

Tavistock and Portman NHS Foundation Trust

Annual Report and Accounts 2012/13

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

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Annual Report 2012/13

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Foreword

The year 2012-13 has perhaps been most shaped by two events: the publication of the Final Report of the Independent Inquiry into the terrible failures in the quality of care provided by Mid-Staffordshire NHS Foundation Trust by Robert Francis QC; and the lead up to the full implementation of the Health and Social Care Act. The former has refocused the NHS on the profound importance of quality, safety, care and compassion, and the centrality of the patient/carer voice in securing these; the latter has encompassed the creation of new commissioning systems, structures and organisations, the separation of public health under the new body, Public Health England, and the overall leadership of the system moving to NHS England. All of this is set against the backdrop of continuing financial pressures on the NHS and significantly greater financial pressures on other public services.

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 remain 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 for both clinical services and training and education.

Alongside the delivery of such high quality services, we have continued to develop new areas of service. Most significant, perhaps, was the successful tendering for the National Unit for Family Nurse Partnership (FNP), previously hosted by the Department of Health. FNP is an evidence based programme focused on delivering effective support for vulnerable young first time mothers. Alongside this we have continued to invest in the development of our online clinical services, delivered in partnership with Big White Wall, and in our online training and education. As a part of the Trust's involvement in the development of online mental health services and training, we are also contributing at a national level to the development of e-mental health strategy.

Inevitably, within the current climate, much attention over the past year has also been focused on productivity and cost reduction. Over the course of the year the Trust delivered a painful, but very successful programme of service redesign and restructuring. This programme was led by the Deputy CEO, Mr Simon Young. It ensures that we continue to be able to develop and deliver the quality of service for which we have earned our reputation, with reduced resources. This is not an easy task, but again our staff have engaged with real commitment to preserving outcomes and value for all clients. Having a commitment to care and compassion that

runs right through the organisation is absolutely essential and something that we endeavour to retain as a central commitment and value.

Over the year we have worked closely with our local Academic Health Science Centre and Network, UCL Partners. Within UCLP we are very involved with the mental health theme, and with the application of value based approaches to health care; in the development of the Psychological Interventions Research Centre (PIRC); and in the implementation of Children and Young People's IAPT (improving access to psychological therapies).

In addition, 2012-13 also saw the development and then authorisation of the North Central and East London Local Education and Training Board (LETB). Our Chief Executive, Dr Patrick, sits on the LETB representing mental health. LETBs will be key structures within the new commissioning landscape for training and education. Dr Patrick has also been appointed to lead the pan-London Strategic Clinical Network (SCN) for mental health, with a focus on care pathway design and development in support of the role of Clinical Commissioning Groups.

In terms of governance and performance, the Trust achieved a Financial Risk Rating (FRR) of 3 in quarters one and two, and 4 in quarters three and four, thus finishing the year ahead of plan. The Trust achieved a governance rating of green across all four quarters, and 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 across the year; this was supported by external review in summer 2012. Meanwhile our Council of Governors has now moved beyond its second round of re-elections, with the result that many governors are new in role. We are, however, exceptionally lucky in the quality and commitment of our governing body. This is particularly important as we work to implement the Health and Social Care Act and to develop the Trust's relationship with its membership in coming years. It has been good to see that the positive culture established over our first six years as a foundation trust continues to be built upon and that this will support the effective implementation of the Act.

Over the coming year, the Trust will continue to work even more 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. Our staff survey results continue to be amongst the very best in the country, indicating a very high level of satisfaction and engagement from staff; this is a precious commodity, however, 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



Angela Greatley
Trust Chair

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, 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 2012/13

In 2012/13, 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 significant growth across the year, with an overall increase of 2.7% in income. This growth was located in income for patient services, while income for education and training reduced very slightly.

New clinical services which had started, or been taken on during the previous year, were developed further during 2012/13. Amongst these are the City and Hackney Primary Care Psychotherapy Consultation Service, Westminster Family Centres, new child and adolescent mental health services in Camden and our online mental health services. One major success in the year was the successful bid to take on the national Family Nurse Partnership (FNP) Unit from the Department of Health. This contract will commence on April 1st 2013, and will add significantly to the Trust's portfolio of work. FNP is a programme aimed at supporting vulnerable young first time mothers to ensure that both mother and infant have a good start together.

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 Centre. 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 Council 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 undertook a significant service redesign exercise during the course of the year with the aim of ensuring longer term sustainability while further developing the quality of our offer. This work involved root and branch redesign of services, coupled with a voluntary redundancy

scheme and a small number of compulsory redundancies in specific services.

During the year, 30 staff left under the Trust's voluntary redundancy scheme; and 10 staff had to be made compulsorily redundant. The cost of these redundancies was £1,508k. A further £527k has been included in the accounts for staff whose applications for voluntary redundancy had been accepted by 31 March and who are leaving early in the new financial year. 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 £1,298k before restructuring costs, which was significantly higher than Plan and than the previous year, and covered a large part of the restructuring costs. As a result, the net deficit of £737k was considerably less than the planned £1,450k.

The efficiency savings required for 2013/14 have been largely achieved during 2012/13, and the budget for the new year does not include further restructuring costs. It will remain challenging, however, to continue to deliver major savings in future years.

Table 1: Financial Overview 2012/13

	2012/13 (£000)	2011/12 (£000)
Income		
Patient Services	15,723	14,163
Education & Training	17,052	16,137
Consultancy	1,417	887
Research	315	299
Other	1,656	1,763
Total income	36,163	33,249
Expenditure		
Pay	24,812	25,067
Non-pay	9,150	7,190
Total expenditure	33,962	32,257
EBITDA before restructuring costs	2,201	992
Depreciation, amortisation & impairments	-542	-529
Bank interest	8	10
Other finance costs	-2	-2
Dividend (to DH)	-367	-340
Retained surplus before restructuring costs	1,298	131
Restructuring costs	-2,035	-1,208
Retained surplus / (deficit)	-737	-1,077
EBITDA (before restructuring) as % of income	6.1%	3.0%

Risks and uncertainties

The Trust, the NHS, and the public sector as a whole, continues to face substantial financial pressures. Commissioning structures are changing formally on 1st April 2013, and commissioners will continue to review services as they seek to ensure high quality and value for money. Efficiency savings targets were set at 4% for 2012/13 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 2013/14. 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 Council of Governors has been actively involved in the development of the Trust's Annual Plan, shaping the overall direction of the Trust's services.

The Trust 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. For the coming year we will be having an increased focus on the measurement of clinical outcomes that matter to patients, ensuring that we maximise the value of our services

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 a redesign of the 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 2012/13

The Trust is in a strong position at the end of this year. We are taking on new work in areas central to our core mission, continue to grow as a consequence, and have agreed a strong budget for the coming year. That is not to say that there are not significant risks. NHS finances are extremely tight and competition, as a consequence, is strong. Roughly half of the Trust's income is generated in relation to training and education, and across the whole higher education sector student recruitment and retention is under pressure. At the same time our Annual Plan contains specific plans for further development and growth which we believe are both realistic and achievable, within both patient services and training and education.

Compared with other mental health trusts, where the average DNA rate reported is around 14% , the Trust-wide DNA rate for patients in 2012/13 both for First Attendances (which can include assessment or consultation appointments) and for subsequent/follow-up appointments is below average, at 11%.

The Trust aims to make a positive contribution to public mental health through its emphasis on early years interventions and preventative work, and the Family Nurse Partnership programme will enhance our contribution in this area significantly. The Trust is also seeking creative and constructive ways to support the development of value based approaches to mental health care, and continues to invest in innovation. 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 development of a national e-mental health strategy. This is work that we will be actively pursuing over the coming year.

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 of 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.

Clinical quality, safety and governance is covered in the Annual Governance Statement, later in the report.

Operating and Financial Review

The audited accounts for 2012/13 are attached to this Report.

The Trust again achieved all its statutory financial duties. Earnings before interest, tax, depreciation and amortisation were £2,201k (compared to £992k in 2011/12); and after allowing for depreciation, interest and dividend, the Trust has a surplus of £1,298k (£131k in 2011/12). These figures are before allowing for £2,035k of restructuring costs – payments for redundancy and early retirement.

The cash balance at 31 March 2012 was £3,176k, up from £2,357k the previous year, despite the redundancy and early retirement payments. This included some temporary factors, and the balance is expected to reduce in the new year. The Trust has a loan facility of £2.4m, but no borrowing was necessary in the period.

The Trust expects its Financial Risk Rating issued by Monitor to be at level 4 based on the 2012/13 Accounts; and at level 3 based on the 2013 Annual Plan. As in previous years, the Trust plans to achieve a small surplus by meeting the national target for annual efficiency improvements. No significant restructuring costs are included in the Plan for 2013/14.

Capital expenditure totalled £606k, similar to Plan and slightly higher than the depreciation charge for the year. 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 24 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.

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.

Going Concern

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.

The Trust and Environmental matters.

During 2012 the Trust reviewed the Policy and Procedure for Environmental Management and developed a Sustainable Development Management Plan.

Improved engagement with the community

The local community is a key stakeholder of the Trust and is increasingly focusing on sustainability. The Trust's engagement and enhanced commitment and leadership with this agenda will therefore improve its relationship with them. The Trust seeks to be an example of good practice and so engage others in making a positive contribution to sustainable development.

Carbon Management

Carbon and its reduction is a good measure of sustainable development activity. Our approach to embedding sustainability in our operations is therefore to focus on carbon emissions arising from buildings, materials procured and the effective interaction with staff, visitors, patients, suppliers and the wider community.

The Trust will work towards the targets identified by the NHS Sustainable Development Unit (SDU) and aims to reduce the emissions arising from its operations by at least 10% by 2015. Arising from the Climate Change Act 2008 progressive targets have been set for UK emissions; 34% reduction by 2020 and 80% by 2050. This sustainable Development Management Plan is an important part of ensuring that the Trust contributes to meeting these targets.

Although some measures may not result in direct financial savings there is likely to be the opportunity to identify carbon or other savings, which will therefore be able to contribute to the NHS targets.

The most important partners are the employees of the Trust. Their enthusiasm and commitment for Carbon Management is essential if we are to deliver the objectives and make use of the opportunities available. As a result, engagement and communication with and involvement of employees is key to delivering the agenda.

The Trust operates as an organisation with offices and staff bases within the community it serves. As such, some of its carbon impacts relate directly to its operations, and may be controllable, while others are indirect and it may or may not be easily influenced. Liaison with partners, for example landlords (health service or otherwise) or tenants, is therefore essential.

Our Commitments

We recognise the impact that the Trust operations have on the environment as well as the strong link between sustainability and the health of the public.

The Trust has undertaken a number of measures already to progress the sustainable development agenda, directly or indirectly. These include:

- Enhanced data management relating to energy, waste and water as part of the Estates Return Information Collection (ERIC) returns
- Cycle rack and shower facilities to encourage more cycle use
- Improvements in waste management and contracts
- Recycling of IT equipment
- Trust-wide events focused on raising staff awareness about the trust's commitment to sustainable living and working

The Trust has seen real benefits of the recent condensing boiler installation and has managed its energy consumption better than expected despite a prolonged winter. This has also been aided by the upgrade of the building management system. This is due to be further enhanced to give the Trust more control and therefore even better energy management.

Remuneration Report

Remuneration Committee

Composition & Attendance

Table 2: Composition & Attendance at Remuneration Committee Meetings 2012/13

	25 th September 2012
Angela Greatley (Chair)	✓
Martin Bostock	✓
Altaf Kara	✓
Joyce Moseley	✓
Ian McPherson	✓
Richard Strang	X

All members of the Committee are Non-Executive Directors.

The Director of Human Resources, 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.

Travel and subsistence expenses totalling £28 were reimbursed to governors during the year; and £1,526 to directors.

Accounting policies for pensions and other retirement benefits for all staff are set out in Note 1.4 to the Accounts. Details of all remuneration to each senior manager in the Trust are given in Note 24 to the Accounts.

"Off-payroll" Engagements

A small number of Trust staff are employed by university partners, rather than directly by the Trust. They are covered by the standard employment conditions of those universities.

With this exception, there were no "off-payroll" contracts during 2012/13 for any staff who were either paid more than £58,200 per annum or paid more than £220 per day for more than six months.



Matthew Patrick
Chief Executive

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 Council of Governors.

The Council of Governors (the Board of Governors was re-named "Council of Governors" in October 2012 in accordance with the requirements of the Health and Social Care Act 2012) 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 Council 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 Council 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 Council 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.

The Trust complies with the relevant principles and provisions of the Combined Code on Corporate Governance.

Council of Governors

Composition & Attendance

Table 3: Composition & Attendance at Council of Governors Meetings 2012/13

Governor Name	Type	June 2012	Sept 2012	Dec 2012	Feb 2013
Miranda Alcock	Public	N/A	N/A	✓	✓
Robin Anderson	Public	✓	✓	N/A	N/A
Natalie Baron	Public	N/A	N/A	✓	✓
Jo Blanchard	Public	✓	X	N/A	N/A
Jonathan Bradley	Staff	✓	✓	N/A	N/A
Mary Burd	Public	✓	✓	✓	✓
Pat Callaghan	Stakeholder	X	N/A	N/A	N/A
Farayi Chikowore	Public	N/A	N/A	✓	x
Handsen Chikowore	Public	N/A	N/A	✓	✓
Stephanie Cooper	Public	✓	✓	N/A	N/A
Kate Davies	Public	N/A	N/A	✓	✓
Sara Godfrey	Public	✓	X	✓	✓
Amanda Hawke	Staff	✓	✓	N/A	N/A
Simone Hensby	Stakeholder	X	X	X	x
Lou James	Public	✓	✓	N/A	N/A
John Joughin	Stakeholder	✓	✓	✓	✓
Kryss Katsiavriades	Staff	N/A	N/A	✓	✓
Lauraine Leigh	Public	N/A	N/A	✓	✓
Claire-Louise Leyland	Stakeholder	N/A	✓	✓	✓
Anthony Levy	Public	N/A	N/A	✓	✓
Brenda Lewin	Public	✓	✓	N/A	N/A
Caroline Lindsey	Public	✓	✓	N/A	N/A

Mark Pearce	Public	N/A	N/A	✓	✓
Elena Rowland	Public	N/A	N/A	✓	✓
Robin Solomon	Staff	N/A	N/A	✓	✓
Nigel South	Stakeholder	X	✓	X	x
Carole Stone	Public	X	X	N/A	N/A
John Wilkes	Public	✓	✓	N/A	N/A

Public and Staff Governors are elected for a period of three years. The term of office of the Council of Governors began on 1st November 2012 and comes to an end on 31st October 2015.

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 has six seats; and the rest of England and Wales, for all residents outside of London 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 Council of Governors has Stakeholder Governors from a Primary Care Trust for which the Trust provides goods or services, 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).

The Health and Social Care Act 2012 abolishes primary care trusts. Foundation trusts are not obliged to replace the PCT Governor Stakeholder representative(s) with a representative(s) from a clinical commissioning group but the Trust has approached Camden's shadow Clinical Commissioning Group and invited them to nominate a representative(s). In March 2013, Camden CCG nominated two representatives to serve on the Council. The two representatives will replace the seat for the Camden PCT and the seat for Specialist Commissioning. The two CCG representatives will attend their first Council meeting in June 2013.

In July 2012, Cllr Pat Callaghan, Camden Council Stakeholder representative resigned and was replaced by Cllr Claire-Louise Leyland.

Elections

Nominations for Public and Staff Governors closed on 30th July 2012. The following constituencies were not contested and the following were elected unopposed:

Public: Camden (3 to elect)

- Natalie Baron
- Mary Burd (elected for a second term of office)
- Mark Pearce

Staff: Administrative and Technical: (1 to elect)

- Kryss Katsiavriades

No nominations were received for the Representatives of Recognised Staff Organisations and Trade Unions seat which remains vacant.

The seats for the Rest of London, Rest of England and Wales and Staff, Clinical, Academic and Senior were contested. The Electoral Reform Services was appointed to conduct the elections on behalf of the Trust. The following governors were elected for a three year term:

Public: Rest of London

- Farayi Chikowore
- Handsen Chikowore
- Kate Davies
- Sara Godfrey (elected for a second term of office)

- Anthony Levy
- Elena Rowland

Public: Rest of England and Wales

- Miranda Alcock
- Lauraine Leigh

Staff, Clinical, Academic and Senior

- Robin Solomon

Table 4: Voter Turnout, Election, September 2012

Constituency	Number of Seats	Number of Candidates	Number of Eligible Voters	Total Number of votes cast	Turnout (%)
Rest of London	6	7	3,182	227	7.1
Rest of England & Wales	2	3	2,239	152	7
Clinical, Academic and Senior staff	1	2	361	115	31.9

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 *Register of Governors’ Interest*. The latest version 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 Council 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 Council 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. Re-appointed September 2012. Term of office ends October 2015

- 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
- OBE in 2012 for Services to Mental Health

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 Group
- Executive Board member, Creston Plc.
- Deputy Chair, 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

- Partner, Deloitte Health Care Restructuring Services
- Formerly Director, Healthcare Practice, Ernst & Young
- 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, HCT Group
- Trustee of the Social Research Unit at Dartington
- Associate Advisor to G4S
- Chair, Transition to Adulthood Alliance
- 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. First term of office ends October 2013

- Chair, Improving Health and Wellbeing UK
- Non-Executive Director, Mental Health Division, Care UK
- Trustee, Centre for Mental Health
- Formerly 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
- OBE in 2012 for Services to Mental Health

- ***Mr Richard Strang, Deputy Trust Chair***

Appointed August 2006. Re-appointed August 2010. Term of office ends October 2013

- Board Adviser, The Devon Partnership NHS Trust
- Deputy Chair of Council & Chair of Finance Committee, Sherborne Girls
- Formerly Corporate Finance Consultant
- Formerly Senior Managing Director, Bear Stearns
- Formerly Director Corporate Finance, Morgan Grenfell
- Formerly Non-Executive Director, Morgan Grenfell Australia
- 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

- ***Dr Rita Harris, Director of CAMHS***

Appointed in 2008

- Formerly Head of Child & Adolescent Psychology Service at Kingston and District Community NHS Trust and Associate Lecturer (University of Surrey)
- Formerly Sub-Speciality Head (Adolescent Service) at Kingston & Esher Health Authority
- Formerly Senior Clinical Psychologist (Adolescent Service) at Kingston & Esher Health Authority
- Formerly Basic Grade Clinical Psychologist (Children & Families) at Medway Health Authority
- Formerly Child Development Tutor (S.E. Thames Clinical Psychology Training Scheme) at Medway Health Authority
- Formerly Trainee Clinical Psychologist at S.E. Thames Regional Health Authority
- Formerly Psychological Technician at South Glamorgan Regional Health Authority
- Formerly Research Assistant at Welsh School of Architecture (University of Wales)

- ***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 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 Management Accountant in manufacturing industry, at National Can Corporation and at Glaxo

Table 5: Composition & Attendance at Board of Directors Meetings 2012/13

Director Name	Apr 12	May 12	June 12	July 12	Sept 12	Oct 12	Nov 12	Jan 13	Feb 13	Mar 13
Angela Greatley (Chair)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Malcolm Allen	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Martin Bostock	✓	✓	✓	✓	✓	✓	✓	X	✓	✓
Rita Harris*	N/A	N/A	N/A	N/A	N/A	N/A	N/A	X	✓	X
Lis Jones	✓	X	✓	✓	✓	✓	✓	✓	✓	✓
Altaf Kara	✓	✓	X	✓	✓	X	✓	✓	✓	✓
Louise Lyon	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ian McPherson	✓	✓	✓	✓	✓	x	✓	✓	X	✓
Joyce Moseley	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Matthew Patrick	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rob Senior	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Richard Strang	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Simon Young	✓	✓	✓	✓	x	✓	✓	✓	✓	✓

*Prior to January 2013, Dr Harris attended the Board as an Observer. Following Monitor's approval of the Trust's proposed changes to its Constitution, from January 2013, Dr Harris became a non-voting member of the Board.

Non-Executive Directors' Term of Office

Non-Executive Directors are appointed by the Council of Governors for a term of three years. With the approval of the Council of Governors, Non-

Executive Directors may if they are willing, and the Council of Governors agrees, serve for another term of three years.

Removal of the Trust Chair or another Non-Executive Director would require the approval of three-quarters of the members of the Council of Governors.

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. At the Annual General Meeting on 10th October 2012, the Constitution was amended to include the Director of CAMHS as a non-voting Director on the Board. Of the other 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 a 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. The Board Performance Evaluation for the Board of Directors took place during May and June 2012, and was conducted by an external consultant. The review was 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 was to determine how effectively the Board functioned, and to consider ways in which performance could be enhanced. The report of the Review was considered at the September Board of Directors meeting and an Action Plan to address the

recommendations was agreed by the Board of Directors at the October meeting.

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 request via the Trust Secretary's office.

Audit Committee

Composition & Attendance

Table 6: Composition & Attendance at Audit Committee Meetings 2012/13

Member Name	May 12	Sept 12	Oct 12	Jan 13	Mar 13
Richard Strang (Chair)	✓	✓	✓	✓	✓
Altaf Kara	✓	X	✓	✓	✓
Ian McPherson	✓	✓	X	✓	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 Work 2012/13

In 2012/13, the Audit Committee reviewed the work of the Internal and External Auditors, counter fraud, financial systems and reporting, assurance processes, including risk management and clinical governance, and various corporate governance matters.

Much of the Committee's time has been spent on reports from Internal Auditors and on the annual external reporting of the Trust. These reports are essential to provide assurance to the Trust and to outside stakeholders that financial management is robust and that sound corporate governance procedures are in place. The Committee has continued to develop its focus on risk management and corporate governance processes in accordance with guidance from Monitor. The working relationship with the Clinical Quality, Safety and Governance Committee as agreed in 2011/12, has been effective in ensuring that the work of the two Committees is integrated and that the Audit Committee has

appropriate oversight of the assurances provided by 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 and the Audit Committee is satisfied with the processes and the conclusions of this work.

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

This committee did not meet in 2012/13 and was therefore not constituted.

Trust Chair Appointment Committee

Composition & Attendance

Table 7: Membership & Attendance at Trust Chair Committee Meetings 2012/13

Member Name	July 2012
Martin Bostock (Chair)	✓
Mary Burd	✓
Amanda Hawke	✓
Carole Stone	✓
John Wilkes	✓
Louise Lyon (ED)	✓
Ian McPherson (NED)	✓

The Trust Chair Appointment Committee is chaired by the Senior Independent Director and there are up to five 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. The Director of Human Resources, Susan Thomas, is normally in attendance at meetings of the Committee.

Trust Chair Appointment Committee Work 2012/13

The Committee met in July 2012 to consider the re-appointment of Angela Greatley, Trust Chair and made a recommendation to the Council of Governors that Ms Greatley be re-appointed for a further three year term, beginning 1st November 2012. This recommendation was approved by the Council of Governors at their meeting on 13th September 2012.

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.

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 2012/13

Constituency	31 March 2013	31 March 2012
Public	6183	6151
Staff	513	707

Membership Strategy

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

- Ensure that members can contribute to Patient and Public Involvement activity through the PPI committee
- 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 prioritise staff engagement during the year, to ensure that staff remain aware of and take ownership of the annual staff survey. This is achieved through the use of various communication techniques, which in the last year have included regular notifications and updates to staff highlighting improvements across the organisation, arising mainly out of staff survey feedback. In addition, e-mails and bulletins from various Directorates and committees are regularly provided to staff, showing progress in areas where it has been identified that the Trust needs to improve. Staff meetings have also taken place, where aspects of the Trust's survey outcomes were discussed. All these ensure that the survey remains in the forefront of staff thinking. During the survey cycle itself, staff are encouraged and supported with dedicated time to complete their survey. Messages from the Chief Executive are also provided at regular intervals during this time, updating staff on submission progress and reminding staff of the main benefits of completing the survey. Managers are also informed that staff should be allowed protected time if necessary, in order to respond to the survey fully.

A summary outcome of the findings from the 2012 survey has recently been provided to all staff, however a more detailed analysis including action plans for improvement, will be provided to the Board of Directors for approval. Action plans will include improvement targets and timescales for implementing any agreed actions. Senior Managers will be identified to lead on each area of activity.

Ongoing 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 decrease in the number of staff taking part in the survey as compared with the previous year. The Trust's response rate of 45%, was lower than the response rate of 52% in 2011. The Trust will work on improving this score in the next survey round.

This year's results also show improvements in a number of areas in comparison with the 2011 survey, while some areas have remained as good as they were in 2011. Some of these areas include:

- A high percentage of staff reporting good communication between management and staff
- An increase in the number of staff stating that they feel able to contribute towards improvements at work
- An increase in the number of staff recommending the Trust as a place to work or receive treatment
- An increase in the number of staff reporting that incident reporting procedures in the Trust are effective
- A decrease in the number of staff stating that they felt pressure to attend work while off sick
- An increase in staff motivation

The only two areas identified in the survey as having deteriorated significantly in comparison with the 2011 survey were –

- The number of staff suffering work related stress in the last 12 months

And

- The numbers saying hand washing materials are always available

The Trust's top five ranking scores were in:

- Staff reporting good communication between senior management and staff
- Staff feeling pressure to attend work
- Staff experiencing harassment, bullying or abuse from patients
- Staff witnessing potentially harmful errors, near misses or incidents in the last month
- Staff experiencing physical violence from other staff in the last month

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

- staff working extra hours
- staff receiving health and safety training in the last 12 months
- Staff receiving job relevant training in the last 12 months
- numbers of staff reporting error, near misses and incidents
- staff agreeing that their roles make a difference to patients

The summary of the Trust's results are shown in the tables below with comparisons made against 2011 results. The accompanying notes summarise the main areas where improvements are required, as well as planned activities, to secure improvements.

Table 9 2012 Staff Survey Findings – Response Rate

	2011/12		2012/13		Trust Improvement / Deterioration
Response Rate	Trust	National Average	Trust	National Average	
	52%	55%	45%	50%	Decrease 7%

Table 10 2012 Staff Survey Findings – Top 5 Ranking Scores

	2011/12		2012/13		Trust Improvement / Deterioration
Top 5 Ranking Scores	Trust	National Average	Trust	National Average	
% of Staff feeling pressure in last 3 months to attend work when feeling unwell	13%	20%	9%	22%	Decrease 4%
% of staff witnessing potential harmful errors, near misses or incidents in last month	10%	27%	18%	27%	Increase 8%
% of staff reporting good communication between senior management and staff	51%	29%	51%	30%	No change
% of Staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	6%	17%	18%	30%	Direct Comparisons are not possible due to changes made to survey
% of staff experiencing Physical violence from staff in last 12 months	0%	1%	1%	4%	Increase 1%

Table 11 2012 Staff Survey Findings – Bottom 5 Ranking Scores

	2011/12	2012/13	Trust
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					Improvement / Deterioration
Bottom 5 Ranking Scores	Trust	National Average	Trust	National Average	
% working extra hours	73%	65%	80%	70%	Increase 7%
% receiving health and safety training in last 12 months	73%	83%	66%	73%	Decrease 7%
% reporting near misses or incidents witnessed in the last month	85%	97%	76%	93%	Decrease 9%
% agreeing that their roles makes a difference to patients	90%	90%	86%	90%	Decrease 4%
% receiving job relevant training, Learning or development in last 12 months	82%	80%	73%	82%	Decrease 9%

Priorities and targets for 2013/14

The key priority areas for the Trust 2013/14 are as follows:

- increasing the Trust's staff survey response rate
- once again addressing issues relating to staff working additional hours
- continuing to implement measures to improve attendance at mandatory training events and ensure that non mandatory training needs identified from appraisals are implemented through the year
- providing targeted health and safety updates and information to staff
- 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
- 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.

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.

Table12: Monitor Risk Ratings in 2012/13

	Annual Plan	Q1	Q2	Q3	Q4 expected
Financial Risk Rating	3	4	3	4	4
Governance Risk Rating	Green	Green	Green	Green	Green

Table 13: Monitor Risk Ratings in 2011/12

	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 2012/13

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 either level 3 or level 4 throughout 2012/13. There were no formal interventions.

In the Annual Plan, the Trust budgeted to maintain a Financial Risk Rating of 3. In quarters 1 and 3, the Trust's risk rating increased to 4.

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 Board of Directors and Governors; meetings with trades' union representatives; engagement with Staff Governors; and essential and useful information provided through the Trust's intranet.

Consultations took place on service redesign covering all areas of the Trust's activity, in line with the productivity agenda. Staff meetings have also been taking place over the year, in particular concentrating on changes in our work across the three domains of child and adolescent, specialist and adult, and central services and discussing outcomes from the Trust's overall productivity exercise.

The Productivity Programme Board who are charged with working on new proposals, continue to send regular information updates to all staff and these are in addition to the monthly briefings and monthly fora, run by the Chief Executive.

The Trust's Joint Staff Consultative Committee (JSCC) meets on a regular basis to discuss any proposals that may be of concern to the employees. The Deputy Chief Executive and the Director of Finance, presents an update on the Trust's financial situation to the JSCC on a regular basis.

Equal Opportunities for employees

The Trust's Equal Opportunities Policy sets out principles and practices to be adopted to meet with our legal obligations, but more importantly our commitment to treat all job applicants and members of staff fairly. Our employment policies are compliant with the requirements of the Equalities Act 2010 and the Public Sector Equality Duty 2012 and the legislative intent around various protected characteristics.

The Trust's Equalities Committee reports annually to the Board of Directors. The Equalities Committee ensures that the Trust monitors issues relating to all protected groups under the Act, but, in addition, it sets specific Equalities Objectives every year. The Equalities objectives identified and published this year for the Trust staff focus on

occupational health and mental health within the Trust, in addition to continuing work for 2013-14 on sexual orientation.

2013-14 will be the year in which further work is developed within the organisation on occupational health and mental health, which is as much a problem for mental health organisations as for any others. There is always the matter of conflict between service requirements and the rights of individual employees with mental health difficulties. Stigma also makes it difficult for some members of staff to disclose their personal difficulties, and occupational health support is often over focused on physical illness and disability. The Trust also intends to look at the possibility of planning a major conference in order to bring attention to this complex area.

Work on sexual orientation with the staff has included a staff survey, results of which have been published, the intention to establish groups to develop work on various strands of this issue, and, to encourage LGBT support groups for staff who would find them helpful. The Trust's Education and Training directorate is also turning its attention to reading lists, supervision and sexual orientation. A further equality objective for 2013-14 has been set with a number of targets to be achieved during the year.

In relation to staff disability, progress continues to create an environment where the Trust and employees living with a disability 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 continue to work to secure Job Centre validation for continued use of the symbol on an annual basis. Job applicants who answer "yes" to the disability question on the Equal Opportunities Section of the application form are short-listed if they meet the minimum (i.e. essential) requirements for the post.

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. Disability Access Audits are conducted to evaluate building access and reports are taken to the Clinical Quality, Safety, and Governance Committee.

The Trust follows a rehabilitative approach within the framework of the Trust's employment policies and in line with the Equalities legislation. Some of the policies that assist the Trust in taking such an approach are the Sickness Policy and Rehabilitation Process, Staff Training policy, the Equal Opportunities Policy and the Flexible working Policy.

The Training policy includes all activities which aim to assist staff to maintain, update and enhance their knowledge, skills and capabilities. The Trust's Capability Policy ensures safe and clear procedures are followed when an employee is unable to perform their contractual duties as a result of disability. Development needs are identified through the annual appraisal process and a personal development plan is mutually agreed between the member of staff (including disabled staff) and their manager.

HR engage with staff who have declared themselves disabled, on an annual basis to find ways to enhance their experience whilst at work. These meetings are in addition to the regular meetings the disabled staff may have with their line manager or HR. Training and development requirements are agreed as part of annual appraisal.

Staff are made aware of the available support systems, facilities and provisions for reasonable adjustment via e-mail, at the INSET days and through relevant employment policy briefing sessions undertaken jointly with Staff Side, which include "Equal opportunities". We hope the initiatives and current support systems in place will influence staff to further engage 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. The report is made available on the equalities section of the Trust's website. A representative of Staff Side now has a seat on the Trust Equalities committee.

The Staff Survey results for 2012 show improvements in the percentage of staff having equality and diversity training (61% in 2012 compared with 60% in 2011). There was also a reduction in the percentage of staff experiencing discrimination at work with the Trust rated as being in the best 20% of all mental health trusts in 2012. The percentage of staff believing that Trust provides equal opportunities for career progression and promotion had however reduced from 90% in 2011 to 85% this year.

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.

Income

The Trust confirms that its income from the provision of goods and services for the purposes of the health service in England is greater than its income from the provision of goods and services for any other purposes. In 2012/13, £25.5m of income came directly from NHS bodies, making 70% of the total of £36.2m. A further £5.5m (15%) came from local authorities and government departments.

The income which is not identified as coming from health service sources includes education and training fees, conference fees, and consultancy; and well as the provision of welfare services funded by local authorities. All these activities make a positive contribution to the Trust's overall financial position; and also to our overall mission. Their impact on the provision of services for the health service is therefore positive.

(These two statements are required by the Health and Social Care Act 2012.)

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, a biennial exercise. Analysis of the matching reports provided by the Audit

Commission was completed in 2012/13 and did not on this occasion lead 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 all patients are now sent the Experience of Service Questionnaire (ESQ) after their assessment and at six monthly intervals. The patient and public Involvement committee review this data along with feedback from other sources every quarter and make appropriate recommendations to the relevant departments when issues are identified

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. A popular feedback mechanism is our 'visual straw poll' which enables patients to use tokens to vote on the question of the week.

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 the purchase of cameras for patients using our Hackney project to use the medium of photos for expression, a book exchange for our Haringey looked after children assessment service and sports equipment for our Barnet young people's drug and alcohol service running club.

Our Camden children's services have run a number of focus groups and consultations with children and parents regarding aspects of their provision such as the name of the service.

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.

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 developing a PPI conference for users and workers together.

The Trust is also developing its relationships with local mental health organisations, through the Trust's relationship with Voluntary Action Camden as well visiting organisations directly and inviting organisations to meet the Patient and Public Involvement Team, this year we have had visits from Music and Change, a Camden based organisation that works on the streets with gangs and Maytree, an organisation that works with women who have significant mental health difficulties.

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 by the Trust. Financial information on pensions is set out in the accounts.

Sickness Absence Data

Staff absence due to sickness was 4.3 days of sickness per FTE, or 1.7%.

Cost Allocation and Charging

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

Serious Untoward Incidents

The Trust has a very low level of clinical incidents due to the nature of the work that we do. In 2012-13 we reported one serious untoward incident, that of an unexpected death of a child who was receiving therapy at the Trust. This was fully investigated by the Trust and by the Child Death Overview Panel set up by the Local Authority as is the case with all unexpected or unexplained child deaths

Statement of the chief executive's responsibilities as the accounting officer of the Tavistock and Portman NHS Foundation Trust

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

Under the NHS Act 2006, Monitor has directed the Tavistock and Portman NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of the Tavistock and Portman NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the *NHS Foundation Trust Annual Reporting Manual* and in particular to:

- observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the *NHS Foundation Trust Annual Reporting Manual* have been followed, and disclose and explain any material departures in the financial statements; and
- prepare the financial statements on a going concern basis.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable him/her to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking

reasonable steps for the prevention and detection of fraud and other irregularities.

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

Signed.....

Chief Executive

Date: 28th May 2013

INDEPENDENT AUDITORS' REPORT TO THE COUNCIL 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 2013 on pages 63 to 115. These financial statements have been prepared under applicable law and the NHS Foundation Trust Annual Reporting Manual 2012/13.

This report is made solely to the Council 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 Council 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 Council 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 page 51 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 2013 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 2012/13.

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.



Philip Johnstone for and on behalf of KPMG LLP, Statutory Auditor
Chartered Accountants
15 Canada Square
Canary Wharf
London
E14 5GL

29 May 2013

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*.¹

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 2013 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 (non-financial) risk management within the Trust.

¹ Op. cit.

Health and safety assurance is provided via 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 effective management of 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 Trusts compliance with risk management standards set by the NHS Litigation Authority, and coordinated preparation for assessment by the NHSLA as required.

The Director of Corporate Governance and Facilities leads the Trust's rolling assurance programme of 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 at risk of non-compliance with any element of an Essential Standard.

The Dean of Postgraduate Studies is responsible for leading the Trust's management and delivery of training programmes, and 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 and now through the North Central and East London Local Education and Training Board.

Through mandatory induction courses, biennial staff in-service 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 Trust wide Risk Registers. The Trust's Management Committee agrees and implements the necessary actions for significant risks, (i.e. those scoring 9+ on the Trusts' risk matrix with current controls in place.

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 Council of Governors, who represent the public; Trust staff; and key stakeholders. The Plan document itself includes key risks. The Strategic Risk Register (Assurance Framework), which tabulates the risks, the actions being taken to manage them, risk lead and monitoring arrangement 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 throughout the year 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 reported to the Board of Directors via the Clinical Quality, Safety, and Governance Committee.

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.

Risk management is embedded in Trust management and is integral to the development of policies and procedures, service planning and any change to patterns of service delivery and is 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 2011/12 Quality Report and audit; and a review of the Trust's performance on all ten areas identified in Monitor's Quality Governance Framework.

The Care Quality Commission (CQC) conducted an announced inspection of the Trust on 13th March 2013 and inspected the Trust against the following standards:

- Respecting and involving people who use Services
- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Requirements relating to workers
- Supporting workers
- Assessing and monitoring the quality of service provision
- Complaints

The CQC confirmed that the Trust met all the standards and therefore continues to hold full registration with the CQC without restrictions.

The Trust currently holds NHSLA Level 2 assessment.

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 during the year.

At 31 March 2013, 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 Council 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*².

² Op. cit.

The following steps have been put in place to assure the Board that the Quality Report presents a balanced view and that there are appropriate controls in place to ensure the accuracy of data:

- 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. The Clinical Quality, Safety and Governance Committee (CQSG) is a Board appointed committee which meets quarterly to receive assurance of progress against requirements and actions plans across the core of our quality improvement agenda. After each meeting, the CQSG Committee reports to the Board.
- The Annual Quality Report includes input from a wide range of stakeholders in order to ensure that it presented a balanced view.
- The Trust's governors have a significant role both in contributing to and monitoring the Trust's quality agenda through their membership of the CQSG Committee, the Patient and Public Involvement Committee, the Equalities Committee, Quality Stakeholders meeting and the Governors Clinical Quality Meeting.
- The Trust employs a range of staff who possess the skills, experience and ability to deliver the quality account and quality priorities are identified both externally and within the Trust.
- 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.

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 Care Quality Commission. 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 2012/13, 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.



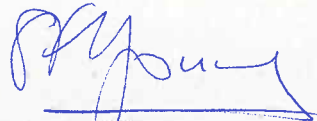
Matthew Patrick
Chief Executive
28 May 2013

Foreword to the Accounts

These accounts for the period ended 31 March 2013 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
28th May 2013



Simon Young
Director of Finance
28th May 2013

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2013

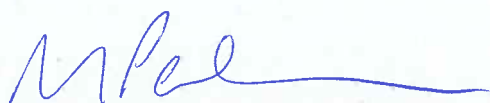
		2012/13	2011/12
	note	£000	£000
Operating income from continuing operations	2.1	36,163	33,249
Operating expenses of continuing operations	3.1	<u>(36,539)</u>	<u>(33,994)</u>
OPERATING SURPLUS / (DEFICIT)		(376)	(745)
FINANCE COSTS			
Finance income	5	8	10
Finance expense - unwinding of discount on provisions		(2)	(2)
PDC dividends payable		<u>(367)</u>	<u>(340)</u>
NET FINANCE COSTS		(361)	(332)
SURPLUS / (DEFICIT) FOR THE YEAR		<u>(737)</u>	<u>(1,077)</u>
Add back restructuring costs charged to operating expenses *		2,035	1,208
ADJUSTED SURPLUS FOR THE YEAR *		<u>1,298</u>	<u>131</u>
Other comprehensive income			
Restructuring costs		(2,035)	(1,208)
Revaluations		1,501	-
TOTAL COMPREHENSIVE INCOME / (EXPENSE) FOR THE YEAR		<u><u>764</u></u>	<u><u>(1,077)</u></u>

* The restructuring costs are not included in the Trust's underlying position reported to Monitor.

STATEMENT OF FINANCIAL POSITION

		31 Mar 2013	31 Mar 2012
	note	£000	£000
Non-current assets			
Intangible assets	8.1	167	98
Property, plant and equipment	9.1	13,996	12,512
Total non-current assets		<u>14,163</u>	<u>12,610</u>
Current assets			
Trade and other receivables	11.1	3,110	2,479
Cash and cash equivalents		3,176	2,357
Total current assets		<u>6,286</u>	<u>4,836</u>
Current liabilities			
Trade and other payables	12.1	(4,152)	(2,007)
Provisions	15	(17)	(47)
Tax payable	12.1	(592)	(584)
Other liabilities	13	(2,191)	(2,151)
Liabilities in disposal groups		-	-
Total current liabilities		<u>(6,952)</u>	<u>(4,788)</u>
Total assets less current liabilities		13,497	12,658
Non-current liabilities			
Provisions	15	(59)	(55)
Total assets employed		<u><u>13,438</u></u>	<u><u>12,603</u></u>
Equity			
Public dividend capital		3,474	3,403
Revaluation reserve	16	8,979	7,659
Income and expenditure reserve		985	1,541
Total taxpayers' equity		<u><u>13,438</u></u>	<u><u>12,603</u></u>

These accounts were approved by the Board on 28 May 2013
and signed on its behalf by



STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

	note	Total £000	Public Dividend Capital £000	Revaluation Reserve £000	Income and Expenditure Reserve £000
Taxpayers's Equity at 1 April 2012		12,603	3,403	7,659	1,541
Surplus/(Deficit) for the year		(737)	-	-	(737)
Transfer of the excess of current cost depreciation over historical cost depreciation to the income and expenditure reserve		-	-	(181)	181
Revaluation of property		1,501	-	1,501	-
Public Dividend Capital received		71	71	-	-
Taxpayers's Equity at 31 March 2013		<u>13,438</u>	<u>3,474</u>	<u>8,979</u>	<u>985</u>
Taxpayers's Equity at 1 April 2011		13,680	3,403	7,840	2,437
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)	181
Taxpayers's Equity at 31 March 2012		<u>12,603</u>	<u>3,403</u>	<u>7,659</u>	<u>1,541</u>

STATEMENT OF CASH FLOWS

	2012/13 £000	2011/12 £000
Cash flow from operating activities		
Operating surplus/(deficit) from continuing operations	(376)	(745)
Operating surplus / (deficit)	<u>(376)</u>	<u>(745)</u>
Non-cash income and expense		
Depreciation and amortisation	542	529
Dividend accrued and not paid or received	(367)	-
(Increase)/Decrease in Trade and Other Receivables	(651)	(150)
(Increase)/Decrease in Inventories	-	1
Increase/(Decrease) in Trade and Other Payables	2,145	(7)
Increase/(Decrease) in Other Liabilities	47	(1,292)
Increase/(Decrease) in Provisions	(26)	(9)
NET CASH GENERATED FROM/(USED IN) OPERATIONS	<u>1,314</u>	<u>(1,673)</u>
Cash flow from investing activities		
Interest received	8	10
Purchase of financial assets	-	(1,600)
Sales of financial assets	-	1,600
Purchase of intangible assets	(37)	(23)
Purchase of property, plant and equipment	(557)	(422)
Net cash generated from/(used in) investing activities	<u>(586)</u>	<u>(435)</u>
Cash flow from financing activities		
PDC dividend received	71	-
PDC dividend paid	20	(247)
Net cash generated from/(used in) financing activities	<u>91</u>	<u>(247)</u>
Increase/(decrease) in cash and cash equivalents	819	(2,355)
Cash and cash equivalents at 1 April 2012	<u>2,357</u>	<u>4,712</u>
Cash and cash equivalents at 31 March 2013	<u><u>3,176</u></u>	<u><u>2,357</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 2012/13 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 Pensions Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. The scheme is an unfunded, defined benefit scheme that covers NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS Body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

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

a) Accounting valuation

A valuation of the scheme liability is carried out annually by the scheme actuary as at the end of the reporting period. Actuarial assessments are undertaken in intervening years between formal valuations using updated membership data and are accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2013, is based on the valuation data as 31 March 2012, updated to 31 March 2013 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the scheme (taking into account its recent demographic experience), and to recommend the contribution rates.

NOTES TO THE ACCOUNTS

1. Accounting Policies

1.4 Expenditure on Employee Benefits

Pension costs (continued)

NHS Pension Scheme (continued)

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2004. Consequently, a formal actuarial valuation would have been due for the year ending 31 March 2008. However, formal actuarial valuations for unfunded public service schemes were suspended by HM Treasury on value for money grounds while consideration is given to recent changes to public service pensions, and while future scheme terms are developed as part of the reforms to public service pension provision due in 2015.

The Scheme Regulations were changed to allow contribution rates to be set by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

The next formal valuation to be used for funding purposes will be carried out at as at March 2012 and will be used to inform the contribution rates to be used from 1 April 2015.

c) Scheme provisions

The NHS Pension Scheme provided defined benefits, which are summarised below. This list is an illustrative guide only, and is not intended to detail all the benefits provided by the Scheme or the specific conditions that must be met before these benefits can be obtained:

The Scheme is a "final salary" scheme. Annual pensions are normally based on 1/80th for the 1995 section and of the best of the last three years pensionable pay for each year of service, and 1/60th for the 2008 section of reckonable pay per year of membership. Members who are practitioners as defined by the Scheme Regulations have their annual pensions based upon total pensionable earnings over the relevant pensionable service.

With effect from 1 April 2008 members can choose to give up some of their annual pension for an additional tax free lump sum, up to a maximum amount permitted under HMRC rules. This new provision is known as "pension commutation".

Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and are based on changes in retail prices in the twelve months ending 30 September in the previous calendar year. From 2011-12 the Consumer Price Index (CPI) will be used to replace the Retail Prices Index (RPI).

Early payment of a pension, with enhancement, is available to members of the scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of twice final year's pensionable pay for death in service, and five times their annual pension for death after retirement is payable

NOTES TO THE ACCOUNTS

1. Accounting Policies

1.4 Expenditure on Employee Benefits

Pension costs (continued)

NHS Pension Scheme (continued)

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to the employer.

Members can purchase additional service in the NHS Scheme and contribute to money purchase AVC's run by the Scheme's approved providers or by other Free Standing Additional Voluntary Contributions (FSAVC) providers.

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. These costs include any borrowing costs that are directly attributable to the acquisition, construction or production of a qualifying asset. Borrowing costs will normally include interest and any fees charged for arranging a loan.

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 as at 1 April 2013. This value has been used in these Accounts as the value at 31 March 2013, since property values do not vary materially in one day.

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.

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

The Trust currently holds no stocks.

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, £3,176,000 at 31 March 2013 (£2,357,000 at 31 March 2012) 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 £2,763,000 at 31 March 2013 (£2,141,000 at 31 March 2012) 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 2013 £6,218,000 (£4,863,000 at 31 March 2012) of liabilities. Excluding deferred income, where there is no further obligation to pay cash, and non current provisions, leaves liabilities of £4,676,000 (£2,637,000 at 31 March 2012) payable in the short term. With readily available cash and cash equivalents of £3,176,000 (£2,357,000 at 31 March 2012) 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% (2011/12: 3.00%) 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 15, 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 19 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 19 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 in 1994.

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. The total current valuation, as shown in note 9, is £13,589,000. (2012, £12,126,000)

- Operating costs include an estimate of £350,000 for the annual leave earned but not taken at the year-end date, as shown in note 4.4. (2011/12, £299,000)

- Accounting for receivables necessarily involves judgment when assessing levels of impairment. A provision of £493,000 has been made - see note 11. (2012, £314,000)

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 2013/13 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, which currently has total assets of some £450,000.
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 2012	effective 2013/14 but not yet adopted by the EU	unlikely to have significant impact
IAS 12 Income Taxes amendment	December 2010	effective 2013/13	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)

	2012/13	2011/12
	£000	£000
Income from Activities		
Cost and volume contract income	3,429	3,049
Block contract income	7,271	6,461
Other non-protected clinical income	4,762	4,653
Total Income from Activities	<u>15,462</u>	<u>14,163</u>
Other operating income		
Research and development	354	299
Education and training	16,270	16,137
Charitable and other contributions to expenditure	-	-
Other (see also note 2.3)	4,077	2,650
Total other operating income	<u>20,701</u>	<u>19,086</u>
TOTAL OPERATING INCOME	<u><u>36,163</u></u>	<u><u>33,249</u></u>

2.2 Operating Lease Income

There was no Operating Lease Income.

NOTES TO THE ACCOUNTS

2.3 Operating income (by type)

	2012/13 £000	2011/12 £000
Income from Activities		
NHS Foundation Trusts	194	86
NHS Trusts	125	242
Strategic Health Authorities	1,745	1,431
Primary Care Trusts	9,429	8,632
Local Authorities	3,163	3,009
Department of Health - other	-	-
Non NHS other *	806	763
Total Income from Activities	<u>15,462</u>	<u>14,163</u>
Other operating income		
Research and development	354	299
Education and training	16,270	16,137
Charitable and other contributions to expenditure	-	-
Other **	4,077	2,650
Total other operating income	<u>20,701</u>	<u>19,086</u>
TOTAL OPERATING INCOME	<u><u>36,163</u></u>	<u><u>33,249</u></u>

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

	2012/13 £000	2011/12 £000
Other	806	763
Total	<u>806</u>	<u>763</u>

**** Analysis of Other Operating Income: Other**

	2012/13 £000	2011/12 £000
Car parking	35	26
Consultancy	1,327	887
Clinical excellence awards	79	117
Property rentals	38	8
Department for Education: income for training consortium	1,449	1,341
Other	1,149	271
Total	<u>4,077</u>	<u>2,650</u>

NOTES TO THE ACCOUNTS

2.3 Operating income (by type) (continued)

Mandatory and Non-Mandatory Services Income

	2012/13	2011/12
	£000	£000
Cost and volume contract income	3,429	3,049
Block contract income	7,271	6,461
Total income from mandatory patient services	<u>10,700</u>	<u>9,510</u>
Other non protected clinical income	4,762	4,653
Total income from patient services	<u>15,462</u>	<u>14,163</u>

Note 3.1 OPERATING EXPENSES (by type)

	2012/13	2011/12
	£000	£000
Employee expenses - Executive directors	781	836
Employee expenses - Non-executive directors	74	75
Employee expenses - staff	23,957	24,156
Supplies and services - clinical (excluding drug costs)	154	94
Supplies and services - general	101	127
Establishment	534	503
Transport	3	1
Premises	1,626	1,270
Increase / (decrease) in bad debt provision	180	(69)
Depreciation on property, plant and equipment	503	493
Amortisation on intangible assets	39	36
Impairments of property, plant and equipment	-	-
Audit fees		
audit fees - statutory audit	63	67
audit services - regulatory reporting	-	-
Other auditors remuneration		
further assurance services	-	-
other services	-	-
Clinical negligence	104	162
Legal fees	11	63
Consultancy costs	406	155
External lecturers and seminar leaders	1,292	1,073
Training, courses and conferences	1,201	465
Patient travel	76	58
Redundancy	2,035	1,208
Hospitality	12	18
Insurance	61	58
Interpreting service	48	80
Internal audit	19	46
Payroll	40	29
Occupational health	23	18
Professional charges	1,325	1,088
Educational external contracts	1,375	1,273
Other services	153	104
Losses, ex gratia and special payments (excl. redundancies)	-	20
Other	343	487
TOTAL	36,539	33,994

Note 3.2 Arrangements containing an operating lease

	2012/13	2011/12
	£000	£000
Minimum lease payments	224	152
Less sublease payments received	(8)	(8)
TOTAL	<u>216</u>	<u>144</u>

	31 Mar 2013	31 Mar 2013	31 Mar 2013	31 Mar 2013
	land	buildings	other	total
	£000	£000	£000	£000
Future minimum lease payments due:				
- not later than one year;	-	19	15	34
- later than one year and not later than five years;	-	8	3	11
- later than five years.				
TOTAL	<u>-</u>	<u>26</u>	<u>18</u>	<u>44</u>

	31 Mar 2012	31 Mar 2012	31 Mar 2012	31 Mar 2012
	land	buildings	other	total
	£000	£000	£000	£000
Future minimum lease payments due:				
- 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.				
TOTAL	<u>-</u>	<u>22</u>	<u>12</u>	<u>34</u>

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 (2011/12£1 million).

NOTES TO THE ACCOUNTS

4.1 Employee Expenses

	2012/13 Total £000	2012/13 Permanent £000	2012/13 Other £000	2011/12 Total £000
Salaries and wages	20,374	19,825	549	20,481
Social security costs	1,853	1,789	64	1,882
Pension costs - defined contribution plans	-	-	-	-
Employer contributions to NHS Pensions	2,353	2,263	90	2,440
Pensions costs - other contributions	24	24	-	26
Termination benefits	2,035	2,035	-	1,208
Agency / contract staff	134	-	134	163
TOTAL	26,773	25,936	837	26,200

4.2 Redundancies

Exit package cost band	Number of compulsory redundancies 2012/13	Number of voluntary redundancies 2012/13	Total number of exit packages by cost band 2012/13	Number of compulsory redundancies 2011/12	Number of voluntary redundancies 2011/12	Total number of exit packages by cost band
						2011/12
less than £10,000	2	15	17	1	6	7
£10,000 to £25,000	4	4	8	4	3	7
£25,000 to £50,000	3	4	7	-	9	9
£50,000 to £100,000	1	6	7	-	8	8
over £100,000	1	8	9	-	1	1
Total number of exit packages by type	11	37	48	5	27	32

4.3 Average number of employees (WTE basis)

	2012/13 Total Number	2012/13 Permanent Number	2012/13 Other Number	2011/12 Total Number
Medical and dental	41	41		39
Administration and estates	145	145		156
Nursing, midwifery and health visiting staff	15	15		11
Scientific, therapeutic and technical staff	166	166		161
Social care staff	21	21		23
Bank and agency staff	23	-	23	24
Other	5	5		5
TOTAL	416	393	23	419

NOTES TO THE ACCOUNTS

4.4 Employee benefits

	2012/13	2011/12
	£000	£000
Value of holiday pay accrued (included in note 15) at 1 April 2012	299	292
Value of holiday pay accrued (included in note 3.1)	51	7
Value of holiday pay accrued (included in note 15) at 31 March 2013	<u>350</u>	<u>299</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.

4.5 Early Retirements due to Ill Health

During the year ended 31 March 2013, one member of staff retired early due to ill health, at a cost of £14k (borne by the NHS Pension Scheme). In the year ended 31 March 2012 there were no retirements from the Trust on the grounds of ill health.

NOTES TO THE ACCOUNTS

Note 5 Finance income

	2012/13	2011/12
	£000	£000
Interest on held-to-maturity financial assets	8	10
TOTAL	8	10

No interest has been earned on any impaired financial assets.

Note 6 Finance costs - interest expense

There has been no interest payable during the year ended 31 March 2013 (to 31 March 2012, £nil)

NOTES TO THE ACCOUNTS

Note 7 Segmental Reporting

The Tavistock and Portman NHS Foundation Trust's work has operating segments as follows:-

	Operating Income 2012/13 £000	Operating expenses 2012/13 £000	Operating surplus before restructuring 2012/13 £000	Dividends and unwinding discount 2012/13 £000
Specialist and Adult Services, including training and research	13,866	13,398	468	141
Child and Adolescent Services, including training and research	22,305	21,106	1,199	228
Total	36,171	34,504	1,667	369

The above analysis does not include the redundancy costs of £2,035k

2011/12

	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
Total	33,259	32,775	484	342

NOTES TO THE ACCOUNTS**Note 8.1 Intangible assets**

	Software licences	
	2012/13	2011/12
	£000	£000
Gross cost at 1 April 2012	245	222
Additions - purchased	108	23
Gross cost at 31 March 2013	<u>353</u>	<u>245</u>
Amortisation at 1 April 2012	147	111
Provided during the year	39	36
Amortisation at 31 March 2013	<u>186</u>	<u>147</u>
Net book value of intangible assets at 1 April 2012	98	111
Net book value of intangible assets at 31 March 2013	167	98

Note 8.2 Economic life of intangible assets

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

NOTES TO THE ACCOUNTS

Note 9.1 Property, plant and equipment 2012/13

	Total	Land	Buildings	Assets under Construction	Plant & Machinery	Information Technology	Furniture & Fittings
	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2012	15,341	3,495	10,348	93	206	1,116	83
Additions - purchased	486	-	318	6	-	162	-
Additions - donated	-	-	-	-	-	-	-
Disposals	(90)	-	-	(90)	-	-	-
Revaluation	(572)	2,195	(2,767)	-	-	-	-
Reclassifications	-	-	-	-	-	-	-
Cost or valuation at 31 March 2013	15,165	5,690	7,899	9	206	1,278	83
Accumulated depreciation at 1 April 2012	2,829	-	1,717	90	203	749	70
Provided during the year	503	-	356	-	1	140	6
Disposals	(90)	-	-	(90)	-	-	-
Revaluations	(2,073)	-	(2,073)	-	-	-	-
Accumulated depreciation at 31 March 2013	1,169	-	-	-	204	889	76
Net book value							
Net book value of purchased tangible assets at 1 April 2012	12,512	3,495	8,631	3	3	367	13
Net book value of donated tangible assets at 1 April 2012	-	-	-	-	-	-	-
Net book value of owned tangible assets at 1 April 2012	12,512	3,495	8,631	3	3	367	13
Net book value							
Net book value of purchased tangible assets at 31 March 2013	13,996	5,690	7,899	9	2	389	7
Net book value of donated tangible assets at 31 March 2013	-	-	-	-	-	-	-
Net book value of owned tangible assets at 31 March 2013	13,996	5,690	7,899	9	2	389	7

All land and buildings are revalued using professional valuations in accordance with IAS 16 every five years. Valuations are carried out by professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual. Asset valuations were undertaken in this financial year with the prospective valuation date of 1 April 2013. The revaluation undertaken at this date was accounted for on 31 March 2013.

Note 9.2 Analysis of property, plant and equipment 2012/13

	Total	Land	Buildings	Assets under Construction	Plant & Machinery	Information Technology	Furniture & Fittings
	£000	£000	£000	£000	£000	£000	£000
Net book value							
Net book value of protected assets at 31 March 2013	12,506	4,960	7,546	-	-	-	-
Net book value of unprotected assets at 31 March 2013	1,490	730	353	9	2	389	7
Total at 31 March 2013	13,996	5,690	7,899	9	2	389	7

NOTES TO THE ACCOUNTS

Note 9.3 Property, plant and equipment 2011/12

	Total	Land	Buildings	Assets under Construction	Plant & Machinery	Information Technology	Furniture & Fittings
	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2011	14,939	3,495	10,044	103	206	1,008	83
Additions - purchased	402	-	82	212	-	108	-
Additions - donated	-	-	-	-	-	-	-
Reclassifications	-	-	222	(222)	-	-	-
Cost or valuation at 31 March 2012	15,341	3,495	10,348	93	206	1,116	83
Accumulated depreciation at 1 April 2011	2,336	-	1,387	90	181	614	64
Provided during the year	493	-	330	-	22	135	6
Accumulated depreciation at 31 March 2012	2,829	-	1,717	90	203	749	70

Net book value

Net book value of owned tangible assets at 1 April 2011	12,603	3,495	8,657	13	25	394	19
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	-	-	-	-	-	-	-
Net book value at 1 April 2011	12,603	3,495	8,657	13	25	394	19

Net book value

Net book value of owned tangible assets at 31 March 2012	12,512	3,495	8,631	3	3	367	13
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	-	-	-	-	-	-	-
Net book value at 31 March 2012	12,512	3,495	8,631	3	3	367	13

Note 9.4 Analysis of property, plant and equipment 2011/12

	Total	Land	Buildings	Assets under Construction	Plant & Machinery	Information Technology	Furniture & Fittings
	£000	£000	£000	£000	£000	£000	£000
Net book value							
Net book value of protected assets at 31 March 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
Total at 31 March 2012	12,512	3,495	8,631	3	3	367	13

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 2013, 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 2012/13

There were no non-current assets for sale nor assets in disposal groups at 31 March 2013 nor 31 March 2012.

NOTES TO THE ACCOUNTS

Note 11.1 Trade receivables and other receivables

	31 Mar 13	31 Mar 12
	£000	£000
Current		
NHS receivables	950	416
Other receivables with related parties	1,106	383
Provision for impaired receivables	(493)	(314)
Prepayments	189	257
Accrued income	128	425
VAT receivable	39	
PDC dividend receivable	-	20
Other receivables	1,191	1,292
TOTAL CURRENT TRADE AND OTHER RECEIVABLES	3,110	2,479

There are no non-current trade or other receivables

Note 11.2 Provision for Impairment of Receivables

	31 Mar 13	31 Mar 12
	£000	£000
At 1 April 2012	314	383
Increase in provision	290	219
Amounts utilised	-	-
Unused amounts reversed	(111)	(288)
At 31 March 2013	493	314

Note 11.3 Analysis of impaired receivables

	31 Mar 13	31 Mar 12
	£000	£000
Ageing of impaired receivables		
Up to thirty days	100	10
Thirty to sixty days	7	7
Sixty to ninety days	-	-
In three to six months	147	25
Over six months	239	273
Total	493	315

Note 11.4 Analysis of non impaired receivables

	31 Mar 13	31 Mar 12
	£000	£000
Ageing of non-impaired receivables past their due date		
Up to thirty days	787	1,057
Thirty to sixty days	144	94
Sixty to ninety days	-	-
In three to six months	783	287
Over six months	(78)	(84)
Total	1,636	1,354

NOTES TO THE ACCOUNTS

Note 12.1 Trade and other payables

	31 Mar 2013	31 Mar 2012
	£000	£000
Current		
NHS payables	312	34
Amounts due to other related parties	391	445
Trade payables - capital	-	9
Other trade payables	463	74
Other payables	934	741
PDC Dividend *	367	-
Accruals	2,277	1,287
TOTAL CURRENT TRADE AND OTHER PAYABLES	4,744	2,590

* An error in the dividend collection process was only identified after year-end, and the dividend for 2012/13 was then paid on 8 April 2013.

There are no non-current trade and other payables.

Note 12.2 The NHS Payables figures above do not include any amounts relating to buy out of early retirements.

Note 12.3 Outstanding pension contributions included in NHS payables above	31 Mar 2013	31 Mar 2012
	£000	£000
Outstanding pension contributions for current staff	352	325

Note 13 Other liabilities	31 Mar 2013	31 Mar 2012
	£000	£000
Current	-	
Deferred income	2,191	2,151
TOTAL OTHER CURRENT LIABILITIES	2,191	2,151

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

NOTES TO THE ACCOUNTS

Note 14 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 2012/13 these limits totalled £7.0 Million (2011/12 £6.7 million), comprising maximum cumulative long-term borrowing of £4.6 million and approved working capital facility of £2.4 million. The Trust did not borrow during 2012/13 or 2011/12.

	2012/13 actual	2012/13 approved plan	2011/12 actual	2011/12 approved plan
Dividend cover ratio	6.0	2.8	2.9	2.7

The Trust has a working capital facility of £2.4 million (2011/12 £2.4 million), which is within its approved limit. The Trust had not drawn down any of this facility at 31 March 2013 (or at 31 March 2012).

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.

NOTES TO THE ACCOUNTS

Note 15 Provisions for Liabilities and Charges

	Current		Non-current	
	31 March 2013 £000	31 March 2012 £000	31 March 2013 £000	31 March 2012 £000
Pensions relating to former directors	-	-	-	-
Pensions relating to former staff	6	6	59	55
Other legal claims	11	41	-	-
Other	-	-	-	-
Total	17	47	59	55

The movements on these provisions are shown below:

	Total £000	Pensions - former directors £000	Pensions - other staff £000	Legal Claims £000	Other £000
At 1 April 2012	102	-	61	41	-
Change in the discount rate	9	-	9	-	-
Arising during the year	3	-	-	3	-
Utilised during the year	(6)	-	(6)	-	-
Reversed unused	(33)	-	-	(33)	-
Unwinding of discount	2	-	2	-	-
At 31 March 2013	76	-	66	11	-
Expected timing of cash flows:					
- not later than one year	17	-	6	11	-
- later than one year and not later than five years	10	-	10	-	-
- later than five years	49	-	49	-	-
Total	76	-	65	11	-

Legal claims concern employers' liability matters.

£ nil (31.3.2012: £nil) is included in the provisions of the NHS Litigation Authority at 31 March 2013 in respect of clinical negligence liabilities of the Trust.

NOTES TO THE ACCOUNTS

Note 16 Revaluation reserve

	Total revaluation reserve £000	Revaluation reserve - intangibles £000	revaluation reserve - property, plant and equipment £000
Revaluation reserve at 1 April 2012	7,659	-	7,659
Revaluation gains / losses and impairment losses on intangible assets	-	-	-
Revaluation gains / losses and impairment losses on property, plant and equipment	1,501	-	1,501
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)
Revaluation reserve at 31 March 2013	8,979	-	8,979
Revaluation reserve at 1 April 2011	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)
Revaluation reserve at 31 March 2012	7,659	-	7,659

NOTES TO THE ACCOUNTS

Note 17 Cash and cash equivalents

	year ended 31 March 2013	year ended 31 March 2012
At 1 April 2012	£000 2,357	£000 4,712
Net change in year	806	(2,355)
At 31 March 2013	<u>3,163</u>	<u>2,357</u>
Broken down into		
Cash at commercial banks and in hand	20	17
Cash with the Government Banking Service	3,156	2,340
Other current investments	-	-
Cash and cash equivalents as in Statement of Financial Position	<u>3,176</u>	<u>2,357</u>
Bank overdraft	-	-
Cash and cash equivalents as in Statement of Cash Flows	<u><u>3,176</u></u>	<u><u>2,357</u></u>

There are no third party assets held by the Tavistock and Portman NHS Foundation Trust (31 March 2012: £nil)

Note 18.1 Contractual capital commitments

Commitments under capital expenditure contracts at 31 March 2013 were £Nil (31 March 2012: £30,000)

Note 18.2 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 19 Contingent Assets and Liabilities

At 31.3.2013, there were 2 employer's liability litigation cases outstanding against the Trust (at 31.3.2012: four cases).

The gross possible liability of the Trust for all these cases in aggregate is £10,895 (31.3.2012: £30,000 for four cases), £10,895 (31.3.2012: £26,000) of which is provided for in these accounts.

These two cases were both outstanding at 31st March 2013 and at 31 March 2012, when the gross possible liability was £10,000, of which £6,000 was provided in the accounts. The other cases outstanding at 31st March 2012 are no longer outstanding at 31st March 2013. No new cases arose during the year 2012/13.

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 20 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 2012/13, the Trust paid University College London £652,487 (2011/12 £634,803) and University College London paid the Trust £8,838 (2011/12 £5,906) 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 £439,717 (2011/12 £61,941) and the Anna Freud Centre pays the Trust £43,547 (2011/12 £40,441) for various education and research activities.

Professor Andrew Cooper is employed by University of East London. In 2012/13, the Trust paid University of East London £523,776 (2011/12 £545,890) and University of East London paid the Trust £663,135 (2011/12 £1,208,211) for various education and research activities

Professor Andrew Cooper also has an association with Sutherland Trust. Sutherland Trust paid the Trust £53,054 (2011/12 £21,565) 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 2013 £000	Year ended 31 March 2012 £000
Key management personnel compensation for short-term employee benefits ie pay	1,020	1,051
Key management personnel compensation for post employment benefits ie pensions	128	117
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>1,148</u>	<u>1,168</u>

NOTES TO THE ACCOUNTS

Note 20 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 2013	Total charge for the year ended 31 March 2013	Debtor/ (creditor) as at 31 March 2013	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
	£000	£000	£000	£000	£000	£000
Department of Health	642	56	(52)	163	-	88
London Strategic Health Authority	13,987	12	13	12,743	-	123
Barnet Primary Care Trust	432	-	3	423	-	7
Camden Primary Care Trust	5,235	52	65	4,635	50	(84)
Haringey Teaching Primary Care Trust	597	-	104	419	-	(23)
Islington Primary Care Trust	342	-	37	394	-	(62)
Westminster Primary Care Trust	214	-	-	231	-	(16)
Croydon Primary Care Trust	1,363	-	(112)	1,377	-	(112)
City & Hackney Primary Care Trust	786	41	41	694	42	(15)

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

	Total income for the year ended 31 March 2013	Total charge for the year ended 31 March 2013	Debtor/ (creditor) as at 31 March 2013	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
	£000	£000	£000	£000	£000	£000
London Borough of Barnet	643	15	84	559	-	99
London Borough of Camden	609	514	5	1,019	551	(202)
London Borough of Haringey	517	-	187	452	-	80
Westminster City Council	1,016	30	50	466	40	191
Department for Education	1,781	-	-	(Contract held by different body prior to 1 April 2012)		

The median pay of the Trust's staff is £31,039. From the table above, the mid point of the

	Total income for the year ended 31 March 2013	Total charge for the year ended 31 March 2013	Debtor/ (creditor) as at 31 March 2013	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
banding of the highest paid director is						

HM Revenue and Customs for Pay As

You Earn income tax and National Insurance (included in staff costs)	-	6,836	(592)	-	6,931	(584)
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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 2013	Debtor/ (creditor) as at 31 March 2013	Total recharge for the year ended 31 March 2012	Debtor/ (creditor) as at 31 March 2012
	£000	£000	£000	£000
Tavistock and Portman Charitable Fund		41	2	74
Tavistock Clinic Foundation		5	-	21

The accounts for these two charities are published separately.

During 2012/13, the Trust entered into an agreement with National Shared Business Services to provide certain accounting processes. The Trust paid £123,215 (2012/13 £124,500) for these services.

NOTES TO THE ACCOUNTS

Note 21.1 Financial Assets by Category

	Loans and receivables	
	31 March 2013 £000	30 March 2012 £000
Assets as per Statement of Financial Position		
NHS and other receivables excluding non financial assets	950	416
Non NHS Trade and other receivables excluding non financial assets	1,932	1,786
Cash and cash equivalents at bank and in hand	3,176	2,357
Total	<u>6,058</u>	<u>4,559</u>

Note 21.2 Financial Liabilities by Category

	Financial liabilities not at fair value through the I&E	
	31 March 2013 £000	30 March 2012 £000
Liabilities as per Statement of Financial Position		
NHS payables excluding non financial liabilities non financial liabilities	312	34
	3,473	1,972
Total	<u>3,785</u>	<u>2,006</u>

NOTES TO THE ACCOUNTS**Note 21.3 Fair values of financial assets at 31 March 2013**

	Book Value	Fair Value
	£000	£000
Non current trade and other receivables excluding non financial assets	-	-
Other investments	-	-
Other	6,058	6,058
Total at 31 March 2013	6,058	6,058

Note 21.4 Fair values of financial liabilities at 31 March 2013

	Book Value	Fair Value
		£000
Non current trade and other payables excluding non financial liabilities	-	-
Provisions under contract	-	-
Loans	-	-
Other	3,785	3,785
Total at 31 March 2013	3,785	3,785

NOTES TO THE ACCOUNTS

Note 22.1 Losses and Special Payments

	2012/13 Total number of cases Number	2012/13 Total value of cases £000	2011/12 Total number of cases Number	2011/12 Total value of cases £000
LOSSES				
Losses of cash due to overpayment of salaries etc.	-	-	-	-
Losses of cash due to other causes	-	-	-	-
TOTAL LOSSES	-	-	-	-
SPECIAL PAYMENTS				
Compensation under legal obligation	48	2,035	32	1,206
Ex gratia payments in respect of personal injury, with advice	-	-	-	-
TOTAL SPECIAL PAYMENTS	48	2,035	32	1,206

Nine of the above cases exceeded £100,000 during 2012/13, and one during 2011/12. See also note 4.2.

Note 22.2 Recovered Losses

There were no compensation payments received or other losses recovered during 2012/13.

Note 23 Better Payment Practice Code

	<u>Number of bills paid</u>		% of bills paid within 30 days	<u>Value of bills paid</u>		% of value paid within 30 days
	Total	Paid within 30 days		Total	Paid within 30 days	
	Number	Number	%	£000	£000	%
Year ended 31 March 2013	5,415	4,807	89%	7,378	6,012	81%
Year ended 31 March 2012	5,077	4,181	82%	5,615	4,680	83%

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

NOTES TO THE ACCOUNTS

Note 24 Directors' and Senior Managers' Remuneration

Name		2012/13 Salary (bands of £5,000)	2011/12 Salary (bands of £5,000)
Allen, M.	Dean of Postgraduate Studies from 1 January 2012	85-90	15-20
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	15-20	15-20
Kara, AA	Non Executive Director	5-10	5-10
Key, P	Director of Corporate Governance and Facilities	95-100	95-100
Lyon, L	Trust Director	100-105	100-105
McPherson, I	Non Executive Director	5-10	5-10
Moseley, J	Non Executive Director	5-10	5-10
Patrick, MPH	Chief Executive	145-150	145-150
Senior, R	Medical Director	100-105	100-105
Smith, J	Director of Performance	80-85	90-95
Strang, R	Non Executive Director	10-15	10-15
Thomas, S	Director of Human Resources	80-85	80-85
Young, S	Director of Finance	100-105	100-105

The median pay of the Trust's staff is £31,039. From the table above, the mid point of the banding of the highest paid director is £147,500, so this gives a ratio of 4.75 times the median pay of the Trust's staff.

Total remuneration paid to directors for the year ended 31/03/2013 (in their capacity as directors) totalled £1,020,000 (2011/12 £1,051,000). 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 £102,000 (2010/11 £117,000). The total number of directors to whom benefits are accruing under the NHS defined benefit scheme (the NHS Pension Scheme) was nine.

NOTES TO THE ACCOUNTS

Note 24 Directors' and Senior Managers' Remuneration continued

Name		Pension at age 60		Lump sum at age 60		Cash equivalent transfer value		
		Total pension	Real increase	Total accrued	Real increase	at 31 March	at 31 March	Real increase
		at 31 March	since 31	lump sum at	since 31	at 31 March	at 31 March	since 31
		2013	March 2012	31 March	March 2012	2013	2012	March 2012
		Bands of	Bands of	Bands of	Bands of	£000	£000	£000
		£5,000	£2,500	£5,000	£2,500			
Allen, M.	Dean of Postgraduate Studies from 1 January 2012	0-5	0-2.5	0-5	0-2.5	31	-	-
Harris, R	Director of Child and Family Directorate	50-55	0-2.5	160-165	2.5-5.0	1,259	1,198	61
Key, P	Director of Corporate Governance and Facilities	30-35	2.5-5.0	95-100	7.5-10.0	771	685	86
Lyon, L	Trust Director	45-50	2.5-5.0	145-150	7.5-10.0	1,111	1,022	89
Patrick, MPH	Chief Executive	55-60	2.5-5.0	165-170	2.5-5.0	1,075	976	99
Smith, J	Director of Performance	30-35	2.5-5.0	95-100	7.5-10.0	559	500	59
Thomas, S	Director of Human Resources	30-35	2.5-5.0	95-100	7.5-10.0	661	588	73
Young, S	Director of Finance	25-30	2.5-5.0	85-90	7.5-10.0	-	-	-

Dr R Senior, the Trust's Medical Director, is employed by University College London. He is a member of the NHS Pension Scheme, but the data on his pension entitlements was not available at the time of producing these accounts.

The table includes the pension entitlements of all senior management employed directly by the Trust.

	Value £'000S
Directors' remuneration	855
Employer contributions to pension schemes	0
Total number of directors to whom benefits are accruing under	
	Number
- money purchase schemes	0
- defined benefit schemes	9

Quality Report

2012/2013



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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 well-being. 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 clinical staff.
- 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 on-going commitment to quality improvement appears to be helping us to continue to move in the right direction.

Demonstrating the effectiveness of our clinical services is one of our top priorities so we are very pleased that we exceeded our targets in 2012/13 for the goals we set for evaluating clinical effectiveness. Specifically, for our Child and Adolescent Mental Health Service (CAMHS), where for the 76% of patients and their parents/carers who completed the Goal-Based Measure at both Time 1 and Time 2, 99% of children and their parents/carers showed an improvement from Time 1 to Time 2. In addition, for adult patients, using the Clinical Outcomes for Routine Evaluation (CORE), 63% of adults demonstrated an improvement from Time 1 to Time 2.

We have also been successful in achieving all our targets for Patient and Public Involvement. We have addressed three issues raised by patients in the Stakeholder Quality meetings; developed formal links with two Black and Minority Ethnic (BME) community organisations; and held three information/discussion groups where patients and members of the public have heard about our services and we have used their feedback to inform service development and delivery.

Although we did not hit all of our targets for Improving Access to Information, we did receive positive feedback on the format and content of our new modality leaflets from our mystery shopper exercise. Our auditing process helpfully identified a gap in dissemination of information which the directors are now aware of and have action plans to remedy. In response to feedback gathered from our mystery shoppers and visual straw polls we have ensured that the links to our patient information leaflets are more clearly accessible through the website and widened the availability of copies of the leaflets on the psychological therapies we offer.

In March 2013 the Trust underwent a routine inspection by the Quality Commission (CQC). The inspectors assessed our compliance with seven of the Essential Standards and found us to be fully compliant with each of these. We continue to hold full registration with the CQC without restriction.

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 Director members and Governors 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:

- 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.
- Quality Reports.

Our commitment and impetus for continuous quality improvement doesn't end here, it operates through all levels of the organisation, with employees aware of the importance of the need to challenge the ways in which we work, with an on-going effort to improve quality across all aspects of our services. We work closely with our many stakeholders to ensure that they have every opportunity to contribute to our plans, and to monitor our progress.

Our Council of Governors is fully committed to our quality agenda.

One of the major roles of the Council of Governors during 2012/13 has been to ensure that they are fully involved in both contributing to and monitoring the Trust's quality agenda. The influence of the Council of Governors is interwoven in all the key decision making processes and they do this in a variety of ways:

- By Governors' attendance at key committee meetings and forums including.

- CQSG
 - PPI Meeting
 - Equalities Committee
 - Quality Stakeholders Meeting
 - Governors Clinical Quality Meeting
-
- By considering the quality agenda at all of their Council meetings.
 - By visiting and where possible observing the work of the different departments and services and attending Trust Board Meetings.

Our priorities for 2013/14

We continue to be fully committed to improving quality across every aspect of the Trust's work, building on what we have achieved this year. Our ongoing 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.

Our Quality Priorities for 2013/14 will focus on:

- Continuing to demonstrate further positive changes for patients, as a consequence of the psychological intervention/treatment they receive from the Trust.
- Continue to improve access to health care information to help patients to make informed decisions about the psychological intervention/treatment they can receive from the Trust.
- Working towards the inclusion of service users on Trust interview panels.
- Expanding our Patient and Public Involvement activities, specifically targeting engagement with our younger members, 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 towards 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.

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, 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

28th May 2013



Why was the CQC inspection carried out?

This was a routine inspection to check that essential standards of quality and safety referred to below were being met. CQC sometimes describe this as a scheduled inspection.

This was an announced inspection.

How the CQC carried out this inspection

CQC carried out a visit on the 13 March 2013, talked with staff reviewed information the CQC asked us to send to them and talked with local groups of people in the community or voluntary sector.

Outcomes

The CQC inspected the following standards as part of a routine inspection.

This is what they found:

- | | | |
|---|---|-------------------|
| • Respecting and involving people who use services | ✓ | Met this standard |
| • Care and welfare of people who use services | ✓ | Met this standard |
| • Safeguarding people who use services from abuse | ✓ | Met this standard |
| • Requirements relating to workers | ✓ | Met this standard |
| • Supporting workers | ✓ | Met this standard |
| • Assessing and monitoring the quality of service provision | ✓ | Met this standard |
| • Complaints | ✓ | Met this standard |

“ People’s views and experiences were taken into account in the way the service was provided and delivered in relation to their care. ”

“ People were cared for, or supported by, suitably qualified, skilled and experienced staff. ”

“ The provider had an effective system to regularly assess and monitor the quality of service that people receive. ”

“ The Trust had put in place a number of methods to measure the clinical effectiveness of the treatments it was offering. ”

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 (FDAC) Intervention Team has claimed its sixth major accolade - ***The Children and Young People Now Award for Partnership Working***.
- In May 2012, the FDAC was the winner of ***Excellence in Partnership*** British Medical Journal Group (BMJ) Improving Health Awards.
- The installation of a ***Visual Straw Poll*** at the entrance to the Centre has been a resounding success, providing a way to engage with service users and their families in a new and interesting way, allowing us to gain real-time feedback on a wide range of issues covering both our clinical services and facilities.
- Further development of the Big White Wall (BWW) venture includes the addition of ***Live Therapy***, which, through funding from the NHS National Innovation Centre, offers the first online pathway for mental health and wellbeing, placing people at the centre of their own care. It enables people to access well governed, safe therapeutic services from the comfort of their own homes, over a bespoke, secure internet platform.
- BWW was selected as a ***High Impact Innovation*** under Digital First and shortlisted for ***High Impact Innovation Phase 2***. This development will help to reduce the strain on primary care whilst also creating a more convenient way of accessing healthcare for a number of people who would prefer not to attend general practice in person every time they need advice.
- We are delighted that the North Camden CAMHS service was awarded ***You're Welcome accreditation***, for its recognition as a young person-friendly service.

1.2. Overview of Quality Indicators 2012/13

2012 - 2013 Quality Indicators			
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 70% for the Goal-based Measure for Time 1 and Time 2 (for those patients who completed the Goal-based Measure at Time 1).	Green	76%	14
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.	Green	99%	14
Adult Outcome Monitoring Programme			
For the Total CORE 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	Green	63%	16
Access to Clinical Service and Health Care Information for Patients and Public			
Target of a 10% increase on reported satisfaction levels in relation to the availability of the modality leaflets between the first and second surveys.	Red	We did not achieve this target.	16
Target of at least a 10% increase on reported satisfaction levels in relation to the availability and usefulness of information on the treatment modalities via the internet between the first and second polls.	Red	We did not achieve this target.	16
Patient and Public Involvement:			
To demonstrate that 3 issues raised at the stakeholder Quality meetings held in 2011-12 have been taken forward by the Trust and result in quality improvements.	Green	Three topics were taken forward: i) Information available to patients/potential patients on treatment modalities ii) Process for consent for treatment iii) Arrangement for follow up at the end of assessment/treatment	19
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 season	Green	An action plan for patient talks was developed. 3 talks were held.	19
Patient Safety Indicators			
NHS Litigation Authority Level	Green	Level 2 achieved (Feb 2011)	35
Patient Safety Incidents	N/A	30	36
Monitoring of Adult Safeguard Alerts	N/A	0	36
Safeguarding of Children - Level 3 Training	N/A	82%	39
Clinical Effectiveness Indicators			
Monitor number of staff with Personal Development Plans	N/A	84%	43
Patient Experience Indicators			
Complaints received	N/A	16	47
Patient Satisfaction:			
Percentage of patients that rated the helpfulness of services either very helpful or helpful in Q4	N/A	88%	48
Did Not Attend Rate:			
Trust Wide - First Attendances	N/A	9.6%	50
Trust Wide - Subsequent Appointments	N/A	8.9%	
Waiting Time Breaches:			
Trust Wide - Number of patients waiting for first appointment for 11 or more weeks	N/A	118	52
Internal Causes	N/A	27	
External Causes	N/A	88	
Unknown Causes	N/A	3	
Trust Wide - Percentage of patients waiting for first appointment for 11 or more weeks	N/A	6.1%	
Internal Causes	N/A	1.4%	
External Causes	N/A	4.5%	
Unknown Causes	N/A	0.2%	
Other Achievements			
Maintaining a High Quality, Effective Workforce:			
Trust staff to have attended the mandatory In-Service Education and Training once every 2 years, as required.	Green	93%	39
New staff joining the Trust to have attended Trust-wide Induction.	Green	77%	37
New staff joining the Trust to have completed their Local Induction.	Green	95%	38

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

2.1. Priorities for Improvement

Progress against 2012/13 Quality Priorities

This section describes our progress and achievements against the targets we set for each quality priority for 2012/13.

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, as for many individuals their difficulties extend back to earlier periods in their life.

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

For these reasons, we are aware that we have to develop a longer-term strategy for gathering 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.

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

What measure and why?

For our Child and Adolescent Mental Health Services (CAMHS), we have used the Goal-Based Measure again this year. Building on the knowledge we have already gained in 2011/12, with patients previously referred to CAMHS, the Goal-Based Measure enables us to know what the patient or service user wants to achieve (their goal or aim) and to focus on what is important to them.

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

As a result, we set the following targets, which also represent the CQUIN (see Glossary) targets we had agreed with our commissioners for 2012/13:

1. Child and Adolescent Mental Health Service Outcome Monitoring Programme:			
Targets for 2012/13	2010/11	2011/12	2012/13
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	21%	85%	76%
2. For 70% of patients to achieve an improvement in their score on the Goal-Based Measure, from Time 1 to Time 2, on at least one target.	Not Reported	Not Reported	99%

How have we progressed?

We are pleased to report that we exceeded our target, by achieving a return rate of 76% for the Goal-Based Measure for the forms completed by patients/service users, in conjunction with clinicians, at both Time 1 and Time 2.

However, we feel most proud of the fact that we greatly exceeded our second target for this group of patients/service users. As the results indicated that, of the 76% of patients/service users who returned Time 1 and Time 2 forms, 99% showed an improvement from Time 1 and Time 2 for one of the goals they had initially agreed with their clinician

For 2013/14, we plan to maintain and improve these achievements in clinical effectiveness for CAMHS, by setting a target for an improvement from Time 1 and Time 2 for two of the goals agreed by patients/service users, in conjunction with clinicians. In addition, we will raise the target for the percentage of patients/service users we expect to achieve this target.

Priority 2: Adult Outcome Monitoring Programme

What measure and why?

The outcome measure used by the Adult Services 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.

We think in the future this should enable us to use this data for benchmarking purposes, for providing information on how our improvement rates for adult patients compares with other organisations and services using the CORE.

For the Adult Service, we used the CORE form again for the current year, building on the knowledge we have already gained in 2011/12, with patients previously referred to the Adult Department. We set the following target, which also represent the CQUIN (see Glossary) target we had agreed with our commissioners for 2012/13 namely, *For the Total CORE 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.*

For the Adult Service, Time 1 refers to the pre-assessment stage, where the patient is given the CORE 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). Analysing the changes between Time 1 and Time 2 enables us to report on the effectiveness of the intervention for patients.

Adult Outcome Monitoring Programme:			
Targets for 2012/13	2010/11	2011/12	2012/13
1. For the Total CORE (Clinical Outcomes for Routine Evaluation) 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.	Not Reported	Not Reported	63%

How have we progressed?

We are pleased to report that that we exceeded our target, as 63% of patients who completed the CORE forms at time 1 and Time 2 showed an improvement in their Total CORE score from the pre- to the post-assessment stage, which suggests that they benefitted from this clinical intervention.

For 2013/14, we plan to focus on improving the return rate for the CORE forms at end of treatment, which in the future will allow us to evaluate the effectiveness of treatment over longer periods of time.

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 2012/13	2012/13
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.	Patient awareness of the treatment modality leaflets was very low and it was not possible to assess whether the additional information had helped their decision making process when treatment was offered.
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 the Mystery Shopper approach and the Straw poll approach.	Feedback from the mystery shoppers indicated that the language used in the modality leaflets could be more accessible and paper copies of the leaflets should be available in addition to the electronic versions. The results from two separate visual straw polls found that almost half of all respondents had not seen the new leaflets of the different treatment types we offer at the Trust.

We set the following targets for 2012/13:

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.

Measure Overview

One of our Quality Priority targets last year (2011/12) was to develop five 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 modalities that we offer. The feedback also indicated that patients wanted more readily-available information about our different treatment modalities to enable them to be involved in the decisions about their care and treatment.

How have we progressed?

We have produced and published five modality leaflets.

We set a target of a 10% increase in awareness of patients of the modality leaflets between the first and second surveys.

We conducted telephone interviews with a small sample of patients offered one of the five modalities shortly after the new leaflets were uploaded onto the Trust website and again in Quarter 4.

Unfortunately the survey results were poor with almost no patient recalling having seen a modality leaflet relating to the treatment they were receiving. We did however receive positive feedback about our general and departmental leaflets which were found to be helpful through the survey process.

As a result of these findings we have to report that we failed to achieve the objective that we set ourselves and we are in the process of developing a plan with the Directorates of ways in which we can promote the availability of the leaflets. This will include making leaflets available in paper format in the departments, notices on waiting room walls promoting the availability of leaflets and a campaign for clinical staff to encourage them to use the leaflets as part of their treatment discussion and consenting process. We will undertake further audits in 2013/14 to closely monitor progress.

Target 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

Feedback gathered from the annual patient survey, the Patient Advice and Liaison Service, the comments book and complaints has previously indicated that we need to produce information that is relevant and easily accessible to those who might need it. To demonstrate both ease of access and the readability of the information we produce, mystery shoppers accessed both electronic and physical copies of the treatment modality leaflets and rated how relevant, accessible and clear they were to use. Questions on the visual straw poll were set to gather additional information on the availability and accessibility of the leaflets. The information gathered from the mystery shoppers and visual straw poll approaches were used to make changes to the physical and electronic location of the information as well as the content of the leaflets, where appropriate.

How have we progressed?

We set two questions on the visual straw poll over the year and completed a mystery shop with the assistance of Camden Carers Centre. Feedback from the mystery shoppers indicated that the language used in the modality leaflets could be more accessible and paper copies of the leaflets should be available in addition to the electronic versions. The results from two separate visual straw polls found that almost half of the respondents had not seen the new leaflets on the different treatment types that we offer at the Trust. In response, we have changed the language and content order in the leaflets, distributed printed copies of the five modality leaflets to CAMHS and SAAMHS (Specialist Adolescent and Adult Mental Health Service) and ensured paper copies have been placed in all departmental waiting rooms.

Priority 4: Patient and Public Involvement

Patient and Public Involvement	
Targets 2012/13	2012/13
1. To demonstrate that issues (see below) raised at the stakeholder quality meetings that were held in 2011/12 have been taken forward by the Trust and result in quality improvements:	
a) Information available to patients/potential patients on treatment modalities	a) The telephone survey results from Q1 found that 12% of patients had seen the modality leaflets and felt these had supported their decision making processes. In Q4 3% of patients had seen the modality leaflets..
b) Process for consent for treatment	b) The case file audit results from Q2 found that 28% of SAAMHS files included a narrative on treatment options being discussed and 8% of CAMHS files included a narrative on treatment types being discussed. In Q4, the audit found that 30% of SAAMHS files and 20% of CAMHS files included a narrative on treatment options being discussed.
c) Arrangement for follow up at the end of assessment/treatment	c) In Q2, a patient survey in the main waiting room found that 100% of patients would like to be offered the option of follow ups. In Q3, a question was set on the visual straw poll and 83% of respondents indicated that they would like to be offered the option of a follow up. In Q3, a second survey in the three waiting rooms at the Tavistock Centre found that 82% of patients and/or the parents of our youngest patients would like to be offered the option of a follow up.
2. To hold at least three patient forums in 2012/13 on topics that have been suggested by the forum members and receive positive feedback from each.	Three talks were held on topics suggested from patients and previous attendees. Minutes were not taken of the talks but attendee evaluation forms recorded positive feedback.

We set the following targets for 2012/13:

Target 1

To demonstrate that issues raised at the stakeholder quality meetings 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

Measure Overview

Last year (2011/12) we achieved our target of holding three stakeholder quality meetings with our patient and public representatives, Governors and Non-Executive Directors (NEDs). In addition, we held two stakeholder meetings with Governors specifically to discuss quality issues. We held these meetings to ensure that we established a forum for 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 three key areas were identified to take further into work in 2012/13.

How have we progressed?

We have achieved this target of taking forward three issues for quality and patient experience improvement. Firstly, to improve the information available to patients/potential patients on treatment modalities, we have changed the language in the treatment modality leaflets and distributed printed copies to the clinical departments and waiting rooms to make our information more widely accessible. Secondly, to improve the process for consent for treatment, we have undertaken two case file audits to see if treatment options were documented as discussed. The audits found that whilst the section on consent was being completed on the assessment form the section that asks clinicians to detail a narrative on treatment options being discussed was only completed in a small number of files. In response the PPI Lead has sent the results of the audit to the CAMHS and SAAMHS directors to request that they consider the findings and draw up an action plan to address the issues with incomplete record keeping in respect of consent. Thirdly, to arrange for follow up at the end of assessment/treatment, we have conducted two patient surveys and found that the majority of patients would like to be offered the option of a fixed number of follow up sessions after their treatment has ended.

Target 2

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

Measure Overview

Last year (2011/12) we achieved our target of holding three information and discussion group 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. We continued with this target and held three patient forums in 2012/13 on topics suggested by the forum members in 2011/12 and received positive feedback at each event.

How have we progressed?

We are pleased to report that we have achieved this target. During the year we have held three information and discussion group meetings on topics suggested by previous attendees. These were:

- 14th May 2012: Tavistock Adult Depression Study, led by Felicitas Rost and Hannah Ridsdale.
- 19th Sept 2012: Access to Services for BME Groups, led by Trudy Klauber and Keith Mahon.
- 12th March 2013: The Mind and Body Connection, led by Shirley Borghetti-Hiscock.

At these meetings clinicians invited attendees to ask questions about specific topics and others in the group would facilitate these discussions by describing their own experiences and by sharing information. Positive feedback was received from those who attended and sessions and suggestions on the evaluation forms have been included in the future talks planned for 2013/14.

Quality Priorities for 2013/14

Our choice of quality priorities for 2013/14 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 2012/13 CQUINs targets and detailed discussion to agree CQUIN targets for 2013/14.

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 Patient and Public Involvement (PPI) Lead, Quality Reports and Standards Lead and the Trust Director.

Clinical Effectiveness (Clinical Outcome Monitoring)

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

We have set the following targets, which also represent the CQUINs (see Glossary) targets we have agreed with our commissioners for 2013/14:

1. For 75% 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 six months or, if earlier, at the end of therapy/treatment (known as Time 2).
2. For 75% of patients who complete the Goal-Based Measure (GBM) to achieve an improvement in their score on the GBM, from Time 1 to Time 2, on at least two targets (goals).

Measure Overview

We will plan to use the Goal-Based Measure again this year, building on the knowledge we have gained in previous years, with patients previously referred to CAMHS. 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 to achieve their goals by particular interventions/treatments that we provide and to make adjustments to the way we work dependent on this feedback.

Monitoring our Progress

The Outcome Monitoring (OM) Tracking System has been updated in 2012/13 to make it more accessible for clinicians. The system that we now use identifies when patients and clinicians are due to be issued with outcome monitoring forms and provides a clear way to record and track when these forms have been completed.

We will plan to monitor our progress towards achieving our Outcome monitoring targets on a quarterly basis, providing reports to the Clinical, Safety and Governance Committee and the Board of Directors, as described in Part 1, and the Lead for Outcome Monitoring in the CAMHS will ensure that action plans are in place when expected levels of assurance are not achieved.

Priority 2: Adult Outcome Monitoring Programme

For 2013/14, we plan to focus on improving the return rate for the CORE forms at end of treatment, which going forward will allow us to evaluate the effectiveness of treatment, over a longer period of time.

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.*

We have set the following target for 2013/14, which also represents the CQUINs (see Glossary) target we have agreed with our commissioners.

- For the CORE outcome measures to be completed by at least 25% of patients over the age of 25, for those patients who have completed their treatment, attending at least one treatment appointment, on or after April 1st 2013 and on or before January 31st 2014.

Measure Overview

We plan to use the CORE form return rate again next year, continuing to build on the knowledge we have already gained from previous years, from patients referred to the Adult Service.

Monitoring our Progress

The Outcome Monitoring (OM) Tracking System has been updated in 2012/13 to make it more accessible for clinicians. The system that we now use identifies when patients and clinicians are due to be issued with outcome monitoring forms and provides a clear way 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 SAAMHS (see glossary) will ensure that action plans are in place when expected levels of assurance are not achieved.

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

Target

To increase the number of leaflets about specific treatment modalities from eight to at least 12, including at least two leaflets written specifically by children/young people.

Measure Overview

To date we have developed eight leaflets in a new series of leaflets on the different treatment modalities we offer at the Trust. These leaflets were developed in response to feedback gathered from a range of sources including the Experience of Service Questionnaire, the Patient Advice and Liaison Service, the visual straw poll and the mystery shopper project. We

have sought feedback from patients, staff and visitors to the Trust on the modality leaflets; we have identified topics for the next sets of leaflets to be developed based on this feedback. In 2013/14 we will continue our commitment to improving both the quality and quantity of the information available to our patients and the public about the specific treatments we provide.

How we will collect the data for this target

1. To ensure the Trust has a minimum of 12 published treatment leaflets which will include two leaflets developed by and written for children/young people.
2. To demonstrate that 90% of mystery shoppers are able to access a leaflet relevant to their needs including young people.
3. To modify leaflets content and availability in light of feedback from mystery shoppers.
4. To undertake a telephone survey of a sample of patients offered one of the treatment modalities (for which there is now a new modality leaflet) to ensure patients are aware of the leaflets and to assess satisfaction with the level of information provided in the leaflets to support choice and decision making when treatments are offered.
5. To audit a random selection of case files to identify if treatment options were documented as discussed.

Monitoring our Progress

We plan to monitor our progress towards achieving this target 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 ensure that action plans are in place when expected levels of assurance are not achieved.

Priority 4: Patient and Public Involvement

We have set the following measures and targets to monitor our performance during 2013/14:

1. To have a protocol in place on:
 - i) Payment of service users for participation on interview panels
 - ii) Selection and training of service users for interviews
 - iii) Training for staff on including service users on interview panels.

2. To continue to expand and promote Bid for Better and to target engagement with our younger members

Target 1

To have a protocol in place on:

- i) Payment of service users for participation on interview panels
- ii) Selection and training of service users for interviews
- iii) Training for staff on including service users on interview panels.

Measure Overview

Last year (2012/13) focus groups were held with parents and young people to develop new interview questions to ask staff at interviews for CAMHS posts. The attendees at the focus groups also expressed an interest in sitting on future interview panels at the Trust. There has been an increase in the amount of mental health Trusts which include service users on staff interview panels and we intend to develop a policy on the inclusion of service users on Trust interview panels. We will ensure Trust policies are in place and an initial cohort of staff have been trained before we proceed to recruit, train and support service users to be involved on staff interview panels.

How we will collect the data for this target

1. To have developed a protocol for the payment of service users for participation on interviews.
2. To have developed a protocol, reviewed by service users, for the selection and training of service users for interviews panels.
3. To have trained 15 members of staff on working with service users on interview panels.

Target 2

To continue to expand and promote Bid for Better and to target engagement with our younger members

Measure Overview

The Bid for Better membership engagement project has been running for three years during which time there has been an increase in the number of

applications we have received from community groups for funding to support ideas to improve the patient experience, promote mental wellbeing and make our services more accessible. We are committed to continuing to expand the project to as wide an audience as possible but we also wish to engage more creatively with our youngest patients and members of the public to encourage bids and support them during the application process.

How we will collect the data for this target

1. To encourage bids from young members we will promote Bid for Better in the Trust's CAMHS waiting rooms and via the Young Minds blog and schools' websites.
2. To count the number of applications received. We will set a target of at least 10 applications of which four will demonstrate wider engagement and patient experience outcomes.

Monitoring our Progress

We 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 ensure that action plans are in place when expected levels of assurance are not achieved.

Bid for Better



What is the project?

Bid for Better funds activities and equipment which improve the patient experience, promote mental wellbeing and improve access to our services. Awards of up to £250 are made available and all bids received by the deadline are reviewed by a Panel of staff, governor and patient representatives. This process occurs on an annual basis.

Who is the service for?

To be considered for funding the bid must be from a Member of the Trust and should benefit two or more patients / service users.

Outcomes

Last year six bids were awarded funding:

- The transformation of a concrete area at the Brunel Family Centre in Westminster into a vegetable and flower garden;
- The creation of an enchanting wall mural in the Child and Family Department waiting room by the artist Jennifer Camiller;
- The setting up of a Patient Emergency Fund;
- A donation to the Santé Refugee Befriending Project to support refugee and asylum seekers to access our services;
- Slippers for the pupils at the Tavistock Children's Day Unit;
- The introduction of new throws, cushions and rugs into the therapy rooms of the Child and Family Department and the Adolescent Department.

“ Therapists and patients were pleased to return from the summer holidays to find their rooms spruced up and looking more cared for ”

“ It has provided much pleasure for the children and families that have participated in the activities offered. ”

“ The mural has really changed the feeling of the room. ”

“ I thought I was not worth anything but Santé's Befriender lifted me up. He showed me I was wrong and that help was possible. ”

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 2012/13 (Monitor).

During 2012/13 The Tavistock and Portman NHS Foundation Trust provided and/or sub-contracted six relevant health services.

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

The income generated by the relevant health services reviewed in 2012/13 represents 87% of the total income generated from the provision of relevant health services by The Tavistock and Portman NHS Foundation Trust for 2012/13.

Participation in Clinical Audits and National Confidential Enquiries

During 2012/13 one national clinical audit and one national confidential enquiry covered NHS services that The Tavistock and Portman NHS Foundation Trust provides.

During 2012/13, The Tavistock and Portman NHS Foundation Trust participated in one (100%) national clinical audits and one (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 2012/13 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 2012/13 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 2012/13, 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: One suicide case report was submitted No homicide reports were submitted.
- National Audit of Psychological Therapies: 169 cases submitted in 2012/13. This represents 100% of eligible cases. This included 19 case files which were submitted as part of the retrospective discharged cases audit and 150 open cases which were submitted to receive a service user questionnaire by post or via their therapist.

The reports of 0 national clinical audits were reviewed by the provider in 2012/13.

The reports of 13 local clinical audits were reviewed by the provider in 2012/13 and The Tavistock and Portman NHS Foundation Trust has plans in place to improve care as a result of the learning from these audits;

Actions include:

- Improve record keeping for patients who attend groups in the adult service to ensure that they fully comply with the Trust's record keeping standards
- Continue to improve data accuracy for 'outcoming' of appointments (including DNA's)
- Ensure that RiO fields are completed accurately in relation to new cases, so that waiting times are calculated accurately
- Continue to promote the importance of good record keeping around consent for treatment (we have introduced new fields on the assessment form but these are not consistently completed)
- Promote awareness of the new modality leaflets to staff and increase availability of these for patients
- Continue to promote awareness of 'digital' impact on our patients by holding training sessions and seminars on assessing patients risk of misuse of digital technology (e.g. on line gambling; gaming; virtual friendships etc.)

Participation in Clinical Research

The number of patients receiving relevant health services provided or sub-contracted by The Tavistock and Portman NHS Foundation Trust in 2012/13 that were recruited during that period to participate in research approved by a research ethics committee was nine.

The use of the CQUIN Framework

A proportion of The Tavistock and Portman NHS Foundation Trust income in 2012/13 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 relevant health services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2012/13 and for the following 12 month period are available online at:

<http://www.tavistockandportman.nhs.uk/cquins>

The total financial value for the 2012/13 CQUINs was £180,473 and The Tavistock and Portman NHS Foundation Trust expects to receive £183,043.

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 2012/13.

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 announced routine inspection in March 2013 and the findings were reported by the CQC in April 2013. The CQC made the decision to undertake an announced inspection due to the nature of the services that we offer. It was not possible for the CQC to observe therapy in practice so we arranged for the CQC to meet with a range of people including staff, Governors, Non-Executive

Directors and a member of the public who sits on the Patient and Public Involvement Committee. They also toured the facilities at the Tavistock Centre. The CQC inspected a total of seven standards and confirmed that the Trust met each of these standards.

At the assessment the CQC looked for evidence of compliance with the following standards:

- Respecting and involving people who use services
- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Requirements relating to workers
- Supporting workers
- Assessing and monitoring the quality of service provision
- Complaints

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.

A copy of the CQC's report on its inspection of The Tavistock and Portman NHS Foundation Trust is available from their website at www.CQC.org.uk

Information on the Quality of Data

The Tavistock and Portman NHS Foundation Trust did not submit records during 2012/13 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 2012/13 was 87% and was graded green.

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.

Due to the nature of the services provided the Trust does not undertake clinical coding of the services/treatments it provides.

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.
- Having completed the provision of training on the Outcome Monitoring Tracking System for administrative staff, we will be providing training and support on this system for all clinical staff across the Trust including our outreach services where possible, to move towards a system of direct data entry by clinician which will remove an administrative step and thereby improve accuracy.
- Continue to conduct local audit testing of indicator data during the year and take specific actions to identify any risks, for example in the accuracy of DNA and waiting time data and use the results of these audits to develop targeted action plans to address weaknesses.

Outreach in Primary Schools



What is the service?

The service works closely with teachers and education staff helping them to think through concerns or difficulties with pupils or class groups. It helps them to understand the underlying meaning of pupil behaviour, identify more easily children who are at risk and feel more confident about worrying pupils.

Who is the service for?

This service is based in a number of primary schools in the London Borough of Camden in areas of long-term deprivation and disadvantage working with children and their parents where other interventions have not helped or have not helped enough. There is often a worry that these difficulties will impact significantly on children's capacity to learn and develop in an ordinary way.

Outcomes

This service has been shown to improve outcomes for children, families and teaching staff as follows:

Children are better able to: manage their worries and difficult feelings; learn in the classroom; manage their relationships with other children; stay out of trouble at school. Parents are better able to understand and support their children. Teachers and education staff are better able to understand their pupils difficulties and concerns.

“ Has been a huge improvement in her behaviour, especially with regards to keeping safe ”

“ Behaviour is very good and he listens and works very well ”

“ Huge confidence improvement ”

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 2010/11 and 2011/12 Quality Reports along with metrics that reflect our quality priorities for 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	2010/11	2011/12	2012/13
NHS Litigation Authority Level		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	2010/11	2011/12	2012/13
Patient Safety Incidents	54	69	30

What are we measuring?

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

The Trust has a low 'patient safety incident' rate due to the nature of its patient services, and 29 of the 30 incidents reported in 2012/13 were in the no harm/low harm category, and were therefore rated as suitable for no further action or for local review only. In 2012/13 one incident (3.3%) occurred that triggered an investigation under the Trust's serious investigation procedure.

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

We have robust processes in place to capture incidents. However there are risks at every Trust relating to the completeness of data collected for all incidents (regardless of their severity) as it relies on every incident being reported. Whilst we have provided training to staff and there are various policies in place relating to incident reporting, this does not provide full assurance that all incidents are reported. We believe this is in line with all other Trusts.

There is also clinical judgement in the classification of an incident as "severe harm" as it requires moderation and judgement against subjective criteria and processes. This can be evidenced as classifications can change once they are reviewed. Therefore, it could be expected that the number of severe incidents could change, so the figure reported could change from that shown here due to this review process.

Monitoring of Adult Safeguards

Indicator	2010/11	2011/12	2012/13
Monitoring of Adult Safeguard Alerts	4	2	0

What are we measuring?

This measures the safeguarding of adults at risk, by identifying and reporting to Social Services under the 'Adults at Risk Policy' adults who are identified by the Trust as being at risk of physical or psychological abuse, and in need of input from Social Services. The importance of identifying these persons is continually 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 2012/13, no adult safeguarding referrals were made.

Attendance at Trust-wide Induction Days

Indicator	2010/11	2011/12	2012/13
Attendance at Trust Wide Induction Days	64%	89%	77%

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 introduction to the Trust's approach to risk management and incident reporting; health and safety; infection control, confidentiality and information governance; Caldicott principles; safeguarding of children and counter fraud awareness, to ensure that all new staff are able to provide a safe and good quality service to service users.

Targets and Achievements

When compared with last year's figure, it appears that the attendance rate has dropped significantly. However, this can be explained by the fact that due to small recruitment numbers the Trust only runs Trust induction three times a year (once each term) and in 2012/13 ten staff members started work after the last induction event which took place on 7th February this year. So, although they started work in the 2012/13 financial year, they won't have been able to attend the induction in February, but instead are scheduled to attend the induction taking place on April 24th. If these new

members of staff are excluded from the data set then the percentage is increased to 87%

We will continue to monitor the attendance at mandatory training events, and aim to maintain at least this performance level.

Local Induction

Indicator	2010/11	2011/12	2012/13
Completion of Local Induction	39%	98%	95%

Measure Overview

The Trust provides all new staff with a local induction checklist in their first week of employment. This checklist needs to be completed within 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.

This measure monitors the completion and return of the local induction checklist by new staff. The local induction process covers all local policies and procedures in place in individual service areas/directorates 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.

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 service area/directorate, and so that staff newly recruited to the Trust are able to provide a relevant, safe and good quality service to patients.

We are very pleased to report that we received 95% returned forms to show that the local induction had been completed by almost all of staff joining the Trust in 2012/13.

Attendance at Mandatory INSET Training

Indicator	2010/11	2011/12	2012/13
Attendance at Mandatory INSET Training***	64%	92%	93%

Staff are expected to attend training every two years. In order to achieve this 100% attendance is expected over a two year period. Therefore, the figure reported shows the % of staff up to date with mandatory training at 31st March 2013.

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.

Again, we are very pleased to report that 93% of our staff who were required to attend INSET training had done so within the previous two years.

Safeguarding of Children

Indicator	2010/11	2011/12	2012/13
Safeguarding of Children - Level 3 Training	88%	86%	82%

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 2013 82% 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 four level 3 training dates set for April, June, July and September 2013, 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 82% is not as high as we wish to achieve in this important area and will be making efforts to ensure that during 2013/14 we achieve a level where 85% 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

Introduction

The NHS National Staff Survey is completed by staff annually; questionnaires were completed between October and December 2012. The Trust's results from this year's survey are as consistently good as previous years and indicate that staff still considers the Trust to be one of the best employers in the mental health sector.

Summary of Performance

The Trust's score for staff engagement still remains much higher than the national average for mental health Trusts and has also improved considerably since 2011. In terms of the overall survey results, out of a total of 28 key findings this year, the Trust was rated as being in the highest/best category in 10 areas and rated as better than average in seven areas. The Trust also had the highest score of all mental health Trusts in six of the areas where it was rated as 'highest best'.

Some of the six areas where the Trust received the 'best' score of all mental health Trusts include –

- The number of staff reporting good communication between senior management and staff.
- The number of staff witnessing potentially harmful errors, near misses or incidents in last month.
- The numbers experiencing harassment, bullying and abuse from patients and public and numbers experiencing physical violence from staff.
- The number of staff feeling pressure to attend work while feeling unwell.

The Trust's score for overall staff engagement was also rated as being in the highest best category, with the Trust showing high scores in areas such as staff job satisfaction, motivation and staff recommending the Trust as a place to work and receive treatment.

The Trust's scores were also good in the following areas, with some areas showing improvements when compared with the results from the previous survey:

- The number of staff feeling satisfied with the quality of work and patient care delivered here.
- The number of staff experiencing discrimination at work.
- Work pressure felt by staff.
- The number of staff able to contribute towards improvements at work.

There are, however, a number of areas where the Trust recognises that it still needs to improve:

- The higher than average numbers of staff indicating that they are working extra hours
- The numbers of staff reporting errors, near misses and incidents (it is useful to note when considering this indicator that due to the nature of the work of the Trust our overall incident rate is very low)
- The numbers receiving health and safety training and the numbers receiving job relevant training (the survey asks about annual training in this area, the Trust does refresher training for all staff every two years, and therefore performance against this indicator is low.) The Trust will be considering whether the risks it experiences require it to increase the frequency of training.

Plans for 2013/14

As in previous years, the HR Directorate will continue to work with Directorate staff, and with various committees across the Trust to develop action plans in order to secure improvements in areas where the Trust has not done so well. Details of these improvement plans will be provided to all staff once they are agreed by the Board of Directors.

Infection Control

The Trust has no in-patient beds and does not provide the types of services which are associated with significant risks of infection, such as those provided by mental health hospitals with in-patient beds and services offering clinical tests and interventions in out-patients. Nevertheless, we 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.
- We employ our own dedicated cleaning staff who maintain all areas of the Trust that we directly manage.
- All staff receive training on how to minimise the risk of cross infection (including hand washing) and what to do in the event of an inoculation injury as part of Trust induction and mandatory INSET training which is delivered to all staff.
- We have installed alcohol hand rub in appropriate locations throughout the service.
- We have placed hazard waste spill kits in areas of likely/possible occurrence.
- The Health and Safety Manager receives all Department of Health alerts about infection control and circulates these to relevant staff.
- Annual flu inoculation is arranged for staff via the Occupational Health Service, and access to this service was promoted during the Autumn and Winter of 2012/13.

There have been no reported infection control incidents in 2012/13.

Clinical Effectiveness Indicators

Monitor Number of Staff with Personal Development Plans

Indicator	2010/11	2011/12	2012/13
Monitor number of staff with Personal Development Plans	82%	85%	84%

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 up-coming year.

The data collection period for Personal Development Plans takes place from January to March each year. However, it is important to note, as indicated above, that 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.

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

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. Patient choice is supported by increasing the range of leaflets describing treatment modalities on offer. Feedback through our Visual Straw Poll and an internal audit made it clear that patients were not readily accessing our range of leaflets; we therefore plan to make our leaflets more visible and widely available in hard copy and electronic formats.



What is the service?

Children's Centres play a central role in the government's drive to improve outcomes for all young children, and in reducing the inequalities in outcomes between the most disadvantaged children and the rest.

Who is the service for?

In Camden 15 Children's Centres (CC) have been organised across 5 distinct localities to cover the entire borough and population of under 5's, targeting the needs of families with children from conception up to the age of 5 years.

Outcomes

Experience of Service Questionnaire: 95% of service users used the highest positive rating on the CHI-ESQ where negative responses on the evaluation of services were accountable for only 4% of the data.

Beck Anxiety Inventory: Five out of six service users showed an improvement from time 1 to time 2 on their BAI scores.

Beck Depression Inventory: matched pairs were obtained for the BDI, all scores showed an improvement from time 1 to time 2.

“ Everything was really good. I don't have words to say how much you and all the people from Camden helped. I thought that in the world there weren't people like that anymore. I'm so happy with the help, I'm a new person with a new life.” ”

“ Everyone worked together to get things done effectively ”

“ I can now call myself a good parent ”

“ I found the strategies for problem solving, the parenting pyramid and being able to get advice on all parenting issues helpful I liked the warmth and help from the teachers and problem solving through examples ”

Outcome Monitoring – Child and Adolescent Mental Health Service (CAMHS)

See Part 2.1 (Priority 1).

Outcome Monitoring – Adolescent and Young Adult Service

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 further 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 and Young Adult Service.

Outcome Monitoring – Adult Service

See Part 2.1 (Priority 2).

Outcome Monitoring – Portman Clinic

For the reasons outlined above, specifically the work to improve the OM System further, 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	2010/11	2011/12	2012/13
Complaints received	10	9	16

What are we measuring?

During 2012/13 the Trust received 16 formal complaints. These were all investigated under the Trust complaints procedure and a letter of response sent by the Chief Executive to the complainant. Of these, four complaints have been referred by the complainant to the Parliamentary Health Services Ombudsman. The Ombudsman has informed the trust that he is taking no further action on two of the four, the other two remain under investigation by his office at the time of the report.

Of the 16 complaints five were upheld in part and 11 were not upheld.

All 16 complaints raised issues about clinical care or the clinical process of care. They covered topics including the alleged breach of confidentiality, wait for treatment, accuracy of letter to GP, failure to be offered treatment, premature ending of treatment alleged misdiagnosis of a child, allegation that report contained fabricated contents.

No complaints were received that related to environment, car parking or other aspects of the patients non clinical experience.

We endeavor 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 2012/13 we took some direct action as a result of receiving complaints this included: development and delivery of training to SAAMHS staff on writing letters to GP's after one complainant raised concerns that too much personal and private information about his past life had been included in a letter. We also developed and delivered training relating to information to patients being offered treatment and the importance of offering information and details of choices open to a patient as part of the

consent process. We also promoted the importance of timely letters to GPs via our record keeping standards and made changes to wording on the Trust website as a result of complaints feedback.

Patient Satisfaction

Indicator	Q1	Q2	Q3	Q4
Patients rating of care as very helpful (Adult and adolescent ESQs only)	88%	86%	88%	88%

The Trust has formally been exempted from the NHS National Mental Health Survey which is targeted at patients who have received inpatient care. For eleven years, up until 2011 we conducted our own annual patient survey which incorporated relevant questions from the national survey and questions developed by patients. However the return rate for questionnaires was very low and therefore in 2011 the Trust discontinued using its own survey and started to use feedback received from the Experience of Service Questionnaire (CHI-ESQ) to report on the quality of the patient experience on a quarterly basis. The ESQ was chosen because it was already being used as a core part of the Trust's outcome monitoring, and we anticipated obtaining reasonable return rates for up to interpret feedback . We took the standard ESQ form and added some additional questions.

In 2012/13 we merged and reported on the information gathered from current patients who had completed one of the five versions of the Experience of Service Questionnaire used in the clinical departments for outcome monitoring purposes. Detailed quarterly reports were presented to the stakeholder quality group and the PPI Committee to discuss the findings, identify areas of concern and make recommendations on how the Trust continue to improve the quality of the patient experience.

Overall the results from the four quarterly ESQ reports from the Adult and Adolescent and Young Adult Service were very positive. However, due to the different questions asked on the Experience of Service Questionnaire it is not possible to compare these findings with those from the final annual patient survey in 2011/12.

Feedback from patients has provided us with an understanding of areas we need to work to improve for the year ahead and we are working closely with the clinical directorates to improve patient choice and the involvement of patients in decisions about their care and treatment.

Fitzjohns Unit



What is the service?

The Fitzjohns unit is a specialist service that offers a treatment approach specifically tailored for adult patients with personality disorders and other severe and enduring mental health problems.

Who is the service for?

Patients treated in this service do not fit a single diagnostic group, but display and suffer from a variety of complex mental health problems. They often experience major breakdowns in relationships, work and education. Often the patients who come to this particular service are regarded as being “hard to help” and have difficult or anxiety-provoking relationships with other services and community mental health teams.

Outcomes

Reduce the demand on local services; decrease frequency and duration of hospital admissions; reduce self-harming and self-sabotaging behaviours; help patients to develop a capacity to tolerate and reflect on their emotions and to better manage relationships, and to improve the overall quality of their lives.

For patients who returned the ESQ (Experience of Service Questionnaire), 80% of those in treatment responded ‘certainly true’ to the question ‘The people here know how to help me’.

“ I was really listened to and felt I was given the choice as to which treatment would be the best ”

“ The doctor who assessed me was thoughtful, kind and insightful ”

“ The service I received was excellent, from all the individuals I have spoken to in connection with the visit. ”

Did Not Attend Rates_{1 2 3 4 5}

Indicator	2010/11	2011/12	2012/13
Trust Wide			
First Attendances	10.5%	11.4%	9.6%
Subsequent Appointments	10.4%	10.7%	8.9%
Adolescent			
First Attendances	10.1%	13.1%	9.5%
Subsequent Appointments	17.0%	14.1%	13.7%
Adult			
First Attendances	7.3%	11.1%	7.3%
Subsequent Appointments	8.6%	9.1%	7.6%
Camden Child and Adolescent Mental Health Service			
First Attendances	Directorate has a new structure so unable to compare	17.9%	13.6%
Subsequent Appointments	Directorate has a new structure so unable to compare	20.2%	10.1%
Developmental (including Learning and Complex Disability Service)			
First Attendances	Directorate has a new structure so unable to compare	9.9%	3.0%
Subsequent Appointments	Directorate has a new structure so unable to compare	7.4%	7.4%
North Camden Child and Adolescent Mental Health Service			
First Attendances	11.9%	12.3%	Directorate has a new structure so unable to compare
Subsequent Appointments	12.0%	13.2%	Directorate has a new structure so unable to compare
Portman			
First Attendances	9.1%	2.8%	4.6%
Subsequent Appointments	10.1%	10.2%	11.0%
South Camden Child and Adolescent Mental Health Service			
First Attendances	17.3%	13.8%	Directorate has a new structure so unable to compare
Subsequent Appointments	13.7%	13.6%	Directorate has a new structure so unable to compare
Other Child and Adolescent Mental Health Service			
First Attendances	Directorate has a new structure so unable to compare	Directorate has a new structure so unable to compare	4.5%
Subsequent Appointments	Directorate has a new structure so unable to compare	Directorate has a new structure so unable to compare	4.8%
Combined Child and Adolescent Mental Health Service			
First Attendances	N/A	N/A	10.8%
Subsequent Appointments	N/A	N/A	7.5%
Vulnerable Children			
First Attendances	Directorate has a new structure so unable to compare	6.2%	Directorate has a new structure so unable to compare
Subsequent Appointments	Directorate has a new structure so unable to compare	7.1%	Directorate has a new structure so unable to compare

1 Please note that our patient administration system (PAS) is a 'live system' and therefore with data cleansing and the addition of missing data taking place after quarter end, the final outturn figures for DNA and waiting time may be slightly different to quarterly performance figures published in year.

2 The 2011/12 and the 2012/13 DNA rates are not directly comparable, because of a change in criteria used by the Trust for identifying DNAs.

3 DNA figures for North and South Camden CAMHS are included in the 2012/13 figures for Camden CAMHS and DNA figures for Vulnerable Children are included in 2012/13 figures for Other CAMHS.

4 DNA figures for the City & Hackney Primary Care Psychotherapy Consultation Service (PCPCS) have not been included due to a different DNA target being agreed with the City and Hackney (PCPCS) and their commissioners.

5 The patient sample used for the External Audit of the CAMHS DNA local indicator is a combined indicator for CAMHS, from the outturn data at year end. The data set includes all CAMHS services where appointment times are offered for a parent/child. However, it excludes recorded contact in schools and GP surgeries and also excluded family appointments, as different combinations of family members can attend appointments and this may lead to some data capture issues.

What are we measuring?

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.

We are pleased to report that the 2012/13 Trust-wide DNA rates for first attendances (9.6%) and for subsequent/ follow-up appointments (8.9%) have decreased from 2011/12 (11.4% and 10.7% respectively). We believe that this has been as a consequence of the efforts undertaken by all services to reduce the number of appointments patients fail to attend. For example, by offering a greater choice concerning the times and location of appointments and emailing patients and sending them text reminders for their appointments, as required. By comparison, the average DNA rate reported for mental health trusts is around 14%.⁶

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, this is only one of the indicators that we consider for patient satisfaction, which needs to be considered along with other feedback obtained from patients, described elsewhere in this report.

We are aware that further work is needed are needed to improve the accuracy for 'outcoming' of appointments, on our electronic PAS system (RiO). For 2013/14, we will continue to audit the DNA appointments, building on the improvements achieved in the accuracy of 'outcomed' appointments in 2012/13

6 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>

Waiting Times ^{7 8}

Indicator	2010/11	2011/12	2012/13
Trust Wide - Number of patients waiting for first appointment for 11 or more weeks	139	74	118
Internal Causes	90	28	27
External Causes	49	46	88
Unknown Causes	N/A	N/A	3
Trust Wide - Percentage of patients waiting for first appointment for 11 or more weeks	9.0%	4.7%	6.1%
Internal Causes	5.8%	1.8%	1.4%
External Causes	3.2%	2.9%	4.5%
Unknown Causes	N/A	N/A	0.2%

7 The figures for 2012/13 exclude the Gender Identity Disorder Service, as this Service has a Department of Health Referral to Treatment target (RTT) of 18 weeks.

8 The 3 cases falling into the category of 'unknown causes' originated from Quarter 1 and Quarter 2. However, since Quarter 3, the responsibility for collating and interrogating the waiting time data has been transferring to the CAMHS and SAAMHS managers, which has helped to improve the accuracy of the waiting time data as these managers work more closely with the clinical teams within their directorates.

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 those who are close to our target time of eleven weeks.

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.

During 2012/13, 118 (6.1%) patients had to wait for eleven weeks or longer. There were both factors external to the Trust, concerning 88 (4.5%) patients and internal to the Trust, for 27 (1.4%) patients which contributed to these delays. The Trust waiting times, will continue to be monitored and improved where possible, especially for internal delays.

To help address the breaches of the eleven week target, at the end of each quarter a list is drawn up for each service of those patients who had to wait eleven weeks or longer for their first appointment, together with reasons for this. The services where the breach has occurred are requested to develop an action plan to address the delay(s) and to help prevent further breaches.

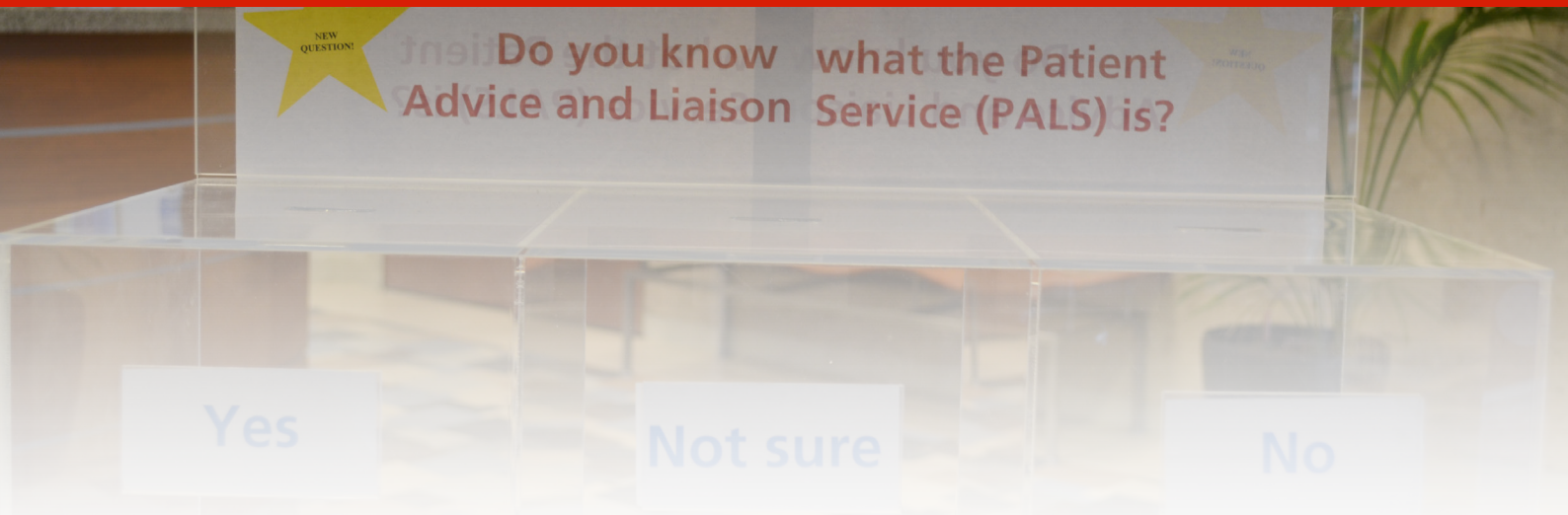
Midway through the year, the Trust changed the way the way the waiting time data was collected and interrogated, transferring the responsibility from one central service manager to the service managers within the CAMHS and SAAMHS directorates. As a result, these service managers who work more closely with the clinical teams, are in a better position to interrogate the waiting time data in greater depth and to take steps where required to reduce waiting times and thus improve the quality of clinical services for patients.

Access to Services

The Trust continues to work to improve access to services. For example, in CAMHS, we run the CAR (Consultation and Resource) Clinic system, which provide patients with a greater choice for the times and locations of their appointments. The appointments are offered by phone allowing the administrators to ascertain if any further help is needed to facilitate attendance (such as wheelchair access, induction loops or interpreters). This has led to a decrease in the number of patients failing to attend their first appointments. Also in CAMHS we have provided nineteen primary schools, all secondary schools and special education services, based in Camden, with direct access to CAMHS clinicians, as well as clinicians based in several GP practices. We have also begun developing an Increased Access to Psychological Therapies for children and Young People (CYP IAPT) in Camden.

In SAAMHS, over the course of the year, clinicians from the Adolescent and Young Adult Service have seen adolescent patients at a health centre based in Haringey, but also in two secondary schools as part of the on-going Outreach in Schools service. The Adult Service also sees patients at St Ann's Hospital in Haringey and, in addition to offering appointments at the Tavistock Centre, has developed a pilot service in Hertfordshire where patients are seen in GP surgeries. The City and Hackney Service has developed a community project, in partnership with Spitalfields City Farm, for adult non-English speaking members of the community who suffer with persistent physical complaints, providing a non-traditional route for individuals to access mental health services.

Visual Straw Poll



What is the project?

The Trust is keen to provide the best services possible and one way of doing this is to hear how people would like to see services delivered. Our visual straw poll is located opposite main reception at the main entrance to the Tavistock Centre. We are always looking for ways to get feedback regarding our services and facilities and this is a fun and easy way for individuals to provide this feedback.

Who is the service for?

The poll is an opportunity to gather feedback on specific things such as patient involvement in the planning and care of treatment, the range of leaflets available in the waiting rooms and information of the type of therapy being offered. The poll is a method of gathering feedback from patients, their families, staff, trainees, Members and visitors alike.

Outcomes

Response to the question 'Would you like to be offered the option of a follow-up after your therapy has ended?'

83% answered yes

"There should be a support system in place for patients both during and after therapy."

In response, the Quality Stakeholders Group recommended a more extensive follow up survey take place in the Trust to ascertain whether patients would like to be offered follow up sessions, how many and at what point after their treatment ended.

“Excellent service – a real life saver!”

“Very friendly and welcoming and I was sorted very quickly.”

“It's good to see colours and pictures. I would like to see ever more of it.”

“Excellent paintings, fascinating to look at.”

3.2 Performance against relevant Indicators and Thresholds

The majority of the mental health indicators set out in Appendix B of the Compliance Framework are not applicable to The Tavistock and Portman NHS Foundation Trust, they relate to inpatient and/ or medical consultant lead services which the Trust does not provide the 'mental health identifiers' (NHS number; date of birth; postcode; current gender; Registered General Medical Practice organisation code, and Commissioner organisation code) is relevant and in 2012/13 the Trust meet the 97% threshold for completeness of data.

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

Part 4: Annexes

4.1. Statements from our Clinical Commissioning Group (CCG), Governors, prior Local Involvement Networks (LINKs) Representative, Overview and Scrutiny Committee (OSC), Comments

Comments from our Clinical Commissioning Group

The accounts provides a comprehensive summary of the work done by the Trust in 2012/13 to improve safety for service users, the effectiveness of care offered to service users, and the engagement of service users in shaping the services.

Trust Response: We are very pleased that our Commissioner considers that we have provided a good summary of our work to improve clinical quality across the three domains of safety, clinical effectiveness and patient experience.

Patient Rated Outcome Measures

It is particularly pleasing to see the extent to which the Trust has promoted the use of Patient Rated Outcome Measures in evaluating the effectiveness of clinical services.

Trust Response: It is very helpful to know that the Trust's efforts to improve clinical effectiveness based on the use of Patient Rated Outcome Measures have been recognised, as we find that using these outcomes measures enables us to know what the patient or service user wants to achieve, so that we can focus on what is important to them, which helps to improve their engagement with the service.

Engagement with Service Users

The nature of care offered by the Trust makes engagement with service users important. A sustained therapeutic relationship helps improve mental health and promotes safety. The Trust has recognised that a number service users do not continue their therapy, and the CCG would like to see sustaining therapeutic engagement as an area for further development in 2013/14.

Trust Response: We agree with the feedback, where the clinicians and staff working in the Trust feel very committed to sustaining their therapeutic engagement with patients and service users. While we are interested in having a better understanding of why patients decide not to continue with their therapy and we work to prevent patients from dropping out prematurely, especially when it is not in their best interests, we also recognise that because some patients discontinue therapy this does not always mean that the patient is dissatisfied with their treatment/therapy. As some patients will stop attending when they start to feel better and/or experience a relief from their symptoms.

Comments from our Governors

Governors have been fully consulted in both the selection of priorities and the local indicators and also the writing of this report.

We are delighted that this report demonstrates the progress the Trust is continuing to make in maintaining and improving the excellence of its clinical services.

Comments from Camden Local Involvement Network (CLINKs)

We requested feedback from Camden Healthwatch, but were advised that they were unable to provide any comments on the Draft Quality Report this year. Instead, they recommended that a representative from Camden Local Involvement Network (CLINKs), who had provided feedback previously, provide the feedback.

I commend the Trust's commitment to quality improvements. The Quality Report does show clear improvement compared to previous years. I hope that the following comments will assist the Trust in developing its understanding of the quality of its services.

Trust Response: We are pleased that the trusts efforts to improve quality have been recognised and we will continue to strive to improve, this feedback is helpful as part of this process

Feedback from GPs

A psychological therapy can be a long process, and outcomes in mental health are usually harder to measure. The Trust rightly uses feedback from patients as a measure of quality. The Trust may consider obtaining feedback from GPs as an additional measure of quality.

Trust Response: This is a helpful response. We do seek feedback from GP's and referrers in relation to specific services, and we will consider how this information might be collected in a more routine way if possible

Access and BME communities

I am pleased that the Trust has developed links with BME communities; it should consider providing in future some data on the ethnic composition of its patient population. The stigma affecting mental illness may hinder certain communities from accessing services, and the Trust may consider providing in future Reports some information of what it does to attack this stigma.

Trust Response: We do look at our ethnicity data on a regular basis and the trust has an equalities committee which reviews this information to ensure that there is no disadvantage to any particular group. Information about our BME programme can be found in our annual PPI report.

Modality Leaflets

The availability of leaflets has greatly increased but patients still do not seem to be sufficiently aware of their existence. The Trust intends to improve further the leaflets' legibility. Only in a minority of cases there was evidence from patient notes of treatment options having been discussed with patients. This suggests that clinical staff may not be fully committed to holding such discussions with patients. The Trust rightly plans an awareness campaign for staff; the outcomes of those efforts should be reported in next year's Quality Report.

Trust Response: We will ensure this is covered in the report and agree with the comment.

CAMHS Targets

The outcome for the first CAMHS target, relating to the percentage of patients completing the Goal-Based Measure, was 85% in 2011/12 and 76% for 2012/13. The Trust is proposing a target of 75% for 2013/14. I recommend that the Trust aim for 80%.

Trust Response: This is a helpful observation. While we always aim to increase our return rates, our key focus is to be able to demonstrate that patients benefit from the therapy/treatment we provide. For this reason we have agreed, what both our commissioners and CAMHS clinicians consider to be a more meaningful goal namely, to increase the target from one to two

goals, setting ourselves a target for 75% of patients who complete the Goal-Based Measure (GBM) to achieve an improvement on at least two goals.

Service User Involvement

I particularly commend the Trust for including service users on interview panels.

NHS Litigation Authority Level

The Trust has achieved a Level 2 in February 2011. The Quality Report could indicate what measures it intends to adopt to achieve a Level 3 at the next inspection in 2014.

Trust Response: At this time it is not clear what we would be required to do in order to achieve Level 3, as the NHSLA standards are in the process of being completely rewritten and may be very different in the future. Therefore, we need to await the decision from the NHSLA.

Attendance at Induction Days

I appreciate that the relatively low rate of 77% achieved for 2012/13 is adversely affected by timing issues. I suggest that a target above 85% is adopted for 2013/14.

Trust Response: Being a relatively small Trust, with small numbers of joiners each quarter, it would not be effective to run more induction sessions during the year. However, we continue to ensure that staff that are eligible to attend the Trust Induction do attend the next available date. 85% is achievable if we report only on numbers that are appointed prior to the last induction date.

Personal Development Plans

The percentage of staff with such plans has been hovering between 82% and 85% over the last three years. I suggest setting a target of 90% for 2013/14.

Trust Response: We have recently decided to increase this target from 75% to 80% and this has been agreed with our commissioners. We aim to exceed this target where possible and for the next round we will work on achieving higher return rates of PDP forms.

Comments from Camden Overview and Scrutiny Committees

We invited feedback from the Camden Overview and Scrutiny Committees on our Draft Quality Report. We will plan to up-date this section in due course, once feedback has been 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:

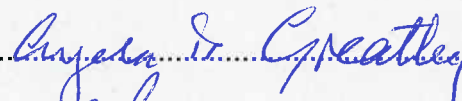
- The content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual;
- The content of the Quality Report is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2012 to June 2013.
 - Papers relating to Quality reported to the Board over the period April 2012 to June 2013.
 - Feedback from the commissioners dated 21/05/2013.
 - Feedback from governors received on 22/05/2013.
 - Feedback from LINks dated 26/04/2013.
 - The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009. We have produced an annual complaints report dated April 2013 covering 2012/13, which was presented to the Board in April 2013. This report will be published in May 2013.
 - The 2012 national staff survey, received by the Trust in March 2013.
 - The Head of Internal Audit's annual opinion over the Trust's control environment dated 22/05/2013.
 - 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 2012/13].

- 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) as well as the standards to support data quality for the preparation of the Quality Report (available at 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

28/5/13.....Date..........Chairman

28/5/13.....Date..........Chief Executive

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 they meet essential standards of quality and safety, and monitors these providers to ensure they continue to meet these standards.

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.

PAS - This is the patient administration system using RiO, which is a ‘live system’ for storing information electronically from patient records.

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.

SAAMHS - Specialist Adolescent Adult Mental Health Service. This includes the Portman Clinic, Adolescent and Young Adult Service and the Adult Service.

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'.

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.

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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