current assets for sale and assets in disposal groups 2011/12

There were no non-current assets for sale nor assets in disposal groups at 31 March 2012 nor 31 March 2011.

## NOTES TO THE ACCOUNTS

### Note 11.1 Investments

The Trust does not hold any non-current asset investments (31st March 2011: £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 2011: £nil)

### Note 13.1 Inventories

	31 March 2012	31 March 2011
	£000	£000
Materials	-	1
Total inventories	-	1

### Note 13.2 Inventories recognised in expenses

	2011/12	2010/11
	£000	£000
Write-down of inventories recognised as an expense	-	1
Total inventories recognised in expenses	-	1

## NOTES TO THE ACCOUNTS

### Note 14.1 Trade receivables and other receivables

	Total 31 Mar 12 £000	Total 31 Mar 11 £000
<b>Current</b>		
NHS receivables	416	531
Other receivables with related parties	383	519
Provision for impaired receivables	- 314	- 383
Prepayments	257	182
Accrued income	425	211
PDC dividend receivable	20	113
Other receivables	1,292	1,249
<b>TOTAL CURRENT TRADE AND OTHER RECEIVABLES</b>	<b>2,479</b>	<b>2,422</b>

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

	Total 31 Mar 12 £000	Total 31 Mar 11 £000
<b>At 1 April 2011</b>	383	364
Increase in provision	219	243
Amounts utilised	-	-
Unused amounts reversed	(288)	(224)
<b>At 31 March 2012</b>	<b>314</b>	<b>383</b>

### Note 14.3 Analysis of impaired receivables

	Total 31 Mar 12 £000	Total 31 Mar 11 £000
<b>Ageing of impaired receivables</b>		
Up to thirty days	10	30
Thirty to sixty days	7	(26)
Sixty to ninety days	-	-
In three to six months	25	146
Over six months	273	233
<b>Total</b>	<b>315</b>	<b>383</b>

### Note 14.4 Analysis of non impaired receivables

	Total 31 Mar 12 £000	Total 31 Mar 11 £000
<b>Ageing of non-impaired receivables past their due date</b>		
Up to thirty days	1,057	268
Thirty to sixty days	94	658
Sixty to ninety days	-	-
In three to six months	287	472
Over six months	(84)	66
<b>Total</b>	<b>1,354</b>	<b>1,464</b>

### Note 14.5 Finance lease receivables

There are no finance lease receivables

## NOTES TO THE ACCOUNTS

### Note 15.1 Trade and other payables

	31 Mar 2012 £000	31 Mar 2011 £000
<b>Current</b>		
NHS payables	34	445
Amounts due to other related parties	445	110
Trade payables - capital	9	27
Other trade payables	74	241
Other payables	741	605
Accruals	1,287	1,161
<b>TOTAL CURRENT TRADE AND OTHER PAYABLES</b>	<b>2,590</b>	<b>2,589</b>

There are no non-current trade and other payables.

### Note 15.2 Early retirements detail included in NHS payables above

to buy out the liability for early retirements  
over 5 years  
number of cases involved

31 Mar 2012 £000	31 Mar 2012 number	31 Mar 2011 £000	31 Mar 2011 number
-	-	-	-
-	-	-	-

### Note 15.3 Outstanding pension contributions included in NHS payables above

Outstanding pension contributions for current staff

31 Mar 2012 £000	31 Mar 2011 £000
325	329

### Note 16 Other liabilities

#### Current

Deferred income

31 Mar 2012 £000	31 Mar 2011 £000	1 April 2010 £000
-		
2,151	3,469	2,771
<b>2,151</b>	<b>3,469</b>	<b>2,771</b>

#### TOTAL OTHER CURRENT LIABILITIES

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

## NOTES TO THE ACCOUNTS

### Note 17 Borrowings

The Trust has no current nor non-current borrowings (31st March 2011: £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 2011/12 these limits totalled £6.7 million (2010/11 £6.3 million), comprising maximum cumulative long-term borrowing of £4.3 million and approved working capital facility of £2.4 million. The Trust did not borrow during 2011/12 or 2010/11.

	2011/12 actual	2011/12 approved plan	2010/11 actual	2010/11 approved plan
Dividend cover ratio	2.9	2.7	2.8	2.4

The Trust has a working capital facility of £2.4 million (2010/11 £2.0 million), which is within its approved limit. The Trust had not drawn down any of this facility at 31 March 2012 (or at 31 March 2011).

The Interest Cover and the Debt Service Cover ratios are not shown in the table above, because the Trust has had no debt in either year.

### Note 19 Finance lease obligations

There were no finance lease obligations in 2011/12 (or in the year ended 31 March 2011).

### Note 20 PFI obligations (on Statement of Financial Position)

There were no private finance obligations in 2011/12 (or in the year ended 31 March 2011).

## NOTES TO THE ACCOUNTS

### Note 21 Provisions for Liabilities and Charges

	Current		Non-current	
	31 March	31 March	31 March	31 March
	2012	2011	2012	2011
	£000	£000	£000	£000
Pensions relating to former directors	-	-	-	-
Pensions relating to former staff	6	6	55	60
Other legal claims	41	45	-	-
Other	-	-	-	-
<b>Total</b>	<b>47</b>	<b>51</b>	<b>55</b>	<b>60</b>

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 2011	111	-	66	45	-
Change in the discount rate	-	-	-	-	-
Arising during the year	35	-	-	35	-
Utilised during the year	(27)	-	(7)	(20)	-
Reversed unused	(19)	-	-	(19)	-
Unwinding of discount	2	-	2	-	-
At 31 March 2011	102	-	61	41	-
Expected timing of cash flows:					
- not later than one year	47	-	6	41	-
- later than one year and not later than five years	22	-	22	-	-
- later than five years	33	-	33	-	-
<b>Total</b>	<b>102</b>	<b>-</b>	<b>61</b>	<b>41</b>	<b>-</b>

Legal claims concern employers' liability matters.

£ nil (31.3.2011: £nil) is included in the provisions of the NHS Litigation Authority at 31 March 2012 in respect of clinical negligence liabilities of the Trust.



## NOTES TO THE ACCOUNTS

### Note 22 Revaluation reserve

	Total revaluation reserve £000	Revaluation reserve - intangibles £000	Revaluation reserve - property, plant and equipment £000
<b>Revaluation reserve at 1 April 2011</b>	7,840	-	7,840
Revaluation gains / losses and impairment losses on intangible assets	-	-	-
Revaluation gains / losses and impairment losses on property, plant and equipment	-	-	-
Transfers to the income and expenditure account in respect of assets disposed of	-	-	-
Transfer of the excess of current cost depreciation over historical cost depreciation to the Income and Expenditure Reserve	(181)	-	(181)
<b>Revaluation reserve at 31 March 2012</b>	<b>7,659</b>	<b>-</b>	<b>7,659</b>
<b>Revaluation reserve at 1 April 2010</b>	8,022	-	8,022
Revaluation gains / losses and impairment losses on intangible assets	-	-	-
Revaluation gains / losses and impairment losses on property, plant and equipment	-	-	-
Transfers to the income and expenditure account in respect of assets disposed of	-	-	-
Transfer of the excess of current cost depreciation over historical cost depreciation to the Income and Expenditure Reserve	(182)	-	(182)
<b>Revaluation reserve at 31 March 2011</b>	<b>7,840</b>	<b>-</b>	<b>7,840</b>

## NOTES TO THE ACCOUNTS

### Note 23 Cash and cash equivalents

	Year ended 31 March 2012 £000	Year ended 31 March 2011 £000
<b>At 1 April 2011</b>	4,712	3,648
Net change in year	(2,355)	1,064
<b>At 31 March 2012</b>	2,357	4,712
Broken down into		
Cash at commercial banks and in hand	17	212
Cash with the Government Banking Service	2,340	4,500
Other current investments	-	-
<b>Cash and cash equivalents as in Statement of Financial Position</b>	2,357	4,712
Bank overdraft	-	-
<b>Cash and cash equivalents as in Statement of Cash Flows</b>	2,357	4,712

There are no third party assets held by the Tavistock and Portman NHS Foundation Trust (31 March 2011: £nil)

### Note 24.1 Contractual capital commitments

Commitments under capital expenditure contracts at 31 March 2012 were £30,000 (31 March 2011: £170,000)

### 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 Assets and Liabilities

At 31.3.2012, there were four employer's liability litigation cases outstanding against the Trust (at 31.3.2011: two cases).

The gross possible liability of the Trust for all these cases in aggregate is £30,000 (31.3.2011: £45,000 for two cases), £26,000 (31.3.2011: £45,000) of which is provided for in these accounts.

One of these cases was outstanding at both 31st March 2012 and at 31 March 2011, when the gross possible liability was £10,000, of which £6,000 was provided in the accounts. The other cases outstanding at 31st March 2011 are no longer outstanding at 31st March 2012. Three new cases also arose during the year 2011/12.

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.

## NOTES TO THE ACCOUNTS

### Note 26 Related Party Transactions

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

Dr Robert Senior is employed by University College London. In 2011/12, the Trust paid University College London £634,803 (2010/11 £448,941) and University College London paid the Trust £5,906 (2010/11 £6,944) for various education and research activities

Dr Robert Senior also has a research collaboration with the Anna Freud Centre. The Trust pays the Anna Freud Centre £61,941 (2010/11 £40,236) and the Anna Freud Centre pays the Trust £40,441 (2010/11 £3,325) for various education and research activities.

Professor Andrew Cooper is employed by University of East London. In 2011/12, the Trust paid University of East London £545,890 (2010/11 £499,952) and University of East London paid the Trust £1,208,211 (2010/11 £910,361) for various education and research activities

Professor Andrew Cooper also has an association with Sutherland Trust. Sutherland Trust pays the Trust £21,565 (2010/11 £16,963) for various education and research activities.

None of the above costs relates to remuneration for the individuals concerned.

Key management personnel have received employment benefits as detailed below.

	Year ended 31 March 2012 £000	Year ended 31 March 2011 £000
Key management personnel compensation for short-term employee benefits ie pay	1,051	1,098
Key management personnel compensation for post employment benefits ie pensions	117	128
Key management personnel compensation for other long term benefits	-	-
Key management personnel compensation for termination benefits	-	-
Key management personnel compensation for share based payment	-	-
Key management personnel compensation in total	<u>1,168</u>	<u>1,226</u>

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.

## NOTES TO THE ACCOUNTS

### Note 26 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 2012	Total charge for the year ended 31 March 2012	Debtor/ (creditor) as at 31 March 2012	Total income for the year ended 31 March 2011	Total charge for the year ended 31 March 2011	Debtor/ (creditor) as at 31 March 2011
	£000	£000	£000	£000	£000	£000
Department of Health	163	-	88	90	333	138
London Strategic Health Authority	12,743	-	123	12,322	3	247
Barnet Primary Care Trust	423	-	7	423	-	(23)
Camden Primary Care Trust	4,635	50	(84)	4,774	31	19
Haringey Teaching Primary Care Trust	419	-	(23)	426	-	(46)
Islington Primary Care Trust	394	-	(62)	329	-	(18)
Westminster Primary Care Trust	231	-	(16)	215	-	7

Local government bodies are regarded as related parties. During the year the Tavistock and Portman NHS Foundation Trust has had a significant number of material transactions with local government bodies. These entities are listed below:

	Total income for the year ended 31 March 2012	Total charge for the year ended 31 March 2012	Debtor/ (creditor) as at 31 March 2012	Total income for the year ended 31 March 2011	Total charge for the year ended 31 March 2011	Debtor/ (creditor) as at 31 March 2011
	£000	£000	£000	£000	£000	£000
London Borough of Barnet	559	-	99	587	-	86
London Borough of Camden	1,019	551	(202)	744	468	(92)
London Borough of Haringey	452	-	80	877	1	89
Westminster City Council	466	40	191	74	40	25

In addition, the Trust has had a number of material transactions with HM Revenue and Customs, which receives payments of Pay As You Earn income tax and National Insurance as shown below:

	Total income for the year ended 31 March 2012	Total charge for the year ended 31 March 2012	Debtor/ (creditor) as at 31 March 2012	Total income for the year ended 31 March 2011	Total charge for the year ended 31 March 2011	Debtor/ (creditor) as at 31 March 2011
HM Revenue and Customs for Pay As You Earn income tax and National Insurance (included in staff costs)	-	6,931	(584)	-	6,892	(558)

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 recharge for the year ended 31 March 2012	Debtor/ (creditor) as at 31 March 2012	Total recharge for the year ended 31 March 2011	Debtor/ (creditor) as at 31 March 2011
	£000	£000	£000	£000
Tavistock and Portman Charitable Fund	45	74	92	67
Tavistock Clinic Foundation	6	21	7	19

The accounts for these two charities are published separately.

During 2010/11, the Trust entered into an agreement with National Shared Business Services to provide certain accounting processes. The Trust paid £124,500 (2010/11 £37,200) for these services.

## NOTES TO THE ACCOUNTS

### Note 27.1 Financial Assets by Category

	Total £000	Loans and receivables £000	Assets at fair value through the I&E £000	Held to maturity £000	Available for sale £000
<b>Assets as per Statement of Financial Position</b>					
NHS and other receivables excluding non financial assets (at 31 March 2012)	416	416	-	-	-
Non NHS Trade and other receivables excluding non financial assets (at 31 March 2012)	1,786	1,786	-	-	-
Other Investments (at 31 March 2012)	-	-	-	-	-
Other Financial Assets (at 31 March 2012)	-	-	-	-	-
Cash and cash equivalents at bank and in hand (at 31 March 2012)	2,357	2,357	-	-	-
<b>Total at 31 March 2012</b>	<b>4,559</b>	<b>4,559</b>	<b>-</b>	<b>-</b>	<b>-</b>
NHS receivables excluding non financial assets (at 31 March 2011)	531	531	-	-	-
Non NHS Trade and other receivables excluding non financial assets (at 31 March 2011)	1,596	1,596	-	-	-
Other Investments (at 31 March 2011)	-	-	-	-	-
Other Financial Assets (at 31 March 2011)	-	-	-	-	-
Cash and cash equivalents at bank and in hand (at 31 March 2011)	4,712	4,712	-	-	-
<b>Total at 31 March 2011</b>	<b>6,839</b>	<b>6,839</b>	<b>-</b>	<b>-</b>	<b>-</b>

## NOTES TO THE ACCOUNTS

### Note 27.2 Financial Liabilities by Category

	Total £000	Other financial liabilities £000	Liabilities at fair value through the I&E £000
<b>Liabilities as per Statement of Financial Position</b>			
Borrowings excluding finance lease and PFI liabilities (at 31 March 2012)	-	-	-
NHS payables excluding non financial liabilities (at 31 March 2012)	34	34	-
Non NHS Trade and other payables excluding non financial liabilities (at 31 March 2012)	1,972	1,972	-
Other financial liabilities (at 31 March 2012)	-	-	-
Provisions under contract (at 31 March 2012)	-	-	-
<b>Total at 31 March 2012</b>	<b>2,006</b>	<b>2,006</b>	<b>-</b>
Borrowings excluding finance lease and PFI liabilities (at 31 March 2011)	-	-	-
NHS payables excluding non financial liabilities (at 31 March 2011)	445	445	-
Non NHS Trade and other payables excluding non financial liabilities (at 31 March 2011)	1,586	1,586	-
Other financial liabilities (at 31 March 2011)	-	-	-
Provisions under contract (at 31 March 2011)	-	-	-
<b>Total at 31 March 2011</b>	<b>2,031</b>	<b>2,031</b>	<b>-</b>

## NOTES TO THE ACCOUNTS

### Note 27.3 Fair values of financial assets at 31 March 2012

	Book Value £000	Fair Value £000
Non current trade and other receivables excluding non financial assets	-	-
Other investments	-	-
Other	4,559	4,559
<b>Total at 31 March 2012</b>	<b>4,559</b>	<b>4,559</b>

### Note 27.4 Fair values of financial liabilities at 31 March 2012

	Book Value	Fair Value £000
Non current trade and other payables excluding non financial liabilities	-	-
Provisions under contract	-	-
Loans	-	-
Other	2,006	2,006
<b>Total at 31 March 2012</b>	<b>2,006</b>	<b>2,006</b>

## NOTES TO THE ACCOUNTS

### Note 28.1 Losses and Special Payments

	2011/12	2011/12	2010/11	2010/11
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
<b>LOSSES</b>				
Losses of cash due to overpayment of salaries etc.	-	-	-	-
Losses of cash due to other causes	-	-	-	-
<b>TOTAL LOSSES</b>	-	-	-	-
<b>SPECIAL PAYMENTS</b>				
Compensation under legal obligation	30	1,132	2	40
Ex gratia payments in respect of personal injury, with advice	-	-	-	-
<b>TOTAL SPECIAL PAYMENTS</b>	30	1,132	2	40

One of the above cases exceeded £100,000 during 2011/12, none did so during 2010/11.

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

### Note 28.2 Recovered Losses

There were no compensation payments received or other losses recovered during 2010/11.



## NOTES TO THE ACCOUNTS

### Note 29 Other Financial Assets

	31 March 2012 £000	31 March 2011 £000
<b>Non-current</b>		
Derivatives and embedded derivatives held at "fair value through income and expenditure"	-	-
Available for sale financial assets	-	-
Held to maturity investments	-	-
Loan and receivables	-	-
<b>Total</b>	-	-

#### Current

Derivatives and embedded derivatives held at "fair value through income and expenditure"	-	-
Available for sale financial assets	-	-
Held to maturity investments	-	-
Loan and receivables	-	-
<b>Total</b>	-	-

### Note 30 Other Financial Liabilities

	31 March 2012 £000	31 March 2011 £000
<b>Non-current</b>		
Derivatives and embedded derivatives held at "fair value through income and expenditure"	-	-
Other financial liabilities	-	-
<b>Total</b>	-	-

#### Current

Derivatives and embedded derivatives held at "fair value through income and expenditure"	-	-
Other financial liabilities	-	-
<b>Total</b>	-	-

**NOTES TO THE ACCOUNTS****Note 31 Better Payment Practice Code**

	Number of bills paid Number	Number of bills paid within 30 days Number	% of bills paid within 30 days %	Value of bills paid £000	Value of bills paid within 30 days £000	% of bills paid within 30 days %
<b>Year ended 31 March 2012</b>	5,077	4,181	82%	5,615	4,680	83%
Year ended 31 March 2011	5,442	4,886	90%	6,270	5,930	95%

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

## NOTES TO THE ACCOUNTS

### Note 32 Directors' and Senior Managers' Remuneration

Name		2011/12 Salary (bands of £5,000)	2010/11 Salary (bands of £5,000)
Allen, M.	Dean of Postgraduate Studies from 1 January 2012	15-20	0
Bostock, M.	Non Executive Director	5-10	5-10
Greatley, A	Chair	25-30	25-30
Harris, R	Director of Child and Family Directorate	100-105	100-105
Jones, E	Nurse Director from 6 September 2010	15-20	10-15
Kara, AA	Non Executive Director	5-10	5-10
Kennedy, E		25-30	85-90
	Director of Research and Development		
Key, P	Director of Corporate Governance and Facilities	95-100	90-95
Klauber, T	Dean of Postgraduate Studies until 31 December 2011	75-80	100-105
Lyon, L	Trust Director	100-105	95-100
McPherson, I	Non Executive Director from 1 November 2010	5-10	0-5
Moseley, J	Non Executive Director	5-10	5-10
Patrick, MPH	Chief Executive	145-150	140-145
Satyamurti, E	Non Executive Director until 31 October 2010	0	5-10
Senior, R	Medical Director	100-105	100-105
Smith, J	Director of Performance	90-95	90-95
Strang, R	Non Executive Director	10-15	10-15
Thomas, S	Director of Human Resources	80-85	90-95
Young, S	Director of Finance	100-105	100-105

The median pay of the Trust's staff is £38,892. From the table above, the mid point of the banding of the highest paid director is £147,500, so this gives a ratio of 3.79 times the median pay of the Trust's staff.

Total remuneration paid to directors for the year ended 31/03/2012 (in their capacity as directors) totalled £1,051,000 (2010/11 £1,098,000). No other remuneration was paid to Directors in their capacity as directors. There were no advances or guarantees entered into on behalf of directors by the Trust. Employer contributions to the NHS Pension Scheme for Executive Directors for the year ended 31/03/2012 totalled £117,000 (2010/11 £128,000). The total number of directors to whom benefits are accruing under the NHS defined benefit scheme (the NHS Pension Scheme) was ten."

# NOTES TO THE ACCOUNTS

## Note 32 Directors' and Senior Managers' Remuneration continued

		Pension at age 60		Lump sum at age 60		Cash equivalent transfer value		
		Total pension at 31 March 2012 Bands of £5,000	Real increase since 31 March 2011 Bands of £2,500	Total accrued lump sum at 31 March 2012 Bands of £5,000	Real increase since 31 March 2011 Bands of £2,500	at 31 March 2012 £000	at 31 March 2011 £000	Real increase since 31 March 2011 £000
Name								
Allen, M.	Dean of Postgraduate Studies from 1 January 2012 Director of Child and Family	0-5	0-2.5	0-5	0-2.5	1	not updated	not updated
Harris, R	Directorate Director of Research and Development from 1 November	50-55	2.5-5.0	160-165	7.5-10.0	1,198	1,095	103
Kennedy, E	2009 Director of Corporate Governance and Facilities Dean of	10-15	0.0-2.5	35-40	2.5-5.0	173	130	43
Key, P	Postgraduate Studies	30-35	2.5-5.0	90-95	7.5-10.0	685	604	81
Klauber, T	Trust Director	45-50	2.5-5.0	140-145	7.5-10.0	-	-	-
Lyon, L		45-50	0.0-2.5	140-145	5.0-7.5	1,022	942	80
Patrick, MPH	Chief Executive Medical	50-55	0.0	155-160	0.0	976	914	62
Senior, R.	Director Director of	25-30	not updated	80-85	not updated	658	not updated	not updated
Smith, J	Performance Director of	25-30	2.5-5.0	85-90	7.5-10.0	500	397	103
Thomas, S	Human Resources Director of	30-35	0.0-2.5	90-95	5.0-7.5	588	507	81
Young, S	Finance	25-30	0.0-2.5	80-85	2.5-5.0	-	607	-
		Value £'000S						
Directors' remuneration		911						
Employer contributions to pension schemes		0						
Total number of directors to whom benefits are accruing under		Number						
- money purchase schemes		0						
- defined benefit schemes		7						

# Quality Report 2011 – 2012



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## Introduction

The Tavistock and Portman NHS Foundation Trust (the Trust) is a specialist mental health trust which provides psychological, social and developmental approaches to understanding and treating emotional disturbance and mental ill health, and to promoting mental well-being. It has a national and international reputation based on excellence in service delivery, clinical innovation, and high-quality clinical training and workforce development. The Trust provides specialist out-patient services, both on site and in many different community settings, offering assessment and treatment, and a full range of psychological therapies for patients of all ages. In addition, in Camden it provides an integrated health and social care service for children and families. The Trust does not provide in-patient treatment, but has a specific expertise in providing assessment and therapy for complex cases including forensic cases. It offers expert court reporting services for individual and family cases. It has a national role in providing mental health training, where its training programmes are closely integrated with clinical work and taught by experienced clinicians. One of its strategic objectives is that trainees and staff should reflect the multi-cultural balance of the communities where the Trust provides services. A key to the effectiveness and high quality of its training programmes are its educational and research links with its university partners, University of East London, the University of Essex and Middlesex University.

## Core Purpose

The 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



## Part 1: Statement on Quality from the Chief Executive

All NHS Foundation trusts are required to produce an annual Quality Report by our regulators. At the Tavistock and Portman it is a great deal more than a box-ticking exercise.

Embedded within the Trust is a genuine desire to improve each year the quality of our services across a number of broad headings, including:

- The experience that our patients have of the way they are dealt with by our administrative teams and by our clinicians
- The way we collect, report and use information about the outcome of patients' treatment
- The effectiveness of the wide variety of treatments our patients receive from us
- The experience patients and students have when they visit us, including the accessibility, lay-out, condition and décor of our buildings and rooms and the facilities we offer
- The way we communicate information about our clinical and educational services to patients and students and to organisations which purchase those services from us
- The way we collect, protect and store information about our patients
- The way we engage with patients, students, our Members, the general public, our Governors and all our stakeholders in order to keep them informed and to take their views into account
- The way we keep all members of our workforce highly motivated, well trained and effective in order to deliver the best possible services

### How are we doing?

Our commitment to continuous quality improvement certainly seems to be moving us in the right direction.

We are extremely proud of the fact that the NHS Litigation Authority certified us last year at Level 2 Risk Assessment – the highest we have ever achieved.

We are pleased to be able to report that we had an unannounced CQC routine inspection in January 2012 and the findings were reported and published in March 2012. All standards which were assessed were found to be fully compliant with CQC requirements and the report did not contain any requirements or recommendations for the Trust.

We are very pleased that the work to improve staff attendance at mandatory training has helped us to greatly exceed our target for 2011/12, where we achieved 92% attendance at the INSET day and 89% at the Trust- wide induction for new staff. In addition, we are delighted to report that 98% of staff joining the Trust during 2011/12 completed their local induction.

We have also been successful in achieving all our targets for Patient and Public Involvement; we have held three Stakeholder Quality meetings; the Patient and Public Involvement Committee has written a strategy for engaging with patients from black and minority ethnic groups; we have increased our membership by over 10%; held 3 patient information/discussion groups and increased our presence on social media websites, such as Facebook and Twitter.

We have also increased the information we provide to patients to help improve their access to clinical services, by completing leaflets on 5 of the psychological therapies we offer. The text of the leaflets is now available on request, and, after a slight delay, they will shortly be available on our website.

Demonstrating the effectiveness of our clinical services is one of our top priorities so we are pleased that we greatly exceeded our target in 2011/12 for the percentage of patients and their parents in CAMHS who completed the Goal-Based Measure at both Time 1 and Time 2, by achieving a return rate of 85%. But, we just missed achieving the 60% target for the return of the Clinical Outcomes for Routine Evaluation (CORE) at both Time 1 and Time 2 for the Adult Service. However, we are determined to make further

improvements in this area, and have set an increased the target for the Adult Service for 2012/13.

### How we monitor our performance

The Board of Directors is ultimately responsible for ensuring that we continue to raise the bar on all our quality initiatives and they receive regular reports from a committee we created during 2010 to oversee all the most important quality initiatives.

The Clinical Quality, Safety and Governance Committee (CQSG) is a Board-appointed committee with Trust and Non-Executive Direct members which meets quarterly to receive and consider assurance of progress against requirements and action plans across the core of our quality improvement agenda, and to review work stream reports submitted to this committee. These key work streams, which are at the heart of our quality commitment, cover areas such as clinical effectiveness, patient experience, safety and staff training, with quarterly reports to the Board of Directors. These work streams are:

- Quality Reports
- Patient Safety and Clinical Risk
- Corporate Governance and Risk (including CQC and NHSLA compliance)
- Clinical Outcomes and Clinical Audit
- Patient and Public Involvement
- Information Governance

But that only tells part of the story. Increasingly, the drive for continuous quality improvement runs right through the organisation, with employees at all levels appreciating the importance of a genuine commitment to the need to challenge the ways in which we work and strive for improvement across all areas of our business.

Our Board of Governors is also deeply committed to our quality agenda, and we work closely with them as well as with the commissioners who buy our services, and our many other stakeholders, to ensure that they have every opportunity to contribute to our plans, and to monitor our progress.

### Our priorities for 2012/13

We are fully committed to continue improving quality across every aspect of the Trust's work, building on what we have achieved this year. Our on-going consultation throughout the year with a variety of stakeholders has provided us with valuable feedback and ideas both for establishing our priorities for next year and for exploring the ways we can raise the bar on the targets we set.

For our Quality Priorities for 2012/13 we will focus on:

- Demonstrating positive changes for patients, as a consequence of the psychological intervention/treatment they receive from the Trust, using the newly-developed outcome monitoring electronic tracking system
- Increasing further the access to health care information to help patients to make informed decisions about the psychological intervention/treatment they receive from the Trust.
- Finding new and effective methods ways of increasing patient and public involvement in our service delivery and design.
- Improving still further the effectiveness of our Patient and Public Involvement activities to ensure that we are building ever more fruitful dialogue with our patients, our Members, our Governors, our wider stakeholder groups and the general public to ensure that the widest range of views is taken into account in planning and refining our services.

In this report you will find details about our progress on these priority areas as well as information relating to our wider quality programme.

Some of the information is, of necessity, in rather complex technical form, but I hope the glossary will make it more accessible to the non-expert reader.

However, if there are any aspects on which you would like more information and explanation, please contact Justine McCarthy Woods (Quality Standards and Reports Lead) at [JMcCarthyWoods@tavi-port.nhs.uk](mailto:JMcCarthyWoods@tavi-port.nhs.uk), who will be delighted to help you.

I confirm that I have read this Quality Account which has been prepared on my behalf. I have ensured that, whenever possible, 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

24<sup>th</sup> May 2012

## 1.1 Achievements in Quality

We are proud to report that, in addition to our Quality Priorities, during the year we achieved the following:

- **The Family Drug and Alcohol Court Intervention Team** was awarded the **Royal College of Psychiatry** award for *Best Psychiatric Team*.
- **The Family Drug and Alcohol Court Intervention Team** was also awarded the **Guardian Public Services** award for *Service Delivery for Children and Young People*
- **The further extension of the Big White Wall joint venture with the Trust to the armed forces Community.** The Big White Wall is an online early intervention service for people experiencing psychological distress which is provided in partnership with The Tavistock and Portman NHS Foundation Trust.
- We have held five **Clinical Quality Forum** meetings, for which experienced clinicians from across the Trust were invited to present some of their clinical work, representing best practice in action. This has provided an excellent opportunity for sharing examples of high quality and innovative clinical practice with clinicians and administrative staff working in other parts of the Trust. We were delighted that the Trust Chair was able to attend and participate in one of these meetings and so have the chance to hear in detail about some of our clinical work with patients. In the future, we plan to invite other Board members to join these meetings, as we think that this Forum provides a useful way to highlight some of the high quality clinical work undertaken by the Trust.
- The development of the **Specialist Consultation Service for Complex and Challenging Cases** for Adolescents and Young Adults in the Adolescent Department. This Service is for the more complex clinical cases, for example, young people presenting with severe trauma, emerging personality difficulties and/or psychotic features and those with a confusing or ambiguous clinical presentation.
- **The launch of the Risk Awareness and Management Programme (RAMP)** at the Savoy Partnership Conference London November 2012. The trust is delighted to have contributed as co authors of the first set of guidelines for organisations who provide online therapy services to use to help them ensure that vulnerable audiences can maintain or enhance their well-being when online.

## Part 2: Priorities for Improvement and Statements of Assurance from the Board

### 2.1 Priorities for Improvement

#### Progress against 2011/12 Quality Priorities

This section describes our progress and achievements against the targets we set for each quality priority for 2011/12.

##### Clinical Effectiveness (Clinical Outcome Monitoring)

As an organisation specialising in psychological therapies, it is very important for us to be able to demonstrate positive changes for patients as a consequence of the psychological intervention and/or treatment they have received from the Trust.

However, unlike treating a physical problem, such as an infection, where one can often see the benefits of medication in a matter of days, change in psychological therapy can be a long process, which might be expected, as for some individuals their difficulties extend back to childhood.

In addition, while many individuals who attend psychological therapy will find this helpful and so continue to attend and complete their course of treatment, others may find it less helpful and will not manage to engage, or disengage before the end of treatment. This includes people who are progressing and feel that they no longer require treatment.

For this reason, we are aware that we need to think about a longer-term strategy for gathering the information to help determine which patients have benefited from therapy and the extent to which they may have changed/progressed, or not progressed, as the case may be.

However, first we need to aim to improve our return rates (See Glossary) of questionnaires/forms from patients, so that we can be confident about the changes we report for patients over time.

## Priority 1: Children and Adolescent Mental Health Service Outcome Monitoring Programme

### What measure and why?

For the Child and Adolescent Mental Health Services, (CAMHS) we decided to continue to use the Goal-Based Measure (GBM) as one of our priorities and also one of our CQUIN quality targets for this year, with a target to achieve a return rate of 60% for Time 1 and Time 2. As a Trust we want to know what the patient or service user wants to achieve (their goal or aim) in coming here and to focus on what is important to them.

As clinicians, we want to follow this up in order to know if patients feel they have been helped by particular interventions/treatments and to make adjustments to the way we work dependent on this feedback. We also want to be able to show our commissioners that what we do is effective and makes a difference to our patients. This patient-reported outcome measure is one tool that CAMHS can use to measure the effectiveness of its interventions across a range of services, in a variety of settings and with different patient groups.

1. Child and Adolescent Mental Health Service Outcome Monitoring Programme:				
Targets for 2011/12	2008/09	2009/10	2010/11	2011/12
1. To achieve a return rate of 60% for the Goal-based Measure for Time 1 and Time 2 (for those patients who completed the Goal-based Measure at Time 1).	Not reported	Not reported	21%	85%

### How have we progressed?

We are pleased to report that we exceeded our target, by achieving a return rate of 85% for the Goal-Based Measure for the forms completed by patients, in conjunction with clinicians, both at Time 1 and Time 2 (see Glossary).

For 2012/13 we plan to set a target for patients to improve their score on the Goal-Based Measure, from Time 1 to Time 2, on at least one target. The measure can include a flexible number of targets/goals defined by the patient and clinician. Analysing the changes achieved between Time 1 and Time 2 will enable us to report on the effectiveness of the treatment or intervention received by patients.



## Priority 2: Adult Outcome Monitoring Programme

### What measure and why?

The outcome measure used by the Adult Department is the CORE (Clinical Outcomes for Routine Evaluation system, (see Glossary). This system was designed to provide a routine outcome measuring system for psychological therapies. The 34 items of the measure cover four dimensions: *subjective well-being, problems/symptoms, life functioning and risk/harm*. It is used widely by mental health and psychological therapies services in the UK, and it is sensitive to change. That is, where it is useful for capturing improvements in problems/symptoms over a certain period of time. This means in the future we should be able to use this data for benchmarking purposes, for providing information on how our improvement rates for adults patients compares with other organisations and services using the CORE.

For the Adult Department we agreed a target of 60% with our Commissioners for improving the percentage of questionnaires returned by patients at Time 1 and Time 2. For the Adult Service, Time 1 refers to the pre- assessment stage, where the patient is given the Clinical Outcomes for Routine Evaluation form to complete before they are seen for the first time.

Then, the patient is asked to complete this form again at the post-assessment stage (Time 2).

2. Adult Outcome Monitoring Programme:				
Targets for 2011/12	2008/09	2009/10	2010/11	2011/12
1. To achieve a return rate of 60% for the Clinical Outcomes for Routine Evaluation for Time 1 and Time 2 (for those patients who completed the Clinical Outcomes for Routine Evaluation at Time 1).	56%	56%	56%	58%

### How have we progressed?

For 2011-2012, we achieved a return rate of 58% for the return of the CORE (Clinical Outcomes for Routine Evaluation) form for those patients who completed this form at Time 1 and Time 2. Although, we had not managed to achieve our target of 60% by March 2012, we realise that when patients are so engaged in their therapy, they can sometimes forget to complete and return these forms. Unlike those patients attending CAMHS, adult patients



were provided with these forms to take away and complete outside of their appointments, and are asked to post them back to the trust.

For 2012/13 we plan to continue with this target, but setting a higher return rate. To help achieve this we have put a system in place to encourage clinicians to remind patients to complete and return the CORE form. In addition, we plan to set a target for improvements in patients' scores on the CORE, from Time 1 to Time 2. Analysing the changes achieved between Time 1 and Time 2 will enable us to start to report on the effectiveness of the treatment or intervention received by patients.

### Priority 3: Access to clinical service and health care information for patients and the public

3. Access to Clinical Service and Health Care Information for Patients and Public				
Targets for 2011/12	2008/09	2009/10	2010/11	2011/12
1. To increase the number of leaflets about specific treatment modalities from 0 to at least 5 leaflets by February 2012.	Not reported	Not reported	Not reported	5 leaflets have been drafted and were formally agreed in April 2012.
2. To ensure that links to the leaflets are clearly accessible through the website by February 2012.	Not reported	Not reported	Not reported	Not possible to achieve this target because of delay in completion of the leaflets.

#### Measure Overview

We reviewed patient feedback and information from various sources including the annual patient survey, feedback to the Patient Advice and Liaison Service, complaints and the children's survey. A recurring issue is the request for accessible information on the availability, process and possible side effects of the different treatment modalities that we offer. In response, we have made a commitment to improving both the quality and the quantity of information available to our patients and the public about the specific treatments we provide. This includes both developing the information leaflets and publicising them through accessible methods (both in paper format and via the website). It was agreed with the Patient and Public Involvement Committee that the Trust develop 5 Patient Information leaflets for the following treatment modalities (in this case psychological therapy): Child Psychotherapy; Family/Systemic Therapy; Psychoanalytic Psychotherapy; Cognitive Behavioural Therapy and Group Therapy.

## Targets and Achievements

We are pleased that as part of the process for gathering the information for these leaflets, discussing the leaflets and for agreeing the final version of the same we managed to engage a wide range of individuals. This included clinicians from various departments, along with patient and public representatives, governors, and one of our Non-Executive Directors (NEDs), as part of both the Trust Patient and Public Involvement Committee and the Quality Stakeholders (and Patient Quality) Group. The work to complete these leaflets also included improving the 'readability' of the leaflets, to ensure that the information contained in these leaflets is accessible to as wide an audience as possible. Therefore, although all five leaflets had been drafted by the end of February 2012, the completion of the final version of the leaflets did not meet the deadline. However, the final draft for these leaflets was approved by the Patient and Public Involvement Committee in April 2012. For this reason, this target was only partially achieved.

Because of the delay in completion of the leaflets, it was not possible to upload the leaflets to the Trust website to meet the deadline. However, it is planned that the leaflets will be uploaded on the Trust website following approval by the Patient and Public Involvement Committee in April 2012<sup>1</sup>. But it was not possible to achieve the target 'to ensure that all leaflets are accessible through the website' by the end of February 2012.

For 2012/13 we plan to continue with this target, producing more information leaflets for patients.

<sup>1</sup> Text leaflets are available following the April PPI meeting and our target date for publication on the website is June 2012

## Priority 4: Patient and Public Involvement

4. Patient and Public Involvement				
Targets for 2011/12	2008/09	2009/10	2010/11	2011/12
1. To have held at least 3 stakeholder quality meetings by February 2012.	Not reported	Not reported	We held 2 stakeholder meetings	We have held 3 stakeholder meetings
2. To increase the membership numbers by 10% by March 2012.	Not reported	Not reported	Not reported	Membership has increased by more than 10% from last year.
3. To develop a clear strategy around engagement with people from black and ethnic minority communities by February 2012.	Not reported	Not reported	Not reported	The Patient and Public Involvement Committee has written a Black and Ethnic Minority Engagement Strategy.
4. To trial a patient forum and to hold at least 3 patient information / discussion groups by February 2012.	Not reported	Not reported	Not reported	We have held 3 patient forum / discussion groups
5. To increase our presence on at least one of the social media websites by February 2012.	Not reported	Not reported	Not reported	We currently have a presence on Facebook, along with Twitter.

### Target 1 - To have at least 3 stakeholder meetings by February 2012

#### Measure Overview

This measure was developed to ensure that we had a forum for a dialogue with patient and public representatives, governors, and one of our Non-Executive Directors (NEDs) to discuss ways of providing good quality services. We wanted a forum where we did not go in with preconceived questions, but instead were guided by, and open to the ideas and questions of, our service users, governors, NEDs and potential users.

#### Targets and Achievements

We are pleased to report that we achieved our target of holding three stakeholders quality meetings with our patient and public representatives, governors, and NEDs, and in addition we held two stakeholders meetings with governors, specifically to discuss quality issues. From these meetings we have identified three areas that we have agreed to take further in 2012/13 as follows:

- Arrangement for follow up at the end of assessment/treatment

- Consider the 'patient's journey' in its entirety
- Produce more information for patients/potential patients on treatment modalities

In these stakeholders meetings, we also discussed how the Trust provided feedback to patients for example, via the 'You said, we did' posters displayed in patient waiting areas and in other parts of the Trust.

## Target 2 - To increase membership numbers by 10% by March

### 2012 Measure Overview

We are committed to ensuring that our membership is as representative of our users as it can be. We are aware that a significant proportion of our members are students or ex-students, with patients being a smaller group, and local public being in the minority. For this reason, in order to recruit more widely to the Trust membership, we took steps this year to ensure that we have been represented at several local events, such as mental health awareness days and local de-stigma days.

### Targets and Achievements

We increased our membership from 5,532 at 31<sup>st</sup> March 2011 to 6,152 at 31<sup>st</sup> March 2012, which represents an overall increase in membership of more than 10% during 2011/2012.

Because of our success in this area, we have made the decision not to continue with this target as one of our quality priorities for next year. However, the Trust will continue to drive up membership, working to ensure that it is as representative of all our users as it can be. This will be monitored by the Patient and Public Involvement Committee.

## Target 3 - To develop a clear strategy around engagement with people from black and ethnic minorities by February 2012.

### Measure Overview

The Patient and Public Involvement Committee considered it important to Develop a strategy on how the Committee intended to engage with patients from black and ethnic minority groups and local black and ethnic minority community organisations to build relationships.

## Targets and Achievements

We have achieved this target as the Patient and Public Involvement Committee has written an Engagement Strategy with people from black and ethnic minorities, utilising advice from people from black and ethnic minority community groups and drawing on previous work conducted by the Trust. The Strategy contains an action plan with 9 goals for activities to support achieving our commitment to improve relationships, which will be implemented and monitored in 2012/13.

In addition, members of the Patient and Public Involvement Committee attended the Bangladeshi Community Mental Health Forum in September 2011 and are working with Voluntary Action Camden to become more involved with local organisations to promote awareness of our services to black and ethnic minority communities.

Because of our success in this area, we have made the decision not to continue with this target as one of our quality priorities for next year. However, the Trust will continue its commitment to engaging people from black and ethnic minority community groups and improving relationships, and will implement the action plan included in the Engagement Strategy. This will be monitored by the Patient and Public Involvement Committee.

## Target 4 - To have at least 3 patient information/discussion groups by February 2012

### Measure Overview

The Patient and Public Involvement Committee and the Quality Stakeholders Group, in response to feedback gathered from patients and members, felt it important to develop and promote events to patients in the form of discussion groups, and also events to interest members and the general public.

## Targets and Achievements

This target was achieved, as during the year we held three information and discussion groups open to patients, Trust members and the general public. These meetings included various topics in therapy and included clinicians from the Trust, as follows:

- 9<sup>th</sup> July 2011: Confidentiality in Therapy - Dr Richard Davies
- 7<sup>th</sup> November 2011: Supporting Children in Therapy - Dr Caroline McKenna and Dr Sally Hodges
- 15<sup>th</sup> February 2012: Trauma and Therapy - Dr Jo Stubley

In these meetings clinicians offered the opportunity for attendees to ask questions about specific topics in therapy, and others in the group would facilitate these discussions by describing their own experience, and by sharing information. The events were well received by those who attended, on the basis of the feedback forms received, with people suggesting topics for future meetings. Further meetings are planned for 2012/13. For Example, the Meeting planned for May 2012 will focus on: 'The Tavistock Adult Depression Study: Design and Aims'.

#### Target 5 -To increase our presence on at least one social media website by February 2012

##### Measure Overview

This measure was developed by the Communications Committee. Patients and members of the public have requested more - and more varied - types of communication with the Trust through the use of information technology. The aim was to create a presence on at least one social media network and monitor its usage.

##### Targets and Achievements

We are pleased to report that we have achieved this target as the Barnet Young People's Drug and Alcohol Service has an active Facebook site with over 50 members, along with a twitter account. In addition, the Chief Executive Officer now has his own Twitter Account and is working closely with the Communications team to generate content for this. The Tavistock and Portman Library also has its own Twitter account.

Because of our success in this area, we have made the decision not to continue with this target as one of our quality priorities for next year. For the future, the Communications Team, which replaced the Communications Committee in 2011, will be involved in developing a social media strategy and will task a project team of social media experts within the organisation to develop a policy on the use of social media within the Trust. This will be monitored by the Patient and Public Involvement Committee.



## Priority 5: Maintaining a High-Quality Effective Workforce

5. Maintaining a High Quality, Effective Workforce				
Targets for 2011/12	2008/09	2009/10	2010/11	2011/12
1. For 75% or more of Trust staff to have attended the mandatory In-Service Education and Training once every 2 years, as required.	Not reported	Unable to provide a comparative figure because of a different reporting system	64%	92%
2. For 75% or more staff joining the Trust to have attended Trust-wide Induction.	66%	85%	64%	89%
3. For 75% or more staff joining the Trust to have completed their Local Induction.	Not reported	Not reported	39%	98%

Target 1 - For 75% or more of Trust staff to have attended the mandatory In-Service Education and Training once every 2 years, as required.

### Measure Overview

This measure monitors staff attendance at mandatory training. The Trust provides the main mandatory training through an In-Service Education and Training (INSET) day, which all staff are required to attend once every two years. During this training day, staff receive training updates in risk management and assessment, health and safety, infection control, confidentiality, equality and diversity, information governance, safeguarding children and adults and fire safety.

### Targets and Achievements

It is important that staff remain up to date with developments in each of these areas, to ensure that they are able to provide a safe and good quality service to service users.

We are very pleased to report that we have exceeded our 75% target in this area. At 31<sup>st</sup> March, 92% of our staff who were required to attend INSET training<sup>2</sup> had done so within the previous 2 years.

Because of our success in this area, we have made the decision not to continue with this target as one of our quality priorities for next year. However, we will continue to monitor the attendance at mandatory INSET training events, and aim to maintain at least this performance level.

<sup>2</sup> We have small number of exclusions for staff who are not required to attend this training

Target 2 - For 75% or more staff joining the Trust to have attended Trust-wide Induction.

#### Measure Overview

This measure monitors staff attendance at mandatory Trust-wide induction, which all new staff are required to attend, when they first join the Trust. The Trust schedules this induction event on a rolling basis to new staff at least three times a year. As part of this Induction, staff are provided with an introduction to the work of the Trust and training updates in risk management and assessment, health and safety, infection control, confidentiality, information governance, Caldicott principles and counter fraud, to ensure that all new staff are able to provide a safe and good quality service to service users.

#### Targets and Achievements

Again, we are very pleased to report that we have exceeded our 75% target. As in 2011-12, 89% of all new starters attended trust induction.

Because of our success in this area, we have made the decision not to continue with this target as one of our quality priorities for next year. However, we will continue to monitor the attendance at mandatory training events, and aim to maintain at least this performance level.

Target 3 - For 75% or more staff joining the Trust to have completed their Local Induction.

#### Measure Overview

This measure monitors the completion of local induction checklist by new staff. The local induction process covers all local policies and procedures in place in individual departments and ensures new staff are aware of all terms and conditions of employment, mandatory training requirements and arrangements in place locally that impact on working arrangements within the Trust.

The Trust provides all new staff with a local induction checklist in their first week of employment. This checklist needs to be completed with two weeks of commencing employment with line managers and a copy returned to Human Resources. This checklist is required by Human Resources to verify that the new staff member has completed their local induction.



## Targets and Achievements

It is important that all new staff undertake a local induction with the appropriate manager, in order to ensure that staff are aware of policies and procedures that apply locally within their department/directorate, and so that staff newly recruited to the Trust are able to provide a relevant, safe and good quality service to patients.

Again, we are very pleased to report that we have exceeded our 75% target in this area, as we received 98% returned forms to show that the local induction had been completed by the majority of staff joining the trust in 2011/2012.

Because of our success in this area, we have made the decision not to continue with this target as one of our quality priorities for next year. However, we will continue to monitor the number and percentage of new starters completing the local induction and aim to maintain at least this performance level.

## Quality Priorities for 2012/13

Our choice of quality priorities for 2012/13 has been based on wide consultation with a range of stakeholders over the last year. We have chosen those priorities which reflect the main messages from these consultations, focussing on measurable outcomes from our interventions, increasing access to health care information and finding novel and effective ways of increasing patient and public involvement in our service delivery and design.

Our clinical commissioners have played a key role in determining our priorities through review of the 2011/12 CQUIN targets and detailed discussion to agree CQUIN targets for 2012/13.

Within our Trust, we have worked to secure active involvement from those with key responsibilities for clinical service delivery. A round of meetings started with a cross-Trust meeting in September 2011 which included the Trust Director, CAMHS Director, clinical service leads and service line managers, Outcome Monitoring Lead, PPI Lead, Quality Reports and Standards Lead and the Governance and Risk Adviser. The purpose of this meeting was to review priorities for 2011-12 and determine those most relevant for clinical services over the next three years taking into account national strategy and local commissioning priorities. The Quality Reports and Standards Lead followed this up with meetings with clinical service leads in the CAMHS and the Adult Directorates to establish relevant indicators and achievable targets in each directorate.

Our Stakeholders Quality Group has been actively and effectively involved in providing consultation on clinical quality priorities and indicators. This group includes patient, governor and non-executive director representatives along with the PPI Lead, Quality Reports and Standards Lead and the Trust Director.

The PPI Lead met with the Governance and Risk Adviser to establish the relevant indicators and achievable targets for 'Access to Clinical Services and Health Care Information for Patients and Public', in addition to 'Patient and Public Involvement'.

Over the last year we have established a sub group of Governors to focus on clinical quality; this group has made valuable contributions to our overall quality improvement programme as well as providing specific consultation on our Quality Report.

In response to the excellent results we achieved for our Quality Indicator: 'Maintaining a High-Quality Effective Workforce', we have decided to refine our priorities for 2012/13. However, this does not mean that the priorities identified in previous years for quality improvement will be dropped. For example, while improved attendance of staff at the mandatory training/INSET day and Trust-wide Induction and attendance at the Local Induction had been identified as a priority for 2010/11 and 2011/12, it is clear that there are now structures and systems in place to oversee the plans for monitoring this, with a system in place to deal with staff failing to attend. For this reason, we have decided not to include this as a priority for 2012/13.

### Targets for 2012/13

#### Clinical Effectiveness (Clinical Outcome Monitoring)

We are aware that many people seeking help for an emotional and/or psychological problem will request to be referred for therapy or some form of psychological treatment, but not everyone will wish to pursue this. However, some individuals who attend therapy/psychological treatment will find this helpful and so continue to attend and complete their course of treatment. Others may find it less helpful and will not manage to engage, or disengage before the end of treatment. Sometimes this can also occur when people are progressing and feel that they no longer require treatment.

In addition, unlike treating a medical problem, such as an infection, where one can often see the benefits of medication in a matter of days, we find that change in therapy can be a long process, which might be expected, as for some individuals their difficulties extend back to childhood.

For this reason, we are aware that we need to think about a longer term strategy for gathering the information, for determining which patients have benefited from therapy and the extent to which they may have changed/progressed, or not progressed, as the case may be.

However, first we need to aim to improve our return rates (see Glossary) of questionnaires/forms from patients, so that we can be confident about the changes we report for patients over time. However, in conjunction with this, we want to be able to demonstrate positive changes for patients, as a consequence of the psychological intervention and/or treatment they have received from the Trust.

## Priority 1: Children and Adolescent Mental Health Service (CAMHS) Outcome Monitoring Programme

We have set the following targets, which also represent the CQUIN (see Glossary) targets we have agreed with our commissioners for 2012/2013:

1. For 70% of patients (attending CAMHS who qualify for the CQUIN) to complete the Goal-Based Measure (GBM) at the Pre-Assessment stage (known as Time 1) and after 6 months or, if earlier, at the end of therapy/treatment (known as Time 2) for the Goal-based Measure.
2. For 70% of patients (attending CAMHS who qualify for the CQUIN) to achieve an improvement in their score on the GBM, from Time 1 to Time 2, on at least one target.

### Measure Overview

We will plan to use the Goal-based Measure again this year, building on the knowledge we have already gained in 2011/12, with patients previously referred to CAMHS. As described in Part 2.1, the Goal-based Measure enables us to know what the patient or service user wants to achieve (their goal or aim) when attending our CAMH services and to focus on what is important to them.

As clinicians we want to follow this up to know if patients feel they have been helped by particular interventions/treatments and to make adjustments to the way we work dependent on this feedback.

### Monitoring our Progress

The New Outcome Monitoring (OM) Tracking System will be used to identify when patients and clinicians are due outcome monitoring forms and to record and track when these forms have been completed. We will plan to monitor our progress towards achieving these targets on a quarterly basis, providing reports to the Clinical, Safety and Governance Committee and the Board of Directors, as described in Part 1, where the Lead for Outcome Monitoring in the Child and Family Department will take remedial steps, as required, to ensure that targets are met.

## Priority 2: Adult Outcome Monitoring Programme

We have set the following target for 2012/2013, which also represents the CQUIN (see Glossary) target we have agreed with our commissioners:

1. For the Total CORE (Clinical Outcomes for Routine Evaluation - see Glossary) scores to indicate an improvement from pre-assessment (Time 1) to post-assessment (Time 2) for 61 % of patients (who qualify for the CQUIN) over the age of 25.<sup>3</sup>

### Measure Overview

We will plan to use the CORE form again next year, building on the knowledge we have already gained in 2011/12, with patients previously referred to the Adult Department. As described in Part 2.1, the CORE Clinical Outcomes for Routine Evaluation system was designed to provide a routine outcome measuring system for psychological therapies. The 34 items of the measure covers four dimensions: *subjective well-being, problems/symptoms, life functioning and risk/harm*.

### Monitoring our Progress

The New Outcome Monitoring (OM) Tracking System will be used to identify when patients and clinicians are due outcome monitoring forms and to record and track when these forms have been completed. We will plan to monitor our progress towards achieving these targets on a quarterly basis, providing reports to the Clinical, Safety and Governance Committee and the Board of Directors, as described in Part 1, where the Lead for Outcome Monitoring in the Adult Department will take remedial steps, as required, to ensure that targets are met.

## Priority 3: Access to clinical services and health care information for patients and public

We have set the following targets for 2012-2013:

1. To demonstrate that the availability of information leaflets about different treatment modalities increases the quality of care through

<sup>3</sup> As the 2011/12 baseline data for the CORE was limited for the patients under 25 years, it cannot serve as reliable baseline data.

the additional information to support choice and decision making when treatment is offered to patients.

2. To increase the awareness of leaflets on treatment options as an aid to providing information about the range of treatments offered by the Trust using :
  - i) Mystery Shopper approach
  - ii) Straw poll approach

### Measure Overview

For one of our targets for the Access Priority last year (201 1/1 2) we developed 5 Patient Information leaflets for the following treatment modalities (in this case psychological therapy): Child Psychotherapy; Family/Systemic Therapy; Psychoanalytic Psychotherapy; Cognitive Behavioural Therapy and Group Therapy. This target was developed in response to patient feedback and information from various sources including the annual patient survey, feedback to the Patient Advice and Liaison Service, complaints and the children's survey, with the request for accessible information on the availability, process and possible side effects of the different treatment modalities that we offer. This year we continue our commitment to improving both the quality and the quantity of information available to our patients and the public about the specific treatments we provide.

For **Target 1**: To demonstrate that the availability of information leaflets about different treatment modalities increases the quality of care through the additional information to support choice and decision making when treatment is offered to patients.

### How we will collect the data for this target

**Quarter 1:** Undertake a base line telephone survey of a sample of patients offered each of the 5 modalities (for which there is now a new information leaflet) to assess satisfaction with the level of information provided to support decision making.

**Quarter 2:** Feedback the findings of the survey and promote use of leaflets to clinical staff offering the modalities to ensure that staff encourage patients to read the leaflets and ask questions.

**Quarter 3 – 4:** Repeat survey for patients offered treatment in Q3, checking in particular whether or not they received a leaflet about the relevant treatment modality and whether this helped their decision making.

We have set the following criteria for success in achieving this Target for 2012/13:

1. To achieve at least a 10% increase on reported levels of satisfaction in relation to information in results of a patient satisfaction survey conducted in Q1 and Quarter 4.
2. For the feedback from Quarter 4 to support the standard that patients are assisted in decision making and consent for treatment by the information contained in the leaflet relevant to the treatment modality being offered

### Measure Overview

We need to produce information that is relevant and accessible to those who might need to use it. We have chosen a measure that demonstrates both ease of access and the relevance and readability of the information. We will recruit 'secret shoppers' from our current and past patient group as well as through local voluntary organisations. The secret shoppers will be tasked with accessing both electronic and physical copies of the leaflets and will rate how relevant, accessible and clear they are to use. We will use this information to make any changes to the physical and electronic location of the information, as well as content where appropriate.

For **Target 2**, we aim to demonstrate that availability of information leaflets about different treatment modalities that are accessed via the Trust website increases the quality of care for patients through the additional information to support patient choice. By providing access to leaflets through the website, patients will not have to attend the Trust to access this information, and can access it prior to their first visit to the Trust.

### How we will collect the data for this target

**Quarter 1:** Undertake initial data collection around access and availability of information on treatment modalities from mystery shoppers and using a simple 'straw poll' method in waiting areas for patients and visitors to the Trust to provide feedback on awareness of the availability of modality leaflets.

**Quarter 2:** Undertake promotional activity via the website, and by posters in waiting and public areas of the Trust to highlight availability of information on treatment modalities

**Quarter 3:** Repeat Q1 survey using both methods with the aim to show improvement in awareness of information leaflets on website

We have set the following criteria for success in achieving this Target for 2012/13:

1. To achieve at least a 10% increase on satisfaction levels are shown between base line straw poll and straw poll conducted in Quarter 3 - Quarter 4 for availability and usefulness of information on treatment modalities accessible via the intra net
2. To achieve at least a 10% increase of levels of awareness for availability of information on treatment modalities accessible via the intranet from Quarter 1 to Quarter 4.

### Monitoring our Progress

We will plan to monitor our progress towards achieving these targets on a quarterly basis, providing reports to the Patient and Public Involvement Committee; Clinical, Safety and Governance Committee and the Board of Directors, as described in Part 1, where the Patient and Public Involvement Lead will take remedial steps, as required, to ensure that targets are met.

### Priority 4: Patient and Public Involvement

We have set the following measures and targets to monitor our performance during 2012 - 2013:

1. To demonstrate that 3 issues (see below) raised at the stakeholder meetings that were held in 2011-12 have been taken forward by the Trust and result in quality improvements:

Issues to be taken forward in 2012-13:

- i) Information available to patients/potential patients on treatment modalities (see target 1 above)
- ii) Process for consent for treatment
- iii) Arrangement for follow up at the end of assessment/treatment



2. To hold at least 3 patient forums in 2012-13 on topics that have been suggested by the forum members and receive positive feedback from each session

## Target 1

### Measure Overview

Last year (2011/12) we achieved our target of holding three stakeholders quality meetings with our patient and public representatives, governors, and NEDs (Non-Executive Directors). In addition, we held two stakeholders meetings with governors, specifically to discuss quality issues.

We held these meetings to ensure that we established a forum for a dialogue with patient and public representatives, governors, and NEDs to have a conversation around how we could improve the quality of our service and patient experience. We wanted a forum without a fixed agenda or preconceived questions, but instead were guided by, and open to the ideas and questions of, our service users, governors, NEDs and potential users.

From these three meetings we have identified three areas that we have agreed to take further into work in 2012-13 as outlined above.

### How we will collect the data for this target

**Quarter 1:** Agree a SMART action plan with measurable outcomes for each of the three topic areas identified, which will be shared with the stakeholder group for comment/refinement

**Quarter 2-3:** Deliver the action plan

**Quarter 4:** Evaluate progress against the agreed deliverables and report back to stakeholder group with evidence of achievement of deliverables in action plan

We have set the following criteria for success in achieving this Target for 2012/13:

1. Stakeholder feedback that agreed actions have been taken and quality has improved, as measured by achieving deliverables as set out in the action plan.

## Target 2

### Measure Overview

Last year (2011/12) we achieved our target of holding three information and discussion groups open to patients, Trust members and the general public. These meetings included various topics in therapy and included clinicians from the Trust. These events were well received by those who attended, on the basis of the feedback forms received, with people suggesting topics for future meetings. Taking this forward this year, we plan to hold at least 3 patient forums in 2012/13 on topics that have been suggested by the forum members in 2011/12 and to receive positive feedback from each session.

We have set the following criteria for success in achieving this Target for 2012/13:

1. To hold three meetings on topics suggested by forum members in 2011/12 and receive feedback from those members that indicates a high level of satisfaction on both the topic presented and the content of the session, using a participant feedback form.

### Monitoring our Progress

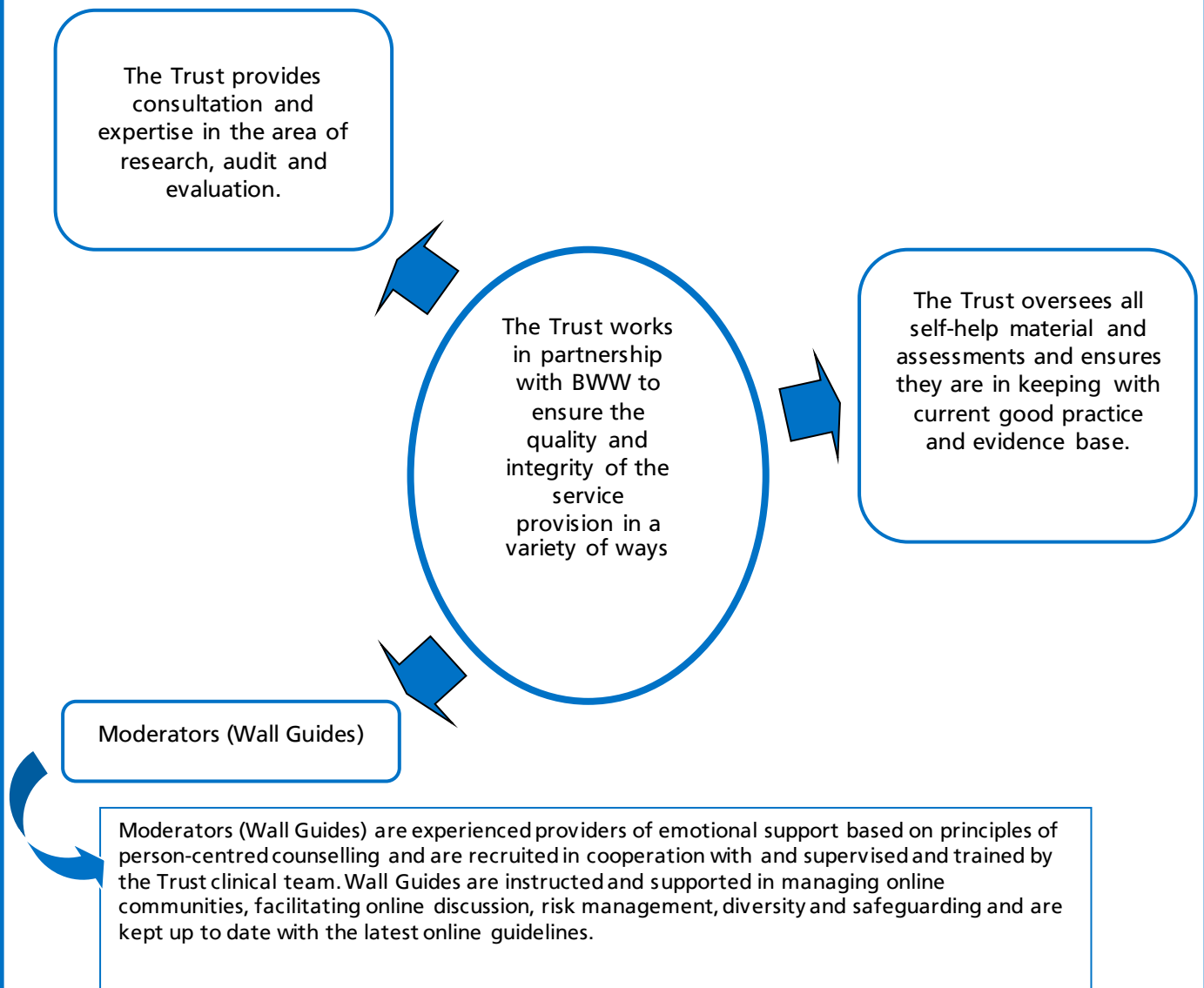
We will plan to monitor our progress towards achieving these targets on a quarterly basis, providing reports to the Patient and Public Involvement Committee; Clinical, Safety and Governance Committee and the Board of Directors, as described in Part 1, where the Patient and Public Involvement Lead will take remedial steps, as required, to ensure that targets are met.

## Big White Wall

Big White Wall ([www.bigwhitewall.com](http://www.bigwhitewall.com)) is an online early intervention service for people experiencing psychological distress and is provided in partnership with The Tavistock and Portman NHS Foundation Trust.

It combines a peer support network based on social networking principles with a choice of clinically informed interventions in order to improve mental wellbeing.

To ensure the full engagement, safety and anonymity of all members, 'the Wall' is moderated 24/7 by a network of 'Wall Guides'.



Big White Wall has supported 7,000 people to date, over 1,500 from the Armed Forces community, and has been commissioned by Clinical Commissioning Groups, Department of Health, Ministry of Defence, Help for Heroes, employers and others to reach thousands more.

## 2.2 Statements of Assurance from the Board

*For this section (2.2) of the Report the information is provided in the format stipulated in the Annual Reporting Manual 2011/12 (Monitor).*

During 2011/12 The Tavistock and Portman NHS Foundation Trust provided and/or sub-contracted four NHS services.

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

The income generated by the NHS services reviewed in 2011/12 represents 100% of the total income generated from the provision of NHS services by The Tavistock and Portman NHS Foundation Trust for 2011/12.

The data reviewed should aim to cover the three dimensions of quality – patient safety, clinical effectiveness and patient experience.

### **Participation in Clinical Audits and National Confidential Enquiries**

During 2011/12 1 national clinical audit and 1 national confidential enquiry covered NHS services that The Tavistock and Portman NHS Foundation Trust provides.

During 2011/12, 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 2011/12 are as follows:

- National Confidential Inquiry into Suicide and Homicide by People with Mental Illness
- National Audit of Psychological Therapies

The national clinical audits and national confidential enquiries that The Tavistock and Portman NHS Foundation Trust participated in during 2011/12 are as follows:

- National Confidential Inquiry into Suicide and Homicide by People with Mental Illness
- National Audit of Psychological Therapies

The national clinical audits and national confidential enquiries that The Tavistock and Portman NHS Foundation Trust participated in, and for which data collection was completed during 2011/12, 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 Confidential Inquiry into Suicide and Homicide by People with Mental Illness: No case reports submitted in 2011/12 as no suicide or homicide cases occurred
- National Audit of Psychological Therapies: No cases submitted as in 2011-12 the National Audit of Psychological Therapies was preparing a report which was released in November 2011. We submitted cases in 2010/11 and will again in 2012/13

The report of 1 national clinical audit was reviewed by the provider in 2011/12 and The Tavistock and Portman NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

The report of National Audit of Psychological Therapies for Anxiety and Depression published in November 2011 was disseminated to Trust Departmental Clinical Governance Leads in January 2012. The recommendations of the report are being considered in each directorate as appropriate and the Clinical Governance leads will update the Trust Clinical Audit Lead on any action plans.

The reports of 7 local clinical audits were reviewed by the provider in 2011/12 and The Tavistock and Portman NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

- Promote standards of record keeping for group therapy records (from group case note audit).
- Introduce local quality checks of data uploaded onto Rio to promote accuracy (arises from an audit of waiting times and DNA data upload).
- Encourage the use of small snap shot audits of record keeping at directorate/team level to improve maintain standards (trust wide case note audit).
- Provide further education on the use of extended risk assessment (in progress) to all Directorates (from case note audit).

- Introduce a confidentiality newsletter from the Caldicott Guardian to promote continued awareness of needs for excellent practice in relation to confidentiality.
- Identify resources to improve the clinical audit support and infrastructure (including reporting of planned and completed audits).
- Trust wide roll out of clinical audit training programme (in progress) and inclusion of audit feedback as part of the agenda of one of the regular trust wide education events in 2012/13.
- Provide support and advice to those planning audits to ensure that at the outset the audit will measure practice against standards and the planned audit tool will gather relevant evidence.
- Produce clinical audit newsletter.
- Include quality audits to tie in with PPI quality indicators in 2012/13.

### **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 46.

### **The use of the CQUIN Framework**

A proportion of The Tavistock and Portman NHS Foundation Trust's income in 2011/12 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 2011/12 and for the following 12 month period are available online at: <http://www.tavistockandportman.nhs.uk/performanceandachievements>

The total financial value for 2011/12 was £129,287 and the Trust expects to receive £123,770.

### **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, for a single regulated activity "treatment of disease, disorder or injury".

The Care Quality Commission has not taken enforcement action against The Tavistock and Portman NHS Foundation Trust during 2011/12.

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

The Tavistock and Portman NHS Foundation trust underwent an unannounced routine inspection in January 2012 and the findings were reported by the CQC in March 2012. All standards which were assessed were found to be fully compliant with CQC requirements and the report did not contain any requirements or recommendations for the Trust.

### **Information on the Quality of Data**

The Tavistock and Portman NHS Foundation Trust did not submit records during 2011/12 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. This is because the Tavistock and Portman NHS Foundation Trust is not a Consultant-led, nor an in-patient service.

The Tavistock and Portman NHS Foundation Trust Information Governance Assessment Report overall score for 2011/12 was 84% and was graded green.

The Tavistock and Portman NHS Foundation Trust will be taking the following actions to improve data quality:

- Continue to build on and improve the data validation and sign off procedure for all data entries in this report.
- Provide training for the new Outcome Monitoring Tracking System to departmental and outreach administrative staff.
- Continue to conduct local audit testing of indicator data during the year and take specific actions to identify any weaknesses such as those identified in DNA and Waiting Times data during 2011-12.

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.

## World's first guidelines for online safety: The Risk Awareness & Management Programme (RAMP) – is launched in London in 2011

For the first time, leading figures from the health sector have joined forces with industry leaders, charities and other online organisations from around the world to develop a set of guidelines that will inform the provision of online services to ensure

- that vulnerable audiences can surf the net safely.

The Risk Awareness and Management Programme is the first of its kind and demonstrates a growing acknowledgement by the industry that the interests and safety of its users must be prioritised.

- ***Dr Rachel O'Connell, Principal Author of the Risk Awareness and Management Programme guidelines and a government advisor on online safety:-***

*"This is the first initiative of its kind, focused on helping organisations harness technology to ensure best in practice, safe access to online support services... In developing the guidelines, we have worked with major international corporations such as Facebook and Vodafone, as well as leading figures from the Health Service, charities and other organisations..."*

***Dr Richard Graham, Consultant Psychiatrist and Clinical Director of the Adolescent Directorate of the Tavistock and Portman NHS Foundation Trust (Co-Author):-***

*"Having tried for some years to help those who have suffered from the often alarming consequences of online activity, I am delighted that this collaborative initiative has succeeded in producing a guide that can truly minimise the risks associated with accessing support services online. Negotiating the digital world is challenging for us all; RAMP makes it easier, such that the risks do not spoil the wonderful opportunities."*

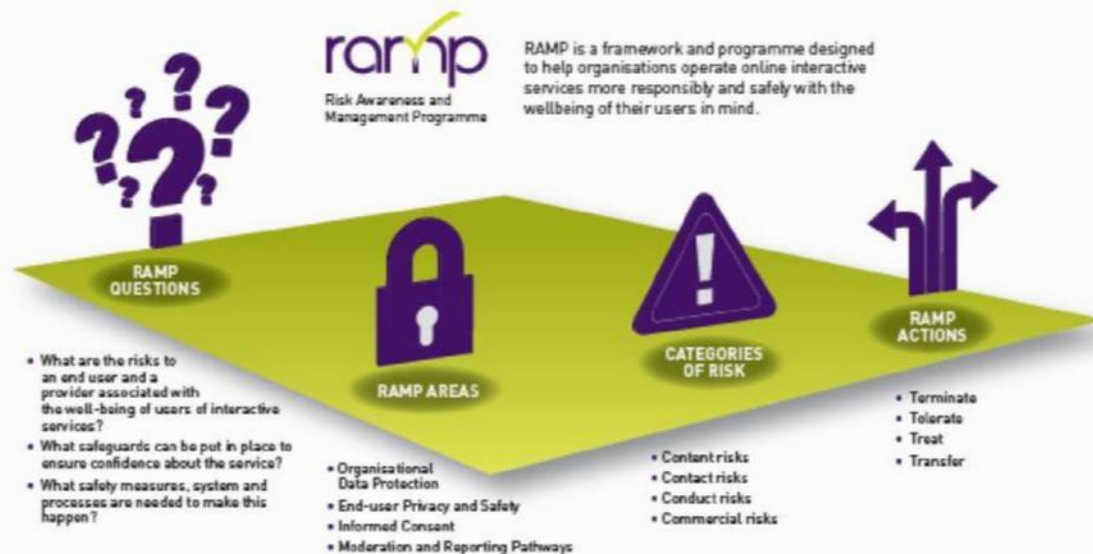
***Co-Author Jane Chapman, Governance and Risk Adviser, Tavistock and Portman NHS Foundation Trust (Co-Author):-***

*"This has been an excellent opportunity to build on work developed in other sectors to provide a simple but comprehensive way of identifying and managing risks that are inherent in the use of online well-being services."*



# DELIVERING MENTAL WELL-BEING SERVICES ONLINE

A guide to the provision of safe and secure mental health and social support services online. A RAMP Initiative.



**ramp**  
Risk Awareness and Management Programme

RAMP is a framework and programme designed to help organisations operate online interactive services more responsibly and safely with the wellbeing of their users in mind.

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[info@rampguide.net](mailto:info@rampguide.net)

## Part 3: Other Information

### 3.1 Quality of Care Overview: Performance against selected indicators

The quality metrics that we have selected to measure the performance of The Tavistock and Portman NHS Foundation Trust are incorporated within the three quality domains of patient safety, clinical effectiveness and patient experience. These indicators include those reported in the 2009/10 and 2010/11 Quality Reports along with metrics that reflect our quality priorities for both 2011/12 and 2012/13. In addition, we have highlighted other indicators outside of our priorities that the Trust is keen to monitor and improve.

#### Patient Safety Indicators

##### NHS Litigation Authority Level

Indicator	2008/09	2009/10	2010/11	2011/12
NHS Litigation Authority Level	-	Level 1 achieved (Mar 2009)	Level 2 achieved (Feb 2011)	

##### What are we measuring?

To ensure we are promoting patient safety the NHS Litigation Authority monitors the Trust on various aspects of risk management.

There are 50 standards to achieve covering the categories of governance, workforce, safe environment, clinical and learning from experience. Level 1 assesses that the policies around each standard are in place, level 2 ensures that processes around each policy are in place and level 3 ensures compliance with both the policies and processes for each of the individual standards.

In February 2011, the NHS Litigation Authority awarded the Trust a Level 2 for demonstrating compliance with its policies and procedures covering all aspects of risk management. This assessment is valid for three years.

## Patient Safety Incidents

Indicator	2008/09	2009/10	2010/11	2011/12
Patient Safety Incidents	Not reported	53	54	69

### What are we measuring?

The Trust monitors all incidents that compromise patient safety, which we also report to the National Patient Safety Agency database National Reporting and Learning System.

The Trust has a low 'patient safety incident' rate due to the nature of its patient services, and all of the 69 incidents reported in 2011/12 were in the no harm/low harm category, and were therefore rated as suitable for no further action or for local review only. In 2011/12 no incident occurred that triggered an investigation under the Trust's serious investigation procedure.

Most of the reportable incidents relate to behaviour incidents which occurred in the Trust's Specialist Children's Day Unit, which is a school for children with emotional difficulties and challenging behaviour.

## Monitoring of Adult Safeguards

Indicator	2008/09	2009/10	2010/11	2011/12
Monitoring of Adult Safeguard Alerts	Not reported	2	4	2

### What are we measuring?

This measures the safeguarding of vulnerable adults, by identifying and reporting those adults who might be at risk of physical or psychological abuse. The importance of this has been highlighted to staff in the Trust through the implementation of various education and awareness initiatives, including mandatory training provided at the Trust In-Service Education and Training day and team meeting presentations, which promote the Trust's policy and procedure for Safeguarding Adults. In addition, the Trust has appointed a senior clinician as the Vulnerable Adults Adviser.

In 2011/12, two adult safeguarding referrals were made, but neither case met the Local Authority threshold for action. However, for one of the patients alternative support was provided by their Local Authority.

## Electronic Recording of Children in Need

### What are we measuring?

Our Named Doctor and Named Professional act as advisers in respect of all matters relating to Safeguarding Children within the Trust. The Named Professional sends monthly emails to all staff reminding them to forward case details for any child where there are any concerns around safeguarding regarding children being seen at the Trust. These details are then recorded on our in-house child protection database. For all children with a formal care plan, this information is recorded directly onto RiO, our patient administration system. We have also initiated a reporting system with our Informatics department which allows us to generate date related reports from the RiO system, of all children under a formal care plan.

Our child protection numbers are reported separately to our commissioners and so in light of these systems in place for safeguarding, we do not include details of the numbers in the Quality Report.

Our Named Doctor attends the Local Safeguarding Children Boards.

### Attendance at Trust-wide Induction Days and Local Induction

Indicator	2008/09	2009/10	2010/11	2011/12
Attendance at Trust Wide Induction Days	66%	85%	64%	89%
Completion of Local Induction	Not reported	Not reported	39%	98%

This measure is included in Part 2.1 Priorities for Improvements, Priorities against 2011/12 Quality Priorities, Priority 5: Maintaining a High-Quality Effective Workforce.

### Attendance at Mandatory INSET Training

Indicator	2008/09	2009/10	2010/11	2011/12
Attendance at Mandatory INSET Training***	Not reported	Unable to provide a comparative figure because of a different reporting system	64%	92%

\*\*\* Staff are expected to attend training every 2 years. In order to achieve this 100% attendance is expected over a 2 year period. Therefore, the figure reported shows the % of staff up to date with mandatory training at 31st March 2012.

This measure is included in Part 2.1 Priorities for Improvement, Priorities against 2011/12 Quality Priorities, Priority 5: Maintaining a High Quality Effective Workforce.

## Safeguarding of Children

Indicator	2008/09	2009/10	2010/11	2011/12
Safeguarding of Children - Level 3 Training	Not reported	94%	88%	86%

### What are we measuring?

To ensure that as a Trust we are protecting children who may be at risk from abuse or neglect, the Trust has made it mandatory for all clinical staff in Child and Adolescent services and other clinical services working predominantly with children, young people and parents to receive Level 3 Safeguarding of Children training three yearly.

All staff receive level 1 training as part of mandatory INSET training.

In March 2012, 86% of staff requiring Level 3 training had attended this training.

However, this figure will not have included those staff who had recently joined the Trust, who had yet to attend Level 3 training. The Trust has three level 3 training dates set for May and June 2012, and new staff have been targeted to attend this training together with other staff who are due an update.

We accept that a performance level of 86% is not as high as we wish to achieve in this important area and will be making efforts to ensure that during 2012/13 we achieve a level where 90% or more of staff have received up to date training for Level 3.

The Management Committee have approved a system of sanctions for any staff who persistently fail to attend mandatory training.

## Staff Survey

### Tavistock and Portman Staff Survey

Indicator	2008	2009	2010***	2011
Staff working extra hours	84%	75%	75%	73%**
Well-structured appraisals received	34%	49%	47%	40%**
Staff reporting work-related stress	46%	26%	24%	27%**
Job satisfaction *	-	3.98	3.79	3.79**
Recommend the Trust as a place to work or receive treatment *	-	4.30	4.05	3.94**
* Scale is from 1 to 5. 1 is a low score and 5 is a high positive score.				
** The changes in the scores between the 2011 and the 2010 Surveys were not statistically significant, which means that the 2011 and 2010 scores can be considered comparable.				

The Trust places a high priority on maintaining a well-trained, flexible and committed work-force. We believe that this is reflected in the 2011 Staff Survey.

When compared to other mental health/learning disability trusts, the Trust ranks in the "best" 20% of trusts for staff reporting 'Job satisfaction', and for staff who would 'recommend the Trust as a place to work or receive treatment', achieving an overall figure of 3.94 (on a scale of 1 to 5, where 5 is a positive high score).

### National 2011 Averages and Best Score for Mental / Learning Disability Trusts

	National 2011 Average for mental health / learning disability Trusts	Best 2011 score for mental health / learning disability Trusts
Staff working extra hours	65%	53%
Well-structured appraisals received	39%	51 %
Staff reporting work-related stress	33%	25%
Job satisfaction	3.59	3.79
Recommend the Trust as a place to work or receive treatment	3.42	3.94

\*\*\*In order to make one NHS trust's scores obtained from the 2011 Staff Survey comparable with other trusts of the same type, individual staff member's scores within each trust were weighted so that the occupational group profile of the trust reflects that of a typical trust of its type. For comparison with 2010 scores, the data from previous years were re-weighted according to the 2011 weights, which explains why the 2010/11 figures differ between the 2010/11 Quality Report and those figures reported in this section of the 2011/12 Quality Report.

Compared to other mental health/learning disability trusts, the percentage of Trust staff (27%) reporting 'work-related stress' in the 2011 Survey was lower than the national average (33%).

The percentage of Trust staff (40%) reporting in 2011 that they have received 'well-structured appraisal' is comparable with the national average figure (39%) for other mental health/learning disability trusts. Whereas, the 'best 2011 score for mental health/learning disability trusts' was 51 %. The Trust provides training in 'Appraisal Skills' for all staff who are responsible for appraising and agreeing personal development plans with their staff.

According to the 2011 Survey, the Trust obtained the most favourable scores, with it ranking amongst the 'Top' Trusts in the country, when compared with other mental health/learning disability trusts in England' for the following:

- Percentage of staff reporting good communication between senior management and staff
- Percentage of staff witnessing potentially harmful errors, near misses or incidents in the last month
- Percentage of staff using flexible working options
- Staff job satisfaction

The 2011 Survey findings place the Trust in the 'best 20%' of mental health/learning disability trusts for the following:

- Percentage of staff feeling satisfied with the quality of work and patient care that they are able to deliver
- Quality of job design
- Effective team working
- Trust commitment to work-life balance
- Percentage of staff using flexible working options
- Percentage of staff feeling that there are good opportunities to develop their potential at work
- Percentage of staff appraised with personal development plans in the last 12 months
- Support from immediate managers
- Percentage of staff suffering work-related stress in the last 12 months
- Fairness and effectiveness of incident reporting procedures
- Perceptions of effective action from employer towards violence and harassment
- Percentage of staff feeling pressure in the last 3 months to attend work when feeling unwell



- Percentage of staff having equality and diversity training in the last 12 months
- Percentage of staff able to contribute towards improvements at work

However, where the Trust less favourably with other trusts includes the following areas:

- Percentage of staff working extra hours (73%), where this figure exceeds the national average (65%) reported for other trusts.
- Percentage of staff reporting errors, near misses or incidents witnessed in the last month (that could have potentially hurt patients and/or staff). Because of the nature of the Trust's patient services, both the fact that it does not provide in-patient treatment and that staff do not administer medication to patients, means that compared with other mental health trusts it has a very low 'patient safety incident' rate (as described in the 'Patients Safety Incidents' section (3.1). For this reason, one would expect the percentage of staff reporting near misses and incidents, that could potentially hurt patients or staff, to be lower than other trusts, which was indicated in the 2011 Survey.
- Staff motivation at work. The Trust obtained a figure of 3.77 in the 2011 Survey, comparable with the 2010 figure, but lower than the 3.81 national average for other trusts, where the scores range from 1 to 5, with 1 indicating that staff are 'not enthusiastic or absorbed by their work' and 5 indicating the opposite view. It is not clear why the Trust obtained a less favourable score for this particular question, and it is difficult to reconcile this finding with the positive feedback from staff identified in the 2011 Survey, described previously. It would be helpful therefore if this could be explored further. The Trust is in the process of formulating an action plan since receiving the staff survey results at the end of March 2012.
- Percentage of staff receiving health and safety training in the last 12 months. The fact that Trust staff are required to attend the Trust INSET day, which covers health and safety training, once every two years helps explain why the percentage for the Trust (71 %) was lower compared to the national average (83%). However, staff are routinely advised of updates on health and safety issues, concerning patients and staff, via email throughout the course of the year. In addition, the Trust provides support and opportunities for staff to maintain their own health, well-being and safety. For example, by providing a Staff Consultation Service, which is staffed by Trust staff and is a private and confidential service.



- Finally, a key finding for the Trust, where staff experience has improved, is for the percentage of staff having equality and diversity training in the last 12 months, up from 46% of staff in 2010 to 59% of staff in 2011.

## Infection Control

Although the Trust has no in-patient beds and does not provide the types of services which are associated with higher risks of infection, such as those provided by acute hospitals, we nevertheless take steps to maintain high standards of cleanliness in all parts of the building, and to reduce the risk of infections as follows:

- We have an Infection Control Policy and Procedures in place
- All staff receive training on infection control (specifically the importance of hand washing and care of any blood or body fluid contamination) at induction and as part of our two yearly mandatory In-service Training Programme which must be attended by all staff
- We have placed alcohol hand rubs in appropriate locations throughout the service
- We have installed hazard waste spill kits in areas of likely/possible occurrence
- The Health and Safety Manager receives all Department of Health alerts re infection control and circulates these to relevant staff
- Annual flu injections are arranged for staff via our Occupational Health Service which were promoted to staff during the autumn/winter 2011/12
- In 2011/12 the Trust did not have any infection incidents reported involving staff or patients.

## Clinical Effectiveness Indicators

### Monitor Number of Staff with Personal Development Plans

Indicator	2008/09	2009/10	2010/11	2011/12
Monitor number of staff with Personal Development Plans	92%	93%	82%	85%

The staff group who have not completed a PDP include those staff who are on a career break or sick leave, new starters, or those who have not submitted their PDPs by the Trust deadline.

#### What are we measuring?

Through appraisal and the agreement of Personal Development Plans (PDP) we aim to support our staff to maintain and develop their skills. It also provides an opportunity for staff and their managers to identify ways for the staff member to develop new skills, so as to enable them to take on new roles within the organisation, as appropriate. A Personal Development Plan also provides evidence that an appraisal has taken place. In addition, the information gathered from this process helps to highlight staff requirements for training and is used to plan the Trust Staff Training Programme for the upcoming year.

The data collection period for Personal Development Plans takes place from January to March each year.

Although there has been an increase in the number of staff who have completed a PDP, compared with last year, these figures are lower when compared to the two previous years (2009/10, 2010/11). We have reviewed the reasons for this. It is apparent that both improvements in the reporting system and increased scrutiny (where the PDP form now needs to be received by Human Resources before the staff member is confirmed as having completed their PDP) has resulted in improving the accuracy of this data namely, the percentage of staff reported as having a PDP in 2011/12.

We will continue to monitor the return of PDP forms and implement actions to improve the percentage of forms returned to Human Resources by the deadline in March.

## Range of Psychological Therapies

### What are we measuring?

Over the years, the Trust has increased the range of psychological therapies available, which enables us to offer treatment to a greater range of patients, and to offer a greater choice of treatments to all of our patients. We have established expertise in systemic psychotherapy and psychoanalytical psychotherapy and continue to support staff development and innovative applications of these models.

Over the last year we have continued to strengthen our capacity to offer a range of interventions through a staff training and supervision programme. Examples of developments include support for training in Interpersonal Therapy (IPT) through which a number of staff across the Trust have completed practitioner level training and a smaller number have achieved supervisor status. We continue to offer specialist supervision and training in Cognitive Behaviour Therapy (CBT) for CAMHS staff and specialist supervision and training for CBT for Post Traumatic Stress Disorder for the adult and adolescent trauma service. An increasing number of staff have been trained in Eye Movement Desensitisation and Reprocessing (EMDR) for children with post traumatic stress disorders. In addition, a group of staff have been trained in Dynamic Interpersonal Therapy (DIT), now recognised as an approved treatment within the Improving Access to Psychological Therapies Programme. This innovative therapy was developed by a member of our staff in partnership with colleagues at the Anna Freud Centre, London. We continue to develop our work in a range of other models including, Family and Schools Together (FAST), Relationship Development Intervention (RDI) and Mentalisation Based Therapy (MBT).

Our priority for the coming year is to continue to train staff to increase their capacity to identify treatment choices, including a range of psychological therapies, for patients and to present the range of treatment options clearly so that patients are confident that they have been offered choices where appropriate. Examples of progress over the last year include the Adolescent Department's training programme on assessment for a wide range of therapies offered in this department. Patient choice is supported by increasing the range of leaflets describing treatment modalities on offer. In order to monitor choice, our standard assessment form for over 16 year-old patients was revised in October 2011 and now asks assessing clinicians to confirm that a choice of therapies has been offered where appropriate and to state the choices offered. We plan to audit the answers provided by patients to the question about choice of therapies.

## The Portman Clinic

Founded in 1931 and now part of the Tavistock and Portman NHS Foundation Trust, the Portman Clinic is a small specialist outpatient psychoanalytic psychotherapy clinic offering assessment and treatment services for adults, children and adolescents who are troubled by problems of criminality, violence, sexual difficulties or deviance. We offer long-term weekly psychodynamic individual, group psychotherapy, couple or family work. We also offer consultation and advice to the professional network involved with the patient.

### **MBT programme for patients with antisocial personality disorder**

In 2009 we started a new service, which is part of a multi-site pilot research project co-ordinated by Professor Anthony Bateman, offering Mentalization-Based Treatment, which is a psychoanalytically-based treatment for male patients with a diagnosis of antisocial personality disorder who are seeking help for their aggressive and violent behaviour.

Put simply, mentalization is the capacity to think about and reflect upon the workings of one's own mind and other people's minds. Evidence suggests that the ability to mentalize is impaired in people with certain personality disorders, and that this can lead to problematic, distressing and often harmful behaviour, putting both the person themselves and others around them at risk.

Patients with antisocial personality disorder have traditionally been thought to be untreatable with psychological therapies, in particular psychodynamic psychotherapy, due to their difficulty in forming a therapeutic alliance and the risk that their antisocial activities, including violence, will be exacerbated by psychotherapy.

Most psychological therapies for offenders or patients with antisocial personality disorder are only offered in prison or in-patient secure forensic settings. There is a lack of provision of community psychological treatments for patients with a diagnosis of antisocial personality disorder, many of whom do not fulfil criteria for acceptance by forensic services, whilst general psychiatrists and community mental health teams do not feel they have the expertise to treat them.

What are we doing and what results do we hope to achieve?

- Our study aims to see whether violence and aggression will decrease in male patients with a diagnosis of antisocial personality disorder as a result of Mentalization-Based Treatment delivered in an out-patient setting (at the Portman) over the course of 18 months.
- The treatment programme comprises an initial assessment, followed by weekly group psychotherapy sessions facilitated by two Consultant Psychiatrists in Psychotherapy and monthly individual psychotherapy sessions.
- The monthly sessions are used primarily to support the patient's ongoing participation in group therapy. Crisis and risk management and psychiatric review form an important part of treatment.
- Psychotropic medication is prescribed for co-morbid conditions such as depression, but not for the traits of antisocial personality disorder per se, such as irritability or poor impulse control.

How are we measuring this?

The primary outcome measure is the Overt Aggression Scale-Modified (Coccaro et al, 1991) which is a brief self-report measure that the patients fill in fortnightly after the group session. The Overt Aggression Scale-Modified assesses observable aggressive or violent behaviour rather than the tendency towards violence and asks participants to think specifically about their behaviour over the past two weeks.

The Brief Symptom Inventory (Derogatis & Lazarus, 1994) is being used as a secondary outcome measure. The Brief Symptom Inventory is a 53 item self-report questionnaire requiring participants to indicate how distressed they are by the possible presence of symptoms by rating each on a five point scale ranging from 0 ('not at all') to 4 ('extremely').

Preliminary Results:

***The Overt Aggression Scale-Modified*** suggests that all of the patients rated their aggression towards others and themselves as decreasing in severity over the first 6 months of treatment, whereas their rating of their irritability remained constant.

***The Brief Symptom Inventory*** shows that all group members showed a reduction in the distress they experienced from their symptoms at 6 months follow-up, with patients rating their distress as a result of symptoms of depression, anxiety and hostility as decreasing most.

Jessica Yakeley  
Consultant Psychiatrist in Forensic Psychotherapy, Portman Clinic

## **Outcome Monitoring Returns – Child and Family Department**

See Part 2.1 (Priority 1).

## **Outcome Monitoring – Adolescent Department**

As mentioned in Part 2.1, we believe that it is essential to have robust and reliable systems in place for tracking and pulling together the information which tells us about the effectiveness of our work with patients. This is vital so that we can be assured of the quality of the data, for example, that it is accurate, complete and reliable. For this reason, this year we have prioritised the work to improve the OM System which has been taking place over the course of the year. This means that we have made the decision not to report specifically on our routine Clinical Outcome Monitoring for the Adolescent Department.

## **Outcome Monitoring – Adult Department**

See Part 2.1 (Priority 2).

## **Outcome Monitoring – Portman Clinic**

For the reasons outlined above, and as described in Part 2.1, we have made the decision not to report specifically on our routine Clinical Outcome Monitoring for the Portman Clinic.

## Patient Experience Indicators

### Complaints Received

Indicator	2008/09	2009/10	2010/11	2011/12
Complaints received	8	10	10	9

#### What are we measuring?

During 2011/12 the trust received 9 formal complaints. These were all investigated under the Trust complaints procedure and a letter of response sent by the Chief Executive to the complainant. One of these complaints was referred to the Ombudsman and has been returned to the Trust with a request that we provide further explanation to the complainant.

None of the 9 complaints were upheld in full or in part. They covered topics including the choice of therapist; complaints about group therapy; objections to content of reports prepared about a patient; and process of obtaining therapy.

We do endeavour to learn from each and every complaint, regardless of whether it is upheld or not. In particular, each complaint gives us some better understanding of the experience of our services for service users, a critical contribution to all of our service development.

Specifically in 2011-12 one complainant's enquiry prompted us to increase the availability of information on the NHS fares scheme. We have put up new information posters in public areas and in waiting rooms.

### Patient Feedback

Indicator	2008/09	2009/10	2010/11	2011/12
Patients who would recommend the Trust	73%	69%	71%	78%
Patients rating care 'excellent' / 'very good' / 'good'	73%	70%	65%	79%
Patients who felt they were listened to and treated with respect and dignity	Different criteria used so unable to compare	73%	70%	76%
Patients rated the Trust's facilities as very good or good	Different criteria used so unable to compare	82%	79%	82%

The Trust has formally been exempted from the NHS National Mental Health Survey which is targeted at patients who have received inpatient care. We conduct our own survey annually.

For the 2011 Trust Patient Survey, the patient sample included patients who were discharged from treatment during the period 1<sup>st</sup> January to 30<sup>th</sup> June 2011. In addition, as a new initiative, the survey included one third of all patients currently receiving treatment from the Trust who were randomly selected for the Survey. In total, 551 surveys were posted to former patients and 963 surveys were posted to current patients making a combined total of 1514 patients. 5 surveys were returned undelivered and were not included in the analysis. The overall response rate was 15.5%, down from 17.5% last year.

Overall the results of the patient survey were very positive, and we are pleased to report that overall these results represent an increase on previous years for the percentage of patients: **"who would recommend the Trust"; rating care as 'excellent'/'very good', 'good'; "who felt that they were listened to and treated with respect and dignity"** and those patients who **"rated the Trust's facilities as very good or good"** (which is consistent with how patients rated the Trust's facilities in the 2010 Survey).

As indicated in the table above, for the patients who completed the Patient's Survey this year **79% of patients rated their quality of care as excellent, very good or good**. This number is much higher than in the 2010 Survey, but may be influenced by the large proportion of current patients who responded. This statement is further supported by the **78% of patients who indicated that they would recommend the Trust to their friends or family members** and the **83% of patients who described their sessions as very or fairly helpful**.

In addition, **67% of former patients suggested that treatment options were discussed with them in full or to some extent** and **75% of current patients highlighted that they had been given enough information on the type of treatment they would receive**. Work to improve the information provided to patients concerning possible treatment options has been an area of particular focus for the Trust over the last year and the fact 75% of patients responding positively to this statement is an indication that this work has had an impact. On the question of patient involvement in the decision- making process, **77% of patients felt they had received sufficient say in decisions concerning their care and treatment or experienced some input into these decisions**.



The condition of the **Trust's facilities** was an area highlighted by many patients. Although the majority of patients found the Trust's facilities to be very good or good (For example, 'The room for meetings is comfortable', 'Reception was very nice' and 'Good facilities. Cleaners know how to do their job! '). In addition, some negative comments were received (for example, 'Ground floor ladies toilets cramped!' and for one service, 'Chairs in waiting area are poor support is 'tired and worn').

In addition to the positive quantitative results from this year's Patient Survey, the qualitative comments provide very useful information from patients which the Clinical Quality, Safety and Governance Committee will scrutinise in order to improve services.

However, one area of concern remains the low response rate. This year we opened the survey up to include current patients and, as a result, current patients accounted for 73% of all returned questionnaires. It is vital that the Trust engages with current patients more extensively and continues to explore alternative methods of generating feedback. For example, during 2011/12 most departments have started to use an 'experience of service questionnaire' to obtain feedback from patients and their parents/carers. Overall, we have achieved a high return rate for these questionnaires and so for 2012/13 we plan to extend the use of these questionnaires.

In addition, through the Patient and Public Involvement Committee, the Trust has already been working on creative ways to gather feedback from patients in a more timely way, such as our visual straw poll and the mystery shopper scheme. We anticipate that these methods of collecting 'real time' data will enable us to understand more fully the patient experience and, where appropriate, make immediate changes or improvements to our services and facilities.

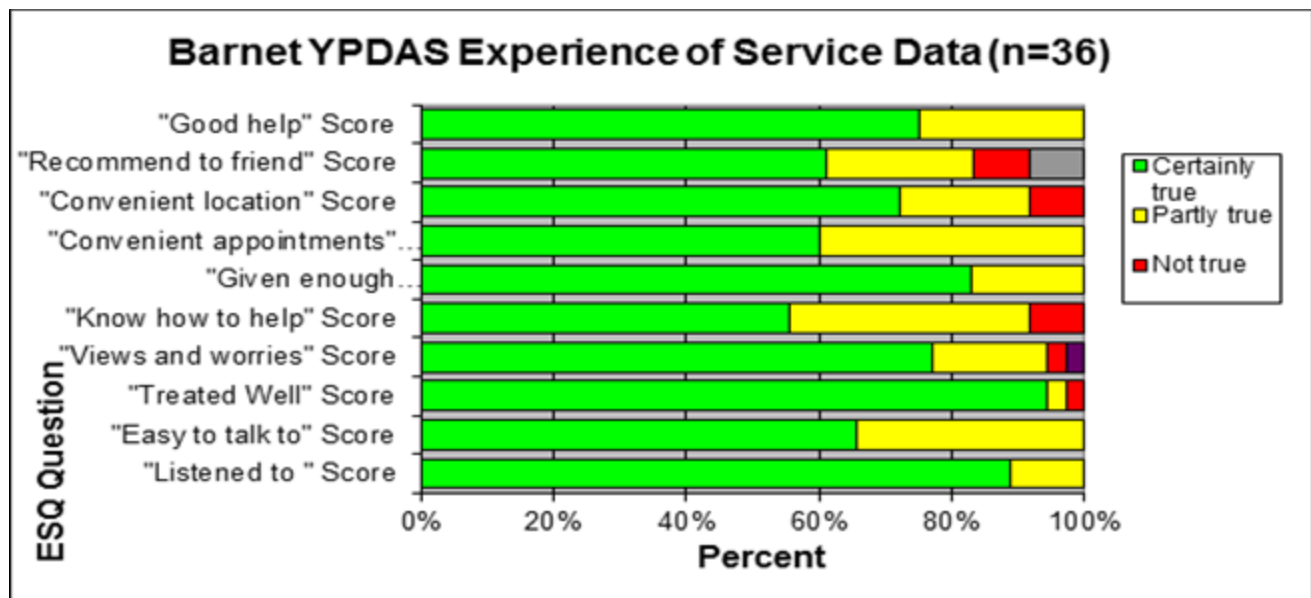
## Barnet's Young People's Drug and Alcohol Service (YPDAS)

### What is YPDAS?

- Barnet Young People's Drug and Alcohol Service is a specialist substance misuse service with a multi-disciplinary team.
- YPDAS works with young people up to the age of 18 who live or are in education in Barnet.
- YPDAS offers psycho-educational programmes, motivational and engagement work, structured therapeutic interventions and training.

### What are the outcomes?

The latest results (April 2011 to March 2012) from the Experience of Service Questionnaire (ESQ) given to all service users when they complete treatment.



Some young people also use the ESQ to show their appreciation: *"Thank you for helping me it's been a great experience and now I'm clean and have been for 2 and a half months. Goodbye"*.

## Did Not Attend Rates<sup>4 5 6</sup>

Indicator	2008/09	2009/10	2010/11	2011/12
<b>Trust Wide</b>				
First Attendances	9.5%	8.6%	10.5%	11.4%
Subsequent Appointments	10.4%	11.0%	10.4%	10.7%
<b>Adolescent</b>				
First Attendances	Not reported	9.7%	10.1%	13.1%
Subsequent Appointments	Not reported	17.5%	17.0%	14.1%
<b>Adult</b>				
First Attendances	Not reported	8.5%	7.3%	11.1%
Subsequent Appointments	Not reported	9.0%	8.6%	9.1%
<b>Camden Child and Adolescent Mental Health Service</b>				
First Attendances	Not reported	Directorate has a new structure so unable to compare	Directorate has a new structure so unable to compare	17.9%
Subsequent Appointments	Not reported	Directorate has a new structure so unable to compare	Directorate has a new structure so unable to compare	20.2%
<b>Developmental (including Learning and Complex Disability Service)</b>				
First Attendances	Not reported	Directorate has a new structure so unable to compare	Directorate has a new structure so unable to compare	9.9%
Subsequent Appointments	Not reported	Directorate has a new structure so unable to compare	Directorate has a new structure so unable to compare	7.4%
<b>North Camden Child and Adolescent Mental Health Service</b>				
First Attendances	Not reported	9.0%	11.9%	12.3%
Subsequent Appointments	Not reported	11.1%	12.0%	13.2%
<b>Portman</b>				
First Attendances	Not reported	7.0%	9.1%	2.8%
Subsequent Appointments	Not reported	9.6%	10.1%	10.2%
<b>South Camden Child and Adolescent Mental Health Service</b>				
First Attendances	Not reported	12.8%	17.3%	13.8%
Subsequent Appointments	Not reported	15.0%	13.7%	13.6%
<b>Vulnerable Children</b>				
First Attendances	Not reported	Directorate has a new structure so unable to compare	Directorate has a new structure so unable to compare	6.2%
Subsequent Appointments	Not reported	Directorate has a new structure so unable to compare	Directorate has a new structure so unable to compare	7.1%

<sup>4</sup> Re DNA rates and Waiting times note that our patient administration system is a live system and therefore further data cleansing! addition of missing data will take place after the end of each quarter so the final outturn figures for DNA and waiting time may be slightly different to quarterly performance figures published in year.

<sup>5</sup> The 2011/12 and the 2010/11 DNA rates are not directly comparable, because of a change in criteria used by the Trust for identifying DNAs.

<sup>6</sup> The DNA data reported for Camden CAMHS relates primarily to the Camden Refugee Service.

The Trust monitors the outcome of all patient appointments, specifically those appointments where the patient Did Not Attend (DNA) without informing us prior to their appointment. We consider this important, so that we can work to improve the engagement of patients, and reduce wasted NHS time.

Compared with other mental health trusts, where the average DNA rate reported is around 14%<sup>7</sup>, the Trust-wide DNA rate for patients in 2011/12 both for First Attendances (which can include assessment or consultation appointments) and for subsequent/follow-up appointments is below average, at 11%.

As DNA rates can be regarded as a proxy indicator of patient's satisfaction with their care, the lower than average DNA rate for the Trust can be considered positively. For example, for some patients not attending appointments can be a way of expressing their dissatisfaction with their treatment. However, it can also be the case, for those patients who have benefited from treatment that they feel there is less need to continue with their treatment, as is the case for some patients who stop taking their medication when they start to improve. However, we appreciate that it is an area where it would be helpful to obtain more feedback from patients themselves, along with clinicians.

The Trust-wide DNA rates for 2011/12 were 11.4% for first attendances and 10.7% for subsequent/ follow-up appointments, meaning that the rates have increased from 2010/11, particularly for first attendances and so slightly exceeds the 11% upper limit, which is the quality standard outlined in our patient services contracts. It is difficult to know the reasons for this increase in DNA rate for first attendances.

However, a positive development has been the reduction in the DNA rate for the South Camden CAMH Service first attendances from 17.3% for 2010/11 to 13.8% in 2011/12. It is believed that this has been partly as a result of this service adopting a very proactive approach from clinicians and administrative staff for engaging this group of patients. This includes clinicians arranging to meet the patient with the referrer, where appropriate, at a location of their choice.

Because of the ambivalence experienced by young people about attending and engaging with mental health services the higher than average DNA

<sup>7</sup> Mental Health Benchmarking Club, April 2010, Audit Commission: <http://www.audit-commission.gov.uk/SiteCollectionDocuments/Events/2010/mental-health-benchmarking-club-presentations-april-2010.pdf>

rates for patients attending the Adolescent Department is not unexpected. Nevertheless, recognising that patients failing to attend their appointments represents, to some extent, a misuse of resources we continue to make efforts to reduce our DNA rates where and whenever possible. For example, following the introduction of a new system, outlined in the 2010/2011 Quality Report, where young people are sent a text reminder of their appointment this has led to a reduction in the DNA rate for the Adolescent Department for subsequent/follow-up appointments from 17.0% for 2010/11 to 14.1% in 2011/12. It is also important to note that the DNA rates for the Adolescent Department compare favourably with other similar adolescent services.

The DNA rates for the Camden CAMHS service for first appointments (17.9%) and subsequent appointments (20.2%) were higher than average. The DNA data reported above relates primarily to the Camden Refugee Service. Individuals referred to the Refugee Service represent a particularly vulnerable group of patients, typically presenting with histories of trauma and displacement and, in some cases, persecution from government agencies in their country of origin. We recognise therefore that these patients experience significant difficulties engaging with mental health services. Consequently, the higher than average DNA rates are not unexpected. However, the Service will continue to make efforts to reduce these DNA rates, as appropriate.

## Waiting Times <sup>8,9</sup>

Indicator	2010/11	2011/12
Trust Wide - Number of patients waiting for first appointment for 11 or more weeks	139	74
Internal Causes	90	28
External Causes	49	46
Trust Wide - Percentage of patients waiting for first appointment for 11 or more weeks	9.0%	4.7%
Internal Causes	5.8%	1.8%
External Causes	3.2%	2.9%

<sup>8</sup> See note 4 above

<sup>9</sup> The figures for 2011/12 excludes the Gender Identity Disorder Service, as this Service has a Department of Health Referral to Treatment target (RTT) of 18 weeks. In addition, this figure excludes the waiting times for the City and Hackney Primary Care Psychotherapy Consultation Service, where the waiting times data only began to be collected on RiO from Quarter 3, 2011/12.

## What are we measuring?

The Trust monitors waiting times on an on-going basis, seeking to reduce the length of time that patients have to wait, especially beyond eleven weeks. To help address this, at the end of each Quarter a list is drawn up for each service for those patients who had to wait eleven weeks or longer for their first appointment, together with reasons for this. The services where this breach has occurred are requested to develop an action plan to address the delay(s) and to help prevent further breaches.

Prior to their first appointment, patients will be contacted and offered two possible appointments, and invited to choose one of these appointments. If neither appointment is convenient for the patient, they will be offered an alternative appointment with the same therapist where possible. This system on the whole helps to facilitate patients engaging with the service. The majority of patients are seen within eleven weeks of the Trust receiving the referral.

However, during 2011/12 74 (4.7%) patients had to wait for eleven weeks or longer. Part of the reason why this is lower than the 2010/11 figure is because it does not include the Gender Identity Disorder Service, as this Service has a different waiting time target (18 weeks). There were both factors external to the Trust, concerning 46 (2.9%) patients and internal to the Trust, for 28 (1.8%) patients which contributed to these delays. The Trust waiting times, will continue to be monitored and improved where possible, especially for internal delays.

In year the trust undertook an audit of waiting times which showed that there was some confusion amongst administration staff as to which date to include in which box on the referral page of RiO (the trust's patient administration system). Following amendment of the training materials and promotion of good practice at service level the trust believes that the quality of the data has been improved.

## Access to Services

In addition to the plans to increase the number of patient information leaflets, the Trust continues to work to improve access to services. For example, in 2011/12 through the introduction of the CaR (Consultation and Resource) Clinic system in CAMHS, which provides patients with a greater choice for the times and locations of their appointments and where team administrators will phone patients as often as is required to help facilitate attendance. This in turn has led to a decrease in the number of patients failing to attend their appointments. Also, during the course of the year CAMHS has provided nineteen primary schools based in Camden with direct access to CAMHS clinicians. In addition, both the Tavistock Adolescent Department and CAMHS have started to see patients at a health centre based in Haringey. The Adult Department also sees patients at St Ann's Hospital in Haringey, and have developed a pilot service in Hertfordshire where patients are seen in GP surgeries.

## Family Drug and Alcohol Court (FDAC) Intervention Team

### Awards in 2011

- The Family Drug and Alcohol Court Intervention Team were awarded the **Royal College of Psychiatry award for Best Psychiatric Team**, and
- The **Guardian Public Services award** for **Service Delivery for Children and Young People**.

The Family Drug and Alcohol Court is an innovative new approach to care proceedings for families with substance abuse issues. The pilot project, run jointly by the *Tavistock and Portman NHS Foundation Trust* and the children's charity *Coram*, co-ordinates a range of services (including drugs and alcohol specialists, social workers and psychologists) to support parents through the process.

*"We take the view that you have to focus on the parents first," says Sophie Kershaw, service manager at Family Drug and Alcohol Court. "If you can tackle the substance abuse and any other issues parents might have, a positive outcome is much more likely."*

*"With so many agencies involved, there are inevitable holds-ups, and work can end up being duplicated in normal proceedings, but in FDAC we hope the collaborative working and clear roles for all agencies prevents that duplication and drift...." says Kershaw.*

A recent evaluation of the project, by a research team at Brunel University and funded by the Nuffield Foundation and the Home Office, found that:

- Parents who go through the Family Drug and Alcohol Court are much more likely to control their misuse.
- Of the Family Drug and Alcohol Court mothers studied, 39% were re-united with their children by the final court order, compared with 21% of the comparison group.

*One service user, who is now a parent mentor supporting families going through the Family Drug and Alcohol Court, explained the project offered a lifeline: "Without that level of support, my son definitely would have ended up in care."*



### 3.2 Performance against Key National Priorities

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.

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

## Part 4: Annexes

### 4.1 Statements from our local Primary Care Trust Alliance, Local Involvement Networks (LINKs), Overview and Scrutiny Committee

#### Comments from Camden Primary Care Trust

Our Lead Commissioner reviewed our Draft Quality Report and provided the following comments:

- There has clearly been excellent progress over the majority of priorities in 2011/12 and I would like to congratulate the Trust for this
- I'm very encouraged to see the excellent progress the trust has made in relation to GBM Time 1 and 2 returns I know how much hard work the CAMHS teams have put into improving this. I welcome the move to using this information to assess clinical effectiveness (as per the 2012/13 CQUIN)

*Trust response:* We are very pleased to be in a position to take this forward, now that the OM tracking System is in place, which will enable us to report on the effectiveness of the treatment or intervention received by patients.

- There remains work to be done in relation to AMHS CORE, the Trust is aware of this and has plans in place. I look forward to working with the Trust to support AMHS services in Camden to achieve the new target for 2012/13 and hope that some of the learning from CAMHS can be used to assist in this.

*Trust response:* As we indicated in the Quality Report, unlike those patients attending CAMHS who completed the GBM with the clinician in the clinic, adult patients were provided with the CORE forms to take away and complete outside of their appointments, and were asked to post them back to the Trust, which meant that there was the possibility that patients would not return the forms. However, the Adult Department has put a system in place to encourage clinicians to remind patients to complete and return the CORE form.

- I'm pleased to see that good progress has been made in relation to patient and public involvement, however I note that the CQUIN target for 2012/13 relating to patient involvement/development of a participation action plans is not referenced – should this be included?

Trust response: Not all of the 2012/13 CQUINs targets were included as our Quality Priorities for 2012/13. However, we plan to include our progress on achieving this target in the 2012/13 Quality Report.

- It is good to see that strong progress has been made in relation to maintaining an effective workforce, particularly in relation to completion of local inductions

Trust response: We are very pleased that there was such a good outcome in response to the work which went into achieving the targets for this Quality Priority.

- I welcome the use of snap-shot audits to improve the quality of data recording, I've been encouraging the CAMHS teams to do something similar.

Trust response: We agree that the snap-shot audits have been very useful this year for the purpose of improving the quality of data recording and so plan to continue to undertake these audits, as appropriate.

- Pg. 57, patient safety, errors, near misses – I was unclear about this bullet point, the heading seems to indicate that the Trust performed less favourably in this area however the content of the text appears to contradict this. It's possible I'm missing something (apologies if this is the case) but could this be made clearer?

Trust response: We agree that this is rather confusing. The Trust has a low 'patient safety incident' rate due to the nature of its patient services and the fact, that unlike other mental health trusts which were included in the Staff Survey, it does not provide in-patient hospital services for patients nor do staff provide medication to patients. Both which increase the likelihood of patient safety, errors and near misses (for example, prescribing the wrong medication or wrong dose of medication). However, the fact that this staff survey covers all mental health trusts, a low percentage of staff 'reporting errors, near misses or incidents witnessed in the last month (that could have potentially hurt patients and/or staff') can be viewed as a negative outcome

for trusts when the reporting falls below the expected level.

- Good to see that patient feedback is improving. I notice that there's no mention of CHI ESQ returns which are in the CQUIN for 2012/13, but perhaps this is not necessary?

Trust response: As indicated previously, not all of the 2012/13 CQUINs targets were included as our Quality Priorities for 2012/13. However, we plan to include our progress on achieving this target in the 2012/13 Quality Report.

- It's encouraging to see that DNA rates for the Trust as a whole are below average however I'm concerned that they appear to be increasing and are particularly high for CAMHS. I will pick this up with the Refugee Service through monitoring meetings but wonder if there's more that could be done?

Trust response: The DNA data reported for Camden CAMHS relates primarily to the Camden Refugee Service. There are a number of factors which contribute to the higher than average DNA rate for this service, which is not unexpected. For example, the patients attending this service can find it difficult to understand the importance of regular attendance, especially if their expectations about treatment, wanting an immediate solution and/or medication, does meet the reality of what the service can offer. Other factors include the stigma associated with a mental health diagnosis and ambivalence about receiving help, and sometimes the parent presents with psychological difficulties related to trauma, which makes it difficult for them to be able to commit to bringing their children to their appointments on a regular basis. However, there are a number of steps we take as a Trust to work on this in the way that we attempt to engage these patients (who are refugees) across all Departments/services as follows:

- Actively following up non-responders to initial letter prior to first appointment which may include telephoning the patient and contacting the referrer
- Writing the letter in the patient's first language if there is some concern about their English skills
- Telephone reminders closer to the appointment date
- Once a patient has been seen, making subsequent appointments directly in the room with the patient rather than sending letters
- Engaging with the network to help the patient engage with us

However, these patients sometimes need to limit their contact with services, especially in the initial stages and this does lead to DNAs. We think the flexibility in our approach – seeing patients at varying intervals depending on their needs and engaging with their practical difficulties does gradually overcome these problems. However, we will continue to explore ways that we can help to reduce the DNAs for his group.

- I'm pleased to see that excellent progress has been made on reducing waiting times

### Comments from Camden Local Involvement Network (CLINKs)

The Trust Director, Lead for Patient and Public Involvement and the Quality Standards and Reports Lead were very pleased to have the opportunity to meet with the member from CLINKs in May 2012 to discuss and provide a response to the comments provided by CLINKs in relation to the 2011/12 draft Quality Report, as follows:

#### **Clinical Effectiveness (Clinical Outcome Monitoring)**

- Is the Tracking System now operational in practice? Will we be updated on this.

Trust response: Phases 1 and 2 of the overall clinical outcome restructure have been completed and the Outcome Monitoring Tracking System is now up and running. Training has been rolled out to all administrative staff across departments and the outreach services where applicable. Further updates will be available in the future regarding phase 3 of the process, which involves rolling out the system to clinical staff and ensuring they are able to directly enter patient outcomes.

#### **Patient and Public Involvement**

- Action Plan for improving relationships with BME communities with 9 goals for activities. What are they? Have they been planned with the consultation of Asylum Seekers? Which groups have been consulted? Sante Project will welcome such a consultation.

Trust response:

The BME Engagement Strategy Goals 2012/13 are as follows:

- Provide discussion for patients and members of the public at the August 2012 Tavistock & Portman Talks.
- Ensure two of the next six available guest speaker slots at Patient and Public Involvement committees are available to community representation groups in Camden.
- Provide Tavistock and Portman representation for at least two BME community mental health meetings in Camden Borough.
- Create a Trust group to discuss and progress BME issues, drawing on clinical and community involvement experience. First meeting to be held in March 2012.
- Ensure Trust compliance and provide evidence of compliance with the 2010 Equalities Act through the Equalities Committee.
- Explore options to alternative languages for accessing the Trust website, and clarify existing pathways of access for patients, students and members.
- Provide feedback of BME Engagement strategy and discuss further development options at a Board of Governors meeting.
- Discuss BME issues relating to the Tavistock and Portman at a Volunteer Action Camden Mental Health and Information Networking Session.
- Develop PPI links with The Race and Equity Student & Trainee Group within the Department of Education and Training.

In drawing up the BME Engagement Strategy goals, we have taken into account the feedback from clinical services including our refugee team and from the mental health network at Voluntary Action Camden.

This is a long rolling programme and we are keen to talk to relevant organisations, but we have few resources and it will take time to get make contact across the large number of relevant organisations across all the boroughs we serve. We will ensure that The Sante project is included. Recently the Trust has donated funding to the Sante project through the 'bid for better' scheme.

## **Maintaining a High-Quality Effective Workforce**

- What does Equality & Diversity Training involve?

Trust response: The equalities session covers mandatory elements such as the Trust's equality duty, legislation changes such as protected characteristic and a host of other areas. This is however not the only source of equalities

training for staff, non-mandatory and specific targeted events take place throughout the year covering a variety of equalities topics and issues.

- "Sanctions for staff failing persistently to attend mandatory training". This sounds incriminatory! Would it be better to look at what is preventing attendance? Possibly overwork? Sanctions could be viewed as persecutory. However, it is clear that training is important and I would support the encouragement of attendance.

Trust response: The Trust initially established this mandatory training day a number of years ago, where staff receive training updates in risk management and assessment, health and safety, infection control, confidentiality, equality and diversity, information governance, safeguarding children and adults and fire safety. We found there was a problem with staff attendance, which was partly related to the fact that the majority of the staff work part-time in the Trust. To address this, the INSET training was provided on different times of the week and staff were advised of the dates for this training a year in advance so that they could make arrangements to be free to attend, but we found that the attendance rates continued to be at lower than acceptable levels, with concerns that this was placing the Trust at risk. For this reason, we decided to explore the option of enforcing sanctions for non-attendance at this training. This was our way of communicating to staff that the Trust was serious about this training and that attendance was not to be considered an option. It is important to mention, that the sanctions, such as staff not being able to attend non-mandatory training events, which also apply to the line managers, were not enforced lightly and not without the line manager first attempting to understand the reason for the staff member's non-attendance, and assisting with addressing this where possible. In addition, it now has been agreed with staff who are employed at other mental health trusts with similar training that they only need to attend one of these INSET training days. We have found that staff have responded well to the changes, where sanctions have only needed to be enforced with a very small number of staff and the attendance at the mandatory INSET day has improved dramatically from 64% of staff in 2010/11 to 92% in 2011/12.

### **2011 Staff Survey**

- 27% v. 33% work-related stress leads on from the above point. Though 27 is better than 33 it isn't admirable for any staff to report this!

Trust response: As a mental health, we are very aware of the issue of work-related stress, and take measures to provide staff with the support they require, in order to avoid, or at least to minimise work-related stress. Staff are provided with regular supervision, and regular meetings with their line manager, who will consider and enquire about work-related stress, annual appraisals, flexible working options and the opportunity to attend a free confidential Staff Consultation Service for up to three sessions, which is provided by senior clinicians from the Trust. The feedback from the 2011 Annual Staff Survey shows that staff believe that the Trust is committed to work-life balance; staff are satisfied with the quality of their job design; feel supported by their immediate managers, with staff reporting good communication between senior management and staff. However, with the re-organisation of the NHS and the uncertainty about the future along with the fact that services are being asked to deliver services for less money, this means that there are also external factors which are contributing to work-related stress. However, the Trust is committed to continuing to address the issue of work-related stress. Therefore, in addition to the on-going training events to help staff manage work-related stress, as part of our action plan, we will seek feedback from the Staff Consultation Service, on the issues and general work pressures that staff are identifying in their sessions with clinicians from this service.

- Likewise 40% staff reporting well-structured appraisal means 60% do not! Is improvement possible?

Trust response: Obviously, we need to try to understand this figure better. This is notwithstanding the fact that the percentage of Trust staff (40%) reporting in the 2011 National Staff Survey that they have received 'well-structured appraisal' is comparable with the national average figure (39%) for other mental health/learning disability trusts. Whereas, the 'best 2011 score for mental health/learning disability trusts' was 51 %. In addition, 85% of Trust staff completed an appraisal with their manager during 2011.

We continue to work on improving our appraisal processes with the introduction of much more structured job planning, which we think should help address this. For example, we think that it will provide greater clarity for staff about what is expected of them, for example in terms of this percentage of time that staff commit to direct face to face appointments, supervision of staff and to the provision of training.

- 73% staff working extra hours as opposed to 65% elsewhere means there are likely to be cracks appearing. The fact that it occurs almost



as much elsewhere is no consolation. It shouldn't happen there either. Further information would be welcomed.

Trust response: We agree that this is an issue which needs to be addressed. The Trust's results for this question have always been high and working extra hours is much more evident with clinical staff. The Trust's score for staff engagement is high, meaning there is possibly a link between staff 'over commitment' and working longer hours. However, the Trust is working on having clearer job plans and much more structured working arrangements which should help address and reduce the number of staff reporting that they work extra hours.

- Increase in Equality & Diversity Training from 46% to 59% is encouraging. We'd welcome increasing it even more in future years.

Trust response: With all our quality targets, we aim to achieve year on year improvement, where possible. The significant increase from 46% to 59% was identified as a 'key finding' for the Trust in the 2011 Staff Survey.

### Range of Psychological Therapies

- FAST (Families and Schools Together) Is this awareness training for children?
- Very good.

Trust response: Families and Schools Together (FAST) is an early-intervention/prevention, collaborative, school-based, multifamily family-support program for primary school children who have been identified by their teachers as having behaviour problems.

### The Portman Clinic

- Lack of expertise to treat those with Antisocial Personality Disorder: I welcome your initiative to see if violence decreases after Mentalization-based treatment. This has evidenced good results. Would you like support to continue developing expertise? I'm sure CLINK would agree this is needed.

Trust response: We would like support to continue to develop expertise. We are keen to develop the service, and are having some success in being able to

engage some of the most difficult to treat patients in therapy. However, we are constrained by being a small out-patient clinic with limited resources, and also we are already over-performing on our specialist clinical contract, where we have been seeing more patients than we are funded to see, so this makes it difficult for us to take on many more patients at present within this contract.

### **Complaints received**

- 9 formal complaints in year 2011/12 is not good in my view. Can we see them? NHS fares scheme would seem a pretty basic provision to be expected by patients, especially those with No Recourse to Public Funds such as Asylum seekers. Apart from posters do you train Reception staff? This would seem appropriate.

Trust response: The Trust accepts that it did not actively promote the fares scheme, but with posters this has been rectified, however information has always been in the patient leaflet that is sent to all patients. Reception staff are aware of the NHS fares scheme and posters are now in all public areas

We have a few number of complex complaints each year (usually between about 9-12) so this isn't unusual for us. Our patients have one to one care with time to talk through their concerns as a cornerstone of the service we provide and this is reflected in the few that choose to use the complaints process.

Due to the small number we do not publish full details of the complaints as there is a risk that individuals could be identified.

### **Barnet's Young people's Drug and Alcohol Service (YPDAS)**

- Impressive results from Barnet YPDAS. What makes this service so successful by comparison to others?

Trust response: Barnet YPDAS is a community based service that relies heavily on the involvement of young people owing to the nature of the work (drugs and alcohol) however we strive to apply the learning from this project to all our services.

## Did not Attend Rates

- Refugee Service has higher than average Did Not Attend rates. How can this be reduced? Is information available as to what different methods can be used for Refugees?
- Waiting Time reductions for first appointment are impressive.

Trust response: In general it is absolutely within the remit of this work that one would expect higher than average DNAs. We already work on this in the way that we attempt to engage these patients as described in the previous section 'Comments from Camden Primary Care Trust'.

## Overview

- In Summary I would say your analysis is fairly comprehensive but I would like to see wider coverage of awareness in refugee community organisations and consultation is essential in person rather than by questionnaire.

Trust response: We agree and are drawing up a plan to visit six local organisations over the next few months.

## Comments from Camden Overview and Scrutiny Committees

While we invited feedback from the Camden Overview and Scrutiny Committees on our Draft Quality Report, it was not received prior to the completion of the Quality Report. However, we will act on the feedback from the Camden Overview and Scrutiny Committees as and when it is received.

## 4.2 Statement of Directors' Responsibilities in respect of the Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 as amended to prepare Quality Accounts for each financial year.

Monitor has issued guidance to NHS Foundation Trust Boards on the form and content of annual Quality Reports (which incorporate the above legal requirements) and on the arrangements that Foundation Trust Boards should put in place to support the data quality for the preparation of the Quality Report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

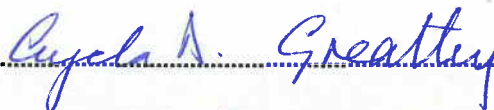
- The content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual;
- The content of the Quality Report is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2011 to June 2012
  - Papers relating to Quality reported to the Board over the period April 2011 to June 2012
  - Feedback from the commissioners dated 23/5/2012
  - Feedback from governors received on 15/2/2012. Although we have obtained feedback from governors on an earlier version of the Draft Quality Report, we are awaiting feedback on the latest draft of the Quality Report.
  - Feedback from LINKs dated 22/05/2012
  - The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009. (We have an annual complaints report dated May 2012 covering 2011-12, presented to the Board of Directors in May 2012. This report will be published in June 2012).
  - The latest national patient survey. (This is not applicable as the Trust's 2011 Patient Survey replaces this)
  - The 2011 national staff survey, received by the Trust in March 2012
  - The Head of Internal Audit's annual opinion over the trust's control environment dated 24/05/2012

- Care Quality Commission quality and risk profiles. [The Board does not receive the Quality Risk Profiles but has received assurance via the Clinical Quality, Safety and Governance Committee (CQSG) and via the Director of Corporate Governance and Facilities Report to CQSG that no issue had been highlighted for the period covering 2011-12]
- The Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered;
- The performance information reported in the Quality Report is reliable and accurate;
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice; and
- The data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at [www.monitor-nhsft.gov.uk/annualreportingmanual](http://www.monitor-nhsft.gov.uk/annualreportingmanual)) as well as the standards to support data quality for the preparation of the Quality Report (available at [www.monitor-nhsft.gov.uk/annualreportingmanual](http://www.monitor-nhsft.gov.uk/annualreportingmanual)).

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

By order of the Board

NB: sign and date in any colour ink except black

29 MAY 2012 Date  Chairman

29 May 2012 Date  Chief Executive

# Appendix – Overview of Quality Indicators 2011/2012

Target	RAG Status	Achievement	Page Number for Details of Target
Child and Adolescent Mental Health Service Outcome Monitoring Programme			
To achieve a return rate of 60% for the Goal-based Measure for Time 1 and Time 2 (for those patients who completed the Goal-based Measure at Time 1).	Green	85%	11
Adult Outcome Monitoring Programme			
To achieve a return rate of 60% for the Clinical Outcomes for Routine Evaluation for Time 1 and Time 2 (for those patients who completed the Clinical Outcomes for Routine Evaluation at Time 1).	Amber	58%	12
Access to Clinical Service and Health Care Information for Patients and Public			
To increase the number of leaflets about specific treatment modalities from 0 to at least 5 leaflets by February 2012.	Amber	5 leaflets have been drafted and will be formally agreed in April 2012.	14
To ensure that links to the leaflets are clearly accessible through the website by February 2012.	Red	Not possible to achieve this target because of delay in completion of the leaflets.	14
Patient and Public Involvement:			
To have held at least 3 stakeholder quality meetings by February 2012.	Green	We have held 3 stakeholder meetings	16
To increase the membership numbers by 10% by March 2012.	Green	Membership has increased by more than 10% from last year.	17
To develop a clear strategy around engagement with people from black and ethnic minority communities by February 2012.	Green	The Patient and Public Involvement Committee has written a Black and Ethnic Minority Engagement Strategy.	17
To trial a patient forum and to hold at least 3 patient information / discussion groups by February 2012.	Green	We have held 3 patient forum / discussion groups	18
To increase our presence on at least one of the social media websites by February 2012.	Green	We currently have a presence on Facebook, along with Twitter.	19
Maintaining a High Quality, Effective Workforce			
For 75% or more of Trust staff to have attended the mandatory In-Service Education and Training once every 2 years, as required.	Green	92%	20
For 75% or more staff joining the Trust to have attended Trust-wide Induction.	Green	89%	21
For 75% or more staff joining the Trust to have completed their Local Induction.	Green	98%	21
Patient Safety Indicators			
NHS Litigation Authority Level	Green	Level 2 achieved (Feb 2011)	39
Patient Safety Incidents	N/A	69	40
Monitoring of Adult Safeguard Alerts	N/A	2	40
Safeguarding of Children - Level 3 Training	N/A	86%	42
Staff Survey: *Scale is from 1 to 5. 1 is a low score and 5 is a high positive score.			
Staff working extra hours	N/A	73%	43
Well-structured appraisals received	N/A	40%	
Staff reporting work-related stress	N/A	27%	
Job satisfaction *	N/A	3.79	
Recommend the Trust as a place to work or receive treatment *	N/A	3.94	
Clinical Effectiveness Indicators			
Monitor number of staff with Personal Development Plans	N/A	85%	47
Patient Experience Indicators			
Complaints received	N/A	9	52
Patient Survey:			
Patients who would recommend the Trust	N/A	78%	52
Patients rating care 'excellent' / 'very good' / 'good'	N/A	79%	
Patients who felt they were listened to and treated with respect and dignity	N/A	76%	
Patients rated the Trust's facilities as very good or good	N/A	82%	
Did Not Attend Rate:			
Trust Wide - First Attendances	N/A	11.4%	56
Trust Wide - Subsequent Appointments	N/A	10.7%	
Waiting Time Breaches:			
Trust Wide - Number of patients waiting for first appointment for 11 or more weeks	N/A	74	58
Internal Causes	N/A	28	
External Causes	N/A	46	
Trust Wide - Percentage of patients waiting for first appointment for 11 or more weeks	N/A	4.7%	
Internal Causes	N/A	1.8%	
External Causes	N/A	2.9%	



## Appendix – Glossary of Key Data Items

**Black and Minority Ethnic Groups Engagement** - We plan to improve our engagement with local black and minority ethnic groups, by establishing contact with Voluntary Action Camden and other black and minority ethnic community groups based in Camden.

**Care Quality Commission** – This is the independent regulator of health and social care in England. It registers, and will license, providers of care services, requiring them to meet essential standards of quality and safety, and monitors these providers to ensure they continue to meet these standards.

**Children and Adolescent Mental Health Service Outcome Research Consortium protocol**- is a collaborative membership organisation, which aims to support children and adolescent mental health services in undertaking outcome evaluation. Children and Adolescent Mental Health Service Outcome Research Consortium members collect data from three key perspectives, the child, the parent and the practitioner.

In brief, the Children and Adolescent Mental Health Service Outcome Research Consortium protocol is as follows:

1. Member services complete and score the first set of questionnaires.
2. Services can feedback data gathered in the Youth in Mind database for the cases seen in their services.
3. Services complete and score a second set of questionnaires 6 months after the first set have been completed, and then at six month intervals and case closure for longer term cases.
4. Services can use the Youth in Mind database in order to provide feedback on cases and practitioners.
5. Services send all the information to the Children and Adolescent Mental Health Service Outcome Research Consortium research team annually in their allocated month of submission.
6. Children and Adolescent Mental Health Service Outcome Research Consortium send back a report based on data received.

**Clinical Outcome Monitoring** - in "talking therapies" is used as a way of evaluating the effectiveness of the therapeutic intervention and to demonstrate clinical effectiveness.

**Clinical Outcomes for Routine Evaluation** -The 34 items of the measure covers four dimensions, subjective well-being, problems/symptoms, life functioning and risk/harm.

**Commission for Health Improvement Experience of Service Questionnaire** -  
This captures parent and child views related to their experience of service.

**Commissioning for Quality and Innovation Payment Framework** -This enables commissioners to reward excellence by linking a proportion of the Trust's income to the achievement of local quality improvement goals.

**Complaints Received** - This refers to formal complaints that are received by the Trust. These complaints are all managed in line with the Trust's complaints policy.

**Did Not Attend Rates** -The Did Not Attend rate is measured for the first appointment offered to a patient and then for all subsequent appointments. There is an 11% upper limit in place for the Trust, which is the quality standard outlined in our patient services contract.

The Did Not Attend Rate is based on the individual appointments attended. For example, if a family of three is due to attend an appointment but two, rather than three, family members attend, the appointment will still be marked as attended. However, for Group Therapy the attendance of each individual will be noted as they are counted as individual appointments.

Did Not Attend rates are important to the Trust as they can be regarded as a proxy indicator of patient's satisfaction with their care.

**Goal Based Measure**- These are the goals identified by the child/young person/family/carers in conjunction with the clinician, where they enable the child/carer etc to compare how far they feel that they have moved towards achieving a goal from the beginning (Time 1) to the end of treatment (either at Time 2 at 6 months, or at a later point in time).

**Infection Control** - This refers to the steps taken to maintain high standards of cleanliness in all parts of the building, and to reduce the risk of infections.

**Information Governance** -is the way organisations 'process' or handles information. It covers personal information, for example relating to patients/service users and employees, and corporate information, for example financial and accounting records.

Information Governance provides a way for employees to deal consistently with the many different rules about how information is handled, for example those included in The Data Protection Act 1998, The Confidentiality NHS Code of Practice and The Freedom of Information Act 2000.



**Information Governance Assessment Report** - The Trust is required to carry out a self-assessment of their compliance against the Information Governance requirements.

The purpose of the assessment is to enable organisations to measure their compliance against the central guidance and to see whether information is handled correctly and protected from unauthorised access, loss, damage and destruction.

Where partial or non-compliance is revealed, organisations must take appropriate measures, (for example, assign responsibility, put in place policies, procedures, processes and guidance for staff), with the aim of making cultural changes and raising information governance standards through year on year improvements.

The ultimate aim is to demonstrate that the organisation can be trusted to maintain the confidentiality and security of personal information. This in turn increases public confidence that 'the NHS' and its partners can be trusted with personal data.

**Information Governance Toolkit** - is a performance tool produced by the Department of Health. It draws together the legal rules and central guidance included in the various Acts and presents them in one place as a set of information governance requirements.

**In-Service Education and Training / Mandatory Training** - The Trust recognises that it has an obligation to ensure delivery of adequate and appropriate training to all staff groups, that will satisfy statutory requirements and requirements set out by the NHS bodies, in particular the NHS Litigation Authority and the Care Quality Commission Standards for Better Health. It is a requirement for staff to attend this training once every 2 years.

**Local Induction** - It is the responsibility of the line manager to ensure that new members of staff (including those transferring to new employment within the Trust, and staff on fixed-term contracts and secondments) have an effective induction within their new department. The Trust has prepared a Guidance and checklist of topics that the line manager must cover with the new staff member.

**Monitoring of Adult Safeguards**-This refers to the safeguarding of vulnerable adults (over the age of 16), by identifying and reporting those adults who might be at risk of physical or psychological abuse or exploitation.

The abuse, unnecessary harm or distress can be physical, sexual, psychological, financial or as the result of neglect. It may be intentional or unintentional and can be a single act, temporary or occur over a period of time.

**National Clinical Audits** - are designed to improve patient care and outcomes across a wide range of medical, surgical and mental health conditions. Its purpose is to engage all healthcare professionals across England and Wales in systematic evaluation of their clinical practice against standards and to support and encourage improvement and deliver better outcomes in the quality of treatment and care.

**National Confidential Enquiries** - are designed to detect areas of deficiency in clinical practice and devise recommendations to resolve these. Enquiries can also propose areas for future research programmes. Most confidential enquiries to date are related to investigating deaths and to establish whether anything could have been done to prevent the deaths through better clinical care.

The confidential enquiry process goes beyond an audit, where the details of each death or incident are critically reviewed by a team of experts to establish whether clinical standards were met (similar to the audit process), but also to ascertain whether the right clinical decisions were made in the circumstances.

Confidential enquiries are "confidential" in that details of the patients/cases remain anonymous, though reports of overall findings are published.

The process of conducting a national confidential enquiry process usually includes a National Advisory Body appointed by ministers, guiding, overseeing and co-ordinating the Enquiry, as well as receiving, reporting and disseminating the findings along with recommendations for action.

**NHS Litigation Authority** - The NHS Litigation Authority operate a risk pooling system into which trust contribute on annual basis and it indemnifies NHS bodies in respect of both clinical negligence and non- clinical risks and manages claims and litigation under both headings. The Authority also has risk management programmes in place against which NHS trusts are assessed.

**NHS Litigation Authority Level** - The NHS Litigation Authority has a statutory role "to manage and raise the standards of risk management throughout the NHS" which is mainly carried out through regular assessments, ranging

from annually to every three years, against defined standards developed to reflect the risk profiles of the various types of healthcare organisations. Compliance with the standards can be achieved at three levels, which lead to a corresponding discount in contributions to the NHSLA schemes.

There are 50 standards to achieve covering the categories of governance, workforce, safe environment, clinical and learning from experience. Level 1 assesses that the policies around each standard are in place, level 2 ensures that processes around each policy are in place and level 3 ensure compliance with both the policies and processes for each of the individual standards.

**Participation in Clinical Research** - The number of patients receiving NHS services provided or sub-contracted by the Trust that were recruited during the year to participate in research approved by a research ethics committee.

**Patient Feedback** -The Trust does not participate in the NHS Patients Survey but conducts its own survey annually, as it has been exempted by the Care Quality Commission from using the NHS patient Survey, with the recognition that the nature of the services provided by the Trust differ to other mental health trusts.

There are various other methods used to obtain feedback from patients, including small scale surveys and audits (such as the Children's Survey, the Ground Floor Environment Survey, the Website Survey), the suggestions box, feedback to the PALS officer and informal feedback to clinicians and administrators.

**Patient Forums /Discussion Groups** – These meetings aim to increase the opportunities for patients, members and the public to obtain information, and to engage in discussions about topics, such as therapy - how it can help, and issues such as confidentiality. In turn, the feedback to the Trust generated by these meetings is used to improve the quality of our clinical services.

**Patient Safety Incidents** This relates to incidents involving patient safety which are reportable to the National Patient Safety Agency database National Reporting and Learning System.

**Percentage Attendance** – The number of staff members who have attended the training or completed the inductions (Trust-wide and Local) as a percentage of those staff required to attend training or complete the inductions. Human Resources (Staff Training) record attendance at all mandatory training events and inductions using the Electronic Staff Record.

**Periodic / Special Reviews** - The **Care Quality Commission** conducts special reviews and surveys, which can take the form of unplanned visits to the Trust, to assess the safety and quality of mental health care that people receive and to identify where and how improvements can be made.

**Personal Development Plans**- Through appraisal and the agreement of a Personal Development Plan for each member of staff 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.

**Range of Psychological Therapies** - This refers to the range of psychological therapies available within the Trust, which enables us to offer treatment to a greater range of patients, and also offer a greater choice of treatments to our patients.

**Return rate** - The number of questionnaires returned by patients and clinicians as a percentage of the total number of questionnaires distributed.

**Safeguarding of Children Level 3** - The Trust has made it mandatory for all clinical staff from Child and Adolescent Mental Health Services and the Adolescent Directorate to be trained in Safeguarding of Children Level 3, where staff are required to attend Level 3 training every 3 years.

The training ensures that Trust staff working with children and young people are competent and confident in carrying out their responsibilities for safeguarding and promoting children's and young people's welfare, such as the roles and functions of agencies; the responsibilities associated with protecting children/young people and good practice in working with parents. The Level 3 training is modeled on the core competencies as outlined in the 'Safeguarding Children and Young People: Roles and Competencies for Health Care Staff' (Intercollegiate Document 2010); Working Together to Safeguard Children, 2010; the London Child Protection Procedures 4th Ed., 2010; NICE Clinical Guidance 2009: 'When to Suspect Child Maltreatment'.

**Shedler-Western Assessment Procedure** – This is a Q-sort instrument designed to assess personality pathology on the basis of clinician ratings, where the clinician is required to rank-orders 200 test items into categories from non-descriptive to highly descriptive of the patient. It is used with adults over the age of 18.

**Social Media Websites** – This includes social media sites, such as Facebook and Twitter.

**Specific Treatment Modalities Leaflets** - These leaflets provide patients with detailed information on the different treatment modalities offered by the Trust, to facilitate patients making informed choices and decisions about their treatment.

**Stakeholder Quality Meetings** - These include consultation meetings with stakeholders (Patient and Public Involvement representatives), Non-Executive Directors and a Governor, and the separate meeting with governors. The purpose of these meetings is to contribute to the process of setting quality priorities and to help improve other aspects of quality within the Trust.

**Strengths and Difficulties Questionnaire** – At the outset (Time 1) this helps identify the child's difficulties, and the improvements in these difficulties over time as seen by the child, parent and teacher, which is captured at Time 2, and at later points in time.

**The Children's Global Assessment Scale** - This provides a global rating of functioning covering a range of situations, e.g. school, home environment etc, and is completed by clinicians.

**Time 1** - Typically, patients are asked to complete a questionnaire during the initial stages of assessment and treatment, prior to their first appointment.

**Time 2** - Patients are again asked to complete a questionnaire at the end of assessment and treatment. The therapist will also complete a questionnaire at Time 2 of the assessment and/or treatment stage.

Our goal is to improve our Time 2 return rates, which will enable us to begin to evaluate pre- and post- assessment/treatment changes, and provide the necessary information for us to determine our clinical effectiveness.

**Trust-wide Induction** – This is a trust-wide induction event for new staff, which is held 3 times each year. All new staff (clinical and non clinical) receive an invitation to the event with their offer of employment letter, which makes clear that they are required to attend this induction as part of their employment by the Trust.

**Trust Membership** - As a foundation trust we are accountable to the people we serve. Our membership is made up of our patients and their families, our students, our staff and our local communities. Members have a say in how we do things, getting involved in a variety of ways and letting us know their

views. Our members elect governors to represent their views at independent boards where decisions about what we do and how we do it are made. This way we can respond to the needs of the people we serve.

**Waiting Times** - The Trust has a policy that patients should not wait longer than 11 weeks for an appointment from the date the referral letter is received by the Trust to the date of the first appointment attended by the patient.

However, if the patient has been offered an appointment but then cancelled or did not attend, the date of this appointment is then used as the starting point until first attended appointment.

The Trust monitors waiting times on an on-going basis, seeking to reduce the length of time that patients have to wait, especially beyond eleven weeks. A list of breached first appointments is issued at the end of each quarter for each service, together with reasons for the long wait and, if appropriate, the actions to be taken to prevent recurrence.

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