

Annual Report and Accounts 2013/14

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Tavistock & Portman NHS Foundation Trust

Annual Report and Accounts 2013/14

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

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Annual Report 2013/14

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Foreword

Introduction from the Trust Chair

Over the course of the last year our organisation has seen significant changes in its senior leadership and in February we were delighted to welcome Paul Jenkins as our new Chief Executive.

Paul joins us from Rethink Mental Illness, a national mental health charity, and brings a wealth of experience which will be extremely valuable in helping us to move forward. Paul also has strong connections with the wider world of mental health and is an advocate for the patient and carer movement.

Paul joined us to replace Dr Matthew Patrick, a well-respected colleague and exceptional leader, who had the opportunity to join South London and Maudsley NHS FT (SLaM) as their new Chief Executive last year. During the intervening time, we were ably led by our Acting Chief Executive, Simon Young, and I would like to thank him for his hard work and commitment in keeping us steady prior to Paul's arrival.

Last year also saw the departure of Altaf Kara and Richard Strang, two long serving Non-Executive Directors who completed two terms of office with us. Both Altaf and Richard made significant contributions to our development. They supported us in the early years of establishing Foundation Trust status and since have brought a wealth of business and finance insight and intelligence. I would like to thank them for their dedication and commitment in supporting our work.

Following Altaf and Richard's departure, I am delighted to announce the appointment of our two new Non-Executive Directors. David Holt and Caroline Rivett, who both have a very important job in shaping key decisions around our work and our future, bring business development expertise and have already made very valuable contributions. We look forward to them working with us over the coming years.

We have had a very busy year, with lots of exciting news to celebrate. Our unique Gloucester House Day Unit service was awarded 'Outstanding' in all areas in a recent Ofsted report. We've won a number of prestigious awards including Royal College of Psychiatrist's Psychiatric Team of the Year Excellence award and the British Red Cross Excellence award.

We saw the launch of an evaluation report of our City and Hackney based service which offers talking therapies to adults, and consultation and training to GPs. Amongst other things, the report Managing patients with complex needs, recognises how improving mental health care for people with complex needs reduces pressures on GPs and hospitals as well as dramatically improving people's lives. What we can learn from this innovative, evidence-based model is really quite exciting and I hope we can make a larger contribution to the complex, but important integrated care agenda.

A year on, our new service, the Family Nurse Partnership National Unit is bedding in well. The service has been extremely busy and working hard to realise a commitment from the Government to extend the programme, a commitment we warmly welcome.

I also invite you to have a look at our new look website, same address as before, www.tavistockandportman.nhs.uk and I would like to extend a big thank you to everyone who contributed to its development.

As I reflect on the year gone by, I realise how much we have all done and feel a great sense of achievement, I also feel a great deal of excitement as I look to the year ahead.

Foreword from the Chief Executive

It was a great privilege for me to join the Tavistock and Portman NHS Foundation Trust in February this year as the new Chief Executive.

For nearly 100 years, this organisation and its predecessor institutions, have been at the leading edge of the development of mental health care in this country, both as a provider of clinical services and as a major player in mental health education and training.

With credit to Matthew Patrick, my predecessor, and all involved, I have inherited a healthy organisation with a good reputation for the quality of its activities, a very committed and engaged workforce and sound financial performance. In my first months here I have had the pleasure of meeting a number of teams and had the opportunity to hear first hand about their excellent work.

In taking us forward to meet new opportunities, I am keen to build on both our historic reputation and our current strengths. From my experience elsewhere in the mental health sector I am convinced that we have an enormous amount to offer to meet both the immediate needs of patients and to contribute to the wider challenges faced by health and care services.

During my first 100 days in post I launched a consultation named "Shaping our Future" which focused on helping us determine where we should focus our efforts as an organisation in developing our work.

These are challenging times for NHS organisations and in the coming year we will need to work hard to maintain and take forward our excellent work on both quality and finance. A major opportunity will be the roll out of a new clinical records system which will significantly improve the data available to us about the outcomes we are achieving for patients and other important aspects of our performance.

I am also keen that, during the next year, we take major steps to put the voice of patients and others with lived experience of the mental ill health further at the heart of our work and decision making. I strongly believe that this is not just good practice but is the key to us ensuring our services are effective and focused on patients' needs. I am delighted that the Board of Directors has agreed that we should sign the Time to Change pledge and commit to an action plan to improve both our engagement with patients but also the support we offer our own staff who have mental health problems.

I look forward to working, in the coming year, with the Board of Directors, our Council of Governors, staff and those who use our services to taking forward our work.

Signed..... 

Paul Jenkins
Chief Executive

Signed..... 

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.

Strategic Report

Introduction

The Tavistock and Portman's aim is to deliver quality healthcare to our patients; the best possible learning experiences for our students and trainees; and a supportive environment for our staff to work in.

The Trust has met its financial targets each year, through development and growth in both clinical services and education and training; and through improvements in productivity. Income has increased from £25m in 2007/08 to £40m in 2013/14.

In the current period of austerity, we believe that growth is still possible and will be achieved through close collaboration with commissioners and partners to re-shape services and trainings, building on the models we have developed.

At the same time, enhancing the quality, effectiveness and efficiency of existing activities is a critical objective.

A new patient record system will be implemented in 2015, giving an opportunity to change radically the way we work, moving from largely paper-based records to holding all records on the system, providing clinicians with ready access to information to support care. We are also developing our strategies for technology-enhanced learning and for the use of digital technology in our clinical services.

Patient Services

The Trust provides a growing range of mental health services for children and families, adolescents and adults.

The child and adolescent service (CAMHS) in Camden is valued for its strong links with schools, community organisations and other services, and delivers successful outcomes. The Family Drug and Alcohol Court service (FDAC), offered in partnership with Coram, is a key element of the very successful innovative court which serves six London boroughs.

Our nationally commissioned Gender Identity Development service has grown significantly, and in 2013 opened a base in Leeds. The Primary Care Psychotherapy Consultation service, working with GPs in City and Hackney, has been very successful since its introduction in 2009: a recent evaluation study showed that it improves health outcomes; makes savings through the reduced use of other primary and secondary healthcare services; and achieves very high satisfaction ratings with GPs.

These service models offer effectiveness, integration and innovation. We are in discussion with commissioners, and with potential voluntary sector partners, with the aim of offering and adapting them to meet the needs of other areas.

New contracts have been won during 2013/14, and further opportunities are due in the next 12 months. We are working on the possibilities of taking on one or more existing services, responding to a number of opportunities which are likely to be offered by commissioners. We will also be offering new services for maltreated children; contributions to integrated care developments; and similar models to the Primary Care Psychotherapy Consultation service, in the context of the Better Care Fund.

Education and Training

The Tavistock and Portman offer education and training at different levels to a range of professionals working in health, education, the criminal justice system and social care.

This includes courses that:

- help maintain emotional resilience, thoughtfulness and compassion in stressful work-place environments for a broad range of professionals
- develop psychotherapeutic skills for professionals whose broader responsibilities may include the psychological well-being of their clients or patients
- enable participants to acquire knowledge about specific topics relevant to professionals working in health, education, the criminal justice system and social care
- provide a recognised professional qualification, e.g. psychotherapy, social work
- develop intermediate and advanced practice within specialist disciplines, e.g. family systemic psychotherapy, psychodynamic psychotherapy, social work

The Trust in 2013/14

These activities resulted in significant growth this year, with an overall increase of 12% (£4.2m) in income.

In partnership with the Social Research Unit and Impetus-PEF, the Trust took on the national Family Nurse Partnership (FNP) Unit from the Department of Health. FNP is a programme aimed at supporting vulnerable young first time mothers to ensure that both mother and infant have a good start together. FNP income is included in Education and Training in the table below, and accounts for a major part of the growth. Income in most other areas also grew or at least remained steady.

An independent evaluation of the City and Hackney Primary Care Psychotherapy Consultation Service was published during the year, concluding that the service improves health outcomes, makes savings through the reduced use of other

primary and secondary healthcare services; and achieves very high satisfaction ratings with GPs.

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

Throughout the year, the Trust has continued to promote equity of access and equality across the full range of its services, both clinical and educational. The ethnic minority profiles of the Trust's patient and student populations continue to broadly mirror the very diverse populations it serves.

The Trust continues to work closely with its 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 achieved a financial surplus of £1,104k in 2013/14, well above plan. After two years during which there have been significant restructuring costs, this has enabled the Trust to rebuild its reserves.

Table 1: Financial Overview 2013/14

| | 2013/14 (£000) | 2012/13 (£000) |
|--|-------------------|-------------------|
| Income | | |
| Patient Services | 15,705 | 15,462 |
| Education & Training | 20,670 | 16,270 |
| Consultancy | 1,270 | 1,327 |
| Research | 640 | 354 |
| Other | 2,082 | 2,750 |
| Total income | 40,367 | 36,163 |
| Expenditure | | |
| Pay | 27,215 | 24,812 |
| Non-pay | 10,762 | 9,150 |
| Total expenditure | 37,978 | 33,962 |
| | | |
| EBITDA before restructuring costs | 2,390 | 2,201 |
| Depreciation and amortisation | -581 | -542 |
| Bank interest | 10 | 8 |
| Other finance costs | -1 | -2 |
| Dividend (to DH) | -342 | -367 |
| Retained surplus before restructuring costs | 1,476 | 1,298 |

| | | |
|--|-------|--------|
| Restructuring costs | -139 | -2,035 |
| Impairment of fixed assets | -233 | 0 |
| Retained surplus / (deficit) | 1,104 | -737 |
| | | |
| EBITDA (before restructuring) as % of income | 5.9% | 6.1% |

Staff Breakdown

Table 2: Headcount on 31st March 2014

| | Male | Female |
|-----------------|------|--------|
| Board Members | 7 | 6 |
| Other Directors | 0 | 3 |
| Employees | 138 | 418 |

The Trust and Environmental Matters.

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. 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, aided by the upgrade of the building management system.

Future trends, risks and uncertainties

The Trust, the NHS, and the public sector as a whole, continues to face substantial financial pressures.

The Trust has been able to approve a balanced budget for the new year 2014/15, which also includes a contingency budget that should allow the Trust to continue to provide services should there be any shortfalls. It will remain challenging, however, to continue to deliver major savings in future years. Efficiency savings targets are expected to remain at least at the current level of 4%.

The introduction of the Better Care Fund in 2015/16 is a specific opportunity; and we are continuing to work with commissioners and partners to develop and deliver more integrated services which offer improved value for patients. However, the creation of the Fund will also put pressure on the remainder of CCG budgets, on top of the "Nicholson challenge" to meet increased needs and expectations with flat funding in real terms.

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 future years. 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.

The accounts section of this report have been prepared under a direction issue by Monitor under the National Health Service Act 2006.

A brief history of the foundation trust and its statutory background can be found in section 2 of this report.

Going concern

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

Signed... 

Paul Jenkins
Chief Executive
Date: 27th May 2014

Directors' Report

The Tavistock and Portman's aim is to deliver quality healthcare to our patients; the best possible learning experiences for our students and trainees; and a supportive environment for our staff to work in.

The Trust's intention is to continue 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 overall strategy is for measured growth to enable our services to be available more widely.

In the current period of austerity, we believe that growth is still possible and will be achieved through close collaboration with commissioners and partners to re-shape services and trainings, building on the models we have developed.

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.

A new patient record system will be implemented in 2015, giving an opportunity to change radically the way we work, moving from largely paper-based records to holding all records on the system, providing clinicians with ready access to information to support care. We are also developing our strategies for technology-enhanced learning and for the use of digital technology in our clinical services.

No political donations have been made by or to the trust. The Trust has no branches outside the United Kingdom.

A full list of the name of the directors can be found in the Governance section of this report on page 27.

The Trust continues to invest in research on the work we do, both through the clinical outcomes of our treatment and surveys of our patients, details of which can be found in our Quality report, but also through large scale research projects such as our Tavistock Adult Depression Study (TADS), whose preliminary findings were reported within the Trust this year and will shortly be published.

The Trust has an Equalities Policy, and a Policy and Procedure on Recruitment and Selection, which explain our commitment to giving full and fair consideration to applications for employment made by disabled persons, and detail how we achieve this. In addition the trust has been awarded the 'Two Ticks' symbol by Jobcentre Plus showing our commitment to encouraging applications from disabled people, and to providing continued support to disabled employees.

The Trust regards consultation with staff as essential to our work, and works hard to keep staff informed of issues of concern to them. Details of how this is done can be found in the disclosures section on page 47. Measures include frequent meetings between staff and directors, email updates from the CEO, and the staff survey, and address issues such as the financial situation of the Trust and wider NHS as well as more local team or clinical issues. These measures are in place to encourage the involvement of staff with the aims and performance of the Trust.

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, including the financial risks. The main identified risk remains the need for productivity savings in future years. 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.

When the Board of Directors approves each quarter the declarations required by Monitor regarding governance and finance, it receives appropriate supporting evidence which includes a review of the Trust's performance on all areas identified in Monitor's quality governance framework. Further details of these can be found in the Quality report and the Annual Governance Statement on page 57.

As far as the directors are aware, there is no relevant audit information of which the NHS foundation trust's auditor is unaware; and the directors have taken all the steps that they ought to have taken as a director in order to make themselves aware of any relevant audit information and to establish that the NHS foundation trust's auditor is aware of that information.

Accounting policies for pensions and other retirement benefits are set out in the accounts and details of senior employee's remuneration can be found in note 24 to the Accounts.

The trust maintains a register of director's interests which is open to the public. The register can be accessed by contacting the Trust Secretary.

It is the responsibility of the directors of the Tavistock and Portman Foundation Trust to prepare the annual report and accounts, and we consider that the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the foundation trust's performance, business model and strategy.

Remuneration Report

Remuneration Committee

Composition & Attendance

Table 1: Composition & Attendance at Remuneration Committee Meetings 2013/14

| | 30 th April 2013 |
|-------------------------|--------------------------------|
| Angela Greatley (Chair) | ✓ |
| Martin Bostock | ✓ |
| Altaf Kara | ✓ |
| Joyce Moseley | x |
| Ian McPherson | ✓ |
| Richard Strang | ✓ |

The Deputy Director of Human Resources, Namdi Ngoka, provided advice to the Committee.

| | 26 th Nov 2013 |
|-------------------------|------------------------------|
| Angela Greatley (Chair) | ✓ |
| Martin Bostock | ✓ |
| David Holt | ✓ |
| Joyce Moseley | ✓ |
| Ian McPherson | ✓ |
| Caroline Rivett | x |

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

All members of the Committee are Non-Executive Directors.

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

All Trust staff, including Directors, are generally paid either on Agenda for Change terms and conditions or on a medical consultants scale, both of which are determined

by the NHS nationally. The pay of the newly appointed CEO was set on 26th November 2013.

The intention of the foundation trust in the next financial year is to maintain the current system of remuneration, which does not include any performance based awards, and in which changes to Agenda for Change salaries and issues of fairness are always taken into consideration in determining directors' remuneration.

Travel and subsistence expenses totalling £51 were reimbursed to one governor during the year, out of 18 governors in total; and £3410.30 reimbursed to eight directors, out of 13 in total. By comparison in 2012/13 travel and subsistence expenses totalling £28 were reimbursed to governors during the year; and £1,526 to directors.

High paid off-payroll arrangements

Three senior staff members were employed by university partners, and their salary costs were wholly or partly charged to the Trust. No off-payroll payments were made to highly paid staff, senior managers, board members or senior officials with significant financial responsibility in 2013/14.

Remuneration of Senior Managers

Remuneration of senior managers is covered in note 24 to the Accounts.

Table 2: Single Total Figure Remuneration of Senior Managers

| | Salary and Fees (bands of £5000) | Taxable Benefits | Annual Performance Related Bonus | Long Term Performance Related Bonus | Pension Related Benefits | Total (bands of £5000) |
|-------------|----------------------------------|------------------|----------------------------------|-------------------------------------|--------------------------|------------------------|
| Allen, M. | 85-90 | 0 | 0 | 0 | 0-2.5 | 85-90 |
| Bostock, M. | 5-10 | 0 | 0 | 0 | 0 | 5-10 |
| Greatley, A | 25-30 | 0 | 0 | 0 | 0 | 25-30 |
| Harris, R | 100-105 | 0 | 0 | 0 | 0-2.5 | 100-105 |
| Holt D | 0-5 | 0 | 0 | 0 | 0 | 0-5 |
| Jenkins P | 10-15 | 0 | 0 | 0 | 0-2.5 | 10-15 |
| Jones, E | 40-45 | 0 | 0 | 0 | 0 | 40-45 |
| Kara, AA | 0-5 | 0 | 0 | 0 | 0 | 0-5 |

| | | | | | | |
|--------------|---------|---|---|---|----------|---------|
| Key, P | 100-105 | 0 | 0 | 0 | 0-2.5 | 100-105 |
| Lyon, L | 100-105 | 0 | 0 | 0 | 7.5-10.0 | 105-110 |
| McPherson, I | 5-10 | 0 | 0 | 0 | 0 | 5-10 |
| Moseley, J | 5-10 | 0 | 0 | 0 | 0 | 5-10 |
| Patrick, MPH | 85-90 | 0 | 0 | 0 | 0 | 85-90 |
| Rivett C | 0-5 | 0 | 0 | 0 | 0 | 0-5 |
| Senior, R | 115-120 | 0 | 0 | 0 | 2.5-5.0 | 125-130 |
| Smith, J | 95-100 | 0 | 0 | 0 | 0-2.5 | 95-100 |
| Strang, R | 5-10 | 0 | 0 | 0 | 0 | 5-10 |
| Thomas, S | 85-90 | 0 | 0 | 0 | 2.5-5.0 | 85-90 |
| Young, S | 110-115 | 0 | 0 | 0 | 2.5-5.0 | 110-115 |

The median salary of the Trust's staff is £28,114. The midpoint of the highest paid director is £152,500, which gives a ratio of 5.42 times the median pay of the Trust's staff.

Remuneration of senior managers is covered in more detail in note 24 to the Accounts, with comparators to prior years.

Payments for Loss of Office

There were no payments made to senior managers for loss of office in 2013/14.

Payments to Past Senior Managers

There were no payments made to past senior managers in 2013/14.

Signed..... 

Paul Jenkins
Chief Executive
27th May 2014

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 2013/14

| Name | Type | June 2013 | Sept 2013 | Nov 2013 | Dec 2013 | Feb 2014 | Mar 2014 |
|-----------------------|-------------|-----------|-----------|----------|----------|----------|----------|
| Anthony Levy | Public | ✓ | ✓ | x | x | ✓ | x |
| Claire-Louise Leyland | Stakeholder | x | ✓ | ✓ | x | x | ✓ |
| Elena Rowland | Public | ✓ | ✓ | ✓ | ✓ | x | ✓ |
| Farayi Chikowore | Public | x | x | x | x | x | x |
| Handsen Chikowore | Public | ✓ | ✓ | ✓ | ✓ | ✓ | x |
| Joanna Jackson | Stakeholder | n/a | n/a | n/a | n/a | x | ✓ |
| John Carrier | Stakeholder | x | n/a | n/a | n/a | n/a | n/a |
| John Joughin | Stakeholder | ✓ | x | ✓ | x | ✓ | ✓ |
| Kate Davies | Public | x | ✓ | x | ✓ | x | x |
| Kryss Katsiavriades | Staff | ✓ | ✓ | x | ✓ | ✓ | x |
| Lauraine Leigh | Public | ✓ | ✓ | ✓ | ✓ | ✓ | x |
| Mark Pearce | Public | x | x | x | x | x | ✓ |
| Mary Burd | Public | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Miranda Alcock | Public | ✓ | x | ✓ | x | ✓ | ✓ |
| Natalie Baron | Public | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Nigel South | Stakeholder | x | n/a | n/a | n/a | n/a | n/a |
| Robin Solomon | Staff | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Sara Godfrey | Public | ✓ | x | x | x | x | x |
| Simone Hensby | Stakeholder | x | x | x | x | x | x |
| Thomas Das | Stakeholder | ✓ | ✓ | x | x | x | x |

Public and Staff Governors are elected for a period of three years. The term of office of the current 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 Clinical Commissioning Groups 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 and the University of Essex).

The Health and Social Care Act 2012 abolishes Primary Care Trusts. Foundation trusts are not obliged to replace the PCT Governor Stakeholder representative with a representative from a Clinical Commissioning Group but the Trust has approached Camden's Clinical Commissioning Group and invited them to nominate representatives. Two representatives were appointed and attended their first meeting in June 2013, but one had to withdraw and currently one of these positions is vacant.

Elections

There were no elections in 2013/2014 for Public and Staff Governors. The last elections were held on 30th July 2012 and those elected will be in office for a three year term. The next elections will be held in 2015.

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 November 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
- Awarded an Order of the British Empire (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 David Holt, Non-Executive Director***

Appointed November 2013. Term of office ends in October 2016.

- Qualified Accountant (Chartered Institute of Management Accountants)
- Member of the Institute of Directors
- Chair Audit Committee, Tavistock and Portman NHS Foundation Trust
- Non-Executive Director, Barnet and Chase Farm Hospitals NHS Trust
- Chair Audit Committee, Barnet and Chase Farm Hospitals NHS Trust
- Non-Executive Director, Circle Housing, Centra Board
- Formerly Finance Director at Land Securities plc
- Formerly Finance Director, Jaeger and Viyala Fashion Retail
- Formerly Finance Director, Coats Viyella Clothing
- Formerly Group Chief Auditor, Coats plc
- Formerly Commercial Director, Lever Industrial
- Formerly Company Commercial Controller, Lever Brothers
- Formerly Chief Accountant, Marsavco, Zaire

- ***Dr Ian McPherson, Deputy Trust Chair (from October 2013)***
Appointed November 2010. Re-appointed October 2013 Term of office ends October 2016.
 - 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
 - Awarded an Order of the British Empire (OBE) in 2012 for services to Mental Health

- ***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
 - Chair, Transition to Adulthood Alliance
 - Patron, The Who Cares? Trust
 - Formerly Associate Advisor to G4S, until October 2013
 - Formerly Chief Executive, Catch 22
 - Formerly Director of Social Services, London Borough of Hackney
 - Awarded an Order of the British Empire (OBE) in 2007 for services to youth justice

- ***Ms Caroline Rivett, Non-Executive Director***
Appointed November 2013. Term of office ends in October 2016.
 - Director, Synodex UK
 - Non-Executive Director, Patient Information Forum (PiF)
 - Formerly Non-Executive Director, Haringey CCG (August 2012- November 2013)

- Audit Chair, North Central London PCTs

- **Mr Richard Strang, Deputy Trust Chair (until October 2013)**
Appointed August 2006. Re-appointed August 2010. Term of office ended 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

- **Mr Malcolm Allen, Dean and Director of Education and Training**
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, CAMHS Director**
Appointed in 2008
 - Consultant Clinical Psychologist and Family Therapist, Tavistock and Portman NHS FT
 - Formerly Clinical Director CAMHS, Tavistock and Portman NHS FT
 - 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 Child Development Tutor (S.E. Thames Clinical Psychology Training Scheme) at Medway Health Authority
- **Mr Paul Jenkins, Chief Executive**
Appointed Chief Executive November 2013 and commenced in February 2014.
 - Formerly Chief Executive, Rethink Mental Illness
 - Formerly Director of Service Development, NHS Direct
 - Member, Carers' Standing Commission
 - Member, Bradley Group
 - Awarded an Order of the British Empire (OBE) for his role in setting up NHS Direct
- **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 and Psychoanalyst, Tavistock & Portman NHS Foundation Trust
 - Formerly Clinical Director of Adolescent Directorate, Tavistock & Portman NHS Foundation Trust
 - Formerly Head of Psychology, Tavistock & Portman NHS Foundation Trust
 - Formerly Deputy Trust Clinical Governance Lead, Tavistock & Portman NHS Foundation Trust
 - Formerly Consultant Clinical Psychologist, SW Kensington & Chelsea Mental Health Centre
- **Dr Rob Senior, Medical Director**
Appointed December 2006

- Senior Research Fellow, University College London
 - Honorary Consultant Child & Adolescent Psychiatrist, Tavistock & Portman NHS Foundation Trust and Royal Free London NHS Foundation Trust
 - Trust Named Doctor for Child Protection
 - Systemic Psychotherapist
- **Mr Simon Young, Finance Director & Deputy Chief Executive**
Appointed Finance Director April 1996, and Deputy Chief Executive additionally October 2011
 - Formerly Director of Finance at London Ambulance Service
 - Formerly at Glaxo
 - Formerly at National Can Corporation
 - Formerly Management Accountant in manufacturing industry

Table 5: Composition & Attendance at Board of Directors Meetings 2013/14

| Director Name | Apr 13 | May 13 | June 13 | July 13 | Sept 13 | Oct 13 | Nov 13 | Jan 14 | Feb 14 | Mar 14 |
|-------------------------|--------|--------|---------|---------|---------|--------|--------|--------|--------|--------|
| Angela Greatley (Chair) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Malcolm Allen | ✓ | ✓ | x | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Martin Bostock | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Rita Harris | ✓ | ✓ | ✓ | x | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Lis Jones | ✓ | ✓ | ✓ | ✓ | ✓ | x | ✓ | ✓ | x | ✓ |
| Altaf Kara | ✓ | ✓ | x | x | ✓ | ✓ | n/a | n/a | n/a | n/a |
| Louise Lyon | ✓ | x | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | x | ✓ |
| Dr Ian McPherson | ✓ | x | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Joyce Moseley | x | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | x |
| Matthew Patrick | ✓ | ✓ | ✓ | ✓ | ✓ | n/a | n/a | n/a | n/a | n/a |
| Rob Senior | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Richard Strang | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | n/a | n/a | n/a | n/a |
| Simon Young | ✓ | ✓ | ✓ | ✓ | x | ✓ | ✓ | ✓ | ✓ | ✓ |
| Caroline Rivett | n/a | n/a | n/a | n/a | n/a | n/a | ✓ | ✓ | ✓ | ✓ |
| David Holt | n/a | n/a | n/a | n/a | n/a | n/a | ✓ | ✓ | ✓ | ✓ |
| Paul Jenkins | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | ✓ | ✓ |

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 is comprised of six non-executive directors, including a non-executive Trust Chair, and seven executive directors, including our Chief Executive and our Deputy Chief Executive and Director of Finance. Of the seven executive directors only five are voting members, both the Director of CAMHS and the Nursing Director are non-voting members. In the course of 2013/14 we appointed two new NEDs and a new CEO.

Our executive directors come from a mixture of clinical and non-clinical backgrounds: one of our current executive directors is a registered medical practitioner, one is a registered nurse, and two are clinical psychologists.

The expertise of the non-executive directors includes finance, management consultancy, public relations and communication, and public policy. The mix of expertise is reviewed each time a new appointment is to be made.

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.

Performance evaluation

The Board of Directors has an 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 June 2013, and was conducted by an external consultant, the King's Fund, which has no connection to the Trust. The review comprised observation of the Board and a development session. The purpose of the review was to determine how effectively the Board functioned, to consider ways in which performance could be enhanced, and explore how to approach future challenges. The report of the review was considered and an action plan to address the recommendations was agreed by the Board of Directors at their June meeting.

The Trust evaluates the performance of its directors and committees. The chief executive appraises the executive directors using the standard Trust procedures. The Chair is appraised by the Senior Independent Director, following a process agreed by the Trust's Chair's Appraisal Committee, which involves full 360 feedback both from within and from outside the Trust. The Non-Executive Directors are appraised by the Chair following a process agreed by the NED Appraisal Committee.

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 2013/14

| Member Name | May 13 | Oct 13 | Jan 14 | Mar 14 |
|------------------------|--------|--------|--------|--------|
| Richard Strang (Chair) | ✓ | ✓ | n/a | n/a |
| Altaf Kara | ✓ | ✓ | n/a | n/a |
| Ian McPherson | ✓ | ✓ | ✓ | ✓ |
| David Holt (Chair) | n/a | ✓* | ✓ | ✓ |
| Joyce Moseley | n/a | n/a | ✓ | ✓ |

*In an observer capacity only

In October 2013 Richard Strang and Altaf Kara's terms of office on the Board ended. David Holt joined as the new Chair in January 2014 along with Joyce Moseley, Non-Executive Director.

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 2013/14

In 2013/14, 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 and compliance matters. No significant issues were found in these areas, but action plans for small improvements were recommended and where necessary implemented to continually improve the quality of the Trust's risk management.

Much of the Committee's time has been spent on reports from Internal Auditors and on the annual external reporting of the Trust. Work in these areas is fundamental to

providing assurance to the Trust and to outside stakeholders that financial management is robust and that sound corporate governance procedures are in place. 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 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.

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

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

The 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 Trust's current Auditors, KPMG, were appointed in 2008 after a competitive tender process. The Board of Governors re-appointed them on four successive occasions annually after receiving assurance from the Audit Committee that their work was of an excellent standard. In 2013 the Board of Governors approved re-appointment for up to two further years – 2013/14 and 2014/15 – on the basis of the Committee's recommendation, which included competitive market information and assurance on the continued high performance. It is planned that a competitive tender process will take place for the 2015/16 Audit. The fee for 2013/14 was £49,922 plus VAT.

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

Composition & Attendance

| Member Name | May 13 |
|-------------------------|--------|
| Angela Greatley (Chair) | ✓ |
| Martin Bostock | ✓ |
| Anthony Levy | ✓ |
| Claire-Louise Leyland | ✓ |
| Robin Solomon | ✓ |
| Simon Young | ✓ |
| Mary Burd | ✗ |

The Non-Executive Director Appointment Committee is a committee of the Council of Governors. It is chaired by the Trust Chair, and there are three Governor members, one Non-Executive Director member, and one Executive Director member, ensuring that appointments are Governor led, but incorporate the views of the Board of Directors. The Director of Human Resources, Ms Susan Thomas, is normally in attendance at meetings of the Committee.

The Committee met in May 2013 to consider the re-appointment of Dr Ian McPherson. The Committee made a recommendation to the Board of Governors that Dr Ian McPherson be re-appointed for a further three year term commencing 1st November 2013. This recommendation was approved by the Board of Governors at their meeting on 27th June 2013.

Mr Strang and Mr Kara were due to end their second terms of office in October 2013. The Committee considered the skills set required in the recruitment of two new non-executive directors. As one of the non-executive directors would be asked to chair the Audit Committee, it was agreed by the Committee that it would be important that the candidate have the relevant accountancy qualification and recent financial experience. The Committee considered the backgrounds of the remaining non-executive directors and agreed that ideally the second non-executive director would have a background in business and business development in either the private or public sector.

The Committee drew up a timetable for the interview process and the positions were advertised nationally in June, the committee shortlisted in July, and interviews took place on 9th September 2013. The approval of the appointments was agreed at the Council of Governors meeting on 13th September 2013. The successful candidates were Mr David Holt who would also be the Chair of the Audit Committee and Ms Caroline Rivett.

Trust Chair Appointment Committee

Composition & Attendance

This committee did not meet in 2013/14 and was therefore not constituted.

Chief Executive Officer Appointment

Following the resignation of Dr Matthew Patrick a recruitment campaign was launched for a successor. Dr Patrick left the Trust on 11th October 2013, and the Deputy CEO and Director of Finance, Mr Simon Young, stood as acting CEO in the interim.

The Chair and the Non-Executive Directors agreed to seek external recruitment support in identifying and securing suitable candidates. Ms Susan Thomas, Director of HR, supported the Chair in interviewing two executive search agencies and appointed Odgers Berndtston to lead the candidate search. In addition the vacancy was advertised in the national media. Regular updates were provided to Governors and staff to ensure their involvement in the selection process, and the Governors agreed the process at their meeting on the 12th September 2013.

Odgers Berndtston produced a short list of candidates for consideration by the Chair and Non-executive Directors at a meeting on 16th October 2013. Six candidates were shortlisted for the final interview.

For the interview process the Chair consulted with Executive and Non-Executive Directors, Governors, the Management Committee and with staff in the Trust more widely. It was agreed that the process would include a stakeholder event followed by a formal interview. Staff were invited to provide suggestions on what the Trust needed from a new Chief Executive and these were then provided to the stakeholders and formal interview panel. The shortlisted candidates were invited to attend the stakeholder event on 5th November 2013 where each candidate engaged in a structured discussion with a panel of 13 people including PPI, staff, Governors, Executive and Non-executive Directors.

The stakeholder panel comprised:

| | |
|---------------------------|--|
| Facilitator | Judith Bell, Director of Tavistock Consulting |
| Chair | Angela Greatley, Trust Chair |
| Non-Executive Directors | Joyce Moseley Caroline Rivett Ian McPherson |
| Executive Representatives | Rita Harris, CAMHS Director Louise Lyon, Trust Director |
| PPI Representative | Amy Keeper |
| Governors | Claire-Louise Leyland Natalie Baron |
| Staff Representatives | Marcus Evans Louise Allnutt Emma Heath |

The final interview took place on 6th November 2013. Prior to the interview, the panel met to receive the feedback from the stakeholder event, to review the outcome of the staff email consultation and to agree the final list of questions that would be asked of the candidates.

The interview panel comprised:

| | |
|--|--|
| Chair | Angela Greatley |
| Non-Executive Directors | Joyce Moseley Martin Bostock Ian McPherson |
| With advisors: | |
| Deputy Chair of the Council of Governors (Governor representative) | Mary Burd |
| Associate Dean (staff representative) | Karen Tanner |
| Medical Director (Executive team representative) | Rob Senior |
| Director of Human Resources (in attendance as specialist advisor) | Susan Thomas |

The interview panel unanimously agreed that Paul Jenkins was appointable and that he also offered a strong suite of capabilities, skills and experience to lead the Tavistock and Portman NHS Foundation Trust. The panel therefore recommended that Paul Jenkins as the successful candidate and the Council of Governors were asked to approve the appointment of Paul Jenkins as Chief Executive, which they did at an Extraordinary meeting in November 2013.

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 Trust is mindful of the need to ensure that our membership grows and continues to be representative. The Trust writes to all new patients, 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 2013/14

| Constituency | 31 March 2014 | 31 March 2013 |
|--------------|---------------|---------------|
| Public | 5767 | 6183 |
| Staff | 555 | 513 |

Membership Strategy

Our strategy for membership has five main 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
- Involving members in decision making processes including recruitment interviews

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. The staff survey and outcomes are also discussed at Trustwide induction events. In addition this year the Trust ran an article in the Trust Newsletter focusing on outcomes from the most recent staff survey. 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 2013 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 an increase in the number of staff taking part in the survey as compared with the previous year. The Trust's response rate of 47%, was higher than the response rate of 45% in 2012. The Trust will continue to 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 2012 survey, while some areas have remained as good as they were in 2012. Some of these areas include:

- An increase in the Trust's overall score for staff engagement
- A high percentage of staff reporting good communication between management and staff
- An increase in the percentage of staff receiving job-relevant training
- An increase in the percentage of staff feeling satisfied with the quality of work and patient care they deliver
- An increase in the percentage of staff agreeing that their roles make a difference to patients
- An increase in the number of staff reporting good communication between senior management and staff
- An increase in the number of staff recommending the Trust as a place to work or receive treatment
- An increase in staff motivation and job satisfaction

There were no areas identified in the survey as having deteriorated significantly in comparison with the 2012 survey .

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 Job satisfaction

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 appraised in the last 12 months
- numbers of staff reporting error, near misses and incidents
- staff receiving equality and diversity training in the last 12 months

The summary of the Trust's results are shown in the tables below with comparisons made against 2012 results. The accompanying notes summarise the main areas where improvements are required, as well as planned activities, to secure improvements.

Table 9 2013 Staff Survey Findings – Response Rate

| | 2012/13 | | 2013/14 | | Trust Improvement / Deterioration |
|---------------|---------|------------------|---------|------------------|-----------------------------------|
| | Trust | National Average | Trust | National Average | |
| Response Rate | 45% | 50% | 47% | 49% | Increase 2% |

Table 10 2013 Staff Survey Findings – Top 5 Ranking Scores

| | 2012/13 | | 2013/14 | | Trust Improvement / Deterioration |
|--|---------|------------------|---------|------------------|-----------------------------------|
| | Trust | National Average | Trust | National Average | |
| Top 5 Ranking Scores | | | | | |
| % of Staff feeling pressure in last 3 months to attend work when feeling unwell | 9% | 22% | 11% | 22% | increase 2% |
| % of staff witnessing potential harmful errors, near misses or incidents in last month | 18% | 27% | 18% | 26% | No change |
| % of staff reporting good communication between senior management and staff | 51% | 30% | 49% | 31% | Decrease 2% |
| % of Staff experiencing harassment, bullying or abuse from patients, | 18% | 30% | 19% | 30% | Increase 1% |

| | | | | | |
|---|------|------|------|------|---------------|
| relatives or the public in last 12 months | | | | | |
| Staff Job satisfaction | 3.71 | 3.66 | 3.84 | 3.67 | Increase 0.13 |

Table 11 2013 Staff Survey Findings – Bottom 5 Ranking Scores

| Bottom 5 Ranking Scores | 2012/13 | | 2013/14 | | Trust Improvement / Deterioration |
|--|---------|------------------|---------|------------------|-----------------------------------|
| | Trust | National Average | Trust | National Average | |
| % working extra hours | 80% | 70% | 76% | 71% | Decrease 4% |
| % receiving health and safety training in last 12 months | 66% | 73% | 60% | 75% | Decrease 6% |
| % reporting near misses or incidents witnessed in the last month | 76% | 93% | 58% | 92% | Decrease 18% |
| % appraised in the last 12 months | 86% | 87% | 84% | 87% | Decrease 4% |
| % having equality and diversity training in last 12 months | 61% | 59% | 50% | 67% | Decrease 11% |

Priorities and targets for 2013/14

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

- Improving on the Trust's staff survey response rate
- Once again addressing issues relating to staff working additional hours
- Providing regular information and updates around incident reporting, highlighting the importance of ensuring incidents are reported.
- Continuing to implement measures to improve attendance at mandatory training events and consider providing additional refreshers during the year e.g. providing targeted health and safety updates and information to staff
- Analysing data and processes relating to staff appraisals and seeking improvements in that area.

To ensure that these future priorities are properly measured, the following will continue to 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 and finance. As a consequence of the 2012 Health and Social Care Act, Monitor took on new powers on the 1st April 2013 and changed the basis of their regulation of foundation trusts.

In October 2013 Monitor began to use the Risk Assessment Framework to monitor compliance with the terms of the provider licence, where before they used the Compliance Framework to monitor compliance with the Terms of Authorisation. Monitor now generates two risk ratings for each foundation trust, one concerning how the trust is managed (governance rating), and the other concerning its financial health (continuity of services rating). These replaced the governance risk rating and financial risk rating in place under the Compliance Framework.

Governance Rating

The governance ratings run from green, indicating no issues identified; through amber-green and amber red, which reflect concerns about one or more aspects of governance; to red, indicating special measures are in place.

Continuity of Service Rating

Continuity of service 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 licence. The possible ratings run from 1 to 4, with 1 indicating the highest risk and 4 the lowest. Level 4 indicates that there are no evident concerns.

Monitor Risk Ratings in 2013/14

| | Annual Plan | Q1 | Q2 | Q3 | Q4 expected |
|--|-------------|-------|-------|-------|-------------|
| <i>Under the Compliance Framework</i> | | | | | |
| Financial Risk Rating | 3 | 4 | 4 | | |
| Governance Risk Rating | Green | Green | Green | | |
| <i>Under the Risk Assessment Framework</i> | | | | | |
| Continuity of Service Rating | | | | 4 | 4 |
| Governance Rating | | | | Green | Green |

Monitor Risk Ratings in 2012/13

| | Annual Plan | Q1 | Q2 | Q3 | Q4 |
|---------------------------------------|-------------|-------|-------|-------|-------|
| <i>Under the Compliance Framework</i> | | | | | |
| Financial Risk Rating | 3 | 4 | 3 | 4 | 4 |
| Governance Risk Rating | Green | Green | Green | Green | Green |

Summary of Regulatory Performance in 2013/14

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 continuity of service rating was at level 4 for second half of the year, and was level 3 or 4 for the first half, where it met or exceeded the planned rating. There were no formal interventions.

Other Disclosures in the Public Interest

Communicating with employees

This important work continues to be a priority for the Trust. The appointment of a new CEO in September was an opportunity to engage with staff and key stakeholders in contributing to the skills and qualities applicants should have to lead the organisation. Staff meetings have taken place on a Directorate basis across the three domains of child and adolescent, specialist and adult, and central services to allow broad discussion of the Trusts aims and plans, while allowing for a more focused exchange on what the plans mean for staff working in these particular areas of the Trusts work. The discussions have been followed up at departmental level to encourage all staff to contribute to the Trusts future plans and to question and understand the agenda of the Trust, and consider how it will affect individuals and teams.

The new CEO joined the Trust in February and he has commenced a 100 day consultation process engaging with staff in meetings and at a departmental level on three main areas:

- How can we build on our strengths, and traditions and what are the most promising areas of development for the organisation?
- How can we put the voice of people with lived experience of mental health problems closer to the heart of our work and decision making?
- How, in times of austerity, can we do what we do more efficiently and effectively?

The Productivity Programme Board are working on new proposals, including growth, investment and savings plans and they continue to send regular information updates to all staff.

Regular meetings with the Board of Directors and Council of Governors; Staff Side representatives; together with essential and useful information provided through the Trust's intranet, continue to support the Trusts communications strategy.

Equal Opportunities for employees

The Trust's Recruitment Procedure and Policy and the Equal Opportunities Policy sets out principles and practices that ensure a professional approach towards recruiting a workforce that meets Trust's service needs and is compliant with legislation. These also ensure our commitment to treat all job applicants and members of staff fairly.

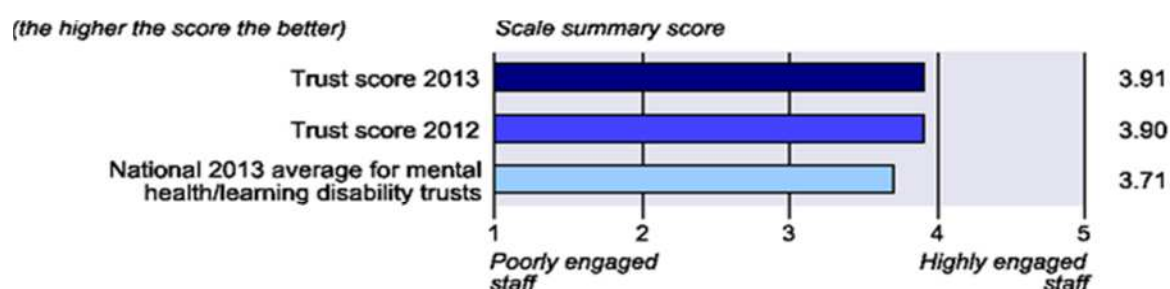
The Trust's Equalities Committee leads on setting the strategic direction for the Trust in the field of equalities. It reports annually to the Board of Directors, and besides setting the equalities objectives it also ensures that the Trust monitors issues relating to all

protected groups under the Equalities Act. Some of the equalities objectives for the Trust this year focus on staff mental health, and continuing work on sexual orientation. Besides meeting the general equality duty and ensuring that we are making progress against the set objectives on an annual basis, the committee also ensures that equalities agenda is embedded in how we conduct the Trust’s business.

The Trust is a two tick employer and 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. 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.

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.

Feedback received from Trusts staff survey informs our staff training provision. The staff survey results for 2013 show that the overall engagement continues to be high in comparison with other mental health Trusts.



Through the Trust’s employment policies, that are compliant with the Equalities Act 2010, we are able to eliminate discrimination, harassment and victimisation and any other conduct that is prohibited by or under the Equality Act.

The Trust, through best practice principles and policy framework, is able to advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it.

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 was reviewed, updated as required and reissued in June 2013.

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

Countering Fraud and Corruption

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

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. This group has identified a range of areas for review including patient information and follow ups, which it has taken forward through the clinical services resulting in a rewrite in all the patient information leaflets and the development of a set of 12 new treatment modality leaflets.

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 bids by children for more toys in the waiting room, books for patients to borrow on particular topics such as autism, developmental difficulties and art supplies for working with children in schools.

This year we have had a focus on involving patients on staff interview panels. We have developed the infrastructure for this (policies and payment processes, and seven interview panels or processes have had direct user involvement including the CEO appointment and a young person service user was present on two panels for drug and alcohol worker appointments.

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 which was oversubscribed and took place in the trust on 7th February.

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 Voluntary Action Camden and Healthwatch.

Consultation with Local Groups and Organisations

In producing the annual Quality Report, the Trust consulted with Camden Primary Care Trust, Camden Healthwatch , and the Camden Overview and Scrutiny Committee.

Additional Pensions Liabilities

During the year ended 31 March 2014, one member of staff retired early due to ill health, at a cost of 11k (borne by the NHS Pension Scheme). In the year ended 31 March 2013 there were no retirements from the Trust on the grounds of ill health. Financial information on pensions is set out in the accounts.

Other Income

In 2013/14, the Trust's total income from the provision of goods and services for the purposes of the health service in England was 75% of the total income (2012/13, 71%). A further 7% of income was received from local authorities, and 4% from other central government bodies (2012/13, 10% and 5% respectively).

Sickness Absence Data

Staff absence due to sickness was 3.1 days of sickness per FTE, or 1.4%. These figures are reported on a calendar year basis

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 2013-14 we reported one serious untoward incident, that of an adult patient who took his life approximately 6 weeks after discharge from the Trust. The patient had received an assessment but had not wished to proceed with treatment, which had been offered. An internal investigation concluded that the death was neither predictable nor preventable. The report was submitted to NHS England (Patient Safety Team) who accepted the findings and closed the case without requiring any further action.

Serious IG Incidents

The Trust takes information risk management seriously and information risks are monitored by the Information Governance Work Stream Group. All incidents are investigated to ensure that we improve our processes. We are required to report information risks and data losses. There were two incidents involving personal data reported to the information commissioner's office in 2013/14, according to requirements set by Monitor and the Health and Social Care Information Centre. However, these incidents were minor in the Trust's view, were dealt with promptly to the satisfaction of those affected, and no further action was indicated.

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;
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance; 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..... 

Paul Jenkins
Chief Executive

Date: 27th May 2014

INDEPENDENT AUDITOR'S 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 2014 on pages 64 to 116. These financial statements have been prepared under applicable law and the NHS Foundation Trust Annual Reporting Manual 2013/14.

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 pages 53 to 54, 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 and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. 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 the Trust's affairs as at 31 March 2014 and of its income and expenditure for the year then ended; and
- have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2013/14.

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

In our opinion the information given in the Strategic Report and 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

27 May 2014

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*.

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 2014 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.

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 and finance, it receives appropriate supporting evidence.

The Care Quality Commission (CQC) conducted an announced inspection of the Trust on the 6th March 2014, and found the Trust fully met all the essential standards.

The Trust currently holds NHSLA Level 2 assessment.

The Trust's information governance policies were reviewed during the year and updated as required. 98% of staff completed information governance training during the year. The Trust oversees the evidence of compliance and the action plans for further development at the IG work stream group, the work of which is scrutinised by the Clinical Quality, Safety and Governance Committee of the Board of Directors.

At 31 March 2014, 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; it remains amongst the top performing trusts in London in this regard.

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

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 foundation 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*¹.

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

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

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.

¹ Op. cit.

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 Audit Committee that *"Based on the work undertaken in 2013/14, significant assurance can be given that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are being applied consistently. However, some weaknesses have been identified. There were no Red or Amber Red opinions issued during the course of the year."* The points where improvements are needed are covered by the agreed action plans in response to audit reports.

Conclusion

No significant internal control issues have been identified.

Signed..........

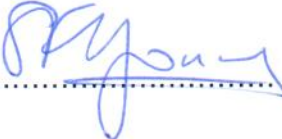
Paul Jenkins
Chief Executive
27th May 2014

Foreword to the Accounts

These accounts for the period ended 31 March 2014 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.

Signed.....

Paul Jenkins
Chief Executive
27th May 2014

Signed.....

Simon Young
Deputy Chief Executive &
Director of Finance
27th May 2014

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2014

| | | 2013/14 | 2012/13 |
|--|------|---------------------|-------------------|
| | note | £000 | £000 |
| Operating income from continuing operations | 2.1 | 40,367 | 36,163 |
| Operating expenses of continuing operations | 3.1 | (38,930) | (36,539) |
| OPERATING SURPLUS / (DEFICIT) | | <u>1,437</u> | <u>(376)</u> |
| FINANCE COSTS | | | |
| Finance income | 5 | 10 | 8 |
| Finance expense - unwinding of discount on provisions | | (1) | (2) |
| PDC dividends payable | | (342) | (367) |
| NET FINANCE COSTS | | <u>(333)</u> | <u>(361)</u> |
| SURPLUS / (DEFICIT) FOR THE YEAR | | <u>1,104</u> | <u>(737)</u> |
| Add back restructuring costs charged to operating expenses * | | 139 | 2,035 |
| Add back cost of Impairment * | | 233 | - |
| ADJUSTED SURPLUS FOR THE YEAR * | | <u>1,476</u> | <u>1,298</u> |
| Other comprehensive income and Expenditure | | | |
| Restructuring costs | | (139) | (2,035) |
| Revaluations | | - | 1,501 |
| Impairment | | (233) | - |
| TOTAL COMPREHENSIVE INCOME / (EXPENSE) FOR THE YEAR | | <u><u>1,104</u></u> | <u><u>764</u></u> |

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

STATEMENT OF FINANCIAL POSITION

| | | 31 Mar 2014 | 31 Mar 2013 |
|--|------|----------------|----------------|
| | note | £000 | £000 |
| Non-current assets | | | |
| Intangible assets | 8.1 | 101 | 167 |
| Property, plant and equipment | 9.1 | 13,981 | 13,996 |
| Total non-current assets | | <u>14,082</u> | <u>14,163</u> |
| Current assets | | | |
| Trade and other receivables | 11.1 | 5,435 | 3,110 |
| Cash and cash equivalents | | 2,756 | 3,176 |
| Total current assets | | <u>8,191</u> | <u>6,286</u> |
| Current liabilities | | | |
| Trade and other payables | 12.1 | (4,436) | (4,152) |
| Provisions | 15 | (6) | (17) |
| Tax payable | 12.1 | (618) | (592) |
| Other liabilities | 13 | (2,606) | (2,191) |
| Liabilities in disposal groups | | - | - |
| Total current liabilities | | <u>(7,666)</u> | <u>(6,952)</u> |
| Total assets less current liabilities | | 14,607 | 13,497 |
| Non-current liabilities | | | |
| Provisions | 15 | (65) | (59) |
| Total assets employed | | <u>14,542</u> | <u>13,438</u> |
| Public dividend capital | | 3,474 | 3,474 |
| Revaluation reserve | 16 | 8,840 | 8,979 |
| Income and expenditure reserve | | 2,228 | 985 |
| Total taxpayers' equity | | <u>14,542</u> | <u>13,438</u> |

These accounts were approved by the Board on 27th May 2014
and signed on its behalf by

Paul Jenkins

Paul Jenkins
Chief Executive

27/05/2014

Date

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

| | note | Total £000 | Public Dividend Capital £000 | Revaluation Reserve £000 | Income and Expenditure Reserve £000 |
|---|------|---------------|---------------------------------------|--------------------------------|--|
| Taxpayers' Equity at 1 April 2013 | | 13,438 | 3,474 | 8,979 | 985 |
| Surplus/(Deficit) for the year | | 1,104 | - | - | 1,104 |
| Transfer of the excess of current cost depreciation over historical cost depreciation to the income and expenditure reserve | | - | - | (139) | 139 |
| Revaluation of property | | - | - | - | - |
| Public Dividend Capital received | | - | - | - | - |
| Taxpayers's Equity at 31 March 2014 | | <u>14,542</u> | <u>3,474</u> | <u>8,840</u> | <u>2,228</u> |
| 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> |

STATEMENT OF CASH FLOWS

| | 2013/14 | 2012/13 |
|---|---------------------|---------------------|
| | £000 | £000 |
| Cash flow from operating activities | | |
| Operating surplus/(deficit) from continuing operations | 1,437 | (376) |
| Operating surplus / (deficit) | <u>1,437</u> | <u>(376)</u> |
| Non-cash income and expense | | |
| Depreciation and amortisation | 581 | 542 |
| Impairment | 233 | - |
| Dividend accrued and not paid or received | - | (367) |
| (Increase)/Decrease in Trade and Other Receivables | (2,288) | (651) |
| Increase/(Decrease) in Trade and Other Payables | 677 | 2,145 |
| Increase/(Decrease) in Other Liabilities | 414 | 47 |
| Increase/(Decrease) in Provisions | (6) | (26) |
| NET CASH GENERATED FROM/(USED IN) OPERATIONS | <u>1,048</u> | <u>1,314</u> |
| Cash flow from investing activities | | |
| Interest received | 10 | 8 |
| Purchase of intangible assets | - | (37) |
| Purchase of property, plant and equipment | (733) | (557) |
| Net cash generated from/(used in) investing activities | <u>(723)</u> | <u>(586)</u> |
| Cash flow from financing activities | | |
| PDC dividend received | - | 71 |
| PDC dividend paid | (745) | 20 |
| Net cash generated from/(used in) financing activities | <u>(745)</u> | <u>91</u> |
| Increase/(decrease) in cash and cash equivalents | (420) | 819 |
| Cash and cash equivalents at 1 April 2013 | <u>3,176</u> | <u>2,357</u> |
| Cash and cash equivalents at 31 March 2014 | <u><u>2,756</u></u> | <u><u>3,176</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 2013/14 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 2014, is based on the valuation data as 31 March 2013, updated to 31 March 2014 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 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 provides 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, £2,756,000 at 31 March 2014 (£3,176,000 at 31 March 2013) 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 £xxx31 March 2014 (£2,763,000 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 2014 £7,554,000 (£6,218,000 at 31 March 2013) of liabilities. Excluding deferred income, where there is no further obligation to pay cash, and non current provisions, leaves liabilities of £4,948,000 (£4,676,000 at 31 March 2013) payable in the short term. With readily available cash and cash equivalents of £2,756,000 (£3,176,000 at 31 March 2013) 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% (2012/13: 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 £13,477,000. (2012/2013, £13,589,000)

- Operating costs include an estimate of £384,000 for the annual leave earned but not taken at the year-end date, as shown in note 4.4. (2012/13, £350,000)

- Accounting for receivables necessarily involves judgment when assessing levels of impairment. A provision of £455,000 has been made - see note 11. (2012/13, £493,000)

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 9 Financial instruments: Financial Assets: Financial Liabilities | October 2010 | Uncertain Not likely to be adopted by the EU until the IASB has finished the rest of its financial instrument project. | unlikely to have significant impact |
| IFRS 10 Consolidated Financial Statements | May 2011 | Effective 2014/15* | 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 2014/15* | unlikely to have significant impact |
| IFRS 12 Disclosure of Interests in Other Entities | May 2011 | Effective 2014/15* | unlikely to have significant impact |
| IFRS 13 Fair Value Measurement | May 2012 | Effective 2013/14 but not yet adopted by HM Treasury | unlikely to have significant impact |
| IAS 27 Separate Financial Statements | May 2011 | Effective 2014/15* | unlikely to have significant impact |
| IAS 28 Associates and Joint Ventures | May 2011 | Effective 2014/15* | unlikely to have significant impact |
| IAS 32 Financial Instrument Presentation - amendment Offsetting financial assets and liabilities | December 2011 | Effective 2014/15 | unlikely to have significant impact |

* This reflects the EU-adopted effective date rather than the effective date in the standard

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)

| | 2013/14 | 2012/13 |
|---|----------------------|----------------------|
| | £000 | £000 |
| Income from Activities | | |
| Cost and volume contract income | 3,127 | 3,429 |
| Block contract income | 8,241 | 7,271 |
| Other non-protected clinical income | 4,337 | 4,762 |
| Total Income from Activities | <u>15,705</u> | <u>15,462</u> |
| Other operating income | | |
| Research and development | 640 | 354 |
| Education and training | 20,670 | 16,270 |
| Charitable and other contributions to expenditure | - | - |
| Other (see also note 2.3) | 3,352 | 4,077 |
| Total other operating income | <u>24,662</u> | <u>20,701</u> |
| TOTAL OPERATING INCOME | <u><u>40,367</u></u> | <u><u>36,163</u></u> |

2.2 Operating Lease Income

There was no Operating Lease Income.

NOTES TO THE ACCOUNTS

2.3 Operating income (by type)

Income from Activities

| | 2013/14 | NHS funded | Local Authorities | Other government sources | Other sources | Total |
|-------------------------------------|----------------|---------------|-------------------|--------------------------|---------------|---------------|
| | | £000 | £000 | £000 | £000 | £000 |
| Patient services | | 12,251 | 2,696 | 187 | 571 | 15,705 |
| Education and training | | 16,942 | 204 | 0 | 3,524 | 20,670 |
| Research and development | | 597 | | 40 | 3 | 640 |
| Other income | | 416 | 65 | 1,371 | 1,500 | 3,352 |
| Total Income from Activities | | 30,206 | 2,965 | 1,598 | 5,598 | 40,367 |

% of total

| | 2012/13 | NHS funded | Local Authorities | Other government sources | Other sources | Total |
|-------------------------------------|----------------|---------------|-------------------|--------------------------|---------------|---------------|
| | | £000 | £000 | £000 | £000 | £000 |
| Patient services | | 11,522 | 3,163 | 0 | 777 | 15,462 |
| Education and training | | 12,778 | 139 | 1 | 3,352 | 16,270 |
| Research and development | | 346 | 0 | 0 | 8 | 354 |
| Other income | | 875 | 393 | 1,781 | 1,028 | 4,077 |
| Total Income from Activities | | 25,521 | 3,695 | 1,782 | 5,165 | 36,163 |
| % of total | | 70.6% | 10.2% | 4.9% | 14.3% | 100.0% |

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

| | 2013/14 | 2012/13 |
|--------------------------------|----------------|----------------|
| | £000 | £000 |
| Car parking | 21 | 35 |
| Consultancy | 1,270 | 1,327 |
| Clinical excellence awards | 25 | 79 |
| Property rentals | 21 | 38 |
| Income for training consortium | 1,339 | 1,449 |
| Other | 876 | 1,149 |
| Total | 3,552 | 4,077 |

NOTES TO THE ACCOUNTS

2.3 Operating income (by type) (continued)

Commissioner Requested Services (CRS)

| | 2013/14 | 2012/13 |
|--|----------------------|----------------------|
| | £000 | £000 |
| Cost and volume contract income | 3,127 | 3,429 |
| Block contract income | 8,241 | 7,271 |
| Total income from mandatory patient services | <u>11,368</u> | <u>10,700</u> |
| Other non protected clinical income | 4,337 | 4,762 |
| Total income from patient services | <u><u>15,705</u></u> | <u><u>15,462</u></u> |

The Trust is working with its commissioners to determine the level of commissioner requested services currently provided. Within the 2013-14 financial statements management has taken the view to define the following as commissioner requested services: Total income from mandatory patient services as above.

Note 3.1 OPERATING EXPENSES (by type)

| | 2013/14 | 2012/13 |
|---|---------------|---------------|
| | £000 | £000 |
| Employee expenses - Executive directors | 712 | 781 |
| Employee expenses - Non-executive directors | 79 | 74 |
| Employee expenses - staff | 26,424 | 23,957 |
| Supplies and services - clinical (excluding drug costs) | 213 | 154 |
| Supplies and services - general | 162 | 101 |
| Establishment | 1,000 | 534 |
| Transport | | 3 |
| Premises | 2,533 | 1,626 |
| Increase / (decrease) in bad debt provision | - 38 | 180 |
| Depreciation on property, plant and equipment | 515 | 503 |
| Amortisation on intangible assets | 66 | 39 |
| Impairments of property, plant and equipment | 233 | - |
| Audit fees | | |
| audit fees - statutory audit | 60 | 63 |
| audit services - regulatory reporting | - | - |
| Other auditors remuneration | | |
| further assurance services | - | - |
| other services | - | - |
| Clinical negligence | - | 104 |
| Legal fees | 54 | 11 |
| Consultancy costs | 452 | 406 |
| External lecturers and seminar leaders | 1,336 | 1,292 |
| Training, courses and conferences | 1,512 | 1,201 |
| Patient travel | 76 | 76 |
| Redundancy | 139 | 2,035 |
| Hospitality | 21 | 12 |
| Insurance | 64 | 61 |
| Interpreting service | 51 | 48 |
| Internal audit | 26 | 19 |
| Payroll | 29 | 40 |
| Occupational health | 30 | 23 |
| Professional charges | 1,373 | 1,325 |
| Educational external contracts | 1,096 | 1,375 |
| Other services | 472 | 153 |
| Losses, ex gratia and special payments (excl. redundancies) | - | - |
| Other | 240 | 343 |
| TOTAL | 38,930 | 36,539 |

Note 3.2 Arrangements containing an operating lease

| | 2013/14 | 2012/13 |
|---------------------------------|------------|------------|
| | £000 | £000 |
| Minimum lease payments | 334 | 224 |
| Less sublease payments received | - | (8) |
| TOTAL | <u>334</u> | <u>216</u> |

| | 31 Mar 2014 | 31 Mar 2014 | 31 Mar 2014 | 31 Mar 2014 |
|---|-------------|-------------|-------------|-------------|
| | land | buildings | other | total |
| | £000 | £000 | £000 | £000 |
| Future minimum lease payments due: | | | | |
| - not later than one year; | 0.00 | 34 | 14 | 48 |
| - later than one year and not later than five years; | 0.00 | 0 | 0 | 0 |
| - later than five years. | | | | |
| TOTAL | <u>-</u> | <u>34</u> | <u>14</u> | <u>48</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 | 2 | 10 |
| - later than five years. | | | | |
| TOTAL | <u>-</u> | <u>27</u> | <u>17</u> | <u>44</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 (2012/13 £1 million).

NOTES TO THE ACCOUNTS

4.1 Employee Expenses

| | 2013/14 | 2013/14 | 2013/14 | 2012/13 |
|--|---------------|---------------|------------|---------------|
| | Total | Permanent | Other | Total |
| | £000 | £000 | £000 | £000 |
| Salaries and wages | 22,147 | 21,867 | 280 | 20,374 |
| Social security costs | 1,995 | 1,969 | 26 | 1,853 |
| Employer contributions to NHS Pensions | 2,586 | 2,553 | 33 | 2,353 |
| Pensions costs - other contributions | 35 | 35 | - | 24 |
| Termination benefits | 138 | 138 | - | 2,035 |
| Agency / contract staff | 373 | - | 373 | 134 |
| TOTAL | 27,274 | 26,562 | 712 | 26,773 |

4.2 Redundancies

| | Number of compulsory redundancies | Number of voluntary redundancies | Total number of exit packages by cost band | Number of compulsory redundancies | Number of voluntary redundancies | Total number of exit packages by cost band |
|---------------------------------------|-----------------------------------|----------------------------------|--|-----------------------------------|----------------------------------|--|
| | 2013/14 | 2013/14 | 2013/14 | 2012/13 | 2012/13 | 2012/13 |
| Exit package cost band | | | | | | |
| less than £10,000 | 8 | - | 8 | 2 | 15 | 17 |
| £10,000 to £25,000 | 1 | - | 1 | 4 | 4 | 8 |
| £25,000 to £50,000 | - | - | - | 3 | 4 | 7 |
| £50,000 to £100,000 | - | - | - | 1 | 6 | 7 |
| over £100,000 | 1 | - | 1 | 1 | 8 | 9 |
| Total number of exit packages by type | 10 | - | 10 | 11 | 37 | 48 |

4.3 Average number of employees (WTE basis)

| | 2013/14 | 2013/14 | 2013/14 | 2012/13 |
|--|------------|------------|-----------|------------|
| | Total | Permanent | Other | Total |
| | Number | Number | Number | Number |
| Medical and dental | 40 | 40 | - | 41 |
| Administration and estates | 159 | 159 | - | 145 |
| Nursing, midwifery and health visiting staff | 20 | 20 | - | 15 |
| Scientific, therapeutic and technical staff | 177 | 177 | - | 166 |
| Social care staff | 20 | 20 | - | 21 |
| Bank and agency staff | 32 | - | 32 | 23 |
| Other | 5 | 5 | - | 5 |
| TOTAL | 453 | 421 | 32 | 416 |

NOTES TO THE ACCOUNTS**4.4 Employee benefits**

| | 2013/14 | 2012/13 |
|---|------------|------------|
| | £000 | £000 |
| Value of holiday pay accrued (included in note 15) at 1 April 2013 | 350 | 299 |
| Value of holiday pay accrued (included in note 3.1) | 34 | 51 |
| Value of holiday pay accrued (included in note 15) at 31 March 2014 | <u>384</u> | <u>350</u> |

The employee benefits shown above are the value to the Trust of holiday pay accrued at the balance sheet date and

4.5 Early Retirements due to Ill Health

During the year ended 31 March 2014, one member of staff retired early due to ill health, at a cost of 11k (borne by

NOTES TO THE ACCOUNTS**Note 5 Finance income**

| | 2013/14 | 2012/13 |
|---|-----------|----------|
| | £000 | £000 |
| Interest on bank accounts | 10 | 8 |
| Interest on held-to-maturity financial assets | - | - |
| TOTAL | 10 | 8 |

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 2014 (to 31 March 2013, £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 2013/14 £000 | Operating expenses 2013/14 £000 | Operating surplus before restructuring 2013/14 £000 | Dividends and unwinding discount 2013/14 £000 |
|--|--|--|---|---|
| Specialist and Adult Services, including training and research | 14,639 | 14,157 | 482 | 125 |
| Child and Adolescent Services, including training and research | 25,738 | 24,634 | 1,104 | 218 |
| Total | 40,377 | 38,791 | 1,586 | 343 |

This table does not include the Trust's redundancy cost of 138k

2012/13

| | 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 |

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

| | Software licences | |
|--|-------------------|------------|
| | 2013/14 | 2012/13 |
| | £000 | £000 |
| Gross cost at 1 April 2013 | 353 | 245 |
| Additions - purchased | - | 108 |
| Gross cost at 31 March 2014 | <u>353</u> | <u>353</u> |
| Amortisation at 1 April 2013 | <u>186</u> | <u>147</u> |
| Provided during the year | 66 | 39 |
| Amortisation at 31 March 2014 | <u>252</u> | <u>186</u> |
| Net book value of intangible assets at 1 April 2013 | 167 | 98 |
| Net book value of intangible assets at 31 March 2014 | 101 | 167 |

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 2013/14

| | 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 2013 | 15,165 | 5,690 | 7,899 | 9 | 206 | 1,278 | 83 |
| Additions - purchased | 733 | - | 415 | - | 8 | 285 | 26 |
| Additions - donated | - | - | - | - | - | - | - |
| Disposals | - | - | - | - | - | - | - |
| Impairments | (233) | - | (233) | - | - | - | - |
| Revaluation | - | - | - | - | - | - | - |
| Reclassifications | - | - | 9 | (9) | - | - | - |
| Cost or valuation at 31 March 2014 | 15,665 | 5,690 | 8,090 | - | 214 | 1,563 | 109 |
| Accumulated depreciation at 1 April 2013 | 1,169 | - | - | - | 204 | 889 | 76 |
| Provided during the year | 515 | - | 329 | - | 1 | 180 | 5 |
| Disposals | - | - | - | - | - | - | - |
| Revaluations | - | - | - | - | - | - | - |
| Accumulated depreciation at 31 March 2014 | 1,684 | - | 329 | - | 205 | 1,069 | 81 |
| Net book value | | | | | | | |
| Net book value of purchased tangible assets at 1 April 2013 | 13,996 | 5,690 | 7,899 | 9 | 2 | 389 | 7 |
| Net book value of donated tangible assets at 1 April 2013 | - | - | - | - | - | - | - |
| Net book value of owned tangible assets at 1 April 2013 | 13,996 | 5,690 | 7,899 | 9 | 2 | 389 | 7 |
| Net book value | | | | | | | |
| Net book value of purchased tangible assets at 31 March 2014 | 13,981 | 5,690 | 7,761 | - | 9 | 494 | 28 |
| Net book value of donated tangible assets at 31 March 2014 | - | - | - | - | - | - | - |
| Net book value of owned tangible assets at 31 March 2014 | 13,981 | 5,690 | 7,761 | - | 9 | 494 | 28 |

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 2013/14 with the prospective valuation date of 1 April 2013. The revaluation undertaken at this date was accounted for in 31 March 2013.

Note 9.2 Analysis of property, plant and equipment 2013/14

| | 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 2014 | 12,618 | 4,960 | 7,658 | - | - | - | - |
| Net book value of unprotected assets at 31 March 2014 | 1,389 | 730 | 129 | - | 9 | 494 | 28 |
| Total at 31 March 2014 | 14,007 | 5,690 | 7,787 | - | 9 | 494 | 28 |

NOTES TO THE ACCOUNTS

Note 9.3 Property, plant and equipment 2012/13

| | Total £000 | Land £000 | Buildings £000 | Assets under Construction £000 | Plant & Machinery £000 | Information Technology £000 | Furniture & Fittings £000 |
|---|---------------|--------------|-------------------|--------------------------------------|------------------------------|-----------------------------------|---------------------------------|
| Cost or valuation at 1 April 2013 | 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 | - | - | - | - | - | - | - |
| 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 | - | - | - | - | - | - | - |
| 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 in 31 March 2013.

Note 9.4 Analysis of property, plant and equipment 2012/13

| | Total £000 | Land £000 | Buildings £000 | Assets under Construction £000 | Plant & Machinery £000 | Information Technology £000 | Furniture & Fittings £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 9.5 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 2014, 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 2013/14

There were no non-current assets for sale nor assets in disposal groups at 31 March 2014 nor 31 March 2013.

NOTES TO THE ACCOUNTS

Note 11.1 Trade receivables and other receivables

| | 31 Mar 14 | 31 Mar 13 |
|---|--------------|--------------|
| | £000 | £000 |
| Current | | |
| NHS receivables | 2,885 | 950 |
| Other receivables with related parties | 699 | 1,106 |
| Provision for impaired receivables | (455) | (493) |
| Prepayments | 324 | 189 |
| Accrued income | 186 | 128 |
| VAT receivable | 77 | 39 |
| PDC dividend receivable | 36 | - |
| Other receivables | 1,683 | 1,191 |
| TOTAL CURRENT TRADE AND OTHER RECEIVABLES | <u>5,435</u> | <u>3,110</u> |
| There are no non-current trade or other receivables | - 112 | |

Note 11.2 Provision for Impairment of Receivables

| | 31 Mar 14 | 31 Mar 13 |
|-------------------------|------------|------------|
| | £000 | £000 |
| At 1 April 2013 | 493 | 314 |
| Increase in provision | 285 | 290 |
| Amounts utilised | - | - |
| Unused amounts reversed | (323) | (111) |
| At 31 March 2014 | <u>455</u> | <u>493</u> |

Note 11.3 Analysis of impaired receivables

| | 31 Mar 14 | 31 Mar 13 |
|---------------------------------------|------------|------------|
| | £000 | £000 |
| Ageing of impaired receivables | | |
| Up to thirty days | 59 | 100 |
| Thirty to sixty days | 17 | 7 |
| Sixty to ninety days | 4 | - |
| In three to six months | 90 | 147 |
| Over six months | 285 | 239 |
| Total | <u>455</u> | <u>493</u> |

Note 11.4 Analysis of non impaired receivables

| | 31 Mar 14 | 31 Mar 13 |
|---|--------------|--------------|
| | £000 | £000 |
| Ageing of non-impaired receivables past their due date | | |
| Up to thirty days | 2,236 | 787 |
| Thirty to sixty days | 1,852 | 144 |
| Sixty to ninety days | - | - |
| In three to six months | 869 | 783 |
| Over six months | 59 | (78) |
| Total | <u>5,016</u> | <u>1,636</u> |

NOTES TO THE ACCOUNTS

Note 12.1 Trade and other payables

| | 31 Mar 2014 | 31 Mar 2013 |
|---|--------------|--------------|
| | £000 | £000 |
| Current | | |
| NHS payables | 239 | 312 |
| Amounts due to other related parties | 413 | 391 |
| Trade payables - capital | - | - |
| Other trade payables | 581 | 463 |
| Other payables | 1,233 | 934 |
| PDC Dividend | - | 367 |
| Accruals | 2,588 | 2,277 |
| TOTAL CURRENT TRADE AND OTHER PAYABLES | 5,054 | 4,744 |

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 2014 | 31 Mar 2013 |
|---|-------------|-------------|
| | £000 | £000 |
| Outstanding pension contributions for current staff | 413 | 352 |

Note 13 Other liabilities

| | 31 Mar 2014 | 31 Mar 2013 |
|--|--------------|--------------|
| | £000 | £000 |
| Current | - | - |
| Deferred income | 2,606 | 2,191 |
| TOTAL OTHER CURRENT LIABILITIES | 2,606 | 2,191 |

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 prudential borrowing code requirements in section 41 of the NHS Act 2006 have been repealed with effect from 1 April 2013 by the Health and Social Care Act 2012. The financial statements disclosures that were provided previously are no longer required.

NOTES TO THE ACCOUNTS

Note 15 Provisions for Liabilities and Charges

| | Current | | Non-current | |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 31 March 2014 £000 | 31 March 2013 £000 | 31 March 2014 £000 | 31 March 2013 £000 |
| Pensions relating to former directors | - | - | - | - |
| Pensions relating to former staff | 6 | 6 | 65 | 59 |
| Other legal claims | - | - | - | - |
| Other | - | 11 | - | - |
| Total | 6 | 17 | 65 | 59 |

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 2013 | 76 | - | 65 | 11 | - |
| Change in the discount rate | - | - | - | - | - |
| Arising during the year | 11 | - | 11 | - | - |
| Utilised during the year | (4) | - | (4) | - | - |
| Utilised during the year accruals | (2) | - | (2) | - | - |
| Reversed unused | (11) | - | - | (11) | - |
| Unwinding of discount | 1 | - | 1 | - | - |
| At 31 March 2014 | 71 | - | 71 | - | - |
| Expected timing of cash flows: | | | | | |
| - not later than one year | 6 | - | 6 | - | - |
| - later than one year and not later than five years | 24 | - | 24 | - | - |
| - later than five years | 41 | - | 41 | - | - |
| Total | 71 | - | 71 | - | - |

Legal claims concern employers' liability matters.

£ nil (31.3.2013: £nil) is included in the provisions of the NHS Litigation Authority at 31 March 2014 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 2013 | 8,979 | - | 8,979 |
| 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 | (139) | - | (139) |
| Revaluation reserve at 31 March 2014 | 8,840 | - | 8,840 |
| 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 |

NOTES TO THE ACCOUNTS

Note 17 Cash and cash equivalents

| | year ended 31 March 2014 | year ended 31 March 2013 |
|---|--------------------------------|--------------------------------|
| | £000 | £000 |
| At 1 April 2013 | 3,176 | 2,357 |
| Net change in year | (420) | 819 |
| At 31 March 2014 | 2,756 | 3,176 |
| Broken down into | | |
| Cash at commercial banks and in hand | - | 20 |
| Cash with the Government Banking Service | 2,838 | 3,156 |
| Other current investments | - | - |
| Cash and cash equivalents as in Statement of Financial Position | 2,838 | 3,176 |
| Bank overdraft | (82) | |
| Cash and cash equivalents as in Statement of Cash Flows | 2,756 | 3,176 |

There are no third party assets held by the Tavistock and Portman NHS Foundation Trust (31 March 2013: £nil)

Note 18.1 Contractual capital commitments

Commitments under capital expenditure contracts at 31 March 2014 were £Nil (31 March 2013: £0.00)

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 31.3.2014, there were no employer's liability litigation cases outstanding against the Trust (at 31.3.2013: two cases).

The gross possible liability of the Trust for all these cases in aggregate is £0.0 (31.3.2013: £10,895 for two cases)

No new cases arose during the year 2013/14.

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 was employed part year in 2013/14 by University College London. In 2013/14, the Trust paid University College London £435,527(2012/13 £652,487) and University College London paid the Trust £0.00 (2012/13 £8,838) 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 £334,565 (2012/13 £439,717) and the Anna Freud Centre pays the Trust £0.00 (2012/13 £43,547) 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 2014 £000 | Year ended 31 March 2013 £000 |
|--|--|--|
| Key management personnel compensation for short-term employee benefits ie pay | 1,039 | 1,020 |
| Key management personnel compensation for post employment benefits ie pensions | 129 | 128 |
| Key management personnel compensation for other long term benefits | - | - |
| Key management personnel compensation for termination benefits | - | - |
| Key management personnel compensation for share based payment | - | - |
| Key management personnel compensation in total | <u>1,168</u> | <u>1,148</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 2014 | Total charge for the year ended 31 March 2014 | Debtor/ (creditor) as at 31 March 2014 | 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 |
|--------------------------------------|---|---|--|---|---|--|
| | £000 | £000 | £000 | £000 | £000 | £000 |
| Department of Health | 4,669 | - | 844 | 642 | 56 | (52) |
| Health Education England | 12,535 | - | - | - | - | - |
| London Strategic Health Authority | - | - | - | 13,987 | 12 | 13 |
| Barnet CCG | 567 | - | 117 | - | - | - |
| Barnet Primary Care Trust | - | - | - | 423 | - | 3 |
| Camden CCG | 5,465 | - | 114 | - | - | - |
| Camden Primary Care Trust | - | - | - | 5,235 | 52 | 65 |
| Haringey CCG | 508 | 12 | 58 | 597 | - | 104 |
| Haringey Teaching Primary Care Trust | - | - | - | 597 | - | 104 |
| Islington CCG | 366 | - | 39 | - | - | - |
| Islington Primary Care Trust | - | - | - | 342 | - | 37 |
| Westminster Primary Care Trust | - | - | - | 214 | - | - |
| Croydon Primary Care Trust | - | - | - | 1,363 | - | (112) |
| City & Hackney CCG | 821 | 27 | - | - | - | - |
| City & Hackney Primary Care Trust | - | - | - | 786 | 41 | 41 |

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 2014 | Total charge for the year ended 31 March 2014 | Debtor/ (creditor) as at 31 March 2014 | 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 |
|----------------------------|---|---|--|---|---|--|
| | £000 | £000 | £000 | £000 | £000 | £000 |
| London Borough of Barnet | 537 | 3 | - | 643 | 15 | 84 |
| London Borough of Camden | 676 | 651 | 275 | 609 | 514 | 5 |
| London Borough of Haringey | 520 | - | 212 | 517 | - | 187 |
| Westminster City Council | 883 | 65 | 146 | 1,016 | 30 | 50 |
| Department for Education | 150 | - | - | 1,781 | - | - |

(Contract held by different body prior to 1 April 2012)

HM Revenue and Customs for Pay As You Earn income tax and National Insurance (included in staff costs)

| | Total income for the year ended 31 March 2014 | Total charge for the year ended 31 March 2014 | Debtor/ (creditor) as at 31 March 2014 | 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 |
|--|---|---|--|---|---|--|
| | £000 | £000 | £000 | £000 | £000 | £000 |
| | - | 6,964 | (618) | - | 6,836 | (592) |

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 2014 | Debtor/ (creditor) as at 31 March 2014 | Total recharge for the year ended 31 March 2013 | Debtor/ (creditor) as at 31 March 2013 |
|---------------------------------------|---|--|---|--|
| | £000 | £000 | £000 | £000 |
| Tavistock and Portman Charitable Fund | 57 | 3 | 41 | 2 |
| Tavistock Clinic Foundation | 9 | - | 5 | - |

The accounts for these two charities are published separately.

During 2013/14, the Trust has an agreement with National Shared Business Services to provide certain accounting processes. The Trust paid £123,794 (2012/13 £123,215) for these services.

NOTES TO THE ACCOUNTS

Note 21.1 Financial Assets by Category

| | Loans and receivables | |
|--|-----------------------|---------------------|
| | 31 March 2014 | 30 March 2013 |
| | £000 | £000 |
| Assets as per Statement of Financial Position | | |
| NHS and other receivables excluding non financial assets | 2,885 | 950 |
| Non NHS Trade and other receivables excluding non financial assets | 2,113 | 1,932 |
| Cash and cash equivalents at bank and in hand | <u>2,756</u> | <u>3,176</u> |
| Total | <u><u>7,754</u></u> | <u><u>6,058</u></u> |

Note 21.2 Financial Liabilities by Category

| | Financial liabilities not at fair value through the I&E | |
|---|---|---------------------|
| | 31 March 2014 | 30 March 2013 |
| | £000 | £000 |
| Liabilities as per Statement of Financial Position | | |
| NHS payables excluding non financial liabilities | 239 | 312 |
| non financial liabilities | <u>4,196</u> | <u>3,473</u> |
| Total | <u><u>4,435</u></u> | <u><u>3,785</u></u> |

NOTES TO THE ACCOUNTS

Note 21.3 Fair values of financial assets at 31 March 2014

| | Book Value | Fair Value |
|--|--------------|--------------|
| | £000 | £000 |
| Non current trade and other receivables excluding non financial assets | - | - |
| Other investments | - | - |
| Other | 7,754 | 7,754 |
| Total at 31 March 2014 | 7,754 | 7,754 |

Note 21.4 Fair values of financial liabilities at 31 March 2014

| | Book Value | Fair Value |
|--|--------------|--------------|
| | | £000 |
| Non current trade and other payables excluding non financial liabilities | - | - |
| Provisions under contract | - | - |
| Loans | - | - |
| Other | 4,435 | 4,435 |
| Total at 31 March 2014 | 4,435 | 4,435 |

NOTES TO THE ACCOUNTS

Note 22.1 Losses and Special Payments

| | 2013/14 Total number of cases Number | 2013/14 Total value of cases £000 | 2012/13 Total number of cases Number | 2012/13 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 | 10 | 139 | 48 | 2,035 |
| Ex gratia payments in respect of personal injury, with advice | - | - | - | - |
| TOTAL SPECIAL PAYMENTS | 10 | 139 | 48 | 2,035 |

None of the above cases exceeded £100,0000 during 2013/14. Nine exceeded during 2012/13. See also note 4.2.

Note 22.2 Recovered Losses

There were no compensation payments received or other losses recovered during 2013/14.

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 2014 | 6,507 | 5,728 | 88% | 10,409 | 8,626 | 83% |
| Year ended 31 March 2013 | 5,415 | 4,807 | 89% | 7,387 | 6,012 | 81% |

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 | | | 2013/14 Salary (bands of £5,000) | 2012/13 Salary (bands of £5,000) |
|--------------|---|--|--|--|
| Allen, M. | Dean of Postgraduate Studies | | 85-90 | 85-90 |
| Bostock, M. | Non Executive Director | | 5-10 | 5-10 |
| Greatley, A | Chair | | 25-30 | 25-30 |
| Harris, R | CAMHS Director | | 100-105 | 100-105 |
| Holt D | Non Executive Director | From November 2013 | 0-5 | n/a |
| Jenkins P | Chief Executive | From February 2014 | 10-15 | n/a |
| Jones, E | Nurse Director | | 40-45 | 15-20 |
| Kara, AA | Non Executive Director | Left the Trust October 2013 | 0-5 | 5-10 |
| Key, P | Director of Corporate Governance and Facilities | | 100-105 | 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 | To October 2013 | 85-90 | 145-150 |
| Rivett C | Non Executive Director | From November 2013 | 0-5 | n/a |
| Senior, R | Medical Director | | 115-120 | 100-105 |
| Smith, J | Commercial Director | | 95-100 | 80-85 |
| Strang, R | Non Executive Director | Left the Trust October 2013 | 5-10 | 10-15 |
| Thomas, S | Director of Human Resources | | 85-90 | 80-85 |
| Young, S | Director of Finance and Deputy Chief Executive | Acted as Chief Executive from November 2013 to February 2014 | 110-115 | 100-105 |

The median pay of the Trust's staff is £28,114. From the table above, the mid point of the banding of the highest paid director is £152,500, so this gives a ratio of 5.42 times the median pay of the Trust's staff.

Total remuneration paid to directors for the year ended 31/03/2014 (in their capacity as directors) totalled £1,040,000 (2012/13 £1,020,000). 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 31/03/2014 totalled £117,000 (2012/13 £102,000). 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 |
| | | 2014 | March 2013 | 31 March | March 2013 | 2014 | 2013 | March 2013 |
| | 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 | 0.0-2.5 | 0-5 | 0-2.5 | 58 | 31 | 27 |
| Harris, R | Director of Child and Family Directorate | 50-55 | 0.0-2.5 | 160-165 | 0.0-2.5 | - | 1,259 | 1,259 |
| Jenkins P | Chief Executive | 5-10 | 5-7.5 | 5-10 | 5-7.5 | 109 | 0 | 109 |
| Key, P | Director of Corporate Governance and Facilities | 35-40 | 0-2.5 | 105-110 | 5.0-7.5 | - | 771 | 771 |
| Lyon, L | Trust Director | 50-55 | 2.5-5.0 | 160-165 | 12.5-15.00 | 1,253 | 1,111 | 142 |
| Senior, R | Medical Director | 35-40 | 7.5-10 | 110-115 | 25-27.5 | 0 | 658 | -658 |
| Smith, J | Director of Performance | 30-35 | 0.0-2.5 | 100-105 | 2.5-5.0 | 602 | 559 | 43 |
| Thomas, S | Director of Human Resources | 35-40 | 0.0-2.5 | 105-110 | 5.0-7.5 | 727 | 661 | 66 |
| Young, S | Director of Finance | 35-40 | 5-7.5 | 110-115 | 20-22.5 | - | - | - |

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

| | Value £'000S |
|---|-----------------|
| Directors' remuneration | 860 |
| 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

2013/2014



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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

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 continued effort and commitment to improve quality has resulted in positive outcomes.

Demonstrating the effectiveness of our clinical services is one of our key priorities, so we are pleased that we exceeded three of our four targets in 2013/14 for the goals we set for evaluating clinical effectiveness. Specifically, for our Child and Adolescent Mental Health Service (CAMHS), where 79% of patients and their parents/carers completed the Goal-Based Measure at both Time 1 and Time 2. Although we fell short for our second target of 75%, by achieving 73%, for an improvement from Time 1 and Time 2 for at least two of the goals (agreed by patients/service users in conjunction with clinicians), we still consider this

achievement significant as it represents a reasonably high percentage of patients/service users. In addition, for adult patients, we exceeded both our targets. Sixty-two% 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 and by achieving a return rate of 35% for the CORE forms completed and returned by patients/service users at end of their treatment.

We have been successful in achieving most of our targets for Improving Access to Information. We have developed four modality leaflets this year, two which were developed by children and young people; our mystery shoppers were able to access information relevant to their needs; the language and content has been changed in the modality leaflets, where applicable, in response to feedback from mystery shoppers; patients also have provided feedback about the modality leaflets on the monthly membership stand days and a random selection on case files was audited to identify if treatment options were documented as discussed.

We have also been successful in achieving all our targets for Patient and Public Involvement. We have developed a protocol for the payment of service users on interview panels and includes guidance on the selection and training of service users on interview panels and Bid for Better was expanded to encourage young people to participate.

In March 2014 the Trust underwent a routine inspection by the Quality Commission (CQC). The inspectors spent some time in different departments across the Trust over a number of days; they met with clinical staff and spoke with some of the service users. The inspectors considered feedback that we had received from patients and their carers/parents and reviewed a number of key policies and procedures. Whilst on site they focused their assessment on 5 of the core standards and found us to be fully compliant with each of these. This was an announced inspection and focused on care to children and young people. We continue to hold full registration with the CQC without restriction. The full report is available on the CQC website www.cqc.org.uk.

[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 NHS Litigation Authority (NHSLA) compliance].
- Clinical Outcomes and Clinical Audit.
- Patient and Public Involvement.
- Information Governance.
- Quality Reports.

Our commitment and impetus for continuous quality improvement does not 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 2013/14 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 fora 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.
- In particular, the Governors Clinical Quality Meetings continue to provide an important forum for Governors and key Trust staff to focus on the quality agenda for the Trust and ways for improving quality.

Our priorities for 2014/15

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 on-going consultation throughout the year with a variety of stakeholders has provided us with valuable feedback and ideas both for establishing our priorities for next year and for exploring the ways we can raise the bar on the targets we set.

Our Quality Priorities for 2014/15 will focus on:

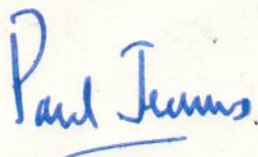
- Continuing to demonstrate further positive changes for patients, as a consequence of the psychological intervention/treatment they receive from the Trust.
- Including service users on interview panels.
- Arranging for members of the board to hear directly about patient experience, either from a patient visiting the board, the board seeing a video of the Patient's experience or are given a transcript of the patients' story.
- Creating a patient's stories section on the Trust website, where video and written transcripts will be available and promoting access to this section of the website.

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 Report 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.



Paul Jenkins
Chief Executive

May 2014



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 and focused on care to children and young people.

How the CQC carried out this inspection

CQC carried out visits on 3, 5 and 6 March 2014, observed how people were being cared for and talked with people who use the service. CQC talked with staff and reviewed information provided to them by the Tavistock & Portman NHS Foundation Trust.

Outcomes

The CQC inspected the following standards as part of their 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 |
| • Cooperating with other providers | ✓ | Met this standard |
| • Supporting workers | ✓ | Met this standard |
| • Assessing and monitoring the quality of service provision | ✓ | Met this standard |

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

“ People experienced care, treatment and support that met their needs and protected their rights. ”

“ People’s health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider in cooperation with others. ”

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

1.1. Achievements in Quality

We are proud to report that, in addition to our Quality Priorities, during the year 2013/14 we achieved the following:

- In October 2013 the Psychoanalytic Psychotherapy NOW panel awarded the Innovative Excellence Award to The City and Hackney Primary Care Psychotherapy Consultation Service (See Glossary). This award celebrates a striking example of ground-breaking work.
- At Royal College of Psychiatrists (RCPsych) 2013 award ceremony on 14 November 2013 the City & Hackney Primary Care Psychotherapy Consultation Service was named "Psychiatric Team of the Year, non-age specific". Winning this award was a fantastic achievement for the team, and one that recognised the high-quality of delivery of this service.
- Camden Child and Adolescent Mental Health Services (CAMHS) organised a Name Change Competition where anyone who lived, worked, studied, or volunteered in the Borough of Camden was invited to take part. The winner was selected from the 3 best entries via straw poll with the winning title being "Open Minded".
- In April 2013, the Family Nurse Partnership National Unit (FNP NU) (See Glossary) transferred to the Tavistock and Portman NHS Foundation Trust. The Trust was successful in tendering for the FNP NU from the Department of Health, as part of a consortium with the Impetus Trust and Social Research Unit at Dartington (SRU).
- In July 2013 the Barnet Young People's Drug and Alcohol Service (YPDAS) (See Glossary) successfully retendered and secured a further three year contract.
- The Tavistock and Portman Psychotherapy Services Project (based at London Red Cross Refugee Support Service), which supports refugees who can face significant challenges in accessing mental health services across London, was named winner in the Innovated Category at the British Red Cross (BRC) Excellence Awards on 22 March 2014. The award for this project delivered in partnership with the BRC is a real achievement and a demonstration of creative partnership working.
- **First Step**, the young Psychological Health Screening and Assessment Service for looked after children and young people in Haringey, held its first conference at the Professional Development Centre in Haringey on 25







October. This provided an opportunity to bring people together from a multi-agency perspective to think and learn together.

- The **Family Drug and Alcohol Court (FDAC)** is a pioneering specialist family court service (initially set up by the Tavistock and Portman NHS Foundation Trust in 2008) and which offers parents an opportunity of recovering from drug or alcohol addiction. During the year, it was agreed that the FDAC is to be extended across the UK following the securing of funding from the Department for Education to extend FDAC to at least two locations across the country.

1.2 Overview of Quality Indicators 2013/14

The following table includes a summary of some of the Trust's quality priority achievements with the RAG status*, along with the page number where the quality indicator and achievement are explained in greater detail.

| Target | RAG Status* | Achievement | Page Number |
|---|-------------|--------------------|-------------|
| Child and Adolescent Mental Health Service Outcome Monitoring Programme | | | |
| 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). | Green | 79% | 16 |
| 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). | Orange | 73% | 16 |
| 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 over the age of 25 years. | Green | 62% | 18 |
| 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. | Green | 35% | 18 |
| Access to Clinical Service and Health Care Information for Patients and Public | | | |
| 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. | Green | Achieved | 19 |
| To demonstrate that 90% of mystery shoppers are able to access a leaflet relevant to their needs including young people. | Green | Achieved | 19 |
| To modify leaflets content and availability in light of feedback from mystery shoppers. | Green | Achieved | 19 |
| 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. | Orange | Partially achieved | 19 |
| To audit a random selection of case files to identify if treatment options were documented as discussed. | Green | Achieved | 19 |
| Patient and Public Involvement | | | |
| To have a protocol in place on: <ul style="list-style-type: none"> 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. | Green | Achieved | 23 |

| | | | |
|---|---|------------------------------|----|
| To continue to expand and promote Bid for Better and to target engagement with our younger members. |  | Achieved | 23 |
| Patient Safety Indicators | | | |
| NHS Litigation Authority Level |  | Level 2 achieved Feb 2011 | 39 |
| Patient Safety Incidents | n/a | 42 | 40 |
| Monitoring of Adult Safeguard Alerts | n/a | 0 | 41 |
| Safeguarding of Children – Level 1 Training | n/a | 94% | 43 |
| Safeguarding of Children – Level 2 Training | n/a | 88% | |
| Safeguarding of Children – Level 3 Training | n/a | 89% | |
| Clinical Effectiveness Indicators | | | |
| Monitor number of staff with PDPs | | 96% | 46 |
| Patient Experience Indicators | | | |
| Complaints received | n/a | 12 | 48 |
| Patient Satisfaction | | | |
| Percentage of patients that rated the overall help they had received as good: |  | | 48 |
| Quarter 1 | | 94% | |
| Quarter 2 | | 97% | |
| Quarter 3 | | 93% | |
| Quarter 4 | | 93% | |
| Did Not Attend Rate | | | |
| Trust Wide – First Attendances | | 10.3% | 51 |
| Trust Wide – Subsequent Appointments | | 8.7% | 51 |
| Waiting Time Breaches | | | |
| Trust Wide – Number of patients waiting for first appointment for 11 or more weeks | | 65 | 53 |
| Internal Causes | | 18 | |
| External Causes | | 47 | |
| Unknown Causes | | N/A | |
| Trust Wide – Percentage of patients waiting for first appointment for 11 or more weeks | | 4.1% | 53 |
| Internal Causes | | 1.1% | |
| External Causes | | 2.9% | |
| Unknown Causes | | N/A | |
| Other Achievements | | | |
| Maintaining a High Quality, Effective Workforce | | | |
| Attendance at Trust Wide Induction Days |  | 94% | 41 |
| Completion of Local Induction |  | 97% | 42 |
| Attendance at Mandatory INSET Training |  | 95% | 42 |

*Traffic light system for indicating the status of the target using Red (remedial action required to achieve target), Amber (target not achieved but action being taken or situation being monitored) and Green (target reached).

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

2.1. Priorities for Improvement

Progress against 2013/14 Quality Priorities

Looking back, this section describes our progress and achievements against the targets we set for each quality priority for 2013/14.

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 since 2012, 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 (in the table below), which also represent the CQUIN (see Glossary) targets we had agreed with our commissioners for 2013/14.

For CAMHS, Time 1 refers to the pre-assessment stage, where the patient is given the Goal-Based Measure to complete with their clinician when they are seen for the first time. Then, the patient is asked to complete this form again with their clinician after six months or, if earlier, at the end of therapy/treatment (known as Time 2).

| 1. Child and Adolescent Mental Health Service Outcome Monitoring Programme | | | |
|--|----------------|----------------|----------------|
| Targets for 2013/14 | 2011/12 | 2012/13 | 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).* | 85% | 76% | 79% |
| 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).** | Not reported | 99% | 73% |

*The 2013/14 target was increased to 75%, from 70% in 2012/13.

**The 2013/14 target was increased to achieving an improvement on at least two targets instead of at least one target, the target in 2012/13.

How have we progressed?

1. We are pleased to report that we exceeded our target, by achieving a return rate of 79% for the Goal-Based Measure for the forms completed by patients/service users, in conjunction with clinicians, at both Time 1 and Time 2.

2. Last year, 99% of patients/service users showed an improvement from Time 1 and Time 2 for one of the goals they had initially agreed with their clinician, so for this reason we agreed with our commissioners to raise the bar for the target for 2013/14. This was achieved in two ways, both 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 to increasing the percentage of patients/service users we expected to achieve this target to 75%. Unfortunately, we fell short of the target of 75%, by achieving 65%. In exploring this with clinicians, it appeared that some patients/service users did not show an improvement in the two goals set at Time 1, as the focus of the work in some cases had to move away from these goals, as other issues and goals took precedence over the course of treatment. For other patients, due to the need for an extended assessment, there were very few "treatment" sessions during which an improvement could be achieved. In addition, there were some patients only interested in working on one particular goal and therefore who only agreed one goal with the clinician at Time 1.

However, while 65% of patients achieved an improvement in their GBM score from Time 1 to Time 2 on at least two targets (goals), as indicated above, a number of patients in this cohort only rated one goal at Time 1, making it impossible for them to achieve this target. When those patients with only one goal at Time 1 are excluded from the cohort, 73% achieved an improvement in their GBM score from Time 1 to Time 2 on at least two targets.

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) 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 since 2012, with patients previously referred to the Adult Service. We set the following targets, which also represent the CQUIN (see Glossary) target we had agreed with our commissioners for 2013/14. Although we had exceeded our first target in 2012/13, our commissioners recommended that we continue with this target for 2013/14:

| 2. Adult Outcome Monitoring Programme | | | |
|--|---------|---------|---------|
| Targets for 2013/14 | 2011/12 | 2012/13 | 2013/14 |
| 1. For the total CORE scores to indicate an improvement from pre-assessment (Time 1) to post-assessment (Time 2) for 61% of patients over the age of 25. | * | 63% | 62% |
| 2. 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. | * | * | 35% |

*No comparable targets existed for the previous years, so therefore cannot be compared.

How have we progressed?

1. 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).

We are pleased to report that we achieved our target, as 62% 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, although the percentage of patients who improved was slightly lower than last year.

2. We are pleased to report that we exceeded our target, by achieving a return rate of 35% for the CORE forms completed and returned by patients/service users at end of their treatment. By increasing the return rate of the CORE forms from patients/service users, we hope that it will enable us in the future to evaluate the effectiveness of treatment.

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

What are we measuring and why?

| 3. Access to Clinical Service and Health Care Information for Patients and Public | |
|--|--|
| Targets for 2013/14 | 2013/14 |
| 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. | 1. We have developed four modality leaflets this year taking the overall Trust total to 12. The content and design of two of this year's leaflets were developed by children and young people. |
| 2. To demonstrate that 90% of mystery shoppers are able to access a leaflet relevant to their needs including young people. | 2. Mystery shoppers who rated the readability and availability of our leaflets were able to access information relevant to their needs. |
| 3. To modify leaflets content and availability in light of feedback from mystery shoppers. | 3. The language and content has been changed in the modality leaflets, where applicable, in response to 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. | 4. We decided not to undertake a telephone survey this year because patients told us on the previous phone survey that they found it very difficult to answer questions over the phone without seeing the leaflets. Instead patients were asked a range of questions about the modality leaflets on the monthly membership stand days. |
| 5. To audit a random selection of case files to identify if treatment options were documented as discussed. | 5. A random selection on case files was audited and the findings indicated that more than half of all files had a note about treatment options. |

We set the following targets for 2013/14:

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.

Measure Overview

Our Quality Priority targets for the previous two years (2010/11 and 2011/12) have seen us develop eight patient information leaflets for the following treatment modalities (in this case psychological therapy): Child Psychotherapy, Family/Systemic Therapy, Psychoanalytic Psychotherapy, Cognitive Behavioural Therapy, Group Therapy, Eye Movement Desensitization and Reprocessing, Working with Couples, and Working with Parents. This year we set ourselves a target to develop a further four leaflets in the series. These targets were developed in response to patient feedback and information gathered from various sources including the Experience of Service Questionnaire, visual straw poll, feedback to the Patient Advice and Liaison Service, complaints, the comments book, 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?

This target was achieved. We now have an additional four leaflets on the following four areas: Dynamic Interpersonal Therapy, Mentalisation Based Therapy, Child Psychotherapy: Information for Children, and Family Therapy: Information for Children. Children and young people contributed to two of these leaflets through a survey run in the waiting rooms to gather their advice and ideas for the content and overall design of the leaflets. All leaflets have been agreed by the Patient and Public Involvement (PPI) Committee, where patient representatives and governors have been part of the review process.

Target 2

To demonstrate that 90% of mystery shoppers are able to access a leaflet relevant to their needs including young people.

Measure Overview

Feedback gathered from last year's mystery shop (2012/2013), as well as the Experience of Service Questionnaire, the Patient Advice and Liaison Service, telephone surveys, the visual straw poll and complaints, indicated that we need

to continue to produce information that is relevant and easily accessible to those who might need it. To demonstrate the accessibility and readability of the information we produce, mystery shoppers were invited to comment on the information provided in the waiting areas.

How have we progressed?

This target was achieved. A mystery shop was run in August 2013 where the mystery shoppers were able to access the leaflets. Of the six mystery shoppers, five commented on how these leaflets were organised and that more general leaflets would have been helpful.

Target 3

To modify leaflets content and availability in light of feedback from mystery shoppers.

Measure Overview

Last year (2012/13) two mystery shops were conducted to review the availability and accessibility to our patient information including the five modality leaflets in circulation at that time. The information gathered from the mystery shoppers was used to make changes to the physical and electronic location of the information as well as the content of the leaflets, where appropriate. This year mystery shoppers rated and were asked to comment on the content and ease of access to the information in the waiting areas in order to ensure we continue to address issues raised concerning the readability and usefulness of the patient leaflets.

How have we progressed?

This target was achieved. The mystery shoppers did not comment specifically on the content of the leaflets, however one did request a more general information leaflet, so we have introduced the general leaflet on mental health from MIND. The PPI Committee has raised some questions about the content of the leaflets and all the patient leaflets are currently undergoing a revision. Feedback to the Experience of Service Questionnaire regarding information has been taken into account as part of this work.

Target 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.

Measure Overview

The purpose of this target was 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. Initially, we planned to undertake another telephone survey. However, a more comprehensive review of our feedback from patients from the 2012/13 telephone survey indicated that patients would have liked to have seen the leaflets to be able to comment. Therefore, based on patient feedback, we decided that a face to face survey with the leaflets present would be more helpful. We introduced a 'membership stand'. This was run during the year on five occasions in our reception area, and it was felt that this was a forum that would be a more effective way to talk to patients about the leaflets. Over 20 patients have visited the membership stand during the year, and of these about 50% have been aware of the leaflets.

How have we progressed?

Therefore, although we changed the methodology for obtaining this information from the time that we set this target, we believe that we were able to obtain more useful feedback from patients regarding their awareness of these leaflets and their satisfaction with the level of information contained in the leaflets.

Target 5

To audit a random selection of case files to identify if treatment options were documented as discussed.

Measure Overview

To improve the process for consent for treatment, two case file audits were undertaken in the previous year (2012/13) to ascertain whether treatment options were documented as discussed. These audits found that whilst the section on consent was being completed on the assessment form, only a small number of files included a narrative on treatment options being discussed. This year the case file audit was repeated to see if discussions about the treatment options available to patients were recorded.

How have we progressed?

This target was achieved. This audit took place during September 2013. Thirty files from the Adult services and 30 from the Children services were randomly selected. Fifty-eight% of the CAMHS files had a note about treatment options and 53% of the Adult files had this note present. This finding has been fed back to the executives of both directorates for action.

Priority 4: Patient and Public Involvement

| 4. Patient and Public Involvement | |
|---|--|
| Targets for 2013/14 | 2013/14 |
| 1. To have a protocol in place on: <ul style="list-style-type: none"> 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. | 1. We have developed a protocol for the payment of service users on interview panels. This same protocol includes guidance on the selection and training of service users on interview panels. |
| 2. To continue to expand and promote Bid for Better and to target engagement with our younger members. | 2. Bid for Better was expanded to encourage young people to participate. |

We set the following targets for 2013/14:

Target 1

To demonstrate that issues raised at the stakeholder quality meetings held in 2013/14 have been taken forward by the Trust and result in quality improvements. Issues to be taken forward in 2013/14:

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) Camden CAMHS was set a Quality target to increase user input into staff interviews. Following a series of focus groups with parents, carers and young people, service user questions were introduced into the interview packs for CAMHS posts as an interim measure whilst a formal

structure to involve parents, carers and young people on interview panels was developed. At the same time, the PPI Committee agreed to the development of a similar structure for adult service users to be involved in the recruitment and selection processes for staff appointments with patient contact.

How have we progressed?

This target was achieved. We have a protocol in place that covers the first two areas above. We have developed the outline for the staff training programme in relation to including service users on panels. This is a two year target, therefore implementation of training for staff on including service users on interview panels will be progressed over 2014/15 with at least two staff trainings planned.

Target 2

To continue to expand and promote Bid for Better and to target engagement with our younger members in 2013/14.

Measure Overview

The Bid for Better membership engagement scheme has been funding ideas from members, staff and community groups for the past three years. Last year (2011/12) the PPI Committee agreed to expand the scheme to encourage ideas from children and young people to improve the patient experience, promote mental wellbeing and make our services more accessible.

How have we progressed?

This target was achieved. We launched the 2014 Bid for Better scheme in January 2014, with advertising and age appropriate 'friendly' forms in our children's services. The funding scheme was also advertised through Young Minds and other community organisations with a focus on the mental health of children and young people.

Quality Priorities for 2014/15

In looking forward and setting our goals for next year, our choice of quality priorities for 2014/15 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, specifically ensuring that information on patient stories is included on our website and finding novel and effective ways of increasing patient and public involvement in our service delivery, by including service users on interview panels.

Camden CCG (Clinical Commissioning Group, see Glossary) and our clinical commissioners from other boroughs have played a key role in determining our priorities through review of the 2013/14 targets and detailed discussion to agree CQUIN targets for 2014/15.

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. The Governors Clinical Quality Group has played a key role in helping us to think about some of our quality priorities for next year. In addition, this year Camden Healthwatch has also made a useful contribution to this process.

Clinical Effectiveness (Clinical Outcome Monitoring)

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

As we fell short of achieving one of our CAMHS target in 2013/14, we agreed with our commissioners to continue with one of these CQUIN (see Glossary) targets for 2014/15, which we have also set as one of our Quality Priority targets.

This target requires 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). Although, we appreciate that this target may not be appropriate for the group of patients/service users who only wish to focus on one particular goal.

However, in order to have a representative sample of patients, we think that it is also important to include the first target from 2013/14 (which we achieved last year) where we expect 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).

1. Child and Adolescent Mental Health Service Outcome Monitoring Programme

Targets for 2014/15

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

For our Child and Adolescent Mental Health Services (CAMHS), we plan to use the Goal-Based Measure again this year. This is a commonly used measure in CAMHS and we will be building further on the knowledge we have already gained since 2012, 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 want 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.

Monitoring our Progress

During 2013 all staff were trained on entering the clinician measures directly onto the Outcome Monitoring Tracking System (OMTS). This has allowed clinicians to take more control over their outcome monitoring data collection and so enabled better collection of outcomes data which is both clinically important and crucial for providing evidence to our commissioners. 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, the Board of Directors, Camden CCG and our clinical commissioners from other boroughs. 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 2014/15, we plan to focus on evaluating the change for adult patients from the pre-assessment phase to the End of Treatment phase as a way of evaluating our clinical effectiveness for the group of adult patients who qualify for the CQUIN (see glossary). This follows on from one of our targets from last year, where we worked to try to increase the percentage of patients who completed and returned the End of Treatment CORE form.

We have set the following target for 2014/15, which also represents the CQUIN (see Glossary) target we have agreed with our commissioners:

2. Adult Outcome Monitoring Programme

Target for 2014/15

1. For the Total CORE scores to indicate an improvement from pre-assessment (Time 1) to End of Treatment (Time 2) for 50% of patients.

Measure Overview

As described in Part 2.1, the CORE Clinical Outcomes for Routine Evaluation system was designed to provide a routine outcome measuring system for psychological therapies. The 34 items of the measure covers four dimensions: subjective well-being, problems/symptoms, life functioning and risk/harm.

Monitoring our Progress

During 2013 all staff were trained on entering the clinician measures directly onto the Outcome Monitoring Tracking System (OMTS). This has allowed clinicians to take more control over their outcome monitoring data collection and so enabled better collection of outcomes data which is both clinically important and crucial for providing evidence to our commissioners. 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, the Board of Directors, Camden CCG and our clinical commissioners from other boroughs. 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

We have set the following targets for 2014/15:

3. Access to Clinical Service and Health Care Information for Patients and Public

Targets for 2014/15

1. To ensure that information from the patient story is on the patient section of the website.
2. To run a visual straw poll on awareness of the patient stories.
3. Based on the feedback from the visual straw poll, to revise the communications campaign to publicise patient stories if necessary.

Target 1

To ensure that information from the patient story is on the patient section of the website.

Measure Overview

A patient's stories section is created on the website, where video and written transcripts will be available.

How we will collect the data for this target

The evidence will be a link to the patient story on the relevant pages of the patient section of the website.

Target 2

To run a visual straw poll on awareness of the patient stories.

Measure Overview

As part of our review of how we communicate with patients we will assess the level of knowledge about this initiative through the visual straw poll.

How we will collect the data for this target

Evidence will be the visual straw poll results.

Target 3

Based on the feedback from the visual straw poll, to revise the communications campaign to publicise patient stories if necessary.

Measure Overview

In order to ensure the patients' stories are accessible, we will review the communications strategy around this initiative if the visual straw poll indicates this is necessary.

How we will collect the data for this target

The evidence will be our communications strategy around patients' stories.

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, the Board of Directors, Camden CCG and our clinical commissioners from other boroughs. 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 2014/15:

4. Patient and Public Involvement

Targets for 2014/15

1. To run at least two staff trainings on having services users on panels.
2. To have at least three interviews with service users on the panel.
3. To take a minimum of three real patient stories to the trust board in one of the following ways: a patient visiting the board, the board seeing a video or a transcript of the description of the journey.

Target 1

To run at least two staff trainings on having services users on panels.

Measure Overview

In order to ensure that both staff and patients can work effectively together we will have at least two training events for staff and users on recruitment.

How we will collect the data for this target

The data will be reports of the events and action plans that come out of the trainings.

Target 2

To have at least three interviews with service users on the panel.

Measure Overview

We are committed to including service users on panels on at least three interview panels.

How we will collect the data for this target

The evidence will be the panel staffing lists for the interviews. Service users will be asked to complete a brief questionnaire about their experience on the appointment process.

Target 3

To take a minimum of three real patient stories to the trust board in one of the following ways: a patient visiting the board, the board seeing a video or a transcript of the description of the journey.

Measure Overview

That at least three Trust Board meetings hear directly about patient experience, either from a patient visiting the board, the board seeing a video of the Patient's experience or are given a transcript of the patients' story.

How we will collect the data for this target

Data will be the relevant trust board minutes.

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, the Board of Directors, Camden CCG and our clinical commissioners from other boroughs. The Patient and Public Involvement Lead ensure that action plans are in place when expected levels of assurance are not achieved.



What is the project?

This was a Trust Wide project to train all appropriate clinical and admin staff on a new Outcome Monitoring Tracking System (OMTS). This enables clinicians to reliably monitor their patient's improvements overtime on measures such as the CORE (Clinical Outcomes in Routine Evaluation) and the GBM (Goal Based Measure).

The system has been developed by the Informatics Team to meet the individual needs of the different teams and services across the Trust who, together with the Clinical Governance team have worked to train and support all staff in learning these processes and ensuring that the system is user friendly. The OMTS has helped unite the Trust in a more cohesive structure and also engaged staff with outcome monitoring.

Outcomes

In 2013 all staff were trained on entering the clinician measures directly onto the OMTS. This project has enabled better collection of outcomes data which is both clinically important and important in providing evidence to commissioners and allowed clinicians to take more control over their outcome monitoring data collection. This process change has improved data accuracy by cutting out multiple stages within the data entry procedure. It also gives clinicians an instant overview of their patient's information as recorded on RiO.

Quotes from staff to the question - What features do you like most?

“ Having a warning when patients are high risk” (CORE risk graphs). ”

“ It seems to be very easy to use and to get information all in one place. ”

“ Helpful way in which system can help clinician manage caseload in the context of OM. Makes simple what can seem like a difficult and complicate task of understanding forms and when they should be given. Gives a clinical context of OM. ”

“ The tracking system is very easy to use, keeps me in touch with my outcome monitoring at the flick of a switch I can see where I am with each patient, and has hugely improved my confidence and compliance with the outcome monitoring system. ”

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 2013/14 (Monitor).

During 2013/14 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 four of these relevant health services.

The income generated by the relevant health services reviewed in 2013/14 represents 79% of the total income generated from the provision of relevant health services by The Tavistock and Portman NHS Foundation Trust for 2013/14.

Participation in Clinical Audits and National Confidential Enquiries

During 2013/14 1 national clinical audit and 2 national confidential enquiries covered relevant health services that The Tavistock and Portman NHS Foundation Trust provides.

During 2013/14, The Tavistock and Portman NHS Foundation Trust participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that The Tavistock and Portman NHS Foundation Trust was eligible to participate in during 2013/14 are as follows:

- National Audit into Psychological Therapies
- Confidential inquiry into Homicide and Suicide

The national clinical audits and national confidential enquiries that The Tavistock and Portman NHS Foundation Trust participated in during 2013/14 are as follows:

- National Audit into Psychological Therapies
- Confidential Inquiry into Homicide and Suicide

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 2013/14, 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.

Confidential inquiry into Homicide and Suicide we responded to one request for a review report of an adult male who had taken his life. This individual had been seen at the Trust.

The reports of 2 national clinical audits were reviewed by The Tavistock and Portman NHS Foundation Trust in 2013/14 and The Tavistock and Portman NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided. There are no specific actions arising from the Confidential inquiry into Suicide as we submitted a case report only.

The reports of 8 local clinical audits were reviewed by The Tavistock and Portman NHS Foundation Trust in 2013/14 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:

- improvement in record keeping, data fed back for local discussion and understanding.
- further work to set base line standards for intensive/once a week therapy in adult services.
- further work to gather base line information on cases which receive 'intermittent' therapy.
- establish a system for case review and action on dormant cases.
- re-audit of record keeping scheduled to monitor effectiveness of action plan.
- improve data accuracy in clinical record re attendance/DNA.
- teaching on consent to improve understanding and record keeping about consent for treatment.
- changes to the assessment form to improve accuracy of data included in some sections eg 'Formulation' section.

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 2013/14 that were recruited during that period to participate in research approved by a research ethics committee was 787.

The use of the CQUIN Framework

A proportion of The Tavistock and Portman NHS Foundation Trust income in 2013/14 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 2013/14 and for the following 12 month period are available online at <http://www.tavistockandportman.nhs.uk/about-us/governance/commissioning-quality-and-innovation-cquin>.

The total financial value for the 2013/14 CQUINs was £268,261 (£180,473 in 2012/13) and The Tavistock and Portman NHS Foundation Trust expects to receive £257,775. (The Trust received £183,043 in 2012/13.)

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 2013/14.

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

In March 2014 the Trust underwent a routine inspection by the Quality Commission (CQC). The inspectors spent some time in different departments across the Trust over a number of days; they met with clinical staff and spoke with some of the service users. The inspectors considered feedback that we had received from patients and their carers/parents and reviewed a number of key policies and procedures. Whilst on site they focused their assessment on 5 of the core standards and found us to be fully compliant with each of these. This was an announced inspection and focused on care to children and young people. We continue to hold full registration with the CQC without restriction. The full report is available on the CQC website, www.cqc.org.uk.

Specifically, 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
- Co-operating with other providers
- Supporting workers
- Assessing and monitoring the quality of service provision

Information on the Quality of Data

The Tavistock and Portman NHS Foundation Trust did not submit records during 2013/14 to the Secondary Users 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 2013/14 was 88% and was graded Green.

The Tavistock and Portman NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2013/14 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:

- We are still in the process of completing training the clinicians, including new clinicians and trainees on courses to complete and monitor their patients' outcome monitoring progress electronically. This is part of the larger preparation we are making for the introduction of a new electronic patient administration system in 2015 which will be used by clinicians for direct entry of information.
- In line with new CQUIN targets, we have taken the next step with our collected data, which is to begin to interrogate the data in a meaningful way to inform clinical work. Part of this interrogation will be done by the newly organized evidence based practice clinical working groups which have been set up to begin to look at the progress and risks highlighted by the many outcome measures used with patients.

2.3 Reporting against core indicators

Since 2012/13 NHS foundations have been required to report performance against a core set of indicators using data made available to the trust by the Health and Social Care Information Centre (HSCIS). When reporting on these indicators, the trust is required to use two prescribed 'assurance' statements. Most of the indicators included in this section are not relevant to the Trust.

However, one of the indicators which is relevant to the Trust is Core Indicator number 21, *'the percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as provider of care to their family or friends'*.

To report on our performance for this indicator, we used the data from the 2013 National NHS staff survey. *The Tavistock and Portman NHS Foundation Trust considers that this data is as described (in the tables below) for the following reason* specifically, as the 2013 National NHS staff survey was conducted by NHS England.

The data provided for the 2013 Staff Survey Key Findings was for the question: 'Staff recommendation of the trust as a place to work or receive treatment' (Key Finding 24).

| Staff who would recommend the trust as a place to work or receive treatment | | | | | |
|---|-----------|-----------|------------------|-----------------|--------------|
| | TPFT 2012 | TPFT 2013 | National Average | Best 2013 score | Lowest score |
| Staff who would recommend the trust | 3.99 | 4.02 | 3.55 | 4.04 | 3.01 |

This data is presented as a score from 1-5 where 1 is a low score and 5 is a high positive score (not presented as a percentage)
The question numbers used to calculate these figures were Q12a, 12c-d.

All figures reported for the Staff Survey were taken from the Annual published findings of the 2013 staff survey. The data in the above table is presented as a score out of 5, rather than as a percentage as indicated in the Core Set of Indicators.

As indicated above, for this financial year we have performed above the National average and were very close to achieving the Best 2013 score for this indicator.

Below are the Trust's performance given as percentages for the 3 questions used to calculate the scores given above.

| Question No | Questions | TPFT 2013 | Average for the Mental Health Trusts | TPFT 2012 |
|-------------|---|-----------|--------------------------------------|-----------|
| Q12a | Care of patients/service users is my organisations top priority. | 80 | 63 | 83 |
| Q 12c | I would recommend my organisation as a place to work. | 73 | 53 | 70 |
| Q 12d | If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation. | 85 | 59 | 80 |

As reported in Part 3 (pages 44-45), the Trust's results from this year's staff survey are good once again and indicate that staff still consider the Trust to be a good employer. Specifically, out of a total of 28 key findings this year, the Trust was rated as being in the highest/best category in 14 areas (compared to 10 areas in 2012) and rated as better than average in 5 areas and average in only 1 area. Overall the trust had good scores in 20 areas compared with 17 in 2012 which demonstrates an improvement on the Trust's performance. In relation to indicator 21, the trust received the best scores for the following:

- The percentage of staff reporting good communication between senior management and staff.
- The percentage of staff feeling pressure to attend work while feeling unwell.
- Staff job satisfaction.

Notwithstanding the above, *The Tavistock and Portman NHS Foundation Trust intends to take the following actions to improve this score and so the quality of its services.* Specifically, work has been undertaken to improve the Trust's job planning process which forms part of the annual appraisal process. Going forward, it is hoped that with effective job planning, staff can work together with managers to ensure that they are making effective use of their working time and so reduce the number of staff who work extra hours.

Regarding the Core Indicator 25, concerning the rate of patient safety incidents reported within the Trust during 2013/14, the data for this indicator can be found elsewhere in the Quality Report at page 40.

Part 3: Other Information

This section contains information relevant to the quality of relevant health services provided or sub-contracted by The Tavistock and Portman NHS Foundation Trust during 2013/14 based on performance in 2013/14 against indicators selected by the Board in consultation with stakeholders.

3.1 Quality of Care Overview: Performance against selected indicators

This includes an overview of the quality of care offered by the Trust based on our performance on a number of quality indicators within the three quality domains of patient safety, clinical effectiveness and patient experience. Where possible, we have included historical data demonstrating how we have performed at different times and also, where available, included benchmark data so we can show how we have performed in relation to other trusts. These indicators include those reported in the 2011/12 and 2012/13 Quality Reports along with metrics that reflect our quality priorities for 2013/14. In this section, we have highlighted other indicators outside of our quality priorities that the Trust is keen to monitor and improve.

The Trust Board, the CQSG, along with Camden CCG and our clinical commissioners from other boroughs have played a key role in monitoring our performance on these key quality indicators during 2013/14.

Patient Safety Indicators

NHS Litigation Authority Level

| Indicator | 2011/12 | 2012/13 | 2013/14 |
|--------------------------------|---------|--------------------------------|---------|
| 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. The NHS Litigation Authority have now abolished its risk assessment from 2013/14 and no further scores will be awarded. Therefore the Trust retains its' level 2 compliance level.

Patient Safety Incidents

| Indicator | 2011/12 | 2012/13 | 2013/14 |
|--------------------------|---------|---------|---------|
| Patient Safety Incidents | 69 | 30 | 42 |

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 all 42 incidents reported in 2013/14 were in the "no harm/low harm" category, and were therefore rated as suitable for no further action or for local review only.

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.

In 2013/14 one incident, which was reported centrally to NHS England (Patient Safety Team) triggered an investigation under the Trust's serious investigation procedure. This was of the suicide of a former patient who had been seen by the trust in the 6 months prior to his death. A full investigation was carried out and a report submitted to NHS England (Patient Safety Team). The report concluded that this death was neither predictable nor preventable. The incident has been closed by the national team and the Trust is currently considering wider lessons that can be learned from the case.

We have robust processes in place to capture incidents, and staff are reminded of the importance of incident reporting at induction and mandatory training. 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 staff making the effort to report (often for this Trust very minor events). Whilst we continue to provide 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.

Monitoring of Adult Safeguards

| Indicator | 2011/12 | 2012/13 | 2013/14 |
|--------------------------------------|---------|---------|---------|
| Monitoring of Adult Safeguard Alerts | 2 | 0 | 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 individuals 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 2013/14, no adult safeguarding referrals were made.

Attendance at Trust-wide Induction Days

| Indicator | 2011/12 | 2012/13 | 2013/14 |
|---|---------|---------|---------|
| Attendance at Trust Wide Induction Days | 89% | 77% | 94% |

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

We are very pleased to report that 94% of staff joining the Trust in 2013/14 attended the Trust-wide induction.

We will continue to monitor the attendance at mandatory training events, and aim to maintain a high level of attendance.

Local Induction

| Indicator | 2011/12 | 2012/13 | 2013/14 |
|-------------------------------|---------|---------|---------|
| Completion of Local Induction | 98% | 95% | 97% |

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 97% returned forms to show that the local induction had been completed by almost all of staff joining the Trust in 2013/14.

Attendance at Mandatory INSET Training

| Indicator | 2011/12 | 2012/13 | 2013/14 |
|--|---------|---------|---------|
| Attendance at Mandatory INSET Training | 92% | 93% | 95% |

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 31 March 2014.

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 95% of our staff who were required to attend INSET training had done so within the previous two years.

Safeguarding of Children

| Indicator | 2011/12 | 2012/13 | 2013/14 |
|---|---------|---------|---------|
| Safeguarding of Children – Level 1 Training | * | * | 94% |
| Safeguarding of Children – Level 2 Training | ** | ** | 88% |
| Safeguarding of Children – Level 3 Training | 86% | 82% | 89% |

*All staff receives level 1 training as part of mandatory INSET training.

** Not reported.

What are we measuring?

All staff receive Level 1 training as part of mandatory INSET training and must complete this training every 2 years.

All clinical staff, who are not in contact with children and young people and do not fulfil requirement for level 3, are required to attend Level 2 training. This training must be completed every 3 years.

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.

Targets and Achievements

By March 2014, 94% of staff received Level 1 training and 88% of staff attended Level 2 training.

We are particularly pleased to report that 89% of staff requiring Level 3 training had attended this training, which is an improvement on the attendance level in 2012/13.

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

Staff Survey

Introduction

The Staff Survey is completed by staff annually and took place between October and December 2013. The Trust's results from this year's survey are good once again and indicate that staff still consider the Trust to be a good employer.

Summary of Performance

The overall survey results have also improved, with a number of key areas showing marked improvements, when compared with the 2012 results. Out of a total of 28 key findings this year, the Trust was rated as being in the highest/best category in 14 areas (compared to 10 areas in 2012) and rated as better than average in 5 areas and average in only 1 area. Overall the trust had good scores in 20 areas compared with 17 in 2012.

(A copy of the 2013 National NHS staff survey for The Tavistock and Portman NHS Foundation Trust is available at http://www.nhsstaffsurveys.com/Caches/Files/staff_survey_2013_RNK_full.pdf).

Some of the areas where the trust received the best scores include:

- The percentage of staff reporting good communication between senior management and staff.
- The percentage of staff witnessing potentially harmful errors, near misses or incidents in last month.
- The percentage experiencing harassment, bullying and abuse from patients and public.

- The percentage of staff feeling pressure to attend work while feeling unwell.
- Staff job satisfaction.

There are, however, a number of areas where the Trust still needs to improve, some of which are highlighted below:

- *The higher than average percentage of staff indicating that they are working extra hours.* (We believe that this is linked with the very positive score we received for staff satisfaction. Notwithstanding this, work has been undertaken to improve the Trust's job planning process which forms part of the annual appraisal process. Going forward, it is hoped that with effective job planning, staff can work together with managers to ensure that they are making effective use of their working time and so reduce the number of staff who work extra hours.)
- *The percentage reporting errors, near misses and incidents.* (It is important to note when considering this indicator that due to the nature of the work of the Trust our overall incident rate is very low, when compared to other mental health trusts.)
- *The percentage of staff receiving health and safety and equality and diversity training.* (The Staff Survey includes questions about annual training in this area. However, as the Trust provides refresher training for all staff every two years, it means that performance against this indicator for the Staff Survey is low (compared to other trusts). Nonetheless, the Trust will consider whether the risks it experiences require the Trust either to increase the frequency of training or to consider alternative methods of ensuring staff receive updates in this area. Equality and diversity training is offered to staff throughout the year, in addition to the mandatory Induction and INSET day training.)
- *And the percentage of staff appraised in the last 12 months.* (While our records show that in 2012/13 just over 86% of staff had an appraisal, this year in 2013/14 we have been able to improve on this, with 96% of staff having completed their appraisal by the 31 March deadline.)

Infection Control

Due to the types of treatment offered (talking therapies) this Trust is at very low risk of cross infection. All public areas are cleaned to a high standard by internal cleaning staff. Toilets and washrooms are stocked with soap and paper towels and we have alcohol hand gel available for staff and public use in public areas of the Trust (for example, at the entrance to the lifts in the Tavistock Centre). The Trust organised onsite access to flu vaccination for staff

in the autumn of 2013. Update on personal responsibility for reducing the risk of cross infection is raised at induction and biennial INSET training.

No reports of infection incidents or inoculation injuries have been reported/ received in 2013/14.

Clinical Effectiveness Indicators

Monitor Number of Staff with Personal Development Plans

| Indicator | 2011/12 | 2012/13 | 2013/14 |
|---|---------|---------|---------|
| Monitor number of staff with Personal Development Plans | 85% | 84% | 96% |

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, 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.

Targets and Achievements

We are very pleased to report that 96% of staff had attended an appraisal meeting with their manager and agreed and completed a PDP for the upcoming year by the 31 March deadline, which is a significant improvement on the performance for this indicator in 2012/13.

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. Over the last year staff have been supported to train in VIPP (Video Interaction to Promote Positive Parenting). A group of staff from across the Trust have been developing their skills in mindfulness based interventions and are now providing colleagues with

opportunities to learn about this approach. We have continued to support 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. We plan to offer training in EMDR for those working with over 18s in the coming year in response to increased identified need for this form of intervention. 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. Further applications of the model are in development such as a version adapted for adolescents and young adults. We continue to develop our work in a range of other models including 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. We continue to add to our range of leaflets (available as hard copies and electronically) as we broaden our range of interventions.

Clinical Outcome Monitoring

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

See Part 2.1 (Priority 1).

Outcome Monitoring – Adult Service

See Part 2.1 (Priority 2).

Outcome Monitoring – Portman Clinic

Please go to weblink <http://www.tavistockandportman.nhs.uk/about-us/governance/commissioning-quality-and-innovation-cquin> to review the Portman CQUIN targets and achievements for 2013/14.

Patient Experience Indicators

Complaints Received

| Indicator | 2011/12 | 2012/13 | 2013/14 |
|---------------------|---------|---------|---------|
| Complaints received | 9 | 16 | 12 |

What are we measuring?

During 2013/14 the Trust received 12 formal complaints, fewer than the Trust received the previous year. All the complaints related to aspects of clinical care, we received no complaints about our environment, general communication, car parking or other aspects of the non clinical experience of our patients.

All the complaints were investigated under the Trust complaints procedure and a letter of response sent by the Chief Executive to the complainant.

During the year no new complaints were submitted to MH Ombudsman, but one old complaint remains open at his office.

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.

During the year we have continued to make efforts to improve communication with and information for patients. We have also run discussion seminars with clinical staff about letters to GPs as this has been featured in complaints received.

Patient Satisfaction

| Indicator | Q1 | Q2 | Q3 | Q4 |
|---|-----|-----|-----|-----|
| Patient rating of help received as good | 94% | 97% | 93% | 93% |

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 so we anticipated

obtaining reasonable return rates to enable us to meaningfully interpret the feedback. We took the standard ESQ form and added some additional questions.

Targets and Achievements

Results from the Experience of Service Questionnaire found that 94% of patients in Quarter 1 (April to June 2013), 97% of patients in Quarter 2 (July to September 2013) and 93% of patients in Quarter 3 (October to December 2013) and 93% of patients in Quarter 4 (January to March, 2014) rated the help they had received from the Trust as 'good'.

Compared to other trusts using the Patient Survey, our results reveal a consistently high level of patient satisfaction with our Trust's facilities and services. This includes clinical services and staff along with reception and security staff and anyone else who the patient has interacted with during their visit.

However, 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, and patient satisfaction with the verbal explanation and/or the content of the written information about the help available at the Trust.



What is the Service?

This is a confidential and non-judgemental service for any young person with worries that are affecting their emotional well-being. Young people can receive free counselling from our staff who have expertise in adolescent mental health, which can help them get a clearer idea of their problem.

Who is the service for?

YPCS sees young people aged 16-30 years, who have a personal or emotional problem. These might include problems in relationships with family, friends or partners, or there may be difficulties at school, college or work.

The YPCS is open to young people regardless of class, culture, ethnicity, sexuality and whether or not they are physically disabled.

Outcomes

Since April 2013 15 patients have completed the new SAAMHS ESQ (Experience of Service Questionnaire). 100% responded 'certainly true' to the questions 'I feel that the people who saw me listened to me' 'I was treated well by the people who saw me' and 'My appointments are usually at a convenient time'. 93% responded 'certainly true' to the question 'I feel the people here know how to help me'.

“ Free and easy to access. Counsellor was friendly and helpful. ”

“ The counselling was extraordinarily insightful and non-judgmental. ”

“ I really needed to talk and was able to do so. ”

“ It made me feel very comfortable and at ease and I was able to open up easily. ”

Did Not Attend Rates (1,2,3,4)

| Indicator | 2011/12 | 2012/13 | 2013/14 |
|--|--|--|--|
| Trust Wide | | | |
| First Attendance | 11.4% | 9.6% | 10.3% |
| Subsequent Appointments | 10.7% | 8.9% | 8.7% |
| Adolescent and Young Adult | | | |
| First Attendance | 13.1% | 9.5% | 7.7% |
| Subsequent Appointments | 14.1% | 13.7% | 14.3% |
| Adult | | | |
| First Attendance | 11.1% | 7.3% | 7.5% |
| Subsequent Appointments | 9.1% | 7.6% | 9.1% |
| Camden Child and Adolescent Mental Health Service (Camden CAMHS) | | | |
| First Attendance | 17.9% | 13.6% | 14.1% |
| Subsequent Appointments | 20.2% | 10.1% | 8.1% |
| Developmental (including Learning and Complex Disability Service) | | | |
| First Attendance | 9.9% | 3.0% | 2.0% |
| Subsequent Appointments | 7.4% | 7.4% | 6.9% |
| North Camden Child and Adolescent Mental Health Service | | | |
| First Attendance | 12.3% | Unable to compare due to Directorate restructure | Unable to compare due to Directorate restructure |
| Subsequent Appointments | 13.2% | Unable to compare due to Directorate restructure | Unable to compare due to Directorate restructure |
| Portman | | | |
| First Attendance | 2.8% | 4.6% | 7.9% |
| Subsequent Appointments | 10.2% | 11.0% | 9.1% |
| South Camden Child and Adolescent Mental Health Service | | | |
| First Attendance | 13.8% | Unable to compare due to Directorate restructure | Unable to compare due to Directorate restructure |
| Subsequent Appointments | 13.6% | Unable to compare due to Directorate restructure | Unable to compare due to Directorate restructure |
| Other Child and Adolescent Mental Health Service (Other CAMHS) | | | |
| First Attendance | Unable to compare due to Directorate restructure | 4.5% | 6.4% |
| Subsequent Appointments | Unable to compare due to Directorate restructure | 4.8% | 5.8% |
| Vulnerable Children | | | |
| First Attendance | 6.2% | Unable to compare due to Directorate restructure | Unable to compare due to Directorate restructure |
| Subsequent Appointments | 7.1% | Unable to compare due to Directorate restructure | Unable to compare due to Directorate restructure |

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.

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, in addition to minimising where possible wasted NHS time.

Targets and Achievements

There has been an increase in DNA rates for first attendances (10.3%), compared with 2012/13 (9.6%). However, we are pleased to report that the 2013/14 Trust-wide DNA rate for subsequent/follow-up appointments (8.7%) has decreased from 2012/13 (8.9%). We believe that this has been as a consequence of the on-going 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%.⁵

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.

However, it is important to note that the Trust reports DNAs that are recorded on our electronic administrative data base Rio. Information is uploaded onto Rio by administrators who rely on clinicians to inform them of the outcome for each patient. During the year the trust has undertaken a number of data validation audits and these on occasions have demonstrated that we were unable to review a paper entry that linked to the Rio record of DNA. This is as a result of a number of different paper sources of data being used (eg clinical records; diary sheets; emails to administrators). We have added this comment to our report to show the steps we take to validate data. We continue to impress on staff the importance of making a record in the paper file for each appointment whether or not the patient attends. In 2015 the Trust will be moving to a fully electronic clinical records system which will reduce the number of steps to recording DNA (ie the clinician will record outcome directly) and we anticipate that our data reliability will be increased.

5. 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 (6,7)

| Indicator | 2011/12 | 2012/13 | 2013/14 |
|---|---------|---------|---------|
| Trust Wide – Number of patients waiting for first appointment for 11 or more weeks | 74 | 118 | 65 |
| Internal Causes | 28 | 27 | 18 |
| External Causes | 46 | 88 | 47 |
| Unknown Causes | N/A | 3 | N/A |
| Trust Wide – Percentage of patients waiting for first appointment for 11 or more weeks | 4.7% | 6.1% | 4.1% |
| Internal Causes | 1.8% | 1.4% | 1.1% |
| External Causes | 2.9% | 4.5% | 2.9% |
| Unknown Causes | N/A | 0.2% | N/A |

6. 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.

7. For 2012/13, 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 2013/14, 65 (4.1%) patients had to wait for eleven weeks or longer. Although clinical and administrative staff work hard to minimise the length of time that patients have to wait before they are seen, this is an improvement on the 118 (6.1%) figure from 2012/13. There were both factors external to the Trust, concerning 47 (2.9%) patients, and internal to the Trust, for 18 (1.1%) 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.



What is the service?

The central aim of the service is to support the development of gender identity. We do this by exploring the nature and characteristics of the patient's gender identity.

We consider difficulties of gender identity in the context of the developmental process. The aims of the service are to understand the nature of the obstacles or adverse factors in the development of gender identity, and to try minimise their negative influence.

The GIDS is a nationally designated, highly specialist service offering a service to young people from all over the UK. We have bases in London and Leeds and operate a satellite clinic in Exeter.

The GIDS project works in collaboration with the Departments of Paediatric Endocrinology at University College London Hospital and Leeds General Infirmary.

Who is the service for?

We see children and young people (up to the age of 18) and their families who are experiencing difficulties in the development of their gender identity. This includes children who are unhappy with their biological sex.

Our approach is always tailored to the needs of the individual families. Any decisions made about treatment are made with input from the whole team so that there are contributions from all areas of expertise.

Outcomes

- 84% of young people and 89% of parents answered "certainly true" to the question "I was treated well by the people who have seen me/my child."
- 81% of young people and 86% of parents answered "certainly true" to the question "Overall, the help I have received here is good."

“ As a family and individually we have been given good advice and feel well supported. No aspect of our child's situation has been left uncovered and every issue dealt with seriously and professionally. ”

“ [It is good] that I know that if I ask them to help with school for instance that they will contact the school on my behalf. They always do what they say they will. ”

“ The clinic and hospital have both acted quickly to help us; they made us feel comfortable and treated our concerns seriously ”

“ The staff were very accepting and put me at ease with my child who has behavioural problems. They were punctual and I didn't feel hurried. They spent a long time with us. ”

3.2 Performance against relevant Indicators and Thresholds

The majority of the mental health indicators set out in the Compliance Framework/Risk assessment framework are not applicable to The Tavistock and Portman NHS Foundation Trust, as they relate to inpatient and/or medical consultant lead services which the Trust does not provide. However, the 'mental health identifiers' (NHS number; date of birth; postcode; current gender; Registered General Medical Practice organisation code, and Commissioner organisation code) apply to the Trust and in 2013/14. By achieving 99% data completeness for these mental health identifiers, the Trust exceeded 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 Camden Clinical Commissioning Group (CCG), Governors, Camden Healthwatch, Overview and Scrutiny Committees (OSCs), and Response from Trust.

Comments from Camden Clinical Commissioning Group (CCG)

NHS Camden Clinical Commissioning Group are the lead commissioner for the commissioning for Tavistock and Portman NHS Foundation Trust on behalf of the population of Camden and associated commissioners.

NHS Camden Clinical Commissioning Group welcomes the opportunity to provide this statement on Tavistock and Portman NHS Foundation Trust's Quality Accounts. We confirm that we have reviewed the information contained within the Account and checked this against data sources where this is available to us as part of existing contract/performance monitoring discussions and confirm its accuracy in relation to the services provided.

We have reviewed the content of the Account and confirm that this complies with the prescribed information, form and content as set out by the Department of Health. We believe that the Account represents a fair and balanced overview of the quality of care at Tavistock and Portman NHS Foundation Trust. We have been given the opportunity to discuss the development of priorities taken forward in this Quality Account with Tavistock and Portman NHS Foundation Trust over the year and have been able to contribute our views on content and quality priorities for 2014/15.

We have taken particular account of the identified priorities for improvement for:

- Priority 1: Children and Adolescent Mental Health Service Outcome Monitoring Programme (CQUIN, targets not set yet as in negotiation).
- Priority 2: Adult Outcome Monitoring Programme (CQUIN, targets not set yet as in negotiation).
- Priority 3: Access to clinical service and health care information for patients and the public.
- Priority 4: Public and Patient Involvement (PPI).

And how this work will enable real focus on improving the quality and safety of health services for the population they serve.

Overall we welcome the vision described within the Quality Account, agree on the priority areas and will continue to work with Tavistock and Portman NHS Foundation Trust to continually improve the quality of services provided to patients.

Trust Response: *We appreciate the comments provided by Camden Clinical Commissioning Group (CCG) and look forward to working closely in 2014/15 with our colleagues in the CCG and the commissioners representing other boroughs in our shared effort and commitment to improving the quality of our services.*

Comments from our Governors

The Governors Clinical Quality Meetings have given us an excellent opportunity to focus exclusively on the quality agenda with Governors from all constituencies and senior leaders in the Trust. We feel we have been fully consulted, particularly in the selection of priorities and the local indicators. We are once again delighted that this report shows that the Trust is continuing not only maintain but to go forward in improving the quality of its wide range of services in these challenging times.

Trust Response: *We greatly value the contribution of our Governors and the role they have played in helping us to take forward the quality agenda for the Trust, with their on-going commitment to exploring different ways for evaluating and improving quality.*

Comments from Camden Healthwatch

There is clearly a lot of good work going on at the Tavistock and Portman. We will not be commenting on the clinical aspects of the Trust's work. We want to comment on just a few brief points, all related to patient involvement.

- We think the targets and (some) performance on patient accessibility and involvement are disappointing. In relation to the performance for 2013/14, the targets on patient access are about the number of information leaflets produced. Whilst this is a response to patient requests, it is not clear that the leaflets the Trust has produced actually help nor how many patients have seen them. In 2012/13 the Trust did a telephone survey about the leaflets but too few had seen them to make a meaningful response possible. In 2013/14 they abandoned the survey and interviewed some patients with the leaflets in front of them to ask about whether they were helpful. So there is no information about how accessible the leaflets are or how helpful.

Trust Response: *The telephone survey was replaced with face to face questions because this was patient preference, clear feedback was that patients could not*

comment on the patient leaflets without having them to hand. We also used the mystery shopper approach to understand accessibility. Of the 20 people questioned, only 50% had previously seen the leaflets, but when shown them, 17 (85%) felt the leaflets were helpful. From the accessibility perspective, of the mystery shoppers involved 100% were positive about the leaflet contents, however, 66% felt they were difficult to access on the website. We have since reviewed the website and our new website was launched in April. We will be following up with a further mystery shopper's project to see if the accessibility of these leaflets has improved.

- The 2014/15 targets on patient access are all about patient stories being accessible. We are not clear what having this available achieves and it would have been helpful to know. On public and patient involvement, the focus is on training staff on having service users on PPI panels, interviewing at least 3 service users on the panel and taking patient stories to the board. Again, we are not clear what the outcome of all this is supposed to be.

Trust Response: *There is a clear evidence base on the benefit of hearing about other people's experiences with services (see for example, making the board room the place to improve patient experience, Health Service Journal (HSJ) November 2011), this methodology also gives us more detailed feedback about user experience which will be fed into the quality stakeholders group who review all the feedback the Trust receives so it is likely to have positive benefits in more than one way. In relation to having service users on panels, again there is a clear evidence base that this method of co-production is valued by patients and staff alike, when we asked the PPI Forum (which consists of 12 mental health trusts across London and the home counties) all the PPI leads described how having users on panels had improved their selection processes. Patients are given the opportunity to shape the future staffing of the Trust and to influence the selection of particular traits they value in staff.*

- The Trust reports 12 complaints last year. But there is no analysis of what they were about or what the Trust did in response.

Trust Response: *During 2013/14 the Trust received 12 formal complaints. All complaints related to clinical care. The Trust received no complaints about environment or facilities during 2013/14. The complaints from patients covered a number of issues. However, in order to maintain confidentiality of the complainants, given the small numbers of complaints, the Trust does not provide the details of these complaints. Each complaint was investigated under the Trust's complaints procedure and a letter of response was sent by the Chief Executive to each complainant.*

- In terms of patient involvement, the Trust undertook two random case file audits to check whether the files had notes about treatment options (which

might indicate that patients had a discussion about those options). Only 58% had such a note, which we do not think is a good outcome.

Trust Response: *It is worth noting that the Trust has only in the last two years developed a written log of consent, which is not strictly required for psychotherapy as the patient's participation is considered consent. However, in line with best NHS practice ensuring that patients know what is planned, the risks and benefits and the alternatives, is good practice and therefore we have introduced a place on the assessment form to record this. Moreover, medico legal training has been delivered by the Governance and Risk Adviser, covering most of the clinical services in the Trust. In addition, the action plan arising from the case note audit includes further training on consent, including discussion of choice of treatment and the use of the form to record that discussions with patients have taken place.*

- We have been pleased to learn over the year about the Trust's work on patient involvement and we have enjoyed taking part in some engagement activity at the Trust. As part of the programme it is right that there are targets for patient involvement, but we think they could be made clearer (and therefore stronger) for the future.

Trust Response: *We appreciate the feedback on the PPI targets and have endeavoured to be clearer about the significant gains this work will bring the trust. We will take this feedback into account when describing further work in this area.*

Comments from Camden Overview and Scrutiny Committees

We invited feedback from the Camden Overview and Scrutiny Committee on our Draft Quality Report and were advised that they would consider the Quality Report but no longer provided formal comment for inclusion in reports.

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 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 NHS 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 2013/14*;
- 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 2013 to May 2014.
 - Papers relating to Quality reported to the Board over the period April 2013 to May 2014.
 - Feedback from the commissioners, dated 13/05/2014.
 - Feedback from governors, dated 12/05/2014.
 - Feedback from local Healthwatch organisations, dated 9/05/2014.
 - 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 2014 covering 2013/14, which was presented to the Board in April 2014.
 - The 2013 national staff survey, received by the Trust in February 2014.
 - The Head of Internal Audit's annual opinion over the trust's control environment, dated 21/05/2014.

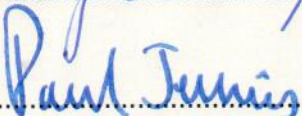
- Care Quality Commission quality and risk profiles. [The Board does not receive the Quality Risk Profiles but has received assurance via the Clinical Quality, Safety and Governance Committee (CQSG) and via the Director of Corporate Governance and Facilities Report to CQSG that no issue had been highlighted for the period covering 2013/14].
- 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.
- 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.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the quality report (available at www.monitor.gov.uk/sites/all/modules/fckeditor/plugins/ktbrowser/_openTKFile.php?id=3275).

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

Note: sign and date in any colour ink except black

27.05.14 Date  Chair

27-05-14 Date  Chief Executive

Independent Auditor's Report to the Council of Governors of Tavistock and Portman NHS Foundation Trust on the Quality Report

We have been engaged by the Council of Governors of Tavistock and Portman NHS Foundation Trust to perform an independent assurance engagement in respect of Tavistock and Portman NHS Foundation Trust's Quality Report for the year ended 31 March 2014 (the "Quality Report") and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2014 subject to limited assurance consist of two local indicators as those mandated by Monitor do not apply at the Trust:

- Percentage of patients indicating an improvement between pre and post assessment on their CORE forms; and
- Percentage of patients indicating an improvement between Time 1 and Time 2 on their GBM forms on at least two targets

We refer to these indicators collectively as the "indicators".

Respective responsibilities of the Directors and auditors

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* issued by Monitor.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual*;
- the Quality Report is not consistent in all material respects with the sources - specified in the *Detailed Guidance for External Assurance on Quality Reports*; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the *NHS Foundation Trust Annual Reporting Manual* and the six dimensions of data quality set out in the *Detailed Guidance for External Assurance on Quality Reports*.

We read the Quality Report and consider whether it addresses the content requirements of the *NHS Foundation Trust Annual Reporting Manual*, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- Board minutes for the period April 2013 to May 2014;
- Papers relating to Quality reported to the Board over the period April 2013 to May 2014;
- Feedback from the Commissioners dated May 2014;
- Feedback from local Healthwatch organisations dated May 2014;

- The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, 2013/14;
- The 2013/14 national staff survey;
- Care Quality Commission quality and risk profiles / intelligent monitoring reports 2013/14; and
- The 2013/14 Head of Internal Audit's annual opinion over the Trust's control environment.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the "documents"). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of Tavistock and Portman NHS Foundation Trust as a body, to assist the Council of Governors in reporting Tavistock and Portman NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2014, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Tavistock and Portman NHS Foundation Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) - 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- Evaluating the design and implementation of the key processes and controls for managing and reporting the indicators.
- Making enquiries of management.
- Testing key management controls.
- Limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation.
- Comparing the content requirements of the *NHS Foundation Trust Annual Reporting Manual* to the categories reported in the Quality Report.
- Reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Report in the context of the criteria set out in the *NHS Foundation Trust Annual Reporting Manual*.

The scope of our assurance work has not included governance over quality or other non-mandated indicators which have been determined locally by Tavistock and Portman NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2014:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual*;
- the Quality Report is not consistent in all material respects with the sources specified above; and
- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the *NHS Foundation Trust Annual Reporting Manual*.

KPMG LLP

KPMG LLP, Statutory Auditor

Chartered Accountants

15 Canada Square

Canary Wharf

London

E14 5GL

27 May 2014

Appendix – Glossary of Key Data Items

Barnet Young People’s Drug and Alcohol Service (YPDAS) - This service operates in the London Borough of Barnet to provide support to young people relating to drug and alcohol misuse. They provide counselling, drug treatment, family therapy and health assessments, following NHS confidentiality and patient care guidance.

Black and Minority Ethnic (BME) 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.

CCG (Clinical Commissioning Group) - CCGs are new organisations created under the Health and Social Care Act 2012. CCGs are independent statutory bodies, governed by members who are the GP practices in their area. A CCG has control of the local health care budget and 'buys' local healthcare services on behalf of the local population. Some of the functions a CCG carries out replace those of Primary Care Trusts that were officially abolished on 31 March 2013, such as the commissioning of community and secondary care. Responsibilities for commissioning primary care transferred to the newly established organisation, NHS England.

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.

City and Hackney Primary Care Psychotherapy Consultation Service (PCPCS) - The City and Hackney Primary Care Psychotherapy Consultation Service offers talking therapies to adults aged 18 or over living in the City of London or London Borough of Hackney. Clinicians typically see patients who are experiencing problems such as depression, anxiety, stress, panic, isolation, loss of sleep or persistent physical pain or disability. It is an inclusive service, seeing people from a diverse range of backgrounds. Depending on the individual needs clinicians will work with the individual, a couple, and a family or in a group of 8-12 others.

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, adolescent and child views related to their experience of service.

CQUIN (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 (DNA) Rates - The DNA 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 DNA 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.

DNA rates are important to the Trust as they can be regarded as a proxy indicator of patient's satisfaction with their care.

Family Nurse Partnership National Unit (FNP NU) - The Family Nurse Partnership is a voluntary home visiting programme for first time young mothers, aged 19 or under. A specially trained family nurse visits the young mother regularly, from early in pregnancy until the child is two. Fathers are also encouraged to be involved in the visits if mothers are happy for them to be. The programme aims to improve pregnancy outcomes, to improve child health and development and to improve the parents' economic self-sufficiency. It is underpinned by an internationally recognised evidence base, which shows it can improve health, social and educational outcomes in the short, medium and long term, while also providing cost benefits.

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 handle 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.

Mystery Shoppers – These are service users or volunteers who make contact with the trust via phone, email or who visit the building or our website, in order to evaluate how accessible our services are, the quality of our information and how responsive we are to requests. The mystery shoppers then provide feedback about their experiences and recommendations for any improvements they consider we could usefully make.

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 (NHSLA) - The NHSLA 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 NHSLA 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.

Patient Administration System (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, GIDS, Portman Child and Adolescent Service and the Adolescent and Young Adult Directorate to be trained in Safeguarding of Children Level 3, where staff are required to attend Level 3 training every 3 years. (In addition, all other Trust staff regularly attend Safeguarding of Children Training, including Level 1 and 2 training.)

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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