

# Annual Report and Accounts 2014/15

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# Tavistock & Portman NHS Foundation Trust

## Annual Report and Accounts 2014/15

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

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## Annual Report 2014/15

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## Foreword

### Introduction from the Trust Chair

The Tavistock and Portman has seen significant change in its senior leadership during the year. Malcolm Allen stepped down as Director of Education and Training, having set us on the path to considerable reorganisation of the work of the department, work which our new Director, Brian Rock, is taking forward with great enthusiasm.

We saw the departure of three of our Non-Executive directors, Caroline Rivett, Martin Bostock and Joyce Moseley. All three had brought passion and experience to the role, and made considerable contributions to the development of the Trust. Martin and Joyce had each served two terms and over that time become deeply involved with the Trust and helped steer us through much change and development.

Three new Non-Executive directors were appointed and took up their role in November 2014. Jane Gizbert, Edna Murphy and Dinesh Bhugra have each brought their own specific experience and deep expertise to the Trust, and have already begun to make a significant contribution. They too are bringing passion and commitment to the work of the Trust.

As Trust Chair, my term of office will end in October this year and whilst I am saddened to be stepping down, I take comfort in knowing that I am passing on to the new Chair a Board, Council and staff group who are excellent, committed, and ready to face the many challenges of this and coming years.

### Foreword from the 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.

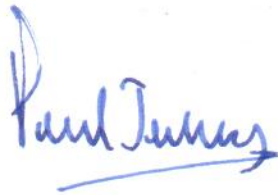
This is now my second year in post as Chief Executive, and the more I learn of the excellent work of the teams I meet, and come to understand more deeply our history and current strengths, the more convinced I am that we have an enormous amount to offer to meet both the immediate needs of patients and to contribute to the wider challenges faced by health and care services.

In the last year the Trust has been making an important contribution to the development of new models of care to meet contemporary challenges in health and social care. This has included the development of new thinking in relation to services for children and young people, supporting the development of integrated care in

Hackney and securing the opportunity to extend the groundbreaking work of the Family Drug and Alcohol Service. Extending this kind of innovation will be an ongoing objective for us, as will exploring opportunities where we can bring together the best of our skills in clinical services, training and education, consultancy and research to improve the health and wellbeing of individuals and communities.

Alongside our excellent clinical work the Trust has also managed to maintain very good ratings from Monitor, both of our governance and finances, and was able to finish the year in surplus.

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.



Paul Jenkins  
Chief Executive



Angela Greatley  
Trust Chair

# Introduction to the Tavistock and Portman NHS Foundation Trust

## History of the Trust

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

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

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

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

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

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

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

## Principal Activities

The Trust is unusual in the balance of its activities. All of these, however, are closely integrated and share the same underlying values and philosophy. At heart, the Trust is rooted in clinical practice with all activities deriving from the experience of working with patients. The Trust is proud of its history of innovation and excellence, and seeks to build on this in the future. The Trust's two largest areas of activity are patient services, and education and training services:

- The Trust offers a broad range of generic and specialist outpatient mental health services to children, families and adolescents (CAMHS). CAMHS comprise the majority of the Trust's patient services. The Trust also offers a range of specialist and generic applied psychological therapy services to adults, including forensic services. Many of our services are now located in community or primary care settings.
- The Trust provides a wide range of mental health education and training, offering 70 long courses locally, nationally and internationally, in addition to a new Continuing Professional Development (CPD) programme of short courses. The Trust enrolled 1200 long course students, and 900 short course participants over the 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 by 37% over the last 5 years, from £30m in 2009/10 to £41m in 2014/15.

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.

We have begun implementation of a new patient record system which will give 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, and which this year received a very favourable evaluation from Brunel University, and won funding from the DfE's Innovation Programme to construct a national unit for FDAC.

Our nationally commissioned Gender Identity Development service has grown significantly, and the base in Leeds which opened in 2013 has proved successful. 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 2014/15, 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.

## **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. In the past year we have entered into a very positive partnership with the University of Essex, and are in the process of moving our courses to their validation.

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 2014/2015**

At the end of the year the Trust won the tender for the Team Around the Practice (TAP) service commissioned by Camden CCG. The service is based on the model the Trust developed in the City and Hackney Primary Care Psychotherapy Consultation Service, and aims to replicate the innovative and proven work we have done there in improving outcomes and reducing the use of other primary and secondary services.

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

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

The Trust continues to work closely with its 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 is following its strategic plans set out in 2014, which include growth targets, quality development and efficiency savings. Work has continued on the options appraisal for the Trust's facilities – relocation, redevelopment or refurbishment – and the outline business case is due to be presented to the Board during 2015/16.

The Trust selected a new patient records system, which will replace our current system when the national contract expires later in 2015. Clinicians will have ready access to information to support care, which will significantly enhance our services.

Income in 2014/15 was £41.4m, an increase of £1.0m (2.7%) over the previous year. The Trust achieved a financial surplus of £544k, well above plan.

Income from patient services rose significantly, with additional services commissioned and higher activity for some existing services. Income in other areas was similar to the previous year, except for "other" income which reduced due to the phasing out of a consortium arrangement; expenditure on the consortium was correspondingly lower. Apart from this, expenditure reflected some efficiency savings, offset by the costs of service expansion. Average staff numbers increased by 26 whole-time equivalents for this reason.

A voluntary severance scheme was offered to senior staff in January 2015. 19 applications were accepted by year-end, and the cost of £779k is the main element of the restructuring costs of £880k reported for 2014/15. The scheme has delivered significant savings for 2015/16 and future years.

Table 1: Financial Overview 2014/15

	2014/15 (£000)	2013/14 (£000)
<b>Income</b>		
Patient Services	18,163	15,705
Education & Training	20,128	20,670
Consultancy	1,559	1,270
Research	788	640
Other	806	2,082
<b>Total income</b>	<b>41,444</b>	<b>40,367</b>
<b>Expenditure</b>		
Pay	28,695	27,215
Non-pay	10,385	10,762
<b>Total expenditure</b>	<b>39,080</b>	<b>37,978</b>
EBITDA before restructuring costs	2,364	2,390
Depreciation and amortisation	-608	-581
Bank interest	13	10
Other finance costs	-1	-1
Dividend (to DH)	-344	-342
Retained surplus before restructuring costs	1,424	1,476
Restructuring costs	-880	-139
Impairment of fixed assets	0	-233
<b>Retained surplus / (deficit)</b>	<b>544</b>	<b>1,104</b>
EBITDA (before restructuring) as % of income	5.7%	6.1%

- In note 4 of the annual accounts Education & Training Income is reported £20,972k. This includes £844k generated by Tavistock Consultancy which is allocated to Consultancy above for consistent reporting.

## Staff breakdown

Table 2: Headcount on 31<sup>st</sup> March 2015

	Male	Female
Board Members	7	6
Other Directors (Management Team)	0	3
Employees	144	429

## **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 2015/16, which also includes a contingency budget that will 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%.

Publication of the Five Year Forward View clarifies an intention for more integration within the NHS. Taken with the introduction of the Better Care Fund in 2015/16 it represents an opportunity and we are continuing to work with commissioners and partners to develop and deliver more integrated services which offer improved value for patients. As part of this we have had a leading role in work on integration in Hackney and in developing new thinking on models of care for children and young people.

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*

Paul Jenkins, Chief Executive

Date: *26th May 2015*

## 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 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 and improved productivity 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.

We began implementation of a new patient record system in early 2015, which will give us an opportunity to radically change 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. We have begun a project to review the utilisation of our current buildings and assess our future needs and the options available to best meet them.

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.

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).

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 of this report. Measures include our Joint Staff Consultative Committee, the newly introduced Leadership Group conferences, frequent meetings between staff and directors, monthly email newsletters from the CEO, emailed summaries of each Board meeting circulated to staff, and feedback on the results of the staff survey. Communications address issues such as the financial situation

of the Trust and wider NHS, cultural issues such as our approach to the Duty of Candour or our work supporting staff, 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.

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

## Annual Statement on Remuneration

In the past year no substantial changes were made to remuneration of, or to our policy on, the remuneration of senior managers.

The Remuneration Committee met twice: to decide the salary of the new Director of Education and Training, and to ratify the decision of the Clinical Excellence Awards Committee.

## Remuneration of Senior Managers

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

**Table 1: Single Total Figure Remuneration of Senior Managers**

	<b>Salary and Fees</b> <b>(bands of £5000)</b>	<b>Pension Related Benefits</b> <b>(bands of £2500)</b>	<b>Total</b> <b>(bands of £5000)</b>
Allen, M.	70-75	0	70-75
Bhugra, D	0-5	0	0-5
Bostock, M.	5-10	0	5-10
Gizbert, J	0-5	0	0-5
Greatley, A	25-30	0	25-30
Harris, R	105-110	0	105-110
Holt D	10-15	0	10-15
Jenkins, P	150-155	0	150-155
Jones, E	40-45	0	40-45
Key, P	105-110	7.5-10	110-115
Lyon, L	105-110	0	105-110
McPherson, I	5-10	0	5-10
Moseley, J	0-5	0	0-5
Murphy, E	0-5	0	0-5
Rivett C	0-5	0	0-5
Rock, B	25-30	5-7.5	30-35
Senior, R	140-145	0	140-145
Smith, J	90-95	2.5-5	95-100
Thomas, S	85-90	10-12.5	95-100
Young, S	105-110	5-7.5	110-115



No senior manager received any taxable benefits or performance-related bonus.

The median salary of the Trust's staff is £28,441. The midpoint of the highest paid director is £151,500, which gives a ratio of 5.33 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.

## **Senior Manager's 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 Director of Education, who are paid on spot salaries. Notice periods are in accordance with national agreements, and there are no special provisions for termination periods, payments for loss of office or service contract obligations.

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 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 £3,246 were reimbursed to 9 directors, out of 17 in total, and expenses totalling £50 were reimbursed to two of the 18 governors. By comparison in 2013/14 travel and subsistence expenses totalling £51 were reimbursed to one governor during the year, out of 18 governors in total; and £3410 reimbursed to eight directors, out of 13 in total.

## **Payments for Loss of Office**

Payment of £61,500 was made to Malcolm Allen, Dean of Postgraduate Studies, for loss of office in 2014/15. Discretion was exercised by using his redundancy figure as a baseline and adding his paid notice to calculate the figure paid.

## Payments to Past Senior Managers

There were no payments made to past senior managers in 2014/15

## Annual Report on Remuneration

### Remuneration Committee

#### Composition & Attendance

Table 2: Composition & Attendance at Remuneration Committee Meetings 2014/5

	30 <sup>th</sup> Sept 2014
Angela Greatley (Chair)	✓
Martin Bostock	✓
David Holt	✓
Ian McPherson	✓
Joyce Moseley	✓
Caroline Rivett	n/a

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

	25 <sup>th</sup> Nov 2014
Angela Greatley (Chair)	✓
Dinesh Bhugra	✓
David Holt	✓
Jane Gizbert	✓
Ian McPherson	✓
Edna Murphy	✓

The Finance Director, Simon Young, provided advice to the Committee.

All members of the Committee are Non-Executive Directors.

## High paid off-payroll arrangements

The Trust aims to avoid the use of off-payroll arrangements. For any staff paid off payroll we include as part of their contract a clause which states that it is their responsibility to declare their earnings and pay the appropriate Tax and National Insurance due. We also state that they may be asked to provide proof of compliance via a letter from their accountant.

There have been no off-payroll engagements of board members, or senior officials with significant financial responsibility.

**Table 4: All off-payroll engagements as of 31<sup>st</sup> March 2015 of more than £220 per day, lasting more than 6 months.**

No. of existing engagements as of 31 <sup>st</sup> March 2015	4
Of which:	
No. that have existed for less than one year at time of reporting.	2
No. that have existed for between one and two years at time of reporting.	1
No. that have existed for between two and three years at time of reporting.	1
No. that have existed for between three and four years at time of reporting.	0
No. that have existed for four or more years at time of reporting.	0

**Table 4: Assurances received for off-payroll engagements.**

No. of new engagements, or those that reached six months in duration, between 1 April 2014 and 31 March 2015	2
No. of the above which include contractual clauses giving the trust the right to request assurance in relation to income tax and National Insurance obligations	2
No. for whom assurance has been requested	0
Of which...	
No. for whom assurance has been received	0
No. for whom assurance has not been received	0
No. that have been terminated as a result of assurance not being received.	0

## Service Contracts for Senior Managers

Table 3: Service Contracts

	Date of commencement	Unexpired term	Details of notice period.
Allen, M.	01-JAN-2012	N/A – left Trust	3 months
Bostock, M.	01-NOV-2008	N/A – left Trust	n/a
Bhugra, D.	01-NOV-2014	31-OCT-2017	n/a
Gizbert, J.	01-NOV-2014	31-OCT-2017	n/a
Greatley, A	01-NOV-2009	31-OCT-2015	n/a
Harris, R	16-APR-1996	N/A	3 months
Holt D	01-NOV-2013	31-OCT-2016	n/a
Jenkins P	24-FEB-2014	N/A	3 months
Jones, E	06-SEP-2010	05-SEP-2016	3 months
Key, P	30-APR-1991	N/A	3 months
Lyon, L	08-JAN-1996	N/A	3 months
McPherson, I	01-NOV-2010	31-OCT-2016	n/a
Murphy, E	01-NOV-2014	31-OCT-2017	n/a
Moseley, J	01-JAN-2009	N/A – left Trust	n/a
Rivett C	01-NOV-2013	N/A – left Trust	n/a
Rock, B	01-JAN-2009	N/A	3 months
Senior, R	10-SEP-2013	N/A	3 months
Smith, J	16-JUL-1997	N/A	3 months
Thomas, S	22-APR-1996	N/A	3 months
Young, S	01-APR-1996	N/A	3 months

Signed.....

Paul Jenkins, CEO

# 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 Team, which includes the executive directors. The Board of Directors works closely with the Council of Governors.

The Council of Governors is responsible for representing the interests and views of the Trust's members and partner organisations in the local health economy in the governance of the Trust. The 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. The Tavistock and Portman NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

## Council of Governors

### Composition & Attendance

**Table 3: Composition & Attendance at Council of Governors Meetings 2014/15**

Name	Type	June 2014	Sept 2014	Dec 2014	Feb 2015
Angela Haselton*	Staff	n/a	✓	✓	✓
Anthony Levy	Public	x	✓	✓	✓
Claire-Louise Leyland	Stakeholder	✓	✓	✓	✓
Elena Rowland	Public	✓	✓	✓	✓
Farayi Chikowore	Public	x	x	✓	✓
Handsen Chikowore	Public	✓	✓	✓	✓
Joanna Jackson	Stakeholder	x	x	✓	x
John Joughin	Stakeholder	✓	✓	x	x
Kate Davies	Public	✓	x	✓	✓
Kryss Katsiavriades	Staff	✓	x	✓	✓
Lauraine Leigh	Public	✓	x	x	x
Mark Pearce	Public	✓	✓	✓	✓
Mary Burd	Public	✓	✓	✓	✓
Miranda Alcock	Public	✓	✓	x	✓
Natalie Baron	Public	✓	✓	x	✓
Robin Solomon	Staff	✓	✓	✓	x
Sara Godfrey	Public	x	x	✓	x
Simone Hensby	Stakeholder	x	x	n/a	n/a
Sue Dowd**	Stakeholder	n/a	n/a	x	✓
Thomas Das	Stakeholder	✓	✓	x	x

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

\*Angela Haselton was elected Governor for Staff Organisations and Trade Unions in July 2014.

\*\*Sue Dowd replaced Simone Hensby as the Stakeholder Governor representing Voluntary Action Camden from December 2014 and her term of office will end in December 2018.

## 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 (the Trust has a Stakeholder Governor from Camden CCG), 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).

When the Health and Social Care Act 2012 abolished Primary Care Trusts we replaced the PCT Governor Stakeholder by approaching Camden's Clinical Commissioning Group

and inviting them to nominate representatives. Two representatives were appointed initially, but one representative had to withdraw, and the CCG was unable to nominate a replacement. Therefore in October 2014 our constituency was changed to allow for a Stakeholder Governor from another commissioning body to be appointed, however this role has not yet been filled.

## **Elections**

Elections were held in July 2014 for a Staff Organisations and Trade Unions Governor, where Ms Angela Hasleton was elected. All the Public and Staff Governors' terms of office will be ending in October 2015 therefore the next elections will be held this year in June 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.

## **Roles and Responsibilities of the Governors**

Governors have an important role to play, although they are not responsible for the day-to-day running of the Trust.

Governors have two main responsibilities: holding the Board of Directors to account for the running of the Trust (statutory responsibilities), and representing members. Under the Health and Social Care Act 2012, governors will also be especially responsible for holding the non-executive directors individually and collectively to account for the performance of the Board of Directors. Governors will have the power to request that directors attend a meeting to obtain information about their Trust's performance and that of its directors.

## **Statutory Responsibilities**

Governors have several statutory responsibilities. These are:

- Appointing the Trust Chair and the Non-Executive Directors
- Appointing Trust's External Auditors
- Approving the appointment of the Chief Executive
- Deciding the pay and terms of office of the Trust Chair and the Non-Executive Directors
- Agreeing the process for evaluating the performance of the Trust Chair and Non-Executive Directors
- Ensuring the Trust operates in accordance with the Terms of Authorisation

Under the Health and Social Care Act 2012 governors will also be responsible for:

- Holding the Non-Executive Directors to account for the performance of the Trust
- Approving "significant transactions"

- Approving applications by the trust to enter into a merger, acquisition, separation or dissolution
- Ensuring that the earning of any private patient income will not significantly interfere with the trust's primary purpose or the performance of its functions and must notify the board of their decision on this
- Approving any increase of more than 5% in private income in any financial year
- Where an amendment is proposed to the constitution in relation to the powers or duties of the council, at least one governor must attend the next annual members' meeting and present the proposal.

### **Representing Members**

Governors face in two directions – they represent the interests of members to the Trust, and they also let members know what is happening at the Trust. Governors are our link between our members and the directors who make decisions about our services. They are responsible for representing the views of our members and partner organisations to the Board of Directors, and also responsible for feeding back information about the Trust and its performance.

### **Board of Directors**

**Directors who have served in 2014/15**

#### **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
  - OBE in 2012 for Services to Mental Health

The Trust Chair has no significant commitments outside the Trust.

- ***Professor Dinesh Bhugra, Non-Executive Director***

Appointed November 2014. Term of office ends in October 2017.

- Experience in Healthcare Management, Education and Business Development
- Professor of Mental Health and Cultural Diversity, Institute of Psychiatry, Kings College London
- President of World Psychiatric Association, September 2014
- Formerly president-elect of the World Psychiatric Association, Chair of the Mental Health Foundation from 2011 to 2014
- CBE in 2012 for Services to Psychiatry

- ***Mr Martin Bostock, Senior Independent Director***

Appointed November 2008 and was re-appointed in November 2011. Term of office ended in 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

- ***Ms Jane Gizbert, Non-Executive Director***

Appointed November 2014. Term of office ends in October 2017.

- Experience in Marketing, Communications and Business Development
- Director of Communications, National Institute for Health and Care Excellence since 2008
- Formerly Head of Corporate Communications, Medical Research Council
- Formerly worked for International Planned Parenthood Federation

- ***Mr David Holt, Senior Independent Director***

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

- Qualified Accountant (Chartered Institute of Management Accountants)
  - Member of the Institute of Directors
  - Deputy Chairman and chair of audit committee, Ebbsfleet Development Corporation
  - Chair Audit Committee, Tavistock and Portman NHS Foundation Trust
  - Non-Executive Director, Circle Housing, Centra Board
  - Formerly NED and Chair Audit Committee, Barnet and Chase Farm Hospitals NHS Trust
  - Formerly Finance Director at Land Securities plc
  - Formerly Finance Director, Jaeger and Viyella Fashion Retail
  - Formerly Finance Director, Coats Viyella Clothing
  - Formerly Group Chief Auditor, Coats plc
- 
- ***Dr Ian McPherson, Deputy Trust Chair (from October 2013)***  
Appointed November 2010 and was re-appointed in 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
    - OBE in 2012 for Services to Mental Health
- 
- ***Ms Joyce Moseley, Non-Executive Director***  
Appointed January 2009 and was re-appointed in November 2011. Term of office ended October 2014.
    - Chair, HCT Group
    - Trustee of the Social Research Unit at Dartington

- Associate Advisor to G4S
  - Chair, Transition to Adulthood Alliance
  - Patron, The Who Cares? Trust
  - Formerly Chief Executive, Catch 22
  - Formerly Director of Social Services, London Borough of Hackney
  - OBE in 2007 for services to youth justice
- ***Ms Edna Murphy, Non-Executive Director***  
Appointed in November 2014. Term of office ends in October 2017.
    - Experience in Research Management and Education in the University Sector
    - Manages the Faculty of Medical Sciences at University College London
    - Formerly Executive Director of the Joint Research Office, Imperial College Academic Health Science Centre
    - Formerly held various Senior Management roles, University of Cambridge and the Cambridge High Tech Sector
- ***Ms Caroline Rivett, Non-Executive Director***  
Appointed November 2013. Term of office was due to end in October 2016 however Ms Rivett resigned in August 2014.
    - 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

## Executive Directors

- ***Mr Malcolm Allen, Dean and Director of Education and Training***  
Appointed January 2012 until December 2014.
  - Formerly Chief Executive, British Psychoanalytic Council
  - Formerly chair of work group on multi-disciplinary teams, New Ways of Working for Psychological Therapies
  - Formerly Director of Capital, Arts Council England
  - Formerly Director, Birmingham Media Development Agency

- Formerly Project Consultant, Broadway Media Centre, Nottingham
  - Formerly Owner / Manager Arrowdam
  - Formerly Film & Media Officer, East Midlands Arts
- 
- ***Dr Rita Harris, Director of Children, Young Adults and Families Services***  
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
    - Awarded an Order of the British Empire (OBE) for his role in setting up NHS Direct
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- ***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, Director of Quality, Patient Experience, Adult and Forensic Services (formerly Trust Director)***  
Appointed March 2008.
  - Consultant Clinical Psychologist, Tavistock & Portman NHS Foundation Trust
  - Formerly Clinical Director of Adolescent Directorate, Tavistock & Portman NHS Foundation Trust
  - Formerly Head of Psychology, Tavistock & Portman NHS Foundation Trust
  - Formerly Deputy Trust Clinical Governance Lead, Tavistock & Portman NHS Foundation Trust
  - Formerly Consultant Clinical Psychologist, SW Kensington & Chelsea Mental Health Centre
  
- ***Mr Brian Rock, Director of Education and Training and Dean***  
Appointed January 2015.
  - Qualified as Clinical Psychologist
  - Formerly at Goldstone Commission
  - Formerly Director of The Children's Inquiry Trust NGO
  - Experience in the NHS since 1996
  - Formerly Consultant Clinical Psychologist, Tavistock & Portman NHS Foundation Trust
  - Involved in setting up the Tavistock and Portman NHS Foundation Trust award winning City and Hackney Psychotherapy Consultation Service
  - Involved in developing and delivering training and consultation to GPs and primary care staff
  - Member of the British Psychoanalytical Society
  - MBA from Henley Business School
  
- ***Dr Rob Senior, Medical Director***  
Appointed December 2006.
  - Senior Research Fellow, University College London
  - 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 2014/2015**

Director Name	Apr 14	May 14	June 14	July 14	Sept 14	Oct 14	Nov 14	Jan 15	Feb 15	Mar 15
Angela Greatley (Chair)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Brian Rock	n/a	n/a	n/a	n/a	n/a	n/a	n/a	✓	✓	✓
Caroline Rivett	✓	✓	✓	✗	n/a	n/a	n/a	n/a	n/a	n/a
David Holt	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dinesh Bhugra	n/a	n/a	n/a	n/a	n/a	n/a	✓	✓	✓	✓
Edna Murphy	n/a	n/a	n/a	n/a	n/a	✓*	✓	✓	✓	✓
Ian McPherson	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓
Jane Gizbert	n/a	n/a	n/a	n/a	n/a	✓*	✓	✓	✓	✗
Joyce Moseley	✓	✓	✓	✓	✓	✓	n/a	n/a	n/a	n/a
Lis Jones	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Louise Lyon	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Malcolm Allen	✗	✓	✓	✗	✓	✗	✗	n/a	n/a	n/a
Martin Bostock	✓	✓	✓	✓	✓	✓	n/a	n/a	n/a	n/a
Paul Jenkins	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓
Rita Harris	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓
Rob Senior	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Simon Young	✗	✓	✓	✓	✗	✓	✓	✓	✓	✓

\* attended the meeting as observers prior to taking up their roles as NEDs in November 2014



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

The Trust has no Non-Executive Directors with ministerial appointments or involvement in political activity. A register of interests is kept, approved annually by the Board, and available to the public through the Trust Secretary.

## **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 CYAF and the Nursing Director are non-voting members. In the course of 2014/15 we appointed three new NEDs.

Our executive directors come from a mixture of clinical and non-clinical backgrounds: one of our current executive directors is an accountant, one a registered medical practitioner, one is a registered nurse, three are clinical psychologists, two of whom are also psychoanalysts and one a systemic psychotherapist.

The expertise of the non-executive directors includes finance, management consultancy, public relations, marketing, communications, business development, research management, healthcare management, audit work, property management 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 from June to September 2014, and was conducted by an external consultant, The Keeley Carlisle Partnership Limited, 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 during a pre-board session in September 2014.

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 2014/15**

Member Name	21 May 14	24 Sept 14	21 Jan 15	17 Mar 15
David Holt (Chair)	✓	✓	✓	✓
Joyce Moseley	✓	✓	n/a	n/a
Ian McPherson	✓	✓	✓	✓
Edna Murphy	n/a	n/a	✓	✓

Mr David Holt chaired the Audit Committee throughout the year. Ms Joyce Moseley’s last meeting as a member was in September 2014. Ms Edna Murphy joined in January 2015.

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

discuss specific agenda items. The Chair of the Clinical Quality, Safety and Governance Committee and the Chief Executive each attend at least once per year.

### **The Audit Committee's Work in 2014/15**

In 2014/15, the Audit Committee reviewed the work and the reports of the Internal Auditors, the External Auditors, and Counter-fraud; and is satisfied with the findings and with management's responses. This work covered the Trust's 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 improvements where necessary were recommended and implemented to continually improve the quality of the Trust's risk management.

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 to the Board by the Clinical Quality, Safety and Governance Committee. Ms. Joyce Moseley was a member of both committees, which facilitated this integration. Following the end of her term of office on the Board, the Trust Chairman has attended part of the two Audit Committee meetings in order to continue the link.

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 has re-appointed them annually after receiving assurance from the Audit Committee that their work was of an excellent standard. The fee for 2014/15 was £49,922 plus VAT, unchanged from the previous year. A competitive tender process is in progress for the 2015/16 Audit.

The Committee is satisfied that the Trust has an effective internal audit function established by management that meets mandatory public sector internal audit

standards and provides appropriate independent assurance to the Audit Committee, the Chief Executive and the Board of Directors.

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 and confirmed the basis of valuation of the Trust's land and buildings.

The Internal Auditors reviewed the performance of the Committee, consulting a wide range of stakeholders, and the review was reported to the Board of Directors in January.

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 14
Angela Greatley (Chair)	✓
Natalie Baron	✓
Mary Burd	✓
Paul Jenkins	x
Ian McPherson	✓
Mark Pearce	✓
Susan Thomas (representing Mr Jenkins)	✓

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 however on this occasion she was representing Mr Jenkins, Chief Executive.

The Committee met in May 2014 to consider the appointments of two new NEDs as Mr Bostock and Ms Moseley's second terms of office were coming to an end in October 2014. The Committee considered the skills mix required in the recruitment of the two new Non-Executive Directors, along with all the general NED requirements, a marketing and communications focus should be stressed for one post, whilst for the other a background in healthcare or education would be useful. 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 two posts were advertised at the end of May 2014 and the posts were shortlisted by the Committee on the 3<sup>rd</sup> July 2014, with interviews taking place on 3<sup>rd</sup> September 2014. Following the resignation of Ms Caroline Rivett, NED, the Non-Executive Director Appointment Committee agreed to appoint three NEDs at the scheduled interviews, if there were suitable candidates available on the day.

The interviews were held on the 3<sup>rd</sup> September 2014. The interview panel consisted of:

- Ms Angela Greatley, Trust Chair & Committee Chair
- Ms Mary Burd, Governor
- Mr Mark Pearce, Governor
- Ms Natalie Baron, Governor
- Mr Paul Jenkins, Chief Executive
- Mr Kryss Katsiavriades, Governor
- Dr Ian McPherson, NED

Mr Namdi Ngoka, Deputy Director of Human Resources was in attendance providing HR support and guidance.

The interview panel unanimously agreed that there were three suitable candidates that could be appointed following the interviews. The candidates that the panel put forward for appointment were Ms Jane Gizbert, Professor Dinesh Bhugra, and Ms Edna Murphy.

All three candidates demonstrated a strong understanding of the Trust, its vision and possible opportunities for growth and development in the future. The candidates all showed a keen interest in mental health and a commitment to the provision of high quality NHS services. The panel were in consensus that the three candidates above

should be recommended for appointment. The appointment of the three new Non-Executive Directors was approved at the September 2014 Council of Governors meeting. Full checks in compliance with the Fit and Proper Person regulations were made of the appointees.

## Trust Chair Appointment Committee

### Composition & Attendance

Member Name	Feb 15	Mar 15
Mark Pearce (Chair)	✓	✓
Angela Haselton	✓	✓
Anthony Levy	✓	✓
David Holt	✓	✓
Ian McPherson	✓	✓
Mary Burd	✓	✓
Natalie Baron	✓	✓
Paul Jenkins	✓	✓
Susan Thomas	✓	x

This committee met in February and March 2015 to begin the process for the recruitment of a new Trust Chair as Ms Greatley's term of office ends in October 2015.

## 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 2014/15**

Constituency	31 March 2015	31 March 2014
Public	6715	5767
Staff	581	560

## 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 the Trust runs articles in the Trust Newsletter focusing on outcomes from the 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. The recent survey was provided to staff online.

A summary outcome of the findings from the 2014 survey has recently been provided to all staff and a more detailed analysis including action plans for improvement was provided to the Board of Directors in April 2015 for approval. Action plans include improvement targets and timescales for implementing any agreed actions. Senior Managers and committee Chairs have been identified to lead on each area of activity.

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



## Summary of performance

This year saw a decrease in the number of staff taking part in the survey as compared with the previous year. The Trust's response rate of 38%, was lower than the response rate of 47% in 2013 and lower than the National average of 42%. 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 2013 survey, while some areas have remained as good as they were in 2013. Some of these areas where the Trust scored well include -

- An increase in the Trust's overall score for staff engagement
- Staff recommending the Trust as a place to work and receive treatment
- Low numbers of staff experiencing harassment, bullying and abuse from patients, public and staff
- Staff witnessing errors, near misses and incidents
- Staff job satisfaction
- Staff feeling pressure to attend work
- Staff feeling their roles make a difference to patients

The Trust's top five ranking scores were in:

- Staff recommending the Trust as a place to work and receive treatment
- Staff experiencing harassment, bullying or abuse from patients, their relatives or the public
- Staff witnessing potentially harmful errors, near misses or incidents in the last month
- Staff Job satisfaction
- Staff feeling pressure to attend work when feeling unwell in the last 3 months

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 experiencing discrimination at work in the last 12 months
- Staff believing the Trust provides equal opportunities for promotion or career progression
- 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 2013 results. The accompanying notes summarise the main areas where improvements are required, as well as planned activities, to secure improvements.

**Table 1 2014 Staff Survey Findings – Response Rate**

	2013/14		2014/15		Trust Improvement / Deterioration
	Trust	National Average	Trust	National Average	
Response Rate	47	49	38	42	Decrease 9%

**Table 2 2014 Staff Survey Findings – Top 5 Ranking Scores**

	2013/14		2014/15		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	11%	22%	12%	20%	increase 1%
% of staff witnessing potential harmful errors, near misses or incidents in last month	18%	26%	13%	26%	Decrease 5%
Staff recommending the Trust as a place to work and receive Treatment (scale summary score, where 5 is the best result and 1 the worst)	4.02	3.55	4.15	3.57	Increase 0.13

% of Staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	19%	30%	16%	29%	Decrease 3%
%Staff feeling satisfied with the quality of work and patient care they are able to deliver	83%	77%	89%	76%%	Increase 6%

**Table 3 2014 Staff Survey Findings – Bottom 5 Ranking Scores**

Bottom 5 Ranking Scores	2013/14		2014/15		Trust Improvement / Deterioration
	Trust	National Average	Trust	National Average	
% working extra hours	76%	71%	73%	71%	Decrease 3%
% receiving health and safety training in last 12 months	60%	75%	64%	73%	Increase 4%
% believing the Trust Provides Equalities in career progression	86%	89%	85%	86%	Decrease 1%
% experiencing discrimination at work in the last 12 months	12%	13%	15%	12%	Increase 3%
% having equality and diversity training in last 12 months	50%	67%	54%	67%	Increase 4%

## Priorities and targets for 2014/15

The key priority areas for the Trust 2014/15 are as follows:

- Improving on the Trust's staff survey response rate
- once again addressing issues relating to staff working additional hours
- Continuing to tackle issues of bullying and harassment including monitoring the external staff support line
- mainstreaming equalities training with a focus on increasing staff attendance and
- Ensuring that improvements continue in internal communication processes to ensure that staff are informed of and able to contribute to developments across the Trust.
- 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 and equalities updates and information to staff
- analysing data and processes relating to staff views around equalities in career progression 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. Monitor now generates two risk ratings for each foundation trust under the Risk Assessment Framework, 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 2014/15

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

#### Monitor Risk Ratings in 2013/14

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

## Summary of Regulatory Performance in 2014/15

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 the year, which was the planned rating. There were no formal interventions.

# Income and Other Disclosures in the Public Interest

## Communicating with employees

The Trust takes measures to maintain and develop the provision of information to, and consultation with, employees.

Following discussion with the Council of Governors the Board agreed that the time was right to revisit our description of the mission and values of the Trust. This is a really important piece of work in the current climate to ensure we have a succinct and exciting presentation of the Trust's work which we can use in both internal and external communications. As a key first step it was agreed we would set up a small task group drawn from across Governors, Non-Executive Directors and staff who could consider the issues and prepare a first draft of a statement on which Trust would consult more widely with Governors, members, staff and other stakeholders. Alongside this the Trust is also working in consultation with Staff side working on agreeing values for Value Based Recruitment.

One of the board action plans arising from the 2013 staff survey was setting up of a confidential support line for staff who may have experienced or witnessed bullying or harassment. This support line, will be run and managed by external consultants through an independent organisation, Care First. This initiative has been widely advertised and communicated to staff by the CEO.

Following the proposals set out in CEO's Shaping the Future paper last summer, the Trust has implemented a number of changes in the configuration of our clinical services. The new organisational structure has been now implemented and was communicated to all staff in March 2015.

Following our Board review we have begun circulating a summary of the work of the Board after each meeting to all staff, to help them understand both the work of the board and the issues facing the Trust. This is in addition to the monthly newsletters from the CEO, which build on the 100 day consultation to keep staff updated on:

- 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 continue working on new proposals, including growth, investment and savings plans and they continue to send regular information updates to all staff.

On 22<sup>nd</sup> September 2014, the Trust officially pledged their support to Time to Change, a national programme run by the charities Mind and Rethink Mental Illness. This programme aims to end the discrimination faced by people with mental health problems. Prior to the signing of the pledge, the Trust ran a number of different initiatives to promote positive attitudes towards mental health and to support people who suffer from mental health problems, and will continue and expand this work and under the pledge. The Trust also re-launched the Staff Advice and Consultation service, giving it a higher profile, and ensuring that staff are aware of this source of support.

## **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.

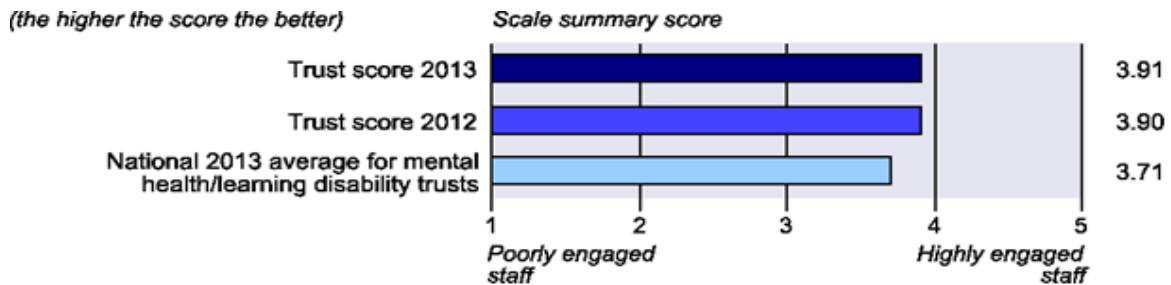
The Trust's Equalities Committee leads on setting the strategic direction for the Trust in the field of equalities. It reports annually to the Board of Directors, and besides setting the equalities objectives it also ensures that the Trust monitors issues relating to all protected groups under the Equalities 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 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. Staff while employed at the Trust, can also be referred to for an occupational health assessment if health

related issues arise, that may impact on their work. The occupational health service also runs the Trust's annual Flu vaccination initiative.

## **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 20.2 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 more generally. Satisfaction feedback is sought 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 and quality stakeholders group 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, and a rewrite of aspects of the website.

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.

Trust members, patients and the public have been able to influence the services provided by bidding 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, a local organisation to provide IT skills development for the over 55's, funding for a social kitchen for Somali teenagers and their families, and support for the trust to run a 'film night' for service user engagement.

We routinely involve patients on staff interview panels. We also seek feedback and advice from service users in our reference groups, and 'pizza and chat' evenings.

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.

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.

## **Other Income**

In 2014/15, the Trust's total income from the provision of goods and services for the purposes of the health service in England was 81% of the total income (2013/14, 75%). A further 8% of income was received from local authorities, and 2% from other central government bodies (2013/14, 7% and 4% respectively).

## **Sickness Absence Data**

Staff absence due to sickness was 2.1 days of absence per FTE, or 0.9%. These figures are provided by the Health & Social Care Information Centre (HSCIC), using data drawn for January 2014 to December 2014 from the ESR national data warehouse.

## **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 serious clinical incidents due to the nature of the work that we do.

In 2014-15 the Trust undertook 3 serious incident investigations. In each case this related to an adult patient who had taken their own life. Of the three patients: one was being seen at the time of the death; one was being supported during transfer to local mental health services; and a third had been seen for the purpose of a Court report.

In each case a root cause analysis was undertaken to look for lessons that could be learned. In no case was there evidence that the death could have been predicted or prevented by actions of Trust staff, but each case provided lessons that are being fed into future service planning.

None of the cases were reportable to the NHS England Patient Safety team as each patient had a local mental health provider supporting care at the time of the death. Each death would have been reported by the primary mental health care Trust.

## 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: 26<sup>th</sup> May 2015

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

## Opinions and conclusions arising from our audit

### *1 Our opinion on the financial statements is unmodified*

We have audited the financial statements of Tavistock and Portman NHS Foundation Trust for the year ended 31 March 2015 set out on pages 70 to 112. In our opinion:

- the financial statements give a true and fair view of the state of the Trust's affairs as at 31 March 2015 and of the Trust's income and expenditure for the year then ended; and
- the financial statements have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2014/15.

### *2 Our assessment of risks of material misstatement*

In arriving at our audit opinion above on the financial statements the risks of material misstatement that had the greatest effect on our audit were as follows:

#### **Valuation of land and buildings - £14.1 million**

*Refer to pages 77-79 (accounting policy) and pages 97-99 (financial disclosures).*

#### **The risk:**

Land and buildings are required to be maintained at up to date estimates of year-end market value in existing use (EUV) for non-specialised property assets in operational use, and, for specialised assets where no market value is readily ascertainable, the depreciated replacement cost of a modern equivalent asset that has the same service potential as the existing property (MEAV). There is significant judgment involved in determining the appropriate basis (EUV or MEAV) for each asset according to the degree of specialization, as well as over the assumptions made in arriving at the valuation and the condition of the asset. In particular the MEAV basis requires an assumption as to whether the replacement asset would be situated on the existing site or, if more appropriate, on an alternative site, with a potentially significant effect on the valuation.

The Trust last commissioned a full revaluation of its land and buildings in 2012/13 on an EUV basis. The Trust has considered property trends and considers that there has not been significant volatility in 2013/14 or 2014/15 that would justify an interim valuation.

Due to its materiality in the context of the financial statements as a whole land and buildings is considered to be one of the areas which had the greatest effect on our overall audit strategy and allocation of resources in planning and completing our audit.



## **Our response:**

In this area our audit procedures included:

- reviewing those assets acquired or constructed during the year (which were not subject to a full valuation) to assess whether it was reasonable for the Trust to conclude that the fair value of these assets was not significantly different from their initial cost;
- considering the condition of the Trust's asset base based on inquiry, observation and our wider audit knowledge to determine whether there are any indications of impairment;
- considering wider trends in London property prices in the last two years based on publicly available indices for similar assets and the potential movement in the value of the Trust's land and building assets on the basis of these indices; and
- seeking representations from the Directors of the Trust that
  - no material revaluation or impairment adjustments should be reflected in the value of land and buildings included within the 2014/15 financial statements; and
  - they are satisfied with the appropriateness of the valuation for all land and buildings included within the 2014/15 financial statements

### **3 *Our application of materiality and an overview of the scope of our audit***

The materiality for the financial statements was set at £0.8 million, determined with reference to a benchmark of income from operations (of which it represents 1.9%). We consider income from operations to be more stable than a surplus-related benchmark.

We report to the Audit Committee any corrected and uncorrected identified misstatements exceeding £40,000, in addition to other identified misstatements that warrant reporting on qualitative grounds.

Our audit of the Trust was undertaken to the materiality level specified above and was performed at the Tavistock Centre in London.

### **4 *Our opinion on other matters prescribed by the Audit Code for NHS Foundation Trusts is unmodified***

In our opinion:

- the part of the Directors' Remuneration Report to be audited has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2014/15; and
- 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.



**5 We have nothing to report in respect of the matters on which we are required to report by exception**

Under ISAs (UK&I) we are required to report to you if, based on the knowledge we acquired during our audit, we have identified other information in the annual report that contains a material inconsistency with either that knowledge or the financial statements, a material misstatement of fact, or that is otherwise misleading.

In particular, we are required to report to you if:

- we have identified material inconsistencies between the knowledge we acquired during our audit and the directors' statement that they consider that the annual report and accounts taken as a whole is fair, balanced and understandable and provides the information necessary for patients, regulators and other stakeholders to assess the Trust's performance, business model and strategy; or
- the 'Audit Committee' section of the annual report does not appropriately address matters communicated by us to the audit committee.

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 2014/15, 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.
- the Trust has not made proper arrangement for securing economy, efficiency and effectiveness in its use of resources

We have nothing to report in respect of the above responsibilities.

**Certificate of audit completion**

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.

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

As described more fully in the Statement of Accounting Officer's Responsibilities on pages 57-58 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 UK Ethical Standards for Auditors.

**Scope of an audit of financial statements performed in accordance with ISAs (UK and Ireland)**

A description of the scope of an audit of financial statements is provided on our website at [www.kpmg.com/uk/auditscopeother2014](http://www.kpmg.com/uk/auditscopeother2014). This report is made subject to important explanations regarding our responsibilities, as published on that website, which are incorporated into this report as if set out in full and should be read to provide an understanding of the purpose of this report, the work we have undertaken and the basis of our opinions.

**The purpose of our audit work and to whom we owe our responsibilities**

This report is made solely to the Council of Governors of the Trust, as a body, 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.



**Philip Johnstone**

**for and on behalf of KPMG LLP, Statutory Auditor**

Chartered Accountants

15 Canada Square

Canary Wharf

London

E14 5GL

28 May 2015

# 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 2015 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 Quality and Patient Experience 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 Director of Education and Training and 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 Director 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. The Director of Education and Training is responsible for the Communications and Marketing functions of the Trust, and in this role shares a responsibility with the Chief Executive for risks to the reputation of the Trust.

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 Team 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. At least once a quarter, 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 in March 2014, and found the Trust fully met all the essential standards. We expect to have our next inspection towards the end of 2015.

The Trust currently holds NHSLA Level 2 assessment.

The Trust's information governance policies were reviewed during the year and updated as required. 97% 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 2015, 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, and Level Three, the highest, for the majority; it remains amongst the top performing trusts in England in this regard. There were no serious information governance incidents in the year.

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, and training is given to all staff on the Duty of Candour, Whistleblowing, and the importance of incident reporting as part of the mandatory INSET events which all staff attend.

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*.

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. Due to the nature of its patient services (where we provide psychological therapies and do not undertake any physical interventions, and are an out-patient service only), the Trust does not collect elective waiting time data. However, the Trust reports on the waiting times to assessment and adheres to the same data validation assurance process for this waiting time data as used for the other data reported in the Quality Report. On occasions there are administrative errors which can pose a risk to the quality of this data. However, the Trust tries to ensure that these administrative errors are kept to a minimum, via quarterly audits, data cleansing and by providing training and feedback to administrative staff.

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 plans to address weaknesses and ensure continuous improvement of the system are in place.

Independent assurance has been provided principally by our External and Internal Auditors, and by the Care Quality Commission. The Trust has developed and implemented action plans in response to the recommendations of each of these bodies. Internal Audit has reported to the Audit Committee that "Based on the work undertaken in 2014/15, 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 generally being applied consistently. However, some weaknesses have been identified." 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  
26<sup>th</sup> May 2015



## Foreword to the Accounts

These accounts for the period ended 31 March 2015 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  
26<sup>th</sup> May 2015

Signed.....

Simon Young  
Deputy Chief Executive &  
Director of Finance  
26<sup>th</sup> May 2015

## Statement of Comprehensive Income

		2014/15	2013/14
	Note	£000	£000
Operating income from patient care activities	3	18,163	15,705
Other operating income	4	23,281	24,662
<b>Total operating income from continuing operations</b>		<b>41,444</b>	<b>40,367</b>
Operating expenses	5, 8	(40,568)	(38,930)
<b>Operating surplus/(deficit) from continuing operations</b>		<b>876</b>	<b>1,437</b>
Finance income	10	13	10
Finance expenses	11	(1)	(1)
PDC dividends payable		(344)	(342)
<b>Net finance costs</b>		<b>(332)</b>	<b>(333)</b>
<b>Surplus/(deficit) for the year from continuing operations</b>		<b>544</b>	<b>1,104</b>
Add back restructuring costs charged to operating expenses *		880	139
Add back cost of Impairment *		-	233
<b>ADJUSTED SURPLUS FOR THE YEAR *</b>		<b>1,424</b>	<b>1,476</b>
<b>Other comprehensive income and Expenditure</b>			
Restructuring costs		(880)	(139)
Revaluations		-	-
Impairment		-	(233)
<b>TOTAL COMPREHENSIVE INCOME / (EXPENSE) FOR THE YEAR</b>		<b>544</b>	<b>1,104</b>

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

**Statement of Financial Position**

		31 March 2015	31 March 2014
	Note	£000	£000
<b>Non-current assets</b>			
Intangible assets	11	52	101
Property, plant and equipment	12	14,776	13,981
<b>Total non-current assets</b>		<b>14,828</b>	<b>14,082</b>
<b>Current assets</b>			
Trade and other receivables	13	5,479	5,434
Cash and cash equivalents	14	2,761	2,756
<b>Total current assets</b>		<b>8,240</b>	<b>8,190</b>
<b>Current liabilities</b>			
Trade and other payables	15	(5,736)	(5,054)
Other liabilities	16	(2,123)	(2,606)
Provisions	17	(6)	(6)
<b>Total current liabilities</b>		<b>(7,865)</b>	<b>(7,666)</b>
<b>Total assets less current liabilities</b>		<b>15,203</b>	<b>14,606</b>
<b>Non-current liabilities</b>			
Provisions	17	(117)	(65)
<b>Total non-current liabilities</b>		<b>(117)</b>	<b>(65)</b>
<b>Total assets employed</b>		<b>15,086</b>	<b>14,542</b>
<b>Financed by</b>			
Public dividend capital		3,474	3,474
Revaluation reserve		8,763	8,840
Income and expenditure reserve		2,849	2,228
<b>Total taxpayers' equity</b>		<b>15,086</b>	<b>14,542</b>

The notes on pages 5 to 14 form part of these accounts.

Name *Paul Jenkins*  
 Position *Chief Executive*  
 Date *26th May 2015*

## Statement of Cash Flows

	2014/15	2013/14
Note	£000	£000
<b>Cash flows from operating activities</b>		
Operating surplus/(deficit)	876	1,437
<b>Non-cash income and expense:</b>		
Depreciation and amortisation	5.1 608	581
Impairments and reversals of impairments	7 -	233
(Increase)/decrease in receivables and other assets	(55)	(2,288)
Increase/(decrease) in payables and other liabilities	199	1,092
Increase/(decrease) in provisions	51	(6)
<b>Net cash generated from/(used in) operating activities</b>	<b>1,679</b>	<b>1,048</b>
<b>Cash flows from investing activities</b>		
Interest received	13	10
Purchase of intangible assets	(7)	-
Purchase of property, plant, equipment and investment property	(1,347)	(733)
<b>Net cash generated from/(used in) investing activities</b>	<b>(1,341)</b>	<b>(723)</b>
<b>Cash flows from financing activities</b>		
Public dividend capital received	-	-
PDC dividend paid	(334)	(745)
<b>Net cash generated from/(used in) financing activities</b>	<b>(334)</b>	<b>(745)</b>
<b>Increase/(decrease) in cash and cash equivalents</b>	<b>4</b>	<b>(420)</b>
<b>Cash and cash equivalents at 1 April</b>	<b>2,756</b>	<b>3,176</b>
<b>Cash and cash equivalents at 31 March</b>	<b>2,761</b>	<b>2,756</b>

## Statement of Changes in Equity for the year ended 31 March 2015

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
<b>Taxpayers' and others' equity at 1 April 2014 - brought forward</b>	<b>3,474</b>	<b>8,840</b>	<b>2,228</b>	<b>14,542</b>
<b>At start of period for new FTs</b>	-	-	-	-
Surplus/(deficit) for the year	-	-	544	544
Other transfers between reserves	-	(77)	77	-
Other reserve movements	-	-	-	-
<b>Taxpayers' and others' equity at 31 March 2015</b>	<b>3,474</b>	<b>8,763</b>	<b>2,849</b>	<b>15,086</b>

## Statement of Changes in Equity for the year ended 31 March 2014

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
<b>Taxpayers' and others' equity at 1 April 2013 - brought forward</b>	<b>3,474</b>	<b>8,979</b>	<b>985</b>	<b>13,438</b>
Prior period adjustment	-	-	-	-
<b>Taxpayers' and others' equity at 1 April 2013 - restated</b>	<b>3,474</b>	<b>8,979</b>	<b>985</b>	<b>13,438</b>
<b>At start of period for new FTs</b>	-	-	-	-
Surplus/(deficit) for the year	-	-	1,104	1,104
Other transfers between reserves	-	(139)	139	-
Other reserve movements	-	-	-	-
<b>Taxpayers' and others' equity at 31 March 2014</b>	<b>3,474</b>	<b>8,840</b>	<b>2,228</b>	<b>14,542</b>

### Information on reserves

#### 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. Additional PDC may also be issued to NHS foundation trusts by the Department of Health. A charge, reflecting the cost of capital utilised by the NHS foundation trust, is payable to the Department of Health as the public dividend capital dividend.

#### Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

#### Other reserves

#### Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the NHS foundation trust.

## **Notes to the Accounts**

### **Note 1 Accounting policies and other information**

#### **Basis of preparation**

Monitor has directed that the financial statements of NHS foundation trusts shall meet the accounting requirements of the *FT ARM* which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the *FT ARM 2014/15* issued by Monitor. The accounting policies contained in that manual follow IFRS and HM Treasury's *FRoM* 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.

#### **Going concern**

These accounts have been prepared on a going concern basis.

#### **Note 1.1 Income**

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 with commissioners in respect of health care services.

Where income is received for a specific activity which is to be delivered in a subsequent financial year, 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.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

## **Note 1.2 Expenditure on employee benefits**

### **Short-term employee benefits**

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

### **Pension costs**

#### *NHS Pension Scheme*

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

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

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

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.

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

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

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

## **c) Scheme provisions**

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

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

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

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

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

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.



### **Note 1.3 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.

### **Note 1.4 Property, plant and equipment**

#### **Recognisiton**

Property, plant and equipment is capitalised where:

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

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

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

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

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

#### **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.

The Audit Committee has reviewed and confirmed the basis of valuation of the Trust's land and buildings.

##### *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.

##### *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 and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the trust, respectively.

### *Revaluation gains and losses*

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 are charged to operating expenses.

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

### *Impairments*

In accordance with the *FT ARM*, impairments that arise from a clear consumption of economic benefits or 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 that arises from a clear consumption of economic benefit or of 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, an 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.

### *De-recognition*

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;
- 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. 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.

### ***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 years 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.

## Note 1.5 Economic life of property, plant and equipment

	Min life	Max life
	Years	Years
Land	-	-
Buildings, excluding dwellings	5	50
Plant & machinery	5	5
Information technology	5	5
Furniture & fittings	5	5

Finance-leased assets (including land) are depreciated over the shorter of the useful economic life or the lease term, unless the FT expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

## Note 1.6 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 as intangible assets.

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 it or 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 of 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.

### 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. Revaluations 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.

### Useful economic life of intangible assets

Useful economic lives reflect the total life of an asset and not the remaining life of an asset. The range of useful economic lives are shown in the table below:

	Min life	Max life
	Years	Years
<b>Intangible assets - purchased</b>		
Software	5	5

### **Note 1.7 Revenue government and other grants**

Government grants are grants from Government bodies other than income from commissioners or NHS trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

### **Note 1.8 Inventories**

The Trust currently holds no stocks.

### **Note 1.9 Financial instruments and financial liabilities**

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

#### ***De-recognition***

All financial assets are de-recognised 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.

#### **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.

#### **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 cash flows 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 bad debt provision.

#### **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, £2,761,000 at 31 March 2015 (£2,756,000 at 31 March 2014) 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 £5,333,000 March 2015 (£5,266,000 at 31 March 2014) 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 13.

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 2015 £7,865,000 (£7,666,000 at 31 March 2014) of liabilities. Excluding deferred income, where there is no further obligation to pay cash, and non current provisions, leaves liabilities of £5,742,000 (£5,060,000 at 31 March 2014) payable in the short term. With readily available cash and cash equivalents of £2,761,000 (£2,756,000 at 31 March 2014) 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.

#### ***Finance leases***

Where substantially all risks and rewards of ownership of a leased asset are borne by the NHS foundation trust, the asset is recorded as 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 asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for an item of property plant and equipment.

The annual rental is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability, is de-recognised when the liability is discharged, cancelled 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 rentals 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.

#### **Note 1.10 Provisions**

The NHS foundation trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources 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 the discount rates published and mandated by HM Treasury.

#### ***Clinical negligence costs***

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the NHS foundation trust pays an annual contribution to the NHSLA, which, in return, settles all clinical negligence claims. Although the NHSLA is administratively responsible for all clinical negligence cases, the legal liability remains with the NHS foundation trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the NHS foundation trust is disclosed at note 15 but is not recognised in the NHS foundation trust's accounts.

**Non-clinical risk pooling**

The NHS foundation trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to the NHS Litigation Authority and in return receives assistance with the costs of claims arising. The annual membership contributions, and any "excesses" payable in respect of particular claims are charged to operating expenses when the liability arises.

**Note 1.11 Public dividend capital**

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

A charge, reflecting the cost of capital utilised by the NHS foundation trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the NHS foundation trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated assets (including lottery funded assets), (ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, 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 the audit of the annual accounts.

**Note 1.12 Value added tax**

Most of the activities of the Tavistock and Portman 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.

**Note 1.13 Corporation tax**

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

**Note 1.14 Foreign exchange**

The functional and presentational currencies of the trust are sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

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

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

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

#### **Note 1.15 Third party assets**

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the NHS foundation trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's *FReM*.

#### **Note 1.16 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 foundation 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.

#### **Note 1.17 Early adoption of standards, amendments and interpretations**

No new accounting standards or revisions to existing standards have been early adopted in 2014/15.

#### **Note 1.18 Critical accounting estimates and judgements**

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 12, is £13,482,000. (2013/2014, £13,479,000)

- Operating costs include an estimate of £351,000 for the annual leave earned but not taken at the year-end date, as shown in note 8.7 (2013/14, £384,000)

- Accounting for receivables necessarily involves judgment when assessing levels of impairment. A provision of £629,000 has been made - see note 13. (2013/14, £455,000)

## Note 2 Operating Segments

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

	Operating Income	Operating expenses	Operating surplus before restructuring	Dividends and unwinding discount
	2014/15	2014/15	2014/15	2014/15
	£000	£000	£000	£000
Specialist and Adult Services, including training and research	16,079	14,613	1,466	127
Child and Adolescent Services, including training and research	25,375	25,075	300	217
<b>Total</b>	<b>41,454</b>	<b>39,688</b>	<b>1,766</b>	<b>344</b>

This table does not include the Trust's restructuring cost of 880k

### 2013/14

	Operating Income	Operating expenses	Operating surplus before restructuring	Dividends and unwinding discount
	2013/14	2013/14	2013/14	2013/14
	£000	£000	£000	£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
<b>Total</b>	<b>40,377</b>	<b>38,791</b>	<b>1,586</b>	<b>343</b>

This table does not include the Trust's restructuring cost of 139k



### Note 3 Operating income from patient care activities

#### Note 3.1 Income from patient care activities (by nature)

	2014/15	2013/14
	£000	£000
Cost and volume contract income	4,333	3,127
Block contract income	8,745	8,241
Other clinical income	5,085	4,337
<b>Total income from activities</b>	<b>18,163</b>	<b>15,705</b>

#### Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2014/15	2013/14
	£000	£000
CCGs and NHS England	13,304	11,427
Local authorities	3,233	2,696
Other NHS foundation trusts	333	529
NHS trusts	130	25
NHS other	550	457
Non NHS: other	613	571
<b>Total income from activities</b>	<b>18,163</b>	<b>15,705</b>
<b>Of which:</b>		
Related to continuing operations	18,163	15,705
Related to discontinued operations	-	-

**Note 4 Other operating income**

	<b>2014/15</b>	<b>2013/14</b>
	<b>£000</b>	<b>£000</b>
Research and development	788	640
Education and training	20,972	20,670
Other income	1,521	3,352
<b>Total other operating income</b>	<b>23,281</b>	<b>24,662</b>
<b>Of which:</b>		
Related to continuing operations	23,281	24,662
Related to discontinued operations	-	-

**Note 4.1 Income from activities arising from commissioner requested services**

Under the terms of its Provider License, the trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider license and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	<b>2014/15</b>	<b>2013/14</b>
	<b>£000</b>	<b>£000</b>
Income from services designated (or grandfathered) as commissioner requested service	35,473	34,627
Income from services not designated as commissioner requested services	5,971	5,740
<b>Total</b>	<b>41,444</b>	<b>40,367</b>

**Note 5.1 Operating expenses**

	<b>2014/15</b>	<b>2013/14</b>
	<b>£000</b>	<b>£000</b>
Employee expenses - executive directors	976	712
Employee expenses - non-executive directors	78	79
Employee expenses - staff	28,521	26,562
Supplies and services - clinical	241	213
Supplies and services - general	104	162
Establishment	858	999
Transport	3	-
Premises	2,198	2,532
Increase/(decrease) in provision for impairment of receivables	174	(38)
Rentals under operating leases	268	334
Depreciation on property, plant and equipment	552	515
Amortisation on intangible assets	56	66
Impairments	-	233
Audit fees payable to the external auditor		
audit services- statutory audit	60	60
Legal fees	22	54
Consultancy costs	451	452
Training, courses and conferences	1,434	1,512
Patient travel	103	76
Hospitality	20	21
Publishing	-	38
Insurance	55	25
Other services, eg external payroll	1,756	1,945
Grossing up consortium arrangements	528	1,029
Other	2,111	1,349
<b>Total</b>	<b>40,568</b>	<b>38,930</b>
<b>Of which:</b>		
Related to continuing operations	40,568	38,930
Related to discontinued operations	-	-

## Note 6 Limitation on auditor's liability

The limitation on auditors' liability for external audit work is £1m (2013/14: £1m).

## Note 7 Impairment of assets

	2014/15	2013/14
	£000	£000
<b>Net impairments charged to operating surplus / deficit resulting from:</b>		
Abandonment of assets in course of construction	-	233
Other	-	-
<b>Total net impairments charged to operating surplus / deficit</b>	<b>-</b>	<b>233</b>
Impairments charged to the revaluation reserve	-	-
<b>Total net impairments</b>	<b>-</b>	<b>233</b>

## Note 8 Employee benefits

	Permanent	Other	2014/15 Total	2013/14 Total
	£000	£000	£000	£000
Salaries and wages	22,886	296	23,182	22,147
Social security costs	2,100	-	2,100	1,995
Employer's contributions to NHS pensions	2,744	-	2,744	2,586
Pension cost - other	47	-	47	35
Termination benefits	880	-	880	138
Agency/contract staff	-	543	543	373
<b>Total gross staff costs</b>	<b>28,657</b>	<b>839</b>	<b>29,496</b>	<b>27,274</b>
Recoveries in respect of seconded staff	-	-	-	-
<b>Total staff costs</b>	<b>28,657</b>	<b>839</b>	<b>29,496</b>	<b>27,274</b>
<b>Included within:</b>				
Costs capitalised as part of assets	-	-	-	-

### Note 8.1 Average number of employees (WTE basis)

	Permanent	Other	2014/15 Total	2013/14 Total
	Number	Number	Number	Number
Medical and dental	40	-	40	40
Administration and estates	169	-	169	159
Nursing, midwifery and health visiting staff	20	-	20	20
Scientific, therapeutic and technical staff	187	-	187	177
Social care staff	22	-	22	20
Agency and contract staff	-	5	5	3
Bank staff	-	31	31	29
Other	5	-	5	5
<b>Total average numbers</b>	<b>443</b>	<b>36</b>	<b>479</b>	<b>453</b>

#### Of which:

Number of employees (WTE) engaged on capital projects	4	1	5	-
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### Note 8.2 Retirements due to ill-health

During 2014/15 there were no early retirements from the trust agreed on the grounds of ill-health (1 in the year ended 31 March 2014). The estimated additional pension liabilities of these ill-health retirements is £0k (£11k in 2013/14).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

**Note 8.3 Reporting of compensation schemes - exit packages 2014/15**

	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages Number
<b>Exit package cost band (including any special payment element)</b>			
<£10,000	-	3	3
£10,001 - £25,000	1	7	8
£25,001 - 50,000	2	6	8
£50,001 - £100,000	-	5	5
£100,001 - £150,000	-	1	1
£150,001 - £200,000	-	-	-
>£200,000	-	-	-
<b>Total number of exit packages by type</b>	<b>3</b>	<b>22</b>	<b>25</b>
Total resource cost (£)	£70,000	£810,000	£880,000

**Note 8.4 Reporting of compensation schemes - exit packages 2013/14**

	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages Number
<b>Exit package cost band (including any special payment element)</b>			
<£10,000	8	-	8
£10,001 - £25,000	1	-	1
£25,001 - 50,000	-	-	-
£50,001 - £100,000	-	-	-
£100,001 - £150,000	1	-	1
£150,001 - £200,000	-	-	-
>£200,000	-	-	-
<b>Total number of exit packages by type</b>	<b>10</b>	<b>-</b>	<b>10</b>
Total resource cost (£)	£139,000	£0	£139,000

**Note 8.5 Exit packages: other (non-compulsory) departure payments**

	2014/15		2013/14	
	Payments agreed	Total value of agreements	Payments agreed	Total value of agreements
	Number	£000	Number	£000
Voluntary redundancies including early retirement contractual costs	3	31	-	-
Mutually agreed resignations (MARS) contractual costs	19	779	-	-
Non-contractual payments requiring HMT approval	-	-	-	-
<b>Total</b>	<b>22</b>	<b>810</b>	<b>-</b>	<b>-</b>

**Of which:**

Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary

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**Note 8.6 Directors' remuneration**

The aggregate amounts payable to directors were:

	2014/15	2013/14
	£000	£000
Salary	1,109	1040
Taxable benefits		
Performance related bonuses		
Employer's pension contributions	109	129
<b>Total</b>	<b>1,218</b>	<b>1,169</b>

Further details of directors' remuneration can be found in the remuneration report.

**NOTES TO THE ACCOUNTS****8.7 Employee benefits**

	2014/15	2013/14
	£000	£000
Value of holiday pay accrued (included in note 15) at 1 April 2014	384	350
Value of holiday pay accrued (included in note 3.1)	(33)	34
Value of holiday pay accrued (included in note 15) at 31 March 2015	<b>351</b>	<b>384</b>

The employee benefits shown above are the value to the Trust of holiday pay accrued at the balance sheet date and to be taken at a later date. There are no other non-pay benefits provided to staff.

## Note 9 Operating leases

### Note 9.1 Tavistock and Portman NHS Foundation Trust as a lessee

	2014/15	2013/14
	£000	£000
<b>Operating lease expense</b>		
Minimum lease payments	268	334
Contingent rents	-	-
Less sublease payments received	-	-
<b>Total</b>	<b>268</b>	<b>334</b>



**Note 10 Finance income**

	<b>2014/15</b>	<b>2013/14</b>
	<b>£000</b>	<b>£000</b>
Interest on bank accounts	13	10
<b>Total</b>	<b>13</b>	<b>10</b>

**Note 11 Intangible assets - 2014/15**

	<b>Software licences</b>	<b>Licences &amp; trademarks</b>	<b>Total</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>
<b>Valuation/gross cost at 1 April 2014 - brought forward</b>	<b>353</b>	-	<b>353</b>
<b>Valuation/gross cost at start of period for new FTs</b>	-	-	-
Transfers by absorption	-	-	-
Additions	7	-	7
Disposals / derecognition	-	-	-
<b>Gross cost at 31 March 2015</b>	<b>360</b>	-	<b>360</b>
<b>Amortisation at 1 April 2014 - brought forward</b>	<b>252</b>	-	<b>252</b>
<b>Amortisation at start of period for new FTs</b>	-	-	-
Transfers by absorption	-	-	-
Provided during the year	56	-	56
<b>Amortisation at 31 March 2015</b>	<b>308</b>	-	<b>308</b>
<b>Net book value at 31 March 2015</b>	<b>52</b>	-	<b>52</b>
<b>Net book value at 1 April 2014</b>	<b>101</b>	-	<b>101</b>

Note 11.1 Intangible assets - 2013/14

	Software licences £000	Licences & trademarks £000	Total £000
<b>Valuation/gross cost at 1 April 2013 - as previously stated</b>	<b>353</b>	-	<b>353</b>
Prior period adjustments	-	-	-
<b>Gross cost at 1 April 2013 - restated</b>	<b>353</b>	-	<b>353</b>
<b>Valuation/gross cost at 31 March 2014</b>	<b>353</b>	-	<b>353</b>
<b>Amortisation at 1 April 2013 - as previously stated</b>	<b>186</b>	-	<b>186</b>
Prior period adjustments	-	-	-
<b>Amortisation at 1 April 2013 - restated</b>	<b>186</b>	-	<b>186</b>
<b>Amortisation at start of period for new FTs</b>	-	-	-
Provided during the year	66	-	<b>66</b>
<b>Amortisation at 31 March 2014</b>	<b>252</b>	-	<b>252</b>
<b>Net book value at 31 March 2014</b>	<b>101</b>	-	<b>101</b>
<b>Net book value at 1 April 2013</b>	<b>167</b>	-	<b>167</b>

**Note 11.2 Intangible assets financing 2014/15**

	<b>Software licences £000</b>	<b>Licences &amp; trademarks £000</b>	<b>Total £000</b>
<b>Net book value at 31 March 2015</b>			
Purchased	52	-	52
Finance leased	-	-	-
Donated and government grant funded	-	-	-
<b>NBV total at 31 March 2015</b>	<b>52</b>	<b>-</b>	<b>52</b>

**Note 11.3 Intangible assets financing 2013/14**

	<b>Software licences £000</b>	<b>Licences &amp; trademarks £000</b>	<b>Total £000</b>
<b>Net book value 31 March 2014</b>			
Purchased	101	-	101
Finance leased	-	-	-
Donated and government grant funded	-	-	-
<b>NBV total at 31 March 2014</b>	<b>101</b>	<b>-</b>	<b>101</b>

**Note 12.1 Property, plant and equipment - 2014/15**

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
<b>Valuation/gross cost at 1 April 2014 - brought forward</b>	<b>5,690</b>	<b>8,090</b>	-	<b>214</b>	<b>1,563</b>	<b>109</b>	<b>15,665</b>
<b>Valuation/gross cost at start of period as FT</b>	-	-	-	-	-	-	-
Additions	-	311	412	-	582	42	<b>1,347</b>
Impairments	-	-	-	-	-	-	-
Reversals of impairments	-	-	-	-	-	-	-
Disposals / derecognition	-	-	-	-	-	-	-
<b>Valuation/gross cost at 31 March 2015</b>	<b>5,690</b>	<b>8,401</b>	<b>412</b>	<b>214</b>	<b>2,145</b>	<b>151</b>	<b>17,012</b>
<b>Accumulated depreciation at 1 April 2014 - brought forward</b>	-	<b>329</b>	-	<b>205</b>	<b>1,069</b>	<b>81</b>	<b>1,684</b>
<b>Depreciation at start of period as FT</b>	-	-	-	-	-	-	-
Provided during the year	-	343	-	0	202	7	<b>552</b>
Impairments	-	-	-	-	-	-	-
Reversals of impairments	-	-	-	-	-	-	-
Disposals/ derecognition	-	-	-	-	-	-	-
<b>Accumulated depreciation at 31 March 2015</b>	-	<b>672</b>	-	<b>205</b>	<b>1,271</b>	<b>88</b>	<b>2,236</b>
<b>Net book value at 31 March 2015</b>	<b>5,690</b>	<b>7,729</b>	<b>412</b>	<b>8</b>	<b>874</b>	<b>63</b>	<b>14,776</b>
<b>Net book value at 1 April 2014</b>	<b>5,690</b>	<b>7,761</b>	-	<b>9</b>	<b>494</b>	<b>28</b>	<b>13,981</b>

**Note 12.2 Property, plant and equipment - 2013/14**

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
<b>Valuation/gross cost at 1 April 2013 - as previously stated</b>	<b>5,690</b>	<b>7,899</b>	<b>9</b>	<b>206</b>	<b>1,278</b>	<b>83</b>	<b>15,165</b>
Prior period adjustments	-	-	-	-	-	-	-
<b>Valuation/gross cost at 1 April 2013 - restated</b>	<b>5,690</b>	<b>7,899</b>	<b>9</b>	<b>206</b>	<b>1,278</b>	<b>83</b>	<b>15,165</b>
<b>Valuation/gross cost at start of period as FT</b>	-	-	-	-	-	-	-
Transfers by absorption	-	-	-	-	-	-	-
Additions - purchased/ leased/ grants/ donations	-	415	-	8	285	26	<b>733</b>
Impairments	-	(233)	-	-	-	-	<b>(233)</b>
Reversals of impairments	-	-	-	-	-	-	-
Reclassifications	-	9	(9)	-	-	-	-
<b>Valuation/gross cost at 31 March 2014</b>	<b>5,690</b>	<b>8,090</b>	-	<b>214</b>	<b>1,563</b>	<b>109</b>	<b>15,665</b>
<b>Accumulated depreciation at 1 April 2013 - as previously stated</b>	-	-	-	<b>204</b>	<b>889</b>	<b>76</b>	<b>1,169</b>
Prior period adjustments	-	-	-	-	-	-	-
<b>Accumulated depreciation at 1 April 2013 - restated</b>	-	-	-	<b>204</b>	<b>889</b>	<b>76</b>	<b>1,169</b>
<b>Depreciation at start of period as FT</b>	-	-	-	-	-	-	-
Transfers by absorption	-	-	-	-	-	-	-
Provided during the year	-	329	-	1	180	5	<b>515</b>
Impairments	-	-	-	-	-	-	-
Reversals of impairments	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-
<b>Accumulated depreciation at 31 March 2014</b>	-	<b>329</b>	-	<b>205</b>	<b>1,069</b>	<b>81</b>	<b>1,684</b>
<b>Net book value at 31 March 2014</b>	<b>5,690</b>	<b>7,761</b>	-	<b>9</b>	<b>494</b>	<b>28</b>	<b>13,981</b>
<b>Net book value at 1 April 2013</b>	<b>5,690</b>	<b>7,899</b>	<b>9</b>	<b>2</b>	<b>389</b>	<b>7</b>	<b>13,996</b>

**Note 12.3 Property, plant and equipment financing - 2014/15**

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
<b>Net book value at 31 March 2015</b>							
Owned	5,690	7,729	412	8	874	63	14,776
Finance leased	-	-	-	-	-	-	-
Donated	-	-	-	-	-	-	-
<b>NBV total at 31 March 2015</b>	<b>5,690</b>	<b>7,729</b>	<b>412</b>	<b>8</b>	<b>874</b>	<b>63</b>	<b>14,776</b>

**Note 12.4 Property, plant and equipment financing - 2013/14**

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
<b>Net book value at 31 March 2014</b>							
Owned	5,690	7,761	-	9	494	28	13,981
Finance leased	-	-	-	-	-	-	-
Donated	-	-	-	-	-	-	-
<b>NBV total at 31 March 2014</b>	<b>5,690</b>	<b>7,761</b>	<b>-</b>	<b>9</b>	<b>494</b>	<b>28</b>	<b>13,981</b>

**Note 13 Trade receivables and other receivables**

	<b>31 March</b>	<b>31 March</b>
	<b>2015</b>	<b>2014</b>
	<b>£000</b>	<b>£000</b>
<b>Current</b>		
Trade receivables due from NHS bodies	2,718	2,885
Other receivables due from related parties	829	699
Provision for impaired receivables	(629)	(455)
Prepayments (non-PFI)	257	324
Accrued income	513	186
PDC dividend receivable	26	36
VAT receivable	19	77
Other receivables	1,746	1,682
<b>Total current trade and other receivables</b>	<b>5,479</b>	<b>5,434</b>

**Non-current**

There are no non-current trade or other receivables



**Note 13.1 Provision for impairment of receivables**

	2014/15	2013/14
	£000	£000
<b>At 1 April as previously stated</b>	<b>455</b>	<b>493</b>
Prior period adjustments	-	-
<b>At 1 April - restated</b>	<b>455</b>	<b>493</b>
<b>At start of period for new FTs</b>	<b>-</b>	<b>-</b>
Increase in provision	536	285
Unused amounts reversed	(362)	(323)
<b>At 31 March</b>	<b>629</b>	<b>455</b>

**Note 13.2 Analysis of impaired receivables**

	31 March 2015		31 March 2014	
	Trade receivables	Other receivables	Trade receivables	Other receivables
	£000	£000	£000	£000
<b>Ageing of impaired receivables</b>				
0 - 30 days	32	-	59	-
30-60 Days	69	-	17	-
60-90 days	8	-	4	-
90- 180 days	7	-	90	-
Over 180 days	513	-	285	-
<b>Total</b>	<b>629</b>	<b>-</b>	<b>455</b>	<b>-</b>

**Ageing of non-impaired receivables past their due date**

0 - 30 days	4,631	-	2,236	-
30-60 Days	1,289	-	1,852	-
60-90 days	211	-	-	-
90- 180 days	791	-	869	-
Over 180 days	200	-	59	-
<b>Total</b>	<b>7,122</b>	<b>-</b>	<b>5,016</b>	<b>-</b>

#### Note 14 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2014/15	2013/14
	£000	£000
<b>At 1 April</b>	<b>2,756</b>	<b>3,176</b>
Prior period adjustments	-	-
<b>At 1 April (restated)</b>	<b>2,756</b>	<b>3,176</b>
<b>At start of period for new FTs</b>	-	-
Transfers by absorption	-	-
Net change in year	5	(420)
<b>At 31 March</b>	<b>2,761</b>	<b>2,756</b>
<b>Broken down into:</b>		
Cash at commercial banks and in hand	9	(82)
Cash with the Government Banking Service	2,752	2,838
Deposits with the National Loan Fund	-	-
Other current investments	-	-
<b>Total cash and cash equivalents as in SoFP</b>	<b>2,761</b>	<b>2,756</b>
Bank overdrafts (GBS and commercial banks)	-	-
Drawdown in committed facility	-	-
<b>Total cash and cash equivalents as in SoCF</b>	<b>2,761</b>	<b>2,756</b>

**Note 15.1 Trade and other payables**

	<b>31 March 2015 £000</b>	<b>31 March 2014 £000</b>
<b>Current</b>		
NHS trade payables	86	239
Amounts due to other related parties	433	413
Other trade payables	661	581
Social security costs	651	619
Other payables	166	614
Accruals	3,739	2,588
PDC dividend payable	-	-
<b>Total current trade and other payables</b>	<b><u>5,736</u></b>	<b><u>5,054</u></b>
<b>Non-current</b>		

**There are no non-current trade and other payables**

**Note 15.2 Early retirements in NHS payables above**

	<b>31 March 2015 £000</b>	<b>31 March 2015 Number</b>	<b>31 March 2014 £000</b>	<b>31 March 2014 Number</b>
The payables note above includes amounts in relation to early retirements as set out below:				
- to buy out the liability for early retirements over 5 years	-	-	-	-
- number of cases involved	-	-	-	-
- outstanding pension contributions	433	-	413	-

**Note 16 Other liabilities**

	<b>31 March 2015 £000</b>	<b>31 March 2014 £000</b>
<b>Current</b>		
Other deferred income	2,123	2,606
<b>Total other current liabilities</b>	<u><u>2,123</u></u>	<u><u>2,606</u></u>

## Note 17.1 Provisions for liabilities and charges analysis

	Pensions - other staff	Other legal claims	Total
	£000	£000	£000
<b>At 1 April 2014</b>	<b>71</b>	<b>-</b>	<b>71</b>
<b>At start of period for new FTs</b>	<b>-</b>	<b>-</b>	<b>-</b>
Transfers by absorption	-	-	-
Change in the discount rate	-	-	-
Arising during the year	4	55	59
Utilised during the year	(8)	-	(8)
Reclassified to liabilities held in disposal groups	-	-	-
Reversed unused	-	-	-
Unwinding of discount	1	-	1
<b>At 31 March 2015</b>	<b>68</b>	<b>55</b>	<b>123</b>
<b>Expected timing of cash flows:</b>			
- not later than one year;	6	-	6
- later than one year and not later than five years;	25	-	25
- later than five years.	37	55	92
<b>Total</b>	<b>68</b>	<b>55</b>	<b>123</b>

**Note 18 Clinical negligence liabilities**

There are no provisions for Clinical negligence liability in 2014/15

**Note 18.1 Contingent Assets and Liabilities**

At 31.3.2015, there are three possible cases of employer's liability litigation cases outstanding against the Trust (at 31.3.2014: £0)

The gross possible liability of the Trust for all these cases in aggregate is £55,000 (31.3.2014: £0)

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 that 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.

There are no third party assets held by the Tavistock and Portman NHS Foundation Trust (31 March 2014: £nil)

**Note 18.2 Contractual capital commitments**

Commitments under capital expenditure contracts at 31 March 2015 were £Nil (31 March 2014:£0.00)

**Note 18.3 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 financial position of the Trust.

## Note 19 Financial assets

	Assets at fair value				Total £000
	Loans and receivables £000	through the I&E £000	Held to maturity £000	Available-for-sale £000	
<b>Assets as per SoFP as at 31 March 2015</b>					
Trade and other receivables excluding non financial assets	5,177	-	-	-	5,177
Cash and cash equivalents at bank and in hand	2,761	-	-	-	2,761
<b>Total at 31 March 2015</b>	<b>7,938</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>7,938</b>

	Assets at fair value				Total £000
	Loans and receivables £000	through the I&E £000	Held to maturity £000	Available-for-sale £000	
<b>Assets as per SoFP as at 31 March 2014</b>					
Trade and other receivables excluding non financial assets	4,997	-	-	-	4,997
Cash and cash equivalents at bank and in hand	2,756	-	-	-	2,756
<b>Total at 31 March 2014</b>	<b>7,753</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>7,753</b>

## Note 19.1 Financial liabilities

	Other financial liabilities £000	Liabilities at fair value through the I&E £000	Total £000
	<b>Liabilities as per SoFP as at 31 March 2015</b>		
Trade and other payables excluding non financial liabilities	5,085	-	5,085
<b>Total at 31 March 2015</b>	<b>5,085</b>	<b>-</b>	<b>5,085</b>

	Other financial liabilities £000	Liabilities at fair value through the I&E £000	Total £000
	<b>Liabilities as per SoFP as at 31 March 2014</b>		
Embedded derivatives	-	-	-
Borrowings excluding finance lease and PFI liabilities	-	-	-
Obligations under finance leases	-	-	-
Obligations under PFI, LIFT and other service concession contracts	-	-	-
Trade and other payables excluding non financial liabilities	4,435	-	4,435
Other financial liabilities	-	-	-
Provisions under contract	-	-	-
<b>Total at 31 March 2014</b>	<b>4,435</b>	<b>-</b>	<b>4,435</b>

## Note 19.2 Maturity of financial liabilities

	31 March 2015 £000	31 March 2014 £000
	In one year or less	5,085
In more than one year but not more than two years	-	-
In more than two years but not more than five years	-	-
In more than five years	-	-
<b>Total</b>	<b>5,085</b>	<b>4,435</b>

## Note 19.3 Fair values of financial assets at 31 March 2015

	Book value £000	Fair value £000
	Non-current trade and other receivables excluding non financial assets	7,938
Other investments	-	-
Other	-	-
<b>Total</b>	<b>7,938</b>	<b>7,938</b>

## Note 19.4 Fair values of financial liabilities at 31 March 2015

	Book value £000	Fair value £000
	Non-current trade and other payables excluding non financial liabilities	5,085
Provisions under contract	-	-
Loans	-	-
Other	-	-
<b>Total</b>	<b>5,085</b>	<b>5,085</b>

**Note 20 Losses and special payments**

There were no losses and special Payments in 2014/15.

**Note 20.1 Recovered losses**

There were no compensation payments received or other losses recovered during 2014/15.

**Note 20.2 Better Payment Practice Code**

	<u>Number of bills paid</u>			<u>Value of bills paid</u>		
	Total	Paid within	% of bills	Total	Paid within	% of value
		30 days	paid within 30 days		30 days	paid within 30 days
	Number	Number	%	£000	£000	%
<b>Year ended 31 March 2015</b>	6,992	6,309	90%	10,401	8,782	84%
Year ended 31 March 2014	6,507	5,728	88%	10,409	8,626	83%

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



## Note 21 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 has ongoing involvement with the University College London. The Trust paid University College London £511,794(2013/14 £435,527) and University College London paid the Trust £0.00 (2013/14 £0.00) for various education and research activities

Dr Robert Senior has a research collaboration with the Anna Freud Centre. The Trust paid the Anna Freud Centre £810,984 in 2014/15 (2013/14 £334,565) for various education and research activities. Anna Freud Centre did not pay the Trust in 2014/15 and 2013/14.

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	year ended 31
	£000	£000
Key management personnel compensation for short-term employee benefits ie pay	1,109	1,039
Key management personnel compensation for post employment benefits ie pensions	109	129
Key management personnel compensation in total	<u>1,218</u>	<u>1,168</u>

## Note 21.1 Related Party Transactions continued

The Department of Health is regarded as a related party. During the year the Tavistock and Portman NHS Foundation Trust has had a significant number of

	Total income for the year ended 31 March 2015	Total charge for the year ended 31 March 2015	Debtor/ (creditor) as at 31 March 2015	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
	£000	£000	£000	£000	£000	£000
Department of Health	531	18	-	4,669	-	844
Health Education England	12,013	-	-	12,535	-	-
NHS England	-	-	913	-	-	-
London Strategic Health Authority	2,813	-	-	-	-	-
Barnet CCG	582	-	-	567	-	117
Camden CCG	5,464	-	815	5,465	-	114
Haringey CCG	550	-	45	508	12	58
Islington CCG	313	-	10	366	-	39
City & Hackney CCG	1,169	-	-	821	27	-
South London & Maudsley NHS FT	-	186	-	0	-	-
University College London NHS FT	-	188	-	0	-	-
Barts Health NHS Trust	72	22	-	-	-	-

Local government bodies and government departments are regarded as related parties. During the year the Tavistock and Portman NHS Foundation Trust has

	Total income for the year ended 31 March 2015	Total charge for the year ended 31 March 2015	Debtor/ (creditor) as at 31 March 2015	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
	£000	£000	£000	£000	£000	£000
London Borough of Barnet	357	4	275	537	3	-
London Borough of Camden	163	591	165	676	651	275
London Borough of Haringey	477	-	216	520	-	212
Westminster City Council	834	41	-	883	65	146
Department for Education	150	-	38	150	-	-
Health & Social Care	-	107	-	-	-	-

	Total income for the year ended 31 March 2015	Total charge for the year ended 31 March 2015	Debtor/ (creditor) as at 31 March 2015	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
HM Revenue and Customs for Pay As You Earn income tax and National Insurance (included in staff costs)	-	7339	(651)	-	6,964	(618)

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

	Total recharge for the year ended 31 March 2015	Debtor/ (creditor) as at 31 March 2015	Total recharge for the year ended 31 March 2014	Debtor/ (creditor) as at 31 March 2014
	£000	£000	£000	£000
Tavistock and Portman Charitable Fund	5	-	57	3
Tavistock Clinic Foundation	3	-	9	-

The accounts for these two charities are published separately.

During 2014/15, the Trust has an agreement with National Shared Business Services to provide certain accounting processes. The Trust paid £123,244 (2013/14

**NOTES TO THE ACCOUNTS**

**Note 22 Directors' and Senior Managers' Remuneration**

Name			2014/15 Salary (bands of £5,000)	2013/14 Salary (bands of £5,000)
Allen, M.	Dean of Postgraduate Studies	Left the Trust December 2014	70-75	85-90
Bhugra D	Non Executive Director	From November 2014	0-5	N/A
Bostock, M.	Non Executive Director	Left the Trust October 2014	5-10	5-10
Gizbert J	Non Executive Director	From November 2014	0-5	N/A
Greatley, A	Chair		25-30	25-30
Harris, R	Director Child and Adolescent Services		105-110	100-105
Holt D	Non Executive Director		10-15	0-5
Jenkins P	Chief Executive		150-155	10-15
Jones, E	Nurse Director		40-45	40-45
Key, P	Director of Corporate Governance and Facilities		105-110	100-105
Lyon, L	Director, Patient Experience and Quality and Adult Services		105-110	100-105
McPherson, I	Non Executive Director		5-10	5-10
Moseley, J	Non Executive Director	Left the Trust October 2014	0-5	5-10
Murphy E	Non Executive Director	From November 2014	0-5	N/A
Rivett C	Non Executive Director	Left the Trust September 2014	0-5	0-5
Rock B	Dean of Postgraduate Studies	From January 2015	25-30	N/A
Senior, R	Medical Director		140-145	115-120
Smith, J	Commercial Director		90-95	95-100
Thomas, S	Director of Human Resources		85-90	85-90
Young, S	Deputy Chief Executive and Director of Finance		105-110	110-115

The median pay of the Trust's staff is £28,441. From the table above, the mid point of the banding of the highest paid director is £151,500, so this gives a ratio of 5.33 times the median pay of the Trust's staff.

Total remuneration paid to directors for the year ended 31/03/2015 (in their capacity as directors) totalled £1,109,000 (2013/14 £1,040,000). 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 31/03/2015 totalled £109,400 (2013/14 £129,000). The total number of directors to whom benefits are accruing under the NHS defined benefit scheme (the NHS Pension Scheme) was eight.

**NOTES TO THE ACCOUNTS**

**Note 23 Directors' and Senior Managers' Remuneration continued**

Name	Pension at age 60		Lump sum at age 60		Cash equivalent transfer value		
	Total pension at 31 March 2015	Real increase since 31 March 2014	Total accrued lump sum at 31 March 2015	Real increase since 31 March 2014	at 31 March 2015	at 31 March 2014	Real increase since 31 March 2014
	Bands of £5,000	Bands of £2,500	Bands of £5,000	Bands of £2,500	£000	£000	£000
Allen, M. Dean of Postgraduate Studies Left December 2014	0-5	0.0-2.5	not available	not available	79	60	19
Jenkins P Chief Executive	30-35	*	80-85	*	700	*	*
Key, P Director of Corporate Governance and Facilities	35-40	0-2.5	110-115	0-2.5	-	-	-
Rock B Dean of Postgraduate Studies - From January 2015	10-15	not available	40-45	not available	236	not available	not available
Senior, R Medical Director	40-45	7.5-10	130-135	17.5-20	0	-	-
Smith, J Commercial Director	35-40	0.0-2.5	105-110	0-2.5	648	618	30
Thomas, S Director of Human Resources	35-40	0.0-2.5	105-110	0-2.5	774	747	27
Young, S Deputy Chief Executive and Director of Finance	30-35	0	95-100	0	-	-	-

The table includes the pension entitlements of all senior management employed directly by the Trust for whom pension contributions were made during 2014/15

\* Mr Jenkins's pension figures at 31 March 2015 take account of his entitlement from previous NHS service. This was not included in the figures provided by the NHS Business Authority for 31 March 2014 (when Mr Jenkins had only recently joined the Trust). The figures are therefore not comparable.

	Value
	£'000S
Directors' remuneration	1,109
Employer contributions to pension schemes	109

Total number of directors to whom benefits are accruing under	Number
- money purchase schemes	-
- defined benefit schemes	8

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# Quality Report

2014/2015

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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 for our Quality Priorities for 2014/15 namely, for demonstrating the effectiveness of our clinical services; for us improving access to information about our clinical services for patients and for the emphasis we have placed on hearing the patient's voice. You can read about more about these achievements in Part 2.

## 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 2014/15 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

- PPI Meeting
- Clinical Quality, Safety, and Governance Committee (CQSG)
- 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 2015/16**

In line with our Operational Plan, services will be re-designed, taking into account quality maintenance and improvement.

We have joined the NHS Benchmarking Network and we will continue to make use of benchmarking data for our Child and Adolescent Mental Health Service.

We continue to be fully committed to improving quality across every aspect of the Trust's work, building further 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 2015/16 will focus on:

- Continuing to demonstrate further positive changes for patients, as a consequence of the psychological intervention/treatment they receive from the Trust.
- Increasing the involvement of service users across our work including increasing representation on interview panels and working to ensure that this is a positive and valuable experience for the service users who volunteer to do this.
- Developing a quarterly PPI newsletter for Trust staff and service users to include updates on patient stories.
- For the PPI team to improve its presence on the Trust 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](mailto: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



## What is the project?

We work with families who prefer to be seen in school and/or when other interventions have not been successful. We offer children and their families a range of tailored therapeutic interventions following initial assessment meetings.

The project helps to reduce anxieties about stigma and blame in the wider community, promoting the idea that help with complex emotional difficulties can be an ordinary part of community life.

## Who is the service for?

We see children aged 3 to 11 and their families. Typically these children are experiencing severe difficulties with expressing/coping with their emotions and may behave in ways that are extremely upsetting and hard to manage, for themselves, their families and schools.

As well as working with individual children and their families, we work closely with teachers and education staff. Teachers are helped to understand the underlying meaning of pupil behaviour, identify children more easily who are at risk and feel more confident about their work with troubled pupils who require more support and attention.

## Outcomes

From TOPS latest 2014/2015 evaluation and audit report:

100% of the parents and 88% of the children aged 9 to 11 said that overall the help received from TOPS was "good".

100% of parents and 75% of children aged 9 to 11 said that their views and worries "were taken seriously".

95% of parents and 100% of children aged 9 to 11 said that they found it "easy to talk".

95% of parents and 94% of children aged 9 to 11 felt they were "listened to".

From parents and children who received therapy:

*“ They listened to me and gave me good advice. ”*

- child

*“ My concerns were listened to. It made me feel better. ”*

- mum

*“ I was satisfied with how seriously they had taken my child's problem. ”*

- mum

*“ It really helped coming to do the sessions. ”*

- child

## 1.1. Achievements in Quality

We are proud to report that, in addition to our Quality Priorities, during the year 2014/15 we achieved the following:

- An Independent evaluation of the Family Drug and Alcohol Court led by Brunel University and funded by the Nuffield Foundation found that parents who had been through the FDAC process as opposed to ordinary care proceedings were more likely to stop misusing substances and, if they did so, more likely to be reunited with their children. FDAC families who were reunited at the end of proceedings had lower rates of neglect or abuse in the first year following reunification than reunited families who had been through ordinary care proceedings.
- We are delighted to announce that our pioneering City and Hackney Primary Care Psychotherapy Consultation Service (PCPCS) has been shortlisted in the category 'Mental Health Team' for the BMJ Awards 2015. The BMJ Awards are the UK's premier medical awards programme, recognising and celebrating the inspirational work done by doctors and their teams.
- Gloucester House Day Unit (which is a school for children with emotional difficulties and challenging behaviour) has undertaken a transformation of its service to offer a significantly lower cost model and managed to reduce costs by almost 30%. The Unit was awarded 'outstanding' status in every Ofsted category that was inspected. This achievement highlights how well the school is performing and their level of excellence and expertise in educating this complex and vulnerable group of children and young people.
- We were delighted we were successful in winning bids for number of new services including the management of Family Drug and Alcohol Courts (FDAC) in Milton Keynes and Buckinghamshire and a new treatment service for Anti-Social Personality (ASPD) Disordered Patients to be coordinated by the Portman Clinic.
- British Red Cross/Tavistock Partnership won an award for excellence & innovation. This is a prestigious national award that acknowledged the creativity of this new and exciting project.
- The Trust held a 'Time to Talk' event in September in support of the 'Time to Change' programme. Time to Change is a national programme run by the charities Mind and Rethink Mental Illness, setup to create a positive shift in public attitudes towards mental health

problems and promote better understanding to combat discrimination.

- Dr Jonathan Campion, Director for Public Mental Health, South London and Maudsley Trust was invited by the Trust to provide a talk on the link between smoking and mental health illness. As smoking cessation has become an essential target for public health, the Trust considered it important to invite a speaker with such extensive experience in this area.
- The Trust applied and was selected to be a Stonewall Health Champion and through this Department of Health funded scheme we have been provided with free consultation from Stonewall for a year. This has led to different developments within the Trust to promote an LGBT (Lesbian, Gay, Bisexual, and Transgender) friendly environment for staff, students and service users. For example, posters have been put up around the Trust, leaflets provided in the Adolescent and Young Adult Service waiting room and children's books with stories containing different types of family have been placed in the children's waiting room. A successful first LGBT and friends staff meeting was held in December and further events are planned for 2015.



## 1.2 Overview of Quality Indicators 2014/15

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
<b>Child and Adolescent Mental Health Service Outcome Monitoring Programme</b>			
For 75 % of patients to complete the Goal-Based Measure (GBM) at Time 1 and Time 2 (ideally with at least 2 targets).	Yellow	73%	15
For 75% of patients to achieve an improvement in their score on the GBM, from Time 1 to Time 2, on 2 targets (goals).	Green	75%	15
<b>Adult Outcome Monitoring Programme</b>			
For the Total CORE scores to indicate an improvement from Pre-assessment (Time 1) to End of Treatment (Time 2) for 50% of patients.	Green	53%	16
<b>Access to Clinical Service and Health Care Information for Patients and Public</b>			
To ensure that information from the patient story is on the patient section of the website.	Green	Achieved	17
To run a Visual Straw Poll on awareness of the patient stories.	Green	Achieved	17
Based on the feedback from the Visual Straw Poll, to revise the communications campaign to publicise patient stories if necessary.	Green	Achieved	17
<b>Patient and Public Involvement</b>			
To run at least two staff trainings on having services users on panels.	Green	Achieved	19
To have at least three interviews with service users on the panel.	Green	Achieved	19
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.	Green	Achieved	19
<b>Patient Safety Indicators</b>			
NHS Litigation Authority Level	Green	Level 2 achieved Feb 2011	35
Patient Safety Incidents		15	37
Monitoring of Adult Safeguard Alerts		0	38
Safeguarding of Children – Level 1 Training		97%	40
Safeguarding of Children – Level 2 Training		100%	
Safeguarding of Children – Level 3 Training		94%	
<b>Clinical Effectiveness Indicators</b>			
Monitor number of staff with PDPs		97.5%	44



<b>Patient Experience Indicators</b>		
Complaints received	14	46
<b>Patient Satisfaction</b>		
Percentage of patients that rated the overall help they had received as good:		
Quarter 1	93%	46
Quarter 2	92%	
Quarter 3	91%	
Quarter 4	93%	
<b>Did Not Attend Rate</b>		
Trust Wide – First Attendances	7.8%	48
Trust Wide – Subsequent Appointments	7.7%	48
<b>Waiting Time Breaches**</b>		
Trust Wide – Number of patients waiting for first appointment for 11 or more weeks	36	50
Internal Causes	13	
External Causes	23	
Trust Wide – Percentage of patients waiting for first appointment for 11 or more weeks	1.9%	50
Internal Causes	0.7%	
External Causes	1.2%	
<b>Other Achievements</b>		
IG Assessment Report overall score	96%	32
<b>Maintaining a High Quality, Effective Workforce</b>		
Attendance at Trust Wide Induction Days	90%	38
Completion of Local Induction	98%	39
Attendance at Mandatory INSET Training	98%	39

\*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 and/or when the Trust performed well).

\*\*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.

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

### 2.1. Priorities for Improvement

#### Progress against 2014/15 Quality Priorities

Looking back, this section describes our progress and achievements against the targets we set for each quality priority for 2014/15.

#### 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 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 2014/15.

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, where the patient decides what would like to achieve. 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), indicating whether or not they have achieved their goal.

<b>1. Child and Adolescent Mental Health Service Outcome Monitoring Programme</b>			
<b>Targets for 2014/15</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>
1. For 75 % of patients to complete the Goal-Based Measure (GBM) at Time 1 and Time 2 (ideally with at least 2 targets)*.	76%	79%	73%
2. For 75% of patients to achieve an improvement in their score on the GBM, from Time 1 to Time 2, on 2 targets (goals)**.	99%	73%	75%***

\*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 in 2012/13.

\*\*\* For 2014/15 when those patients who only set one goal at Time 1 and who improved on that one goal are included, the improvement rate increases to 82%.

### How have we progressed?

1. Unfortunately, this year we fell slightly short of the target of 75%, by achieving 73% for the return rate of forms for the Goal-Based Measure completed by patients/service users, in conjunction with clinicians, at both Time 1 and Time 2.
2. However, we are very pleased to have achieved the target, for 75% of patients to achieve an improvement in their score on the GBM, from Time 1 to Time 2, on 2 targets (goals), which is an improvement on last year when we achieved 73%. This is an important target as it enables us to demonstrate positive changes for patients as a consequence of the psychological intervention and/or treatment they have received from the Trust.

## 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 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 2014/15.

2. Adult Outcome Monitoring Programme			
Targets for 2014/15	2012/13	2013/14	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 over the age of 25.	*	*	53%

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

### How have we progressed?

For the Adult Service, for Target 1, 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 End of Treatment stage (Time 2).

We are pleased to report that we exceeded our target, as 53% of patients who completed the CORE forms at Time 1 and Time 2 showed an improvement in their Total CORE score from the Pre-assessment to the End of Treatment stage. Again, we consider this to be a very positive result as it enables us to demonstrate positive changes for patients as a consequence of the

psychological intervention and/or treatment they have received from the Trust\*\*.

### 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 2014/15	2014/15 Outcome
1. To ensure that information from the patient story is on the patient section of the website.	The target was achieved.
2. To run a Visual Straw Poll on awareness of the patient stories.	The target was achieved.
3. Based on the feedback from the Visual Straw Poll, to revise the communications campaign to publicise patient stories if necessary.	The target was achieved.

We set the following targets for 2014/15:

#### Target 1

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

#### Measure Overview

In 2014/15 a new initiative was launched to take patient stories to the Board of Directors. Patients would be invited to share their story at a Board of Directors meeting. The purpose of the patient stories initiative was to enable Board members to hear first-hand about our services from those who use them so that they can be improved. Part of this initiative was to include the stories of those patients who consented on the Trust website, so that members of the public might also have a better sense of patient journeys within our services.

\*\*The NHS Mandate commits NHS England to playing 'a full part in delivering the commitments that at least 15% of adults with relevant disorders will have timely access to services, with a recovery rate of 50% by 2015.'

### How have we progressed?

This target was achieved. A news article regarding the first two patient stories was posted on the website on 13<sup>th</sup> October 2014. The article reports on the first two people to attend the Board of Directors meetings and invites further volunteers to come forward. Two patients have consented to their full story being shared on the website. These stories will be added as part of the refresh programme which is taking place and will be posted by the end of Quarter 1 in 2015/16.

### Target 2

To run a Visual Straw Poll on awareness of the patient stories.

### Measure Overview

The Visual Straw Poll was used to survey awareness and knowledge of the Patient Stories initiative.

### How have we progressed?

This target was achieved. A Visual Straw Poll was run from 20<sup>th</sup> October 2014 to the 3<sup>rd</sup> November 2014 posing the question 'Did you know you can come to our Board of Directors meeting and share your story?' A total of 78 tokens were posted. 39 people responded 'yes', 30 responded 'maybe' and 9 responded 'no'.

As a sub-heading to the question respondents were encouraged to leave their contact details in the post box by the general office if they wished to share a patient story. However, no contact details were received.

### 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 were accessible, the Communications Strategy around this initiative was reviewed based on the results of the Visual Straw Poll.

## How have we progressed?

This target was achieved. In addition to the news article posted on the website an article reporting on the first patient to share their story at the Board of Directors meeting was included in the autumn 2014 Members' Newsletter. A poster and leaflet advertising patient stories and providing details of how to get involved have been created and displayed in Trust waiting rooms and notice boards and taken to relevant events.

### Priority 4: Patient and Public Involvement

4. Patient and Public Involvement	
Targets for 2014/15	2014/15 Outcome
1. To run at least two staff trainings on having services users on panels.	The target was achieved.
2. To have at least three interviews with service users on the panel.	The target was achieved.
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.	The target was achieved.

We set the following targets for 2014/15:

#### Target 1

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

#### Measure Overview

Over the past two years the Trust has been working towards increasing user input into staff interviews. The PPI Committee agreed to the development of a structure for service users to be involved in the recruitment and selection processes for staff appointments with patient contact. Part of this process involved preparing and supporting staff with this new initiative. The PPI team arranged two training sessions for staff with an external trainer in order to prepare staff who were involved in the recruitment and selection of new staff.

## How have we progressed?

This target was achieved. Two staff training sessions have taken place on having service users on interview panels. The training sessions took place on

23<sup>rd</sup> September 2014 and 15<sup>th</sup> October 2014 and were facilitated by Elizabeth Neill Youth Engagement and Training Coordinator from YoungMinds. Both sessions were well attended.

## Target 2

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

### Measure Overview

The Trust is committed to service user input on interview panels and the PPI team committed to facilitating the recruitment of service users to sit on three interview panels during the first year of this initiative.

### How have we progressed?

This target was achieved. Eleven interviews have been held with service users on the panel, which has involved helping service users prepare for the interviews and obtaining feedback from the service user and de-briefing them following the interviews.

## 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 patient journey.

### Measure Overview

Following the first patient story to be presented at the July Board meeting, the Board agreed that this was a valuable initiative and proposed that a minimum of three more patient stories should be shared at Board meetings within the year.

### How have we progressed?

This target was achieved. Five patient stories have been taken to the Trust Board. Two adult patients and one parent of a young patient attended the Board in person to share their story. One adult patient provided a transcript which was presented to the Board by a member of the PPI team and two adolescent service users from the North Camden Service shared their stories via a short video which was shown to the Board.





## What is the project?

We are committed to involving patients, relatives and the public in the work we provide in order to ensure that we're responsive to users of our services and the community.

We gather feedback from a range of sources, both formal and informal, including:

- Patient surveys
- A confidential feedback box
- Feedback to our Patient Advice and Liaison Service (PALS)
- Focus groups
- Events, such as lectures and open days
- User representation on committees

## Who is the service for?

We welcome involvement from patients and their families, students and anyone else interested in our work. The public is able to contribute to our development through:

- Joining our patient and public involvement forum
- Getting involved in committees or groups
- Working on a short-term project that needs a patient's viewpoint
- Reviewing our leaflets and advising on their content and language
- Giving us general feedback

## Outcomes

In 2014-15 we have achieved our target of at least three service users visiting the Board of Directors to tell their story. We also achieved our target of at least three service users taking part in interview panels. We are continuing to further develop our PPI strategies through holding interactive patient events and staff conferences.

From people who had received therapy:

“ It helped so much to have someone to talk to. ”

“ My points of view are listened to and taken into account. ”

“ Very professional consultants, knowledgeable and understanding. ”

“ Understanding and emotional support. ”

## Quality Priorities for 2015/16

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, by continuing to focus on measurable outcomes from our interventions, 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 increasing the involvement of 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 2014/15 targets and detailed discussion to agree CQUIN targets for 2015/16.

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 having a representative from Healthwatch Camden join the PPI Committee has made a useful contribution to this process.

### Clinical Effectiveness (Clinical Outcome Monitoring)

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

We have agreed with our commissioners, as part of our CQUIN target for 2015/16, to raise the return rate (see Glossary) from 75% to 80% for patients (attending CAMHS who qualify for the CQUIN) who complete the Goal-Based Measure (GBM) with their clinician 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). We have set this as one of our Quality Priority targets.

For our second target, we have agreed with commissioners to continue with one of the CQUINs (see Glossary) targets from 2014/15, which we have also set as one of our Quality Priority targets namely, 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).

## 1. Child and Adolescent Mental Health Service Outcome Monitoring Programme

### Targets for 2015/16

1. For 80% 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 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 outcome 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 Patient Experience and Care Quality Committee, the Board of Directors, Camden CCG and our clinical commissioners from other boroughs. The Lead for Outcome Monitoring in CAMHS will ensure that action plans are in place when expected levels of assurance are not achieved.

## Priority 2: Young Adult and Adult Outcome Monitoring Programme

For 2015/16, we plan to continue to focus on evaluating the change for adult patients (over 25 years of age) from the Pre-assessment phase to the End of Treatment phase, but this year we plan to extend this target down to young adults (aged 18 to 25) as a way of evaluating our clinical effectiveness for the group of patients (aged 18 and above) who qualify for the CQUIN (see Glossary).

We have set the following target for 2015/16, which also represents the CQUIN (see Glossary) target we have agreed with our commissioners (TBC)

### 2. Young Adult and Adult Outcome Monitoring Programme

#### Target for 2015/16

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 outcome 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 Experience and Care Quality Committee, the Board of Directors, Camden CCG and our clinical commissioners from other boroughs. The Lead for Outcome Monitoring 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 2015/16:

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

##### Targets for 2015/16

1. PPI team to develop a quarterly PPI newsletter for Trust staff and service users to include updates on patient stories
2. PPI Newsletters to be available on the Trust website
3. Following launch of the newsletter, a Visual Straw Poll to be run on awareness of the newsletters

#### Target 1

The PPI team will develop and launch a quarterly PPI newsletter for Trust staff and service users to include updates on patient stories.

#### Measure Overview

There is a great deal of service user involvement work going on within the Trust but it is often not well publicised. A quarterly newsletter will summarise all of the initiatives and projects that have taken place within the previous quarter and also advertise projects that people can get involved in. The patient stories initiative will be one of the projects that is reported on.

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

The quarterly newsletter will be posted on the Trust Website.

#### Target 2

PPI newsletters to be available on the Trust Website and Intranet.

#### Measure Overview

As part of our review of how we communicate with patients, the Adult Reference Group have suggested that PPI team will need to improve its presence on the Trust website.

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

PPI newsletters will be posted on the website.

### Target 3

Following the launch of the newsletter a Visual Straw Poll to be run on awareness of the newsletter.

#### Measure Overview

A question on the Visual Straw Poll will be used to evaluate awareness and knowledge of the PPI quarterly newsletter.

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

The evidence will be the results of the Visual Straw Poll.

#### 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; Patient Experience and Care Quality 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 2015/16:

<b>4. Patient and Public Involvement</b>
<b>Targets for 2015/16</b>
1. To provide a service user for every clinical interview panel that requests a service user panel member.
2. To gain feedback from the service users who participate in interview panels. Feedback will be gained regarding three areas: preparation for the panel, participating in the panel and the debrief process. The PPI team will contact every service user who participates on an interview panel.

### Target 1

To provide a service user for every clinical interview panel that requests a service user panel member.



### Measure Overview

The PPI team has provided interview panel training sessions for service users who have volunteered to participate and now have a pool of service users who can sit on interview panels. The PPI team will assist and support any member of staff who requests a service user panel member, to identify a service user to sit on their interview panel.

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

The PPI team will maintain their local spreadsheet containing details of interview panels that have taken place including a service user on the interview panel.

### Target 2

To gain feedback from the service users who participate in interview panels. Feedback will be gained regarding three areas: preparation for the panel, participating in the panel and the debrief process. The PPI team will contact every service user who participates on an interview panel.

### Measure Overview

We are committed to including service users on panels and wish to ensure that it is a positive and valuable experience for those who participate, so will plan to making changes to the process based on the feedback we receive.

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

The evidence will be feedback reports maintained by the PPI team. The PPI team will contact service users to ask them about their experience of being on an interview panel.

### 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; Patient Experience and Care Quality 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.

# Tottenham Thinking Space Project



## What is the project?

This project aims to bring people together to talk and think about life in Tottenham, what is good and what could be better. It was funded by Haringey Directorate of Public Health after the 2011 riots, to pilot a community mental health intervention based on a model developed in Brazil by Adalberto Barreto called "community therapy". It is a group therapeutic model which seeks to enable people to better understand themselves, develop relationships and support each other to improve themselves and their local community.

## Who is the project for?

The project is for all who live in Tottenham. However it 'reaches out' to engage the most disadvantaged residents. Since its launch in October 2013, in response to the views of participants, the Project has developed four Thinking Spaces: A weekly Thinking Space open to all; a weekly Tea & Coffee morning for isolated women in partnership with Tottenham Green Holy Trinity Church; a fortnightly Men's Group and a fortnightly Women's Health & Well-being group.

## Outcomes

There have been a number of initiatives taken by participants in the project, for example, the mums who participate in the mums tea & coffee mornings organised a programme of activities to help themselves and local families cope with the long summer school holidays last year. One mother who has struggled with depression exhibited her art work on 'post-natal depression' using the forum of Thinking Space to discuss the challenges and experience of post-natal depression and recovery. Other participants have been inspired to become volunteers in the project and others have moved from unemployment into employment/training.

From participants of the Tottenham Thinking Space Project:

“ We can look out for each other. It's a shared thing. That's what community should be about in Tottenham. ”

“ I think it's brilliant that it's broken those walls down and now I have a lot more trust of people in the area. ”

“ It's enhanced my life. To realise that there are other people in a common situation, like myself, and realising that just by sharing my experiences that might help someone else. ”

“ Being part of a group where you are widening each other's perspectives, learning about the importance of really listening. ”



## 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 2014/15 (Monitor).*

During 2014/15 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 six of these relevant health services.

The income generated by the relevant health services reviewed in 2014/15 represents 100 % of the total income generated from the provision of relevant health services by The Tavistock and Portman NHS Foundation Trust for 2014/15.

### Participation in Clinical Audits and National Confidential Enquiries

During 2014/15 1 national clinical audit and 2 national confidential enquiries covered relevant health services that The Tavistock and Portman NHS Foundation Trust provides.

During that period 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 2014/15 are as follows:

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

The national clinical audits and national confidential enquiries that The Tavistock and Portman NHS Foundation Trust participated in during 2014/15 are as follows:

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

The national clinical audits and national confidential enquires that The Tavistock and Portman NHS Foundation Trust participated in, and for which data collection was completed during 2014/15, 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. The male had been seen at the Trust.
- **Confidential Inquiry into Maternal Deaths:** the auditors did not approach the Trust to complete an audit form in 2014/15
- **National Audit into Psychological Therapies:** no data collection was required in 2014/15, the Trust received a copy of the second report of this audit in 2013

The Trust received and reviewed the report of the National Confidential Inquiry into Homicides and Suicides in 2014/15 and in response The Tavistock and Portman NHS Foundation Trust has produced the following documents for staff to improve the quality of healthcare provided: 'Prevention of suicide procedure' and 'Assessment and management of self harm procedure', both which will be circulated to staff, available on the Trust Website and promoted at mandatory training events and at team meetings.

The reports of 9 local clinical audits were reviewed by the provider in 2014/15 and The Tavistock and Portman NHS Foundation Trust has plans in place to improve care as a result of the learning from these audits.

Audit topics included compliance with case note standards involving 3 audits and one re-audit; audit of patients attending the Fitzjohns unit; audit of prescribing practice in children and adolescent services; audit of care in the FAKCT (Fostering Adoption & Kinship Care Team); audit of care in the EIS (Early Intervention Service); audit of care of patients receiving intensive treatment in the Adolescent and Young Adult Service

Actions include:

- Continued improvement in record keeping
- Use the initial learning from audit of adult 'intermittent therapy' service along side other data to inform service redesign work in Adult services.
- Learning from the 'prescribing audit' will inform development of the electronic records format which will be rolled out in 2015/16.

- Further changes to information collected at assessment to ensure key data is available (e.g. inclusion of 'duration' as a standard question in Fitzjohns unit assessments).

### 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 2014/15 that were recruited during that period to participate in research approved by a research ethics committee was 282. Throughout the year, the Trust has been involved in 5 studies; 3 were funded (of which 0 were commercial trials), and 2 were unfunded.

### The use of the CQUIN Framework

A proportion of The Tavistock and Portman NHS Foundation Trust income in 2014/15 was conditional on 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 2014/15 and for the following 12 month period is available electronically at <http://www.tavistockandportman.nhs.uk/about-us/governance/commissioning-quality-and-innovation-cquin>

The total financial value for the 2014/15 CQUIN was £249,156 and The Tavistock and Portman NHS Foundation Trust expects to receive £244,522. (The Trust received £257,775 in 2013/14).

### 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 2014/15.

The Tavistock and Portman NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during 2014/15.

In March 2014 the Trust underwent a routine inspection by the Quality Commission (CQC). We continue to hold full registration with the CQC without restriction. The full report is available on the CQC website, [www.cqc.org.uk](http://www.cqc.org.uk).

### Information on the Quality of Data

The Tavistock and Portman NHS Foundation Trust did not submit records during 2014/15 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. This is because The Tavistock and Portman NHS Foundation Trust is not a Consultant-led, nor an in-patient service.

The Tavistock and Portman NHS Foundation Trust Information Governance Assessment Report overall score for 2014/15 was 96% and was graded green.

The Tavistock and Portman NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2014/15 by the Audit Commission.

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

- The Trust has agreed to streamline all clinical data collection and reporting across the Trust. For this purpose the Trust has introduced the Quality Team with a remit to ensure that processes and procedures are in place, across the Trust including outreach services, to ensure we meet our local and nationally agreed targets. They will also promote the Trust's quality agenda with a robust campaign of posters, training, events etc. highlighting our current CQUIN and KPIs (Key Performance Indicators) and the work required to achieve them.
- The Quality team meets with department managers on a monthly basis to go through the department's quality performance dashboard in relation to CQUINS, KPIs and any locally agreed targets. Action plans are put in place, where targets are identified to be weak or insufficient, so that improvements can be made in time to achieve the targets for quarterly reporting.
- In order to provide assurance to the Trust's Quality Lead and Trust Board, a senior committee has been established, the Data Analysis and Reporting Committee (DARC) to look at clinical data in line with the Trust's overall strategic plans and to enable the Trust to benchmark services both internally and externally.

- As reported previously we are in the process of moving to an electronic patient administration system, Carenotes, which will further assist us to streamline our data collection and reporting providing us with a paperless system with clinicians directly entering patient clinical data.

## 2.3 Reporting against core indicators

Since 2012/13 NHS foundation Trusts 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 (HSCIC)\*.

As specified by Monitor:

‘For each indicator the number, percentage, value, score or rate (as applicable) for at least the last two reporting periods should be presented in a table. In addition, where the required data is made available by the HSCIC, a comparison should be made of the numbers, percentages, values, scores or rates of each of the NHS foundation Trust’s indicators with:

- the national average for the same and
- those NHS Trusts and NHS foundation Trusts with the highest and lowest for the same.’

However, the majority of the indicators included in this section (“Reporting against core indicators”) are not relevant to the Trust.

**Core Indicator No. 22** covers ‘The Trust’s ‘Patient experience of community mental health services’ indicator score with regard to a patient’s experience of contact with a health or social care worker during the reporting period.’

Although, we have reported on patient satisfaction elsewhere in the Quality Report on page 46, the questions included in the Experience of Service Questionnaire (ESQ), which we use with patients we see in the Trust to obtain feedback on their experience of our services, cannot be directly compared with the questions derived from the Annual Report on Patient Experience from community mental health services.

However, we believe that with the positive feedback we have received from patients in 2014/15 (93% of patients in Quarter 1; 92% of patients in Quarter 2; 91% of patients in Quarter 3 and 93% of patients in Quarter 4 rated the

\*Please refer to pp13-16 of “Detailed requirements for quality reports 2014/15” ([www.gov.uk/monitor](http://www.gov.uk/monitor))

help they had received from the Trust as 'good') means that we would score very positively for patient experience when compared to other mental health Trusts.

**Core Indicator No. 25** covers "The number and, where available, rate of patient safety incidents reported within the Trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death". Again, the data for this indicator can be found elsewhere in the Quality Report on page 37.

## Part 3: Other Information

This section contains information relevant to the quality of relevant services provided by The Tavistock and Portman NHS Foundation Trust during 2014/15 based on performance in 2014/15 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 2012/13 and 2013/14 Quality Reports along with metrics that reflect our quality priorities for 2014/15. 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 2014/15.

#### Patient Safety Indicators

##### NHS Litigation Authority Level

Indicator	2012/13	2013/14	2014/15
NHS litigation Authority Level		Level 2 achieved (Feb 2011)	

##### What are we measuring?

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.



# Refugee Service



## What is the project?

The Child and Family Refugee Team offers culturally sensitive talking therapies service to families and a range of community outreach projects. The team also offers consultation to health and social care staff on collaborative practice with refugee families.

In order to ensure that our service is as non-stigmatising, culturally sensitive and accessible as possible, we have practitioners who are from refugee communities. We work closely with interpreters and we draw on the knowledge of a network of community partners.

Our community outreach projects enable us to access families who would view more traditional mental health services as too stigmatising.

## Who is the service for?

The Refugee Service provides a culturally sensitive service to children, young people and their families from refugee and asylum seeking communities in Camden and other London boroughs. The service has developed particular expertise in working with separated children seeking asylum.

## Outcomes

Of the ESQ forms we received in 2014/15, 100% families said it was true that their "views and worries" were taken seriously, 97% said they would "recommend" the service to a friend and 95% "felt listened to". 94% felt that they were "treated well".

From families who had received therapy:

“ I am very pleased with the service we received. ”

“ My child's behaviour has improved so much. ”

“ It was so helpful to have someone listen and help with ideas. ”

“ You were there to help me and give me the confidence and ideas. ”



## Patient Safety Incidents

Indicator	2012/13	2013/14	2014/15
Patient Safety Incidents	30	42	15

### What are we measuring?

The Trust uploads details of all incidents that are reported that meet the requirements for registration on the NHS National Reporting and Learning System (NRLS). The NRLS definition of an incident that must be uploaded is as follows:

'A patient safety incident is any unintended or unexpected incident which could have or did lead to harm for one or more patients receiving NHS care.'

The Trust has a low rate of '*patient safety*' incidents due to the nature of its patient services, (we provide psychological therapies, we do not undertake any physical interventions, and are an out-patient service only). All 15 incidents reported in 2014/15 were in the "no harm/low harm" category, and were therefore rated as suitable for local review only.

Most of the reportable incidents relate to 'pupil on pupil' behaviour incidents i.e. when one pupil physically or emotionally 'attacks' another pupil which occurred in the Trust's Specialist Children's Day Unit, which is a school for children with emotional difficulties and challenging behaviour. Under the NRLS these are classed as patient to patient incidents and are therefore reportable

During the year the Trust did investigate a small number of serious patient incidents (for example, suicide of patients known to or being treated by the Trust). These incidents are not included in the above data as in these cases the patients were also known to another Mental Health Trust, which undertook the role of lead investigator

We have robust processes in place to capture incidents, and staff are reminded of the importance of incident reporting at induction and mandatory training events. 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 position is in line with all other Trusts.

## Monitoring of Adult Safeguards

Indicator	2012/13	2013/14	2014/15
Monitoring of Adult Safeguard Alerts	0	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. This includes the 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 2014/15, no adult safeguarding referrals were made.

## Attendance at Trust-wide Induction Days

Indicator	2012/13	2013/14	2014/15
Attendance at Trust Wide Induction Days	77%	94%	90%

### 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 pleased to report that 90% of staff joining the Trust in 2014/15 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	2012/13	2013/14	2014/15
Completion of Local Induction	95%	97%	98%

### 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 98% returned forms to show that the local induction had been completed by almost all of staff joining the Trust in 2014/15.

### Attendance at Mandatory INSET Training

Indicator	2012/13	2013/14	2014/15
Attendance at Mandatory INSET Training*	93%	95%	98%

\*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 2015.

## Measure Overview

This measure monitors staff attendance at mandatory INSET 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 98% of our staff who were required to attend INSET training had done so within the previous two years and that the attendance rate has improved further since last year.

## Safeguarding of Children

Indicator	2012/13	2013/14	2014/15
Safeguarding of Children – Level 1 Training	*	94%	97%
Safeguarding of Children – Level 2 Training	**	88%	100%
Safeguarding of Children – Level 3 Training	82%	89%	94%

\*All staff receive 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 and young people 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 once every three years.

## Targets and Achievements

The Trust places great importance on all staff receiving relevant safeguarding training and so we are very pleased that when compared with last year there has been an improvement in attendance for all three levels of Child Safeguarding training. By March 2015, 97% of staff received Level 1 training and 100% of staff attended Level 2 training. In addition, 94% of staff requiring Level 3 training had attended this training

## Staff Survey

### Introduction

The National NHS Staff Survey is completed by staff annually and took place between October and December 2014. The Trust's results from this year's survey continue to be positive overall and indicate that staff still consider the Trust to be a good employer.

### Summary of Performance

Some of the key highlights from the Staff Survey are summarised below:

The Trust's overall staff engagement score is once again higher than the national average (national average is 3.72 and the Trusts score is 3.97, measured on a scale of 1 – 5, 5 being highly engaged and 1 poorly engaged) and also better than the Trust's score of 3.91 in 2013.

Some of the other areas where the Trust received the best scores include:-

- *Staff recommending the Trust as a place to work and receive treatment*
- *Low numbers of staff experiencing harassment, bullying and abuse from patients, public and staff*
- *Staff witnessing errors, near misses and incidents*
- *Staff job satisfaction*
- *Staff feeling pressure to attend work while unwell*
- *Staff feeling their roles make a difference to patients*

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

- *staff indicating that they are working extra hours*

We believe that this is linked with the very positive score we received for 'staff job satisfaction' and 'staff feeling their roles make a difference to patients' with us having a very committed and engaged staff group. Notwithstanding this, there is on-going work within the Trust to improve job planning which forms part of the annual appraisal process, so that 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.

- *staff receiving health and safety and equality and diversity training*

The National NHS Staff Survey includes questions about 'annual training' in these areas. However, as the Trust provides refresher training for all staff every two years, it means that performance against this indicator for the Staff Survey will be low (compared to other Trusts). Nevertheless, although equality and diversity training is offered to staff throughout the year, in addition to the mandatory Induction and INSET day training (which includes health and safety and equality and diversity training). In the future the Trust plans to mainstream equalities training with a focus on increasing staff attendance.

- *staff experiencing discrimination at work and equal opportunities in career progression or promotion*

To address some of the concerns raised by staff regarding experiencing discrimination at work, the Trust will consider providing regular diversity training sessions at team meetings and raise awareness through use of email alerts, briefing hand-outs, flyers and awareness sessions, either in teams or at directorate meetings. In addition, the current strategies and interventions to support and assist staff in reporting bullying, harassment or discrimination will be promoted further. Regarding equal opportunities in career progression or promotion, the Trust will review ethnicity statistics and data relating to staff promotions and staff progression and if disparities exist, devise an action plan to address these. If no disparities exist, ensure Trust data on promotions and appointments is shared regularly with staff, in order to address this perception.

Staff response rates have also reduced further this year from 47% in 2013 to 38% in this survey, (202 out of 535 staff); this is below the national average of 42%.

The reasons for this are not entirely clear, but possibly related to the fact that this year, for the first time, the Staff Survey was run via an online confidential survey system, where staff were sent a code and a link to access the survey via email. Whereas in previous years staff were required to

complete a paper (hardcopy) survey which possibly might have been more difficult to overlook than the electronic staff survey used this year.

The three priorities for the coming year identified by the Trust's Management Team, some of which has been informed by the findings from the Staff Survey include the following:

1. Continuing to tackle issues of bullying and harassment.
2. Mainstreaming equalities training with a focus on increasing staff attendance.
3. Ensuring that improvements continue in internal communication processes to ensure that staff are informed of and able to contribute to developments across the Trust.

A copy of the 2014 National NHS staff survey for The Tavistock and Portman NHS Foundation Trust is available at

[http://www.nhsstaffsurveys.com/Caches/Files/NHS\\_staff\\_survey\\_2014\\_RNK\\_full.pdf](http://www.nhsstaffsurveys.com/Caches/Files/NHS_staff_survey_2014_RNK_full.pdf)

## 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 (e.g. at the entrance to the lifts in the Tavistock Centre).

The Trust organised on site access to flu vaccination for staff in the autumn of 2014.

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

## Clinical Effectiveness Indicators

### Monitor Number of Staff with Personal Development Plans

Indicator	2012/13	2013/14	2014/15
Monitor number of staff with Personal Development Plans	84%	96%	97.5%

#### 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 97.5% of staff had attended an appraisal meeting with their manager and agreed and completed a PDP for the upcoming year by the 31 March 2015 deadline, which is an improvement on the performance for this indicator in 2013/14.

#### 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 for patients of all ages and continue to support staff development and innovative applications of these models. This is in addition, to Group Psychotherapy, Couples Therapy and therapeutic work with parents.

Over the last year we have continued to strengthen our capacity to offer a range of interventions through a staff training and supervision programme. 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. Over the last year 12 staff members have been trained in EMDR for over 18s. This training was provided in response to an 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 remains to continue to train staff to increase their capacity to identify and present treatment choices, taking into account relevant NICE guidance where available.

## 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 2014/15.

## Patient Experience Indicators

### Complaints Received

Indicator	2012/13	2013/14	2014/15
Complaints received	16	12	14

#### What are we measuring?

The Trust has a Complaints Policy and Procedure in place that meets the requirements of the Local Authority and NHS Complaints (England) 2009 Regulations. As in previous years the number of formal complaints received by the Trust in 2014/15 remains low at 14, this compares to 16 in 2012/13 and 12 in 2013/14.

All formal complaints received relate to aspects of clinical care, as in previous years we have received no complaints about environment, facilities or other non-clinical issues.

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. During the year there were no complaints referred to the Mental Health Ombudsman.

We endeavour to learn from each and every complaint, regardless of whether it is upheld or not. In particular, each complaint gives us some better understanding of the experience of our services for service users, a critical contribution to all of our service development. In addition, for 2015/16 the Trust is committed to ensure that all staff are fully aware of the different ways that patients can raise concerns and we have recently launched a short guidance note for staff to help them support their patients with raising concerns.

### Patient Satisfaction

Indicator	Q1	Q2	Q3	Q4
Patient rating of help received as good	93%	92%	91%	93%

The Trust has formally been exempted from the NHS National Mental Health Patient 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 93% of patients in Quarter 1 (April to June 2014), 92% of patients in Quarter 2 (July to September 2014) and 91% of patients in Quarter 3 (October to December 2014) and 93% of patients in Quarter 4 (January to March 2015) rated the help they had received from the Trust as ‘good’.

For this financial year, this patient satisfaction target was also a CQUINs Target for CAMHS, please see table below for the quarterly patient satisfaction percentages:

Indicator	Q1	Q2	Q3	Q4
CAMHS Number of service users reporting satisfaction with the service (rated the help they had received from the Trust as ‘good’.)	85%	92%	91%	94%

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. Feedback from patients has provided us with an understanding of areas we need to work to improve for the year ahead. We will continue to work with the clinical directorates to improve patient satisfaction with the explanation they receive regarding help available at the Trust. This includes the verbal and written information they receive prior to their first visit to the Trust, as well as involvement of patients in decisions about their care and treatment.

## Did Not Attend Rates <sup>(1,2)</sup>

Indicator	2012/13	2013/14	2014/15
<b>Trust-wide</b>			
First Attendance	9.6%	10.3%	7.8%
Subsequent Appointments	8.9%	8.7%	7.7%
<b>Adolescent and Young Adult</b>			
First Attendance	9.5%	7.7%	8.9%
Subsequent Appointments	13.7%	14.3%	14.8%
<b>Adult</b>			
First Attendance	7.3%	7.5%	8.5%
Subsequent Appointments	7.6%	9.1%	7.3%
<b>Camden Child and Adolescent Mental Health Service (Camden CAMHS)</b>			
First Attendance	13.6%	14.1%	8.8%
Subsequent Appointments	10.1%	8.1%	7.1%
<b>Developmental (including Learning and Complex Disability Service)</b>			
First Attendance	3.0%	2.0%	5.7%
Subsequent Appointments	7.4%	6.9%	7.3%
<b>Portman</b>			
First Attendance	4.6%	7.9%	2.7%
Subsequent Appointments	11.0%	9.1%	8.3%
<b>Other Child and Adolescent Mental Health Service (Other CAMHS)</b>			
First Attendance	4.5%	6.4%	3.8%
Subsequent Appointments	4.8%	5.8%	4.1%

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. 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

We are very pleased to report that there has been a decrease in the Trust-wide DNA rates both for first attendances and for subsequent/follow-up appointments, compared with last year. Namely, there has been a decrease in DNA rates for first attendances (7.8%) compared with 2013/14 (10.3%) and a decrease in DNA rates for subsequent/follow-up appointments (7.7%) compared with 2013/14 (8.7%).

We believe that this has been as a consequence of the on-going and concerted 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; emailing patients and sending them text reminders for their appointments, or phoning patients ahead of appointments as required. By comparison, the average DNA rate reported for mental health Trusts is around 14%.<sup>3</sup>

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.

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. On occasions data validation audits 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 (e.g. clinical records; diary sheets and 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. However, currently the Trust is in the process of moving to an Integrated Digital Care Record (IDCR) namely Carenotes, which will reduce the number of steps to recording DNA (i.e. the clinician will record outcome directly) and we anticipate that our data reliability will be increased.

3. Mental Health Benchmarking Club, April 2010, Audit Commission: <http://www.nhsbenchmarking.nhs.uk/index.php>

## Waiting Times (4,5)

Indicator	2012/13	2013/14	2014/15
<b>Trust Wide – Number of patients waiting for first appointment for 11 or more weeks</b>	118	65	36
Internal Causes	27	18	13
External Causes	88	47	23
Unknown Causes	3	N/A	N/A
<b>Trust Wide – Percentage of patients waiting for first appointment for 11 or more weeks</b>	6.1%	4.1%	1.9%
Internal Causes	1.4%	1.1%	0.7%
External Causes	4.5%	2.9%	1.2%
Unknown Causes	0.2%	N/A	N/A

- 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.
- 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 2014/15, 36 (1.9%) patients had to wait for eleven weeks or longer for their first appointment. Clinical and administrative staff work hard to minimise the length of time that patients have to wait before they are seen and we are pleased to report that this is a significant improvement on the 65 (4.1%) figure from 2013/14. There were both factors external to the Trust, concerning 23 (1.2%) patients, and internal to the Trust, for 13 (0.7%) 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.

### 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 2014/15 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.



# Mind Matters



## What is the project?

The first Mind Matters event took place on 6 August 2014 and involved a series of interactive workshops whereby young people were able to talk about what it means to have a mind. The programme engaged young people in a conversation about psychological, philosophical, and scientific understandings of what makes a mind. The programme gave an opportunity for them to express thoughts on pressures in their lives, such as: exams, self-perception, social media, and how and when to ask for help with how they're feeling.

## Who was the project for?

The event included 15-19 year olds who were curious in exploring what it means to have a mind and to try mindfulness exercises aiming to calm busy minds and help us accept the range of thoughts and emotions our minds might encounter.

## Outcomes

The day rounded up with a discussion about how to manage if things do feel more difficult. Each participant took away a resource pack crammed with useful ways to look after their minds and a list of young-people friendly services. We learned a lot from the young people who attended, whose feedback was very positive overall.

16 young people attended the workshop and 12 of the participants completed a feedback form. Five commented that the techniques learnt helped them to relax and calm down. Six people left positive comments saying that the activities were fun and the day was well organised and interesting.

From young people who attended:

“ I really liked it. Calmed my mind. ”

“ Interesting! Something I'd never heard of and would consider trying at home. ”

“ Allowed me to listen to other people's opinions about social networking. ”

“ It was good and raised awareness of possible online situations. ”



## 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 (CCG) is responsible for the commissioning of health services from Tavistock and Portman (T&P) 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 T&P 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 is accurate in relation to the services provided. We have taken particular account of the identified priorities for improvement for T&P and how this work will enable real focus on improving the quality and safety of health services for the population they serve.

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, representative and balanced overview of the quality of care at T&P. We have discussed the development of this Quality Account with T&P over the year and have been able to contribute our views on consultation and content.

We are pleased to see the T&P's chosen priority areas for improvement and ambition to focus on quality to be further embedded in 2015/16, and how this work will enable real focus on improving the quality and safety of health services for the population they serve.

#### **Priority 1: Children and Adolescent Mental Health Service (CAMHS)**

**Outcome Monitoring.**

**Priority 2: Adult Outcome Monitoring Data.**

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

**Priority 4: Patient and Public Involvement.**

It is also pleasing to see the Trust is extending the focus on quality, as it is now part of the national benchmarking network.

Overall we welcome the vision described within this Quality Account and agree on the priority areas. There are still areas for improvements to be made and as commissioners NHS Camden CCG will continue to work with T&P continuously and monitor these areas to 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 2015/16 with our colleagues in the Clinical Quality Review Group (CQRG) in our on-going work to continue to improve the quality of our services.*

### Comments from our Governors

Governors from all constituencies have again been involved in setting the quality agenda through the discussions at Council of Governor's meetings and attendance at the Governors' Clinical Quality Meetings. They have been fully consulted over the selection of priorities and setting the local indicators. We are pleased that the Trust is working hard to maintain and improve the high quality of all its services.

We just had two questions: i) concerning the percentage of returned CORE forms at Times 1 and 2 and ii) the percentage of patients who returned the ESQ?

**Trust Response:** *We greatly value the significant contribution of our Governors and their on-going role in helping us to take forward the quality agenda for the Trust, with their continued commitment to exploring different ways for evaluating and improving quality. We are pleased to provide further information on the data for the CORE and ESQ as follows:*

#### Regarding i), Concerning the percentage of returned CORE forms at Times 1 and 2:

In 2014/15 144 cases were discharged, meeting the criteria for the CORE EOT target. Of these 144 cases, 57% had a pre-assessment (Time 1) form completed, 38% had a 'not applicable' reason recorded and 3% still have the form status as 'due'. For the End of Treatment time point (Time 2), of the 144 cases 30% had a form completed, 29% had a 'not applicable' reason recorded and 37% still have the form status as 'due'.

#### Regarding ii), The percentage of patients who returned the ESQ:

The ESQ report provides data on all ESQs completed within the time frame. This means that for some individuals there may be more than one form completed, and in some services the form is completed by multiple informants (children and parent measures). Due to the sensitive nature of the questions this measure, completion is completely voluntary. For this reason it is impossible to tell how many forms have been given within the time period. Instead the calculations are

based on the number of forms we have received back. The calculation was developed by the PPI committee and involves a point system where those with the response 'certainly true' are allocated 2 points, those with the response 'partly true' are allocated 1 point and those with the response 'not true' are allocated zero points. This is then calculated as a percentage of the total points available.

*The breakdown of the figures for each Quarter is as follows:*

Q1 - Unfortunately the breakdown of Quarter 1 is not available due to a change in procedure between Q1 and Q2.

Q2 - In Quarter 2, 319 ESQs were completed. 13 were excluded from the calculations: 8 had missing data for the question, and 5 had the response 'do not know'. Of the 306 included in the calculation 263 responded 'certainly true', 39 responded 'partly true' and 4 responded 'not true'.

Q3 - In Quarter 3, 226 ESQs were completed. 18 were excluded from the calculations: 10 had missing data for the question, and 8 had the response 'do not know'. Of the 208 included in the calculation 176 responded "certainly true", 26 responded "partly true" and 6 responded "not true".

Q4 - In Quarter 4, 244 ESQs were completed. 11 were excluded from the calculations: 5 had missing data for the question, and 6 had the response 'do not know'. Of the 233 included in the calculation 204 responded 'certainly true', 26 responded 'partly true' and 3 responded 'not true'.

### **Joint statement by Camden Healthwatch and the Camden Health and Adult Social Care Scrutiny Committee**

Camden Healthwatch and the Camden Health and Adult Social Care Scrutiny Committee (HOSC) welcome the opportunity to comment on Tavistock & Portman NHS Foundation Trust's (TPFT) Quality Account for 2014/15 and their priorities for quality improvements in 2015/16.

- Firstly, it is encouraging to see the proportion of service users who are happy with their service, and also the low DNA rate for the Trust. It is clear that many service users feel they receive a good service from the Trust. As some of the services the Trust deliver are not in Camden, these comments focus mainly on the extent to which patients are involved in the Trust, and options for improving this. On this, we would like the Trust to do more in future reports to make it clear which of its services are offered in Camden

to allow Camden residents to more easily make a judgement about the quality and safety of the services offered.

**Trust Response:** *Because the Annual Quality Report is a review of all our clinical services provided by the Trust, which span over 20 contracts, it is not possible to provide more detailed information for specific boroughs within this Quality Report. However, the Trust has regular meetings with Camden commissioners, including the quarterly Clinical Quality Reference Group meeting, where the information on the quality and safety of services is reviewed. In addition, the Trust is willing to undertake to make this data available on our website in future for Camden residents or other CCGs as well.*

- We feel that some of the Trust's targets could be more stretching. For example, the target of an improvement in CORE scores for 50% of patients could be seen to mean that the Trust expects half of patients not to see an improvement in this area

**Trust Response:** *As this is the first time we set this CQUIN target with our commissioners, we agreed to set the target at 50%, but where in fact we achieved 53%, for those patients eligible for the CQUIN, who demonstrated an improvement in their Total CORE score from the Pre-assessment to End of Treatment phase. In consideration of the complexity and chronicity of presenting difficulties for many of our adults patients, we believe that this is a good outcome. In addition, this exceeded the NHS Mandate target which commits NHS England to playing 'a full part in delivering the commitments that at least 15% of adults with relevant disorders will have timely access to services, with a recovery rate of 50% by 2015.' However, we will continue to work with our patients to optimise the number who benefit from the treatment they receive from the Trust.*

- While most of the targets set for 2014/15 have been achieved, in some areas there has been a decrease in performance from last year and we would encourage the Trust to examine why this may be the case and addressing where possible. For example, in 2012/2013, 99% of patients in the CAMHS service had achieved a 75% improvement in their score on the GM, from Time 1 to Time 2, on 2 targets. In 2014/15, this had decreased to 75% of patients. This may be due to an increase in numbers of patients, but it would be good to know.

**Trust Response:** *In 2012/13 the target was just one goal, where 99% of patients achieved an improvement on the Goal-Based Measure from Time 1 to Time 2 on for the goal they had set at Time 1. In 2013/14, the target was increased to two goals, which proved more challenging, but where 73% of patients achieved an improvement at Time 2 for the two goals they had agreed with their clinician at Time 1. However, as we hadn't managed to achieve our target of 75% in 2013/14, we agreed with commissioners to retain this target for 2014/15 and we are pleased that 75% of patients achieved an improvement in their score on the GBM from Time 1 to Time 2 for both (two) targets in 2014/15.*

- The Trust do not wish to discuss complaints in detail in the account in order to protect patient confidentiality. While patient anonymity should be respected, we suggest that the Trust give some examples or themes of lessons they have learned as a result of complaints.

**Trust Response:** *We regularly review the complaints received but each of the few complaints received usually covers a unique set of circumstances. We are putting in place measures to gather informal complaints and concerns which we expect to give us more data on which base an appraisal of themes. Where applicable changes are made based on lessons learned from complaints, as exemplified in the table below:*

Topic	What was upheld	Lessons learned
Delay in name added to waiting list	This was an administration error	Team systems reviewed and staff reminded of their responsibilities
Failure to share Serious incident report with family member	This issue was raised following an inquest of an adult patient, at the time of the investigation the Trust was unaware of the family member who raised a complaint as the patient had not provided any details. The Trust did accept that we should have made a copy of the report available to the family member in the context of disclosure for the inquest	The Trust has made an amendment to the serious incident procedure to include consideration for involvement of family members/carers when details have been provided by the patient
Breach of confidentiality when sharing information with GP	Failure to take account of the patient 's wishes when communicating with the GP	Asking a patient whether or not they wish the trust to communicate with their GP is a standard part of all assessments, staff in this team were reminded of this requirement and the need to refer back to the decision when considering communication

- Focusing on patient and public involvement, it is pleasing to note the Trust is utilising a range of strategies to involve service users in their work. In addition, Healthwatch Camden have been pleased to be on the Trust's Patient and Public Involvement (PPI) committee this year and believes the quality account is a fair and fitting report. Our experience of their PPI and PPI staff are that they are doing their best to involve and engage with people as well as the wider community. However, it is to be noted that at the time of writing, two of the Trust's PPI priorities were not in the accounts, which makes it difficult to comment on.

**Trust Response:** *The Trust agrees that it has been very helpful for Healthwatch Camden to be on the Trust's Patient and Public Involvement (PPI) committee and hope that this will continue. Every year the PPI committee sets a series of priorities for the upcoming year, which would include those Trust's PPI Quality Priorities outlined in the Quality Report. However, not all of the Trust's PPI priorities would be included in the Quality Report (Accounts).*

- Of the priorities that are stated, having service users on interview panels, and feedback, and newsletters, are good priorities, and it's encouraging that they have achieved their targets. However, these targets are outputs not outcomes and in future accounts, we would encourage the Trust to talk about the improvements to service delivery that have been achieved as a result of these outputs to ensure that the Trust's focus is not merely on process (ie creating newsletters, for example) but the impact that the newsletters will have.

**Trust Response:** *This is helpful feedback and we agree a focus on outcomes is important. One of the aims of the news letter was to disseminate good practice initiatives, where outcomes will be discussed.*

Overall, this is a positive report representing a lot of hard work by the Trust and its staff. The people who use the Trust's services in Camden should feel reassured.



## 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 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 2014/15 and supporting guidance
- The content of the Quality Report is not inconsistent with internal and external sources of information including:
  - o Board minutes and papers for the period April 2014 to May 2015.
  - o Papers relating to Quality reported to the board over the period April 2014 to May 2015.
  - o Feedback from commissioners dated 14 May 2015.
  - o Feedback from governors dated 11 May 2015.
  - o Feedback from local Healthwatch organisations dated 18 May 2015.
  - o Feedback from Overview and Scrutiny Committee dated 18 May 2015.
  - o 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 2015 covering 2014/15, which was presented to the Board in April 2015.
  - o The 2014 national staff survey, received by the Trust in February 2015.

o The Head of Internal Audit's annual opinion over the trust's control environment dated 20 May 2015.

o CQC Intelligent Monitoring Report dated 4 March 2015

- 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](http://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/annualreportingmanual](http://www.monitor.gov.uk/annualreportingmanual)).

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the board

NB: sign and date in any colour ink except black

26<sup>th</sup> May 2015 Date..... ..... Chairman

26<sup>th</sup> May 2015 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 2015 (the 'Quality Report') and certain performance indicators contained therein.

### **Scope and subject matter**

The indicators for the year ended 31 March 2015 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 two 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 2014/15 ('the Guidance'); 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 Guidance.

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 2014 to May 2015;
- Papers relating to Quality reported to the Board over the period April 2014 to May 2015;
- Feedback from Commissioners, dated May 2015;
- Feedback from local Healthwatch organisations, dated May 2015;
- The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2015;
- Feedback from the Governors dated May 2015;



- The latest national staff survey, dated 2014
- Care Quality Commission Intelligent Monitoring Reports 2014/15; and
- The Head of Internal Audit's annual opinion over the Trust's control environment, dated May 2015

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 the 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 2015, 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, except 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; and
- 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.

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 affect 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 of these criteria, 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 2015:

- 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 Guidance; and
- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the local definitions and the six dimensions of data quality set out in the Guidance.



Philip Johnstone for and on behalf of KPMG LLP, Statutory Auditor

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28 May 2015

## 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 10% 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.

**INSET (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.

**LGBT** - Lesbian, Gay, Bisexual, and Transgender community.

**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, or 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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