

Tavistock & Portman NHS Foundation Trust

Annual Report and Accounts 2015/16

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Tavistock & Portman NHS Foundation Trust

Annual Report and Accounts 2015/16

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

Annual Report 2015/16

Contents

Foreword to the Report	p.6
Performance Report	p.8
Overview	
Performance Analysis	
Accountability Report	p.20
Directors' Report	
Remuneration Report	
Staff Report	
Governance Disclosures	
Regulatory Ratings	
Statement of Accounting Officer's Responsibilities	
Annual Governance Statement	
Independent Assurance Report to the Council of Governors	
Foreword to the Accounts	p.73
Accounts	p.74
Notes to the Accounts	p.79
Annex A: Quality Report	p.122

Foreword

This is my first Foreword as Trust Chair. It was a great privilege to be appointed by the Council of Governors to lead the organisation at such an exciting and challenging time in mental health. Appointed in November 2015, I follow in the footsteps of Angela Greatley, who served as Trust Chair for six years with great distinction. She is a greatly missed colleague.

There have been some other significant changes to the senior leadership during the year. Dr Rita Harris stepped down from the role of Director of Children, Young Adults and Families Service after many years of exceptional leadership. Her successor, Dr Sally Hodges took up the role in December and has already made a significant contribution. We also say fair well and thank you to Simon Young, our Deputy Chief Executive and Director of Finance, who has been a dedicated servant of the Trust for 20 years. The Trust has also held elections for the Council of Governors that brought a number of new faces to the Trust in November. It has been good to get to know and work with them.

It was the Trust's unique combination of service delivery, education and training and research that drew me to apply for the role. Our purpose is to apply our almost 100 years of thought and practice leadership in the psychosocial model of mental health and our expertise in psycho-analytical and therapeutic practice, to the health and social care challenges of our time. The Trust is leading in the field of children and young people's mental health with a new way of thinking about how to organise and deliver mental health services. Called THRIVE, working with the Anna Freud Centre and other partners we are leading the roll out of this new approach across a number of sites in England. In Camden we have worked with our commissioner and GPs to set in place the Team Around the Practice (TAP). This service brings mental health expertise into the heart of primary care offering a psychological service to patients who have not been successfully engaged by more traditional services.

In January 2016 the CQC conducted a full inspection of the Trust. There are many positive things that I would hope CQC would see and say about the Trust, but it is a source of pride that the thing that struck the inspectors most was how caring our staff are, and how that permeates the organisation.

The national focus on mental health has never been greater and the promise of new investment is exciting. But that excitement is tempered by a difficult financial context for the NHS as a whole and questions about the transparency surrounding the 'extra' money for mental health.

The Trust's history, its commitment to innovate to deliver great service and its leadership in the multidisciplinary training of today's and tomorrow's workforce means we are well placed to support the realisation of the ambition of the Five Year Forward View for Mental Health.

Rt Hon Paul Burstow
Trust Chair

Performance Report

Overview

Statement from CEO providing perspective on performance

This has been a strong year of achievement for the Trust despite the difficult operational environment within the NHS, and the consequent pressures on staff. In January 2016 we were inspected by Care Quality Commission (CQC). The CQC are finalising their report from their visit, but the initial informal feedback drew particular attention to the caring values and behaviour of staff in all our services. Alongside strong clinical performance the Trust has continued to remain in financial surplus.

There have been a number of significant achievements to draw attention to.

- Growth of clinical services, with an extension of the Family Drug and Alcohol Court model, the opening of Team Around the Practice in Camden, and the opening of a third class at our specialist school, Gloucester House.
- Considerable improvements in the infrastructure available to support our training and education work, the consolidation of our new academic partnership with Essex University and an increase in student numbers. We have also restructured some of our professional support services with the establishment of a dedicated student recruitment team. We have created a new student reception area for students to access the support they need. We are in the process of implementing a new student information management system to improve our administration of student progression
- Development and promulgation of the Thrive model for CAMHS services in partnership with the Anna Freud Centre, UCLP Partners and the Dartmouth Center for Healthcare Delivery Science. The model is being implemented in our Camden service and in 10 other areas forming a community of practice.
- Publication of the Tavistock Adult Depression Study, which demonstrates the positive benefits of long term psychotherapy for people affected by treatment resistant depression, and the securing of a major new NIHR grant to research effective interventions for conduct disorder.
- Implementation of the Care Notes electronic clinical records system across our clinical services.

Statement of purpose and activities

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 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) and to adults. Whilst CAMHS comprise the majority of the Trust's patient services, through our Adult and Forensic Services (AFS) the Trust also offers a range of specialist and generic applied psychological therapy services to adults, including forensic services. Many of our services are now located in community or primary care settings.
- The Trust provides a wide range of mental health education and training, offering 70 long courses locally, nationally and internationally, in addition to a new Continuing Professional Development (CPD) programme of short courses. The Trust enrolls in excess of 2000 students each year and has strong University partnerships.

In addition, the Trust has a strong research tradition, and a consultancy service:

- The Trust is active in research into the origins of mental health problems, models of social care, and research aimed at establishing the evidence base for its treatment methods. The Trust seeks to influence and develop new ideas by research, publication and participation in policy making.
- The Trust provides an extensive programme of organisational and management consultancy to the NHS, the public, commercial, and industrial sectors. The Trust is well known for its original and influential work in this field.

Brief history of the Trust and statutory background

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.

Key issues and risks that could affect delivery on objectives

The Trust will continue to be affected by the wider financial pressures facing the NHS and the need to meet significant efficiency targets in future years. An important issue will be the ability to identify opportunities growth in both clinical services and training and education. The Trust is full engaged in the development of the Sustainability and Transformation Plan in North Central London.

The Trust's national contract with Health Education England (HEE) to provide education and training has been under review. As a result the Trust will need to demonstrate the ability to extend the reach of our training and education work, both geographically and to broader areas of the workforce. There are also proposed changes to the funding of child psychotherapy training which will have important implications for us.

Our Relocation project, for which the Outline Business Case was approved in September 2015, will be a significant part of the Trust's work programme during 2016/17. This is a major endeavour for the Trust, and its successful implementation underpins our strategic objectives.

A key area for further development in 2016/17 are our systems for capturing, analysing, reflecting on and acting on qualitative and quantitative data; including a particular focus on data from service users and carers. Part of this work will involve optimising our new CareNotes patient record system, and the implementation of a new student records system. We will also be implementing a new two year strategy for IM&T, to upgrade our infrastructure and capacity in order to more widely enable the work of the Trust.

Going Concern disclosure

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.

Performance Analysis

The Trust regularly assesses performance. Some of the Trust's key performance indicators are outlined below. At Board level, in 2015-16 performance has primarily been reviewed and assessed by regular reports to our Trust Board which include trend data where appropriate, as indicated below.

- A suite of quality measures for patient services including outcomes, DNA rates, user satisfaction, waiting times and complaints which are assessed quarterly by the Board via the Trust's Quality Report.
- Training: A key domain in the assessment of performance is student satisfaction and the impact of our education and training programmes.
- Variance against budget – assessed monthly at the Trust Board
- Staff morale, appraisals, training and stress– through annual national staff survey and quarterly HR reports.

In 2015/16 the Trust has developed a more integrated system for performance management, which utilises a number of dashboards. These provide the Trust with visual presentation of performance, which identify trends, illustrates where further interrogation and attention is needed and enables total visibility of the whole system instantly. Following a pilot phase, they will be regularly used by the Trust Board in 2016/17 to review and assess performance.

In our Education and Training services a key measure of performance has been the student surveys. There are currently two surveys carried out each year in late April. The first is an Internal Student Feedback Exercise (SFE) open to all students on long courses. The second is the Postgraduate Research Experience Survey (PRES), a national survey for Doctoral students. In 2015 we received a return rate of 67% on the SFE and 53% on PRES. This compares well with other institutions in the sector, and some of the findings are shown later in this chapter. As of 2016 the two surveys will be combined to try and further increase return rates. We also carry out an annual external examiners report. This reviews the assessment of external examiners across courses and captures the common themes from them as well as any issues or commendations that may have wider applicability.

In summary the Trust continues to perform well and above average in many areas. We are seeing more patients and training more students than ever before.

Key Performance Measures

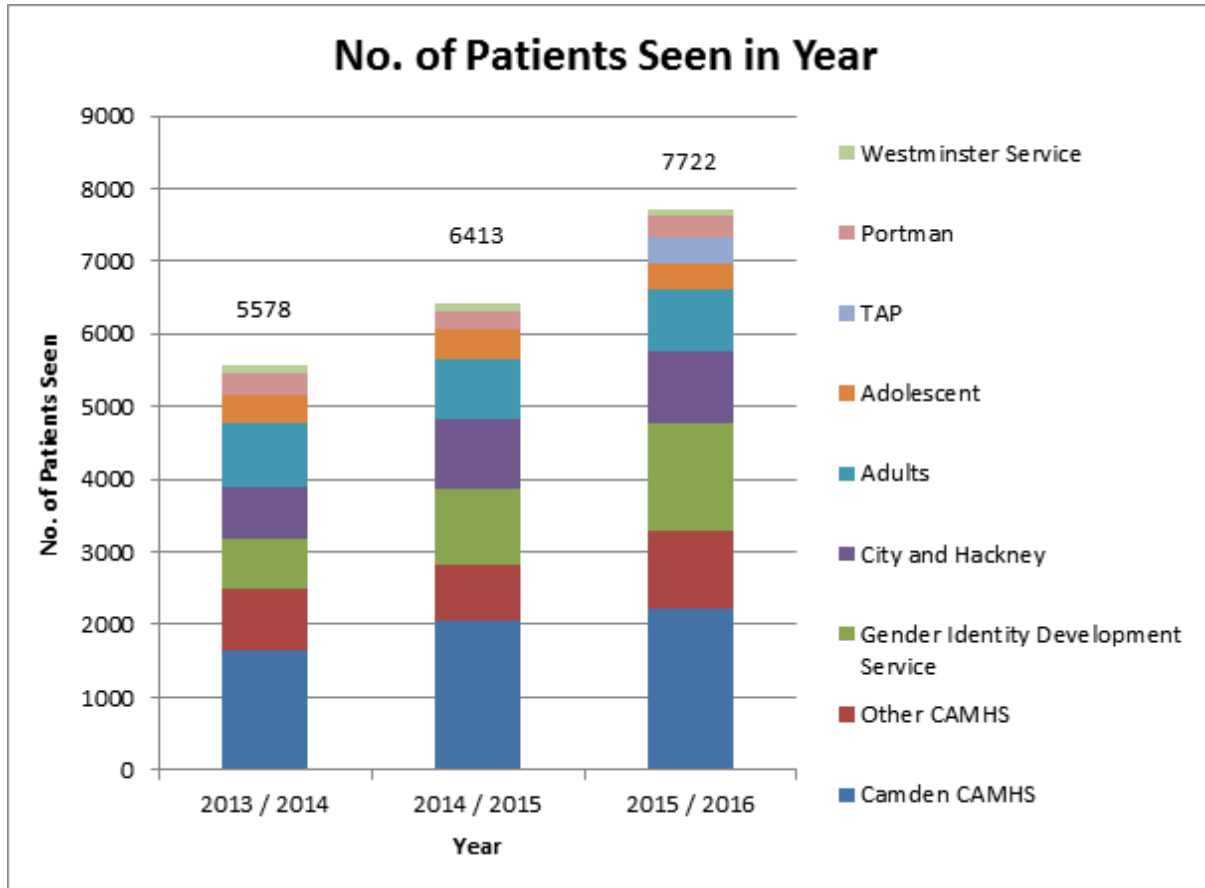
The Trust monitors the outcomes of care being delivered to patients. An overview of quality indicators for 2015/16 can be found in section 1.2 of the Quality Report along with full details on our compliance against the quality priorities we agreed for 2015/16.

The Board of Directors receives a quarterly report on Quality, where performance against our Key Performance Indicators, CQUIN and Quality Indicator targets is presented. The measures examined include waiting times, DNA rates, staffing measures

such as sickness rates, clinical outcome measures, and measures of complaints, incidents and safeguarding.

We are pleased to have met all our priorities by the end of March 2016.

Trust Reach



The Trust continues to see an increase in patient numbers year on year, in accordance with our strategy for growth across services. Much of the growth has come from our nationally commissioned Gender Identity Development Service (GIDS), where demand continues to rise.

Staff Engagement

There has been a steady level of growth in headcount across the last financial year which has been attributed to awards on a number of contracts and growth in line with contracted activity. Our headcount has increased from 573 in 2014/15, to 596 in 2015/16.

Staff sickness

1.25%

Q4 Trust

4.3%

Benchmark (14/15) -
all NHS Trusts

Source: TPNHSFT HR

Staff appraised

99%

2014/15

99%

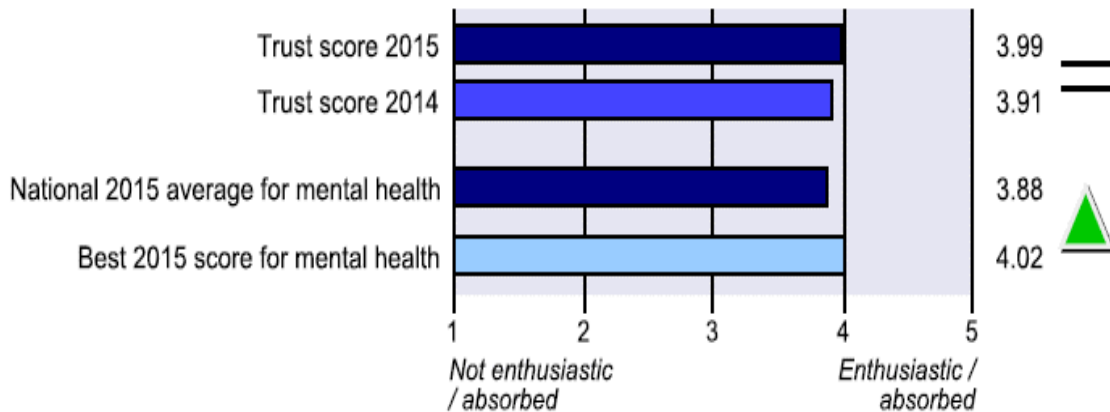
2015/16

Source: TPNHSFT HR

Staff motivation at work

(the higher the score the better)

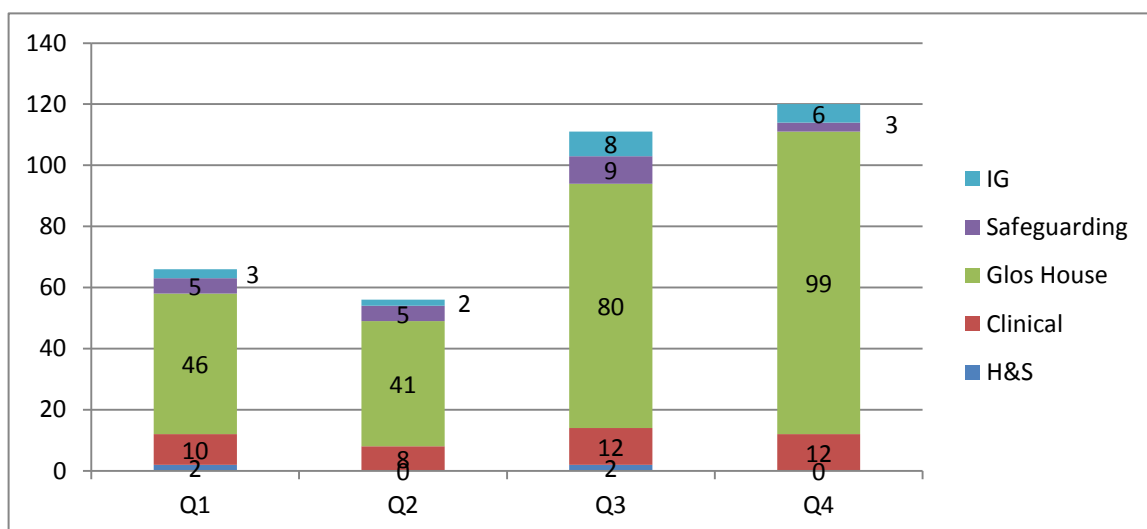
Scale summary score



The NHS staff survey showed that our staff were committed and would recommend the Trust both as a place to work, and also as a place for treatment. Sickness absence remains low. Further details can be found in the staffing chapter of this report.

Incidents

Incidents reported - 2015/16



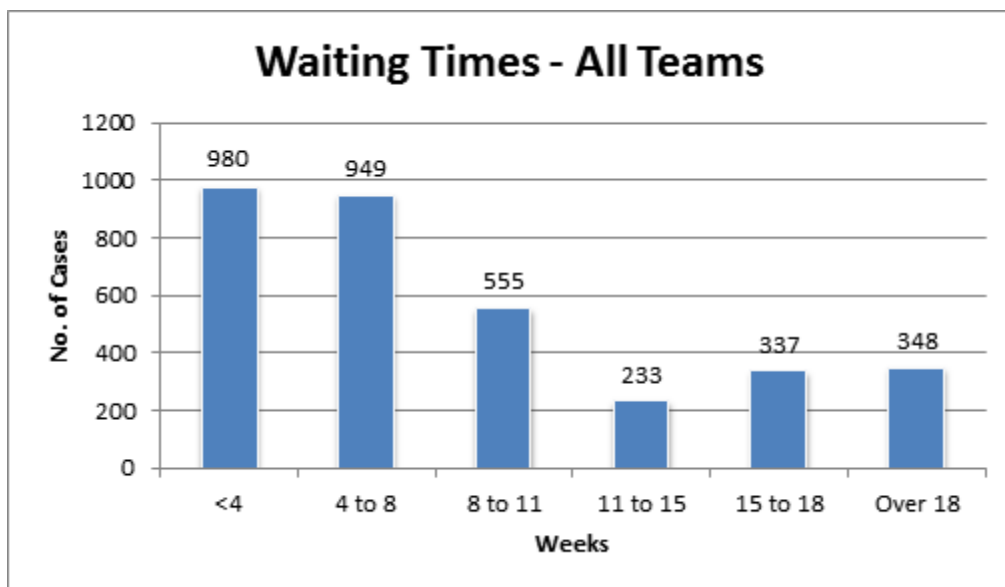
The Board encourages an open and transparent culture throughout the Trust, and feels the learning that can be taken from incidents is one of the best ways to improve the quality of our services. Over the course of the year our number of incidents increased with the opening of a third class at our Gloucester House Children’s Day Unit, reflecting both the increase in the number of children being seen, and the disruption to routine that change can cause in an educational setting. However, while the total number of incidents reported at the Day Unit has increased, the number of incidents per child has decreased. Lessons learned from incidents and complaints are shared within the team, but also at induction and mandatory training events and via the quarterly Quality News, an internal communication to all staff.

Outcomes

The Trust monitors the outcomes of care being delivered to patients. An overview of quality indicators for 2015/16 can be found in section 1.2 of the Quality Report along with full details on our compliance against the quality priorities we agreed for 2015/16. We are pleased to have met all our priorities by the end of March 2016.

Our DNA rate for patient appointments is 9.4%, well ahead of our target of 11%. Data from our Experience of Service Questionnaires showed 78% of patients had received a satisfactory explanation of their treatment, 89% would recommend the Trust to others, and 93% felt the help they had received from us was good.

Waiting Times



Our experience of service questionnaire showed that 94% of patients felt their views and worries were taken seriously, whilst 87% felt involved in important decisions about their care. All our services are working towards providing timely appointments. In 73% of referrals patients were seen within 11 weeks. There are however some excellent

services where this has been more difficult. The City and Hackney Primary Care Consultation Service and the national Gender Identity Service have had a significant increase in referrals during the year. Their target to first attendance of 18 weeks has not always been met but we have plans in place to meet the increases. The City and Hackney Service was named BMJ's 2015 Mental Health Team of the year.

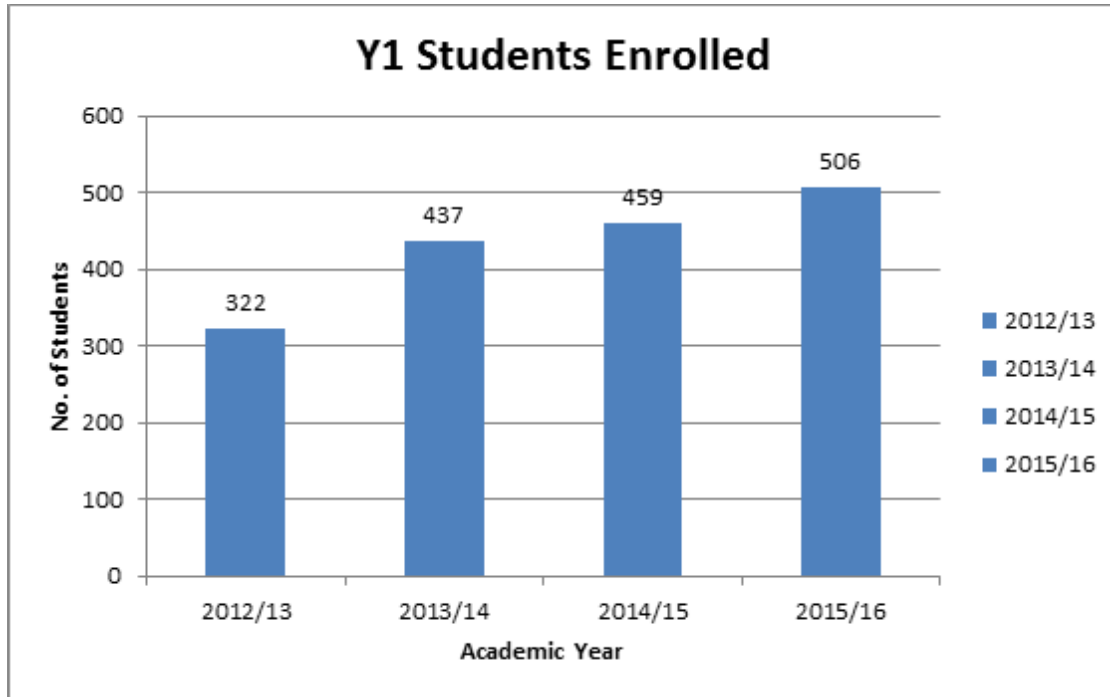
Financial Performance

The Trust is following its strategic plans, which include growth targets, quality development and efficiency savings. We met our targets during the year, and ended in a healthy position with a surplus of £240k. Income in 2015/16 was £45,256k, an increase of £3,812k (9%) over the previous year. Full details of the financial position of the Trust can be found in the accounts section of this report. Work has continued on the Trust's facilities, with an outline business case considered by the Board during the year where relocation to a new site was identified as the most favourable option for the Trust. Work on this project continues, and a full business case is expected to be presented to the Board during 2016/17.

	2015/16 (£000)	2014/15 (£000)
Income		
Patient Services	22,581	18,163
Education & Training	20,518	20,128
Consultancy	974	1,559
Research	283	788
Other	900	806
Total income	45,256	41,444
Expenditure		
Pay	29,845	28,695
Non-pay	13,062	10,385
Total expenditure	42,907	39,080
EBITDA before restructuring costs	2,349	2,364
Depreciation and amortisation	-768	-608
Bank interest	11	13
Other finance costs	-1	-1
Dividend (to DH)	-485	-344
Retained surplus before restructuring costs	1,106	1,424
Restructuring costs	-773	-880
Impairment of fixed assets	-93	0
Retained surplus / (deficit)	240	544
EBITDA (before restructuring) as % of income	5.19%	5.70%

- In note 4 of the annual accounts Education & Training Income is reported £21,175k. This includes £757k generated by Tavistock Consultancy which is allocated to Consultancy above for consistent reporting.

Training and Education



Training and education are key to the work of the Trust, and our student numbers continue to rise year by year.

Satisfaction with Quality			Student Preparation: "I feel better prepared for my future career"			"Attending a course has increased my effectiveness in undertaking my job"		
	Benchmark	T&P		Benchmark	T&P		Benchmark	T&P
2013/14	88.3%	92.8%	2013/14	72.4%	82.3%	2013/14	80.3%	87.1%
2014/15	87.0%	93.0%	2014/15	77.9%	86.2%	2014/15	77.0%	81.3%
2015/16	83.0%	94.0%	2015/16	81.0%	91.0%	2015/16	78.0%	87.0%

In our Directorate of Training and Education, student satisfaction is high across the board. In 2015 we achieved the following results to the SFE:

- 95% of students agreed that tier course was relevant to their current work.
- 85% agreed that they had been able to take learning back to the workplace and share with colleagues. 93% agreed that it had enabled them to do their job better.

- 96% were satisfied with the quality of their course.

There are some issues that were flagged by the survey particularly in relation to students with disabilities including:

- Only 15% of students with disabilities felt that information regarding resources to them were available.
- 21% of students with a disability were unhappy with the support they received for their learning while on their course.

Regarding the external examiners report, in the last report (for academic year 2014/15) it was agreed that all relevant courses were meeting the required academic standards. The report also commended the high quality of work by the majority of students and the excellent feedback given by examiners. Further it was suggested that the Trust worked to facilitate the publication of outstanding work by students.

The report highlighted concerns that had been raised as to the literacy of those students that had failed assignments. It was suggested that consideration be given as to whether this was an issue that needed to be given greater consideration when students applied for courses or if students needed more support in academic writing.

The Trust has been visited by the Quality Assurance Authority (QAA), the regulatory body for Higher Education at the beginning of the 2016/7 Financial Year. We are awaiting their report.

Social and Community Work

The Trust's goal is to increase its engagement work, and to make the public and patient involvement a part of the everyday business of every team and service. We are working to make the organisation increasingly open to the local community, and our plans to facilitate this include the construction of a Patient and Public Involvement Garden Space that we will share with community organisations. The Trust has considered human rights issues and concluded there are no implications for our activities.

This year has been hugely successful in both Trust staff and patients actively working with the PPI Team to make service improvements based on patient feedback. The PPI team were allocated more staff resources and this has led to: quarterly thematic analysis of patient experience of service feedback being cascaded to individual clinical teams; a patient representative on all clinical interviews where one was requested, this year that has included 64 interviews, over one per week; the continuation of the monthly young people's Pizza Group and the Adult reference group, both of which serve to provide constant live feedback to trust developments as well as giving patients an opportunity to share experiences and support.

The team has responded directly to patient experience feedback asking for more groups for other demographics, leading to a Parents reference group, art groups, a

drama group, and a cooking therapy model group for refugees, 'The Social Kitchen'. It has also led to a separate 'Pizza group' for the South Camden service, a place for service users to meet and discuss issues, which is growing well and leading to service change at the South Camden site. We have increased the scale of our training for patients and carers to be on interview panels in relation to the increase in requests for representation. We now routinely train these patients in Information Governance, giving the trust added security and providing CV skills for patients and carers.

The Trust understands from these initiatives that all service user involvement, in order to be genuine and meaningful, needs to be service user led. As a result, the PPI committee has evolved into a steering group, 'Word of Mouth,' which is in its early stages but serves as an action led group for service improvement through patient and public initiatives being developed with the Trust. Other service improvement work for groups and activities was the development of three other key themes noted from patient feedback:

1) Requests for more information

In addition to the modality leaflets developed last year, the PPI team have worked with the communications team and with reference groups to develop a quarterly newsletter providing lively updates on all activities and upcoming opportunities. Administration within the Trust has developed clearer directions within the initial appointment letters. The PPI Team has worked with the communications team which has dramatically increased the availability of information on the website, signposting services more clearly and using patient feedback to make the site easier to navigate and more user friendly.

2) Waiting Room improvements

The adult waiting room and the adolescent and young adult waiting room have now been furnished with water coolers. Plants have been added at patient request. There are clear guidelines provided for easy internet access and interactive comments boxes, Q&A boxes and varying art has been provided.

3) More opportunities for involvement

The experience of service questionnaire, (ESQ) given after assessment and at six monthly intervals, now offers patients the opportunity to 'opt in' to involvement work. When they do, patients are contacted and invited to appropriate activities/services, or emailed about new service related developments and asked for their feedback. Other supplementary means of involvement also include using feedback boxes to consult on upcoming new activities at the Tavistock Centre, and using the Visual Straw poll to tally activity preferences.

This year NHS England's Friends and Family Test (FFT) team congratulated the Tavistock and Portman on its patient led service improvement work, inviting the PPI team to give a presentation at their inaugural FFT Spotlight week with the aim of inspiring other trusts in being as responsive.

Consultation with local groups and committees continues strongly for the Trust, links are maintained with Camden Healthwatch, Voluntary action Camden, UCLH Partners users forum, The Hive, North Camden Zone, Mac UK, Made by Many. The PPI Team mutually attend groups and committees, often with patients. We are working hard to engage the BME/LGBTR demographics by working closely with team leaders in our GIDS service, Refugee service and Young Peoples Drug and Alcohol service. These services all won money from 'Bid for Better'.

The PPI team have worked on developing membership and community engagement with stands over the year and another successful 'Bid for Better' project, where the community can bid for money for innovative projects that improve our patient experience. External bodies are encouraged to apply and collaborate with the trust, and as part of application, membership is required, thus increasing the Tavistock and Portman's links with the community.

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. 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 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 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 has undertaken a number of measures already to progress the sustainable development agenda, directly or indirectly. Actions we have taken include:

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

The Trust has seen real benefits of the recent condensing boiler installation, and we foresee the other actions taken will also have positive benefits.

There have been no important events since the end of the financial year affecting the foundation Trust.

Signed.....



Paul Jenkins, Chief Executive

24th May 2016

Accountability Report

Directors' Report

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

The Trust's intention is to continue to improve productivity, engage with commissioners and work in innovative ways to ensure that it continues to provide the high-quality services that its reputation is based upon. The overall strategy is for measured growth to enable our services to be available more widely.

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

The Directors are not aware of any events that have arisen since the end of the year which have affected or may significantly affect the operations of the Trust.

We completed implementation of a new patient record system in late 2015, in order to 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 our use 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.

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 Care Quality Commission (CQC) inspected the Trust in January 2016. At the time of writing their report on the inspection had not been published, however the inspection team informally shared some headline findings with us. The team particularly wanted to commend the clear evidence they found in all teams of the caring values and behaviours of staff, both clinical and non-clinical, and the sense of commitment they had to the people who used their services. They commented on the breadth of good practice they saw in individual teams and across the organisation. They particularly drew out our focus on supervision and training, partnership working, patient and public involvement, safeguarding and meeting the needs of the populations we serve. The team did highlight areas where we could improve. Many of these aligned with areas where we have already identified the need for further work. A consistent theme, however, was the opportunity for us to develop a more systematic approach to quality

improvement across the organisation. They also touched on some of the current issues around Care Notes and the waiting times in some services. We acknowledged the need to address these issues.

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. This year our Equalities Committee focused on mental health in the workplace, sexual orientation and BME inclusiveness. Initiatives around mental health included raising the profile of our Staff Consultation Service, using our Leadership Conference to look at how our organisational culture might be impacting staff, organising mental health first aiders and planning two events for staff to look at what support we offer staff. For our focus on sexual orientation we continued to work with Stonewall to review our training and education provision in relation to lesbian, gay bisexual and transgender (LGBT) issues. To address the issue of career progression of black and minority ethnic (BME) staff, which is an issue across the NHS, we welcome Roger Kline as guest speaker at our 'Race Equality in the NHS' event in December 2015, and also at our Leadership Conference, where our Workforce Race Equality Standard action plan was discussed.

The Trust regards consultation with staff as essential to our work, and works hard to keep staff informed of issues of concern to them. 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.

A full list of the name of the directors can be found in the Governance section of this report. The register of the interests of directors and governors is published on our website, www.tavistockandportman.uk/about-us

Each of the persons who is a director at the date of approval of this annual report confirms that so far as the director is aware, there is no relevant audit information of which the NHS foundation trust's auditor is unaware and; the director has 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. Each of the directors has made such enquiries of his/her fellow directors and of the company's auditors as required for that purpose; and taken such other steps for that purpose as are required by his/her duty as a director of the company to exercise reasonable care, skill and diligence.

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 41 to the Accounts.

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.

Income disclosures required by Section 43(2A) of the NHS Act 2006

In 2015/16, the Trust's total income from the provision of goods and services for the purposes of the health service in England was 71% of the total income (2014/15, 81%). A further 9% of income was received from local authorities, and 5% from other central government bodies (2014/15, 8% and 2% respectively). The remaining 15% with bodies external to government was used to ensure the sustainability of the organisation and had no adverse effect on the provision of healthcare.

The Trust has complied with the cost allocation and charging guidance issued by HM Treasury.

Better Payment Practice Code

Performance is detailed in Note 20.2 to the Accounts.

Accountability Report,

Signed.....

Paul Jenkins, Chief Executive

24th May 2016

Remuneration Report

Annual Statement on Remuneration

In the past year no substantial changes were made to the remuneration of, or to our policy on the remuneration of, senior managers. We continue to have no elements of performance related pay or bonuses for senior managers, nor are there any differences between our policies on remuneration of senior managers or any other employee.

The Executive Appointment and Remuneration Committee met four times: to consider the Secretary of State's letter on the remuneration of Very Senior Managers; to agree the remuneration and recruitment of the Directors of Children, Young Adult and Family (CYAF) Services and Adult and Forensic (AFS) Services; and to ratify the decision of the Clinical Excellence Awards Committee.

Annual Report on Remuneration

Remuneration of Senior Managers

No senior manager received any taxable benefits or performance-related bonus. No senior manager will receive any additional benefit in the event that they retire early. The accrued benefits derived from the member's purchase of added years of service and any "transferred-in" service are included in these pension disclosures. Remuneration of senior managers is covered in more detail in note 41 to the Accounts, with comparators to prior years and additional information about their pension entitlements.

Table 1: Single Total Figure Remuneration of Senior Managers

	Salary and Fees (bands of £5000)	Pension Related Benefits (bands of £2500)	Total (bands of £5000)
Avery, T	75-80	0	75-80
Bhugra, D	5-10	0	5-10
Burstow, P	15-20	0	15-20
De Sousa, C	5-10	0	5-10
Gizbert, J	5-10	0	5-10
Greatley, A	15-20	0	15-20

Harris, R	60-65	0	60-65
Hodges, S	35-40	10-12.50	45-50
Holt D	10-15	0	10-15
Jenkins, P	150-155	0	150-155
Jones, E	40-45	0	40-45
Key, P	35-40	0	35-40
Lyon, L	100-105	0	100-105
McPherson, I	5-10	0	5-10
Murphy, E	5-10	0	5-10
Rock, B	105-110	0	105-110
Senior, R	140-145	35-40	175-180
Smith, J	85-90	0	85-90
Thomas, L	65-70	0	65-70
Thomas, S	65-70	0	65-70
Young, S	85-90	0	85-90

Pension related benefits figures have been provided where they were available.

The median salary of the Trust's staff is £31,402 (in 2014/15 it was £28,441). The midpoint of the highest paid director is £150,000 (in 2014/15 it was £151,500), which gives a ratio of 4.78 (in 2014/15 it was 5.33) times the median pay of the Trust's staff.

On 16 March 2016, the Chancellor of the Exchequer announced a change in the Superannuation Contributions Adjusted for Past Experience (SCAPE) discount rate from 3.0% to 2.8%. This rate affects the calculation of CETV figures in this report.

Due to the lead time required to perform calculations and prepare annual reports, the CETV figures quoted in this report for members of the NHS Pension scheme are based on the previous discount rate and have not been recalculated.

Senior Managers 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. Non-executive Directors are also paid on spot salaries, and also do not receive any performance

related pay or bonuses. 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. Salaries are set in accordance with the rules of the Agenda for Change pay scales and employees are not consulted on these. Where Directors and Non-Executive Directors are not paid through the Agenda for Change system their remuneration is set following a review of the salaries of the other members of the board of directors, and comparisons to the remuneration of similar roles across the NHS. The Trust does not currently consult with employees in setting the senior manager's remuneration. In looking at benchmarking comparisons for remunerations, comparisons are drawn from a range of Mental Health Foundation Trusts, and separately from a number of Trusts with comparable turnovers, in order to establish what the average remuneration is across the sector.

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, such as whether an inflationary increase was agreed for the year, and issues of fairness are always taken into consideration in determining directors' remuneration.

Travel and subsistence expenses totalling £3,213 were reimbursed to 8 directors, out of 14 in total, and expenses totalling £793 were reimbursed to three of the 31 governors. By comparison in 2014/15 travel and subsistence expenses totalling £50 were reimbursed to 2 governors during the year, out of 18 governors in total; and £3,246 reimbursed to 9 directors, out of 17 in total

One member of staff, our Chief Executive Officer, is paid more than £142,500 pa. This salary was agreed by the Remuneration Committee in November 2013 on recruitment to the role, and reviewed by the Remuneration Committee in April 2014. The level of remuneration was set following benchmarking of salaries across similar Foundation Trusts within the NHS, and was set at the level judged necessary to attract the required calibre of applicant, whilst providing value for money for the Trust. The salaries of all senior managers were reviewed by the Committee in June 2015 in response to the Secretary of State's letter on the remuneration of Very Senior Managers, and the Trust judged that they were appropriate, especially in light of our level 4 rating of financial metrics from Monitor.

Payments for Loss of Office

There were no payments made to senior managers for loss of office in 2015/16.

Payments to Past Senior Managers

There were no payments made to past senior managers in 2015/16.

Remuneration Committee

Composition & Attendance

Table 2: Composition & Attendance at Remuneration Committee Meetings 2015/16

	23 rd June '15	29 th July '15	29 th Sept '15	23 rd Feb '16
Angela Greatley (Chair)	✓	✓	✓	n/a
Edna Murphy	✓	✓	✓	✓
David Holt	✓	✓	✓	✓
Ian McPherson	✓	✓	x	✓
Jane Gizbert	✓	✓	✓	✓
Paul Jenkins	✓	✓	✓	✓
Dinesh Bhugra	x	✓	x	✓
Paul Burstow (Chair)	n/a	n/a	n/a	✓

The Director of Human Resources provided advice to the Committee.

Service Contracts for Senior Managers

Table 3: Service Contracts

	Date of commencement	Unexpired term	Details of notice period.
Avery, T	12-NOV-2015	N/A	3 months
Bhugra, D.	01-NOV-2014	31-OCT-2017	-
Burstow, P	01-NOV-2015	31-OCT-2018	-
De Sousa, C	15-FEB-2016	N/A	3 months
Gizbert, J.	01-NOV-2014	31-OCT-2017	-
Greatley, A	01-NOV-2009	31-OCT-2015	-
Harris, R	16-APR-1996	N/A – left Trust	3 months
Hodges, S	12-NOV-2015	N/A	3 months
Holt D	01-NOV-2013	31-OCT-2016	-
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 – left Trust	3 months
Lyon, L	08-JAN-1996	N/A	3 months

McPherson, I	01-NOV-2010	31-OCT-2016	-
Murphy, E	01-NOV-2014	31-OCT-2017	-
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, L	23-Feb-2015	N/A	3 months
Thomas, S	22-APR-1996	N/A – left Trust	3 months
Young, S	01-APR-1996	N/A	3 months

Signed 

Paul Jenkins, Chief Executive

24th May 2016

Staff Report

Our staff are pivotal to our success as a mental health and education provider. We have a rich mix of staff and wealth of experience which contributes to our continuing development as specialist mental health and education provider.

This section of the annual report sets out what we know about our staff and their experiences of being employed with us.

Our workforce make up

Staff Group	Headcount – Permanent Staff	Headcount – Fixed Term Contract Staff
Administration and estates	168	40
Healthcare assistants and other support staff	0	0
Medical staff	23	30
Nursing staff	27	6
Nursing learners	0	0
Scientific, therapeutic and technical staff	167	129
Healthcare science	0	0
Total	385	211

Data as at 31 March 2016

Gender analysis

Gender	Directors	Other senior managers	All other staff
Female	5	2	440
Male	7	2	142

Sickness absence information

Sickness absence measure	Q1	Q2	Q3	Q4
Sickness absence rate (%) average per month	1.11%	1.01%	1.39%	1.53%
Sickness absence rate (%) twelve month rolling average	1.18%	1.16%	1.18%	1.25%

The rate of staff absence due to sickness is calculated by the Health & Social Care Information Centre (HSCIC) on a calendar year basis, using data drawn from the ESR national data warehouse. HSCIC use a measure for sickness absence based on the number of working days lost per employee, which allows comparisons between Trusts. Under this measure the sickness absence rate for the Trust was 2.7 days lost per FTE.

Sickness absence measure for the calendar year , calculated by the HSCIC				
Average FTE 2015	Adjusted FTE days lost	FTE Days Available	FTE Days lost to sickness absence	Average sick days per FTE
485	1312	176,859	2,128	2.7

Policy, partnership, diversity and inclusion

Our human resources policies are all within date and have undergone an appropriate review process. We have a number of policies which set out the trust's commitment to providing equal and fair access to service, employment and training. We confirmed our commitment to diversity and inclusion through our equality delivery system and workforce race equality standard submissions.

Diversity and inclusion are an integral part to our work and continued successes over the years. We have, for some time, had an established equal opportunities policy which is up to date and confirms our commitment to understanding, meeting and working with our diverse staff, students and service users. We bring our diversity and inclusion work to life through a range of methods and we have a long established equalities committee which brings together the different strands of our work.

In 2015/16 we complied with our statutory requirements and published our workforce race equality standard submission; the equality diversity system II; and, set our four year diversity and inclusions meeting the specific duties set out in the public sector equality duty.

The Trust is a two-tick employer and prospective and existing staff are made aware of the available support systems, facilities and provisions for reasonable adjustment via NHS Jobs our e-recruitment solution, e-mail, at the INSET days and through relevant employment policy briefing sessions undertaken jointly with our trade union partners, which include equal opportunities. As part of the wider engagement with staff who

have disclosed their disability, our HR business partners work closely with managers and staff to ensure that support is in place and that we explore all opportunities to implement reasonable adjustments both for those with longstanding conditions and those who have become disabled during the year, as well as considering what other support measures, such as training or career development, might be helpful.

We have excellent working relationships with our trade union colleagues and collaborate on many work programmes. This approach has been longstanding and we continue to develop our working arrangements so that we can respond to change quickly and ensure that staff are supported.

Raising concerns

We have recruited a freedom to speak up guardian who was appointed in November 2015, we took the decision to make this appointment ahead of a model job description and role specification being designed to show our commitment to being open and transparent.

Since the role was created we have anecdotal feedback from staff that the role is important and valued. We are also aware that a small number of staff have taken the opportunity to meet or speak with our Guardian about concerns they have.

In addition to this we have a number of other channels which staff can share concerns which include through our HR team; our internal staff consultation service; the occupational health service which is provided by the Royal Free London NHS Foundation Trust; and our confidential 24/7 bullying helpline provided by CareFirst. We are conscious that we have multiple channels and we will be working throughout the coming year to publicise and help signpost staff should they wish to share things that concern them.

The Trust is proactive in countering fraud and corruption. The Trust has a policy on preventing 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 works collaboratively with the Trust to promote best practice, advises on policy, conducts appropriate audits and delivers a range of training to staff and managers.

Staff experience and engagement

We have well established consultation and engagement processes with our staff and we work very closely with our trade union partners. When new services are commissioned or we need to implement service developments that have an impact on staff we engage with our staff side colleagues early to manage change collaboratively.

When we need to share messages with staff there are a range of internal communications channels which we use, these include:

- A monthly chief executive newsletter;
- Monthly summaries of the Board of Directors meeting issued to all staff on email;

- A clinical quality newsletter which is issued quarterly on email and in printed format; and
- A specialist diversity and inclusion newsletter.

Using the above channels, in 2015/16, we have launched a number of initiatives including timely briefings on our Care Quality Commission inspection process and launching our Mission, Vision and Values statements.

We do recognise, however, that we have more to do in implementing systemic quality improvement and the Trust's attention will be focused on how to engage staff in evaluating clinical and corporate services and implementing data driven changes which improves service user treatment and staff motivation.

In 2015 we offered 560 staff the opportunity to complete the questionnaire with 256 responding. This gave us a response rate of 46% which is a positive increase from the previous year when 38% of our workforce contributed.

The NHS Staff Survey - 2015

For another year there are a number of consistent positive messages but there are also similar messages of areas where we need to improve.

The survey shares a number of very positive messages and it is pleasing to be able to report that:

- We have higher than average levels of staff engagement;
- A high number of staff would recommend the Trust as a place to receive treatment and as a place to work;
- Staff value the recognition they receive from their managers;
- Our senior managers communicate better with staff, compared to other mental health and learning disability trusts; and
- Whilst staff witness errors or harmful incidents, they are fewer than average compared to our peer group.

Whilst there are some very good messages arising from the survey, there are areas that we need to focus our attention, some of which are recurring themes from previous years. These include:

- Staff witnessing errors and incidents and not reporting them;
- A higher than average number of staff working extra hours;
- Staff being unhappy with the opportunities that exist for them to work flexibly;

- A high number of staff experiencing violence, and not reporting it; and
- A lower than average number of staff having been appraised in the last 12 months.

The above points represent where we perform better or worse compared to other mental health and learning disability trusts. There are other areas where we will be placing our attention because the results suggest how we work with or manage staff may not be ideal. Areas like bullying and harassment from managers or colleagues and staff believing that managers communicate effectively.

To respond to the survey we asked our managers to explore the results at directorate level. This then informed the creation of a corporate action plan which is as follows.

Theme	Action Required	Responsible	By When
Bullying and harassment from staff and colleagues	Document and publicise our channels for raising concerns	HR Business Partner and Freedom to Speak Up Guardian	End of May 2016
	Develop a confidential tracking method for staff concerns	Freedom to Speak Up Guardian	June 2016
	Revise the trust bullying and harassment policy incorporating new methods for reporting bullying and harassment	HR Business Partner	June 2016
	Distil the Trust's values and create a behavioural framework which resonates with staff	HR Director and Director of Communications	August 2016
Staff working extra hours	Complete a review of bank and agency expenditure and ensure that vacant positions are actively being recruited to	HR Business Partners, Management Accountants, Team Managers	May 2016
	Develop a framework which promotes alternative communications channels to email	HR Business Partner and Head of Communications	July 2016
	Incorporate effective communications in to the relocation project	Workforce Development Leads	Ongoing
Staff experiencing violence and not reporting the incident	Promote the importance of reporting incidents specifically in the Children, Young Adult and Families Directorate	Director – CYAF	May 2016

Theme	Action Required	Responsible	By When
Flexible working	Commence monitoring of all flexible working applications and incorporated in to future monthly workforce reports	HR Business Partners	Recording from May 2016 and reporting from September 2016
	Review the Flexible Working Policy and promote its existence	HR Business Partner and HR Director	June 2016
Staff appraisals	Review the Trust's appraisal documentation and process	HR Director	September 2016

Health and Wellbeing

Throughout our diversity and inclusion work we have been progressing various work programmes to support staff's health and wellbeing and have started developing a strategy to underpin our commitment. This has been joint led with our trade union colleagues and human resources team and this work will continue to grow and expand over the coming years.

The Trust has a robust Health and Safety Policy, which is subject to regular review, available to all staff via the Trust's Intranet. Our targets for health and safety related training, in manual handling, ladder safety and conflict resolution, were all met, with 100% of staff who required training attending. At the end of the year 99% of the staff who are required to have Basic Life Support training were up to date.

Our occupational health service continues to be provided by the Royal Free who offer a range of support services for staff.

Expenditure on Consultancy

The total consultancy expenditure for 2015/16 was £297,465 (for 2014/15 it was £493,000). This includes £32,390 for Internal Audit.

Off Payroll Engagements

The Trust aims to avoid the use of off-payroll arrangements. For any staff paid off payroll we include as part of their service 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.

For all off-payroll engagements as of 31 March 2016, for more than £220 per day and that last for longer than six months:

No. of existing engagements as of 31 st March 2016	3
Of which:	
No. that have existed for less than one year at time of reporting.	1
No. that have existed for between one and two years at time of reporting.	0
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.	1
No. that have existed for four or more years at time of reporting.	0

All existing off-payroll engagements, outlined above, have at some point been subject to a risk based assessment as to whether assurance needs to be sought that the individual is paying the right amount of tax. Where necessary, that assurance has been sought. The Trust's aim is to avoid using off-payroll engagements except where the needs of the service make them necessary, and in those cases to minimise their duration. All cases are scrutinised by the Human Resources Director.

For all new off-payroll new engagements, or those that reached six months in duration, between 1 April 2015 and 31 March 2016, for more than £220 per day and lasted longer than 6 months:	
The number of new engagements, or those that reached six months in duration, during the time period	1
Number of these engagements which include contractual clauses giving the trust the right to request assurance in relation to income tax and National Insurance obligations	1
No. for whom assurance has been requested	1
Of which...	
No. for whom assurance has been received	0
No. for whom assurance has not been received	1
No. that have been terminated as a result of assurance not being received.	0

Exit Packages

Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
<£10,000	0	3	3
£10,00 – £25,000	1	5	6
£25,001 – £50,000	0	3	3
£50,001 – £100,000	1	2	3
£100,000 – £150,000	1	1	2
£150,001 – £200,000	1	0	1
Total number of exit packages by type	4	14	18
Total resource	£355,940	£417,525	£773,465

None of the exit packages were for senior managers. In all cases the payments made were in line with contractual terms or agreed procedures.

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

Composition & Attendance at Council of Governors Meetings 2015/16

Name	Type	June 2015	Sept 2015	Oct 2015	Dec 2015	Mar 2016
Angela Haselton	Staff	n/a	✓	✗	✓	✓
Anthony Levy	Public	✗	✓	✗	✓	✓
Camilla Nicholls	Public	n/a	n/a	n/a	✓	✓
Claire-Louise Leyland	Stakeholder	✗	✗	✗	✓	✓
Craig Griffiths	Public	n/a	n/a	n/a	✓	✓
David Bell	Staff	n/a	n/a	n/a	✓	✓
Derek Draper	Public	n/a	n/a	n/a	✓	✗
Edna O'Shaughnessy	Public	n/a	n/a	n/a	✗	✓
Elena Rowland	Public	✓	✓	✓	n/a	n/a
Farayi Chikowore	Public	✗	✗	✓	n/a	n/a
George Wilkinson	Public	n/a	n/a	n/a	✓	✓
Handsen Chikowore	Public	✓	✓	✓	n/a	n/a
Helen Masterton*	Stakeholder	✓	✗	✗	✓	n/a
Joanna Jackson	Stakeholder	✗	✗	✗	✓	n/a
John Joughin	Stakeholder	✗	n/a	n/a	n/a	n/a
Kate Davies**	Public	✓	n/a	n/a	n/a	n/a
Kimberley Wilson	Public	n/a	n/a	n/a	✓	✓
Kryss Katsiavriades	Staff	✓	✓	✗	n/a	n/a
Lars Fischer	Public	n/a	n/a	n/a	✓	n/a
Lauraine Leigh**	Public	✗	n/a	n/a	n/a	n/a
Marilyn Miller	Public	n/a	n/a	n/a	✓	✓

Mark Pearce	Public	✓	✓	✗	n/a	n/a
Mary Burd	Public	✓	✓	✓	n/a	n/a
Matt Cooper***	Staff	n/a	n/a	n/a	✓	n/a
Miranda Alcock	Public	✓	✓	✗	n/a	n/a
Natalie Baron	Public	✓	✓	✗	✓	✓
Robin Solomon****	Staff	✓	n/a	n/a	n/a	n/a
Samuel Takunda	Public	n/a	n/a	n/a	✗	✗
Sara Godfrey	Public	✗	✓	✗	n/a	n/a
Sue Dowd	Stakeholder	✓	✓	✓	✓	✓
Thomas Das	Stakeholder	✓	✓	✗	✗	✗

Public and Staff Governors are elected for a period of three years. The term of office of the elected Governors ended on 31st October 2015 and elections were held in September 2015. 14 Governors were appointed, of whom 2 were re-elected and 2 were uncontested. Their terms of office commenced on 1st November 2015 and will end on 31st October 2018.

*Helen Masterton replaced John Joughin as the Stakeholder Governor representing University of East London in June 2015 and her first term of office will end in June 2018.

**Kate Davies and Lauraine Leigh, both Public Governors, resigned due to work commitments in June 2015.

***Matt Cooper, a Staff Governor, left the Trust in February 2016 and therefore stepped down from the Council.

****Robin Solomon, a Staff Governor, left the Trust in July 2015 and therefore stepped down from the Council.

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 September for all Public and Staff Governor roles: 14 Governors were appointed, of whom 2 were re-elected and 2 were uncontested. Their terms of office commenced on 1st November 2015 and will end on 31st October 2018.

Below is a list of the public and staff Governors following the elections.

Name	Type	Newly Elected / Re-elected / Uncontested
Angela Haselton	Staff	Uncontested
Anthony Levy	Public	Re-elected
Camilla Nicholls	Public	Newly Elected
Craig Griffiths	Public	Newly Elected
David Bell	Staff	Newly Elected
Derek Draper	Public	Newly Elected
Edna O'Shaughnessy	Public	Newly Elected
George Wilkinson	Public	Newly Elected
Kimberley Wilson	Public	Newly Elected
Lars Fischer	Public	Newly Elected
Marilyn Miller	Public	Newly Elected
Matt Cooper	Staff	Uncontested
Natalie Baron	Public	Re-elected
Samuel Takunda	Public	Newly Elected

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*, which is published on the Trust's website.

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 the Trust's committees, especially the Equalities Committee, the Clinical Quality, Safety and Governance Committee, and the Quality Stakeholders Group. The Governors have not exercised their power under paragraph 10c of schedule 7 of the NHS Act 2006 during the course of the year.

The Members' Newsletter is the primary vehicle for communication with members, and the Trust encourages Governors to write articles for this. 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. The Trust's forward plan, priorities and strategy are published on the Trust's website, and the opinion of the members is sought both through the newsletters and via contact details provided on the website. 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

Composition & Attendance

Non-Executive Directors

- ***Professor Paul Burstow, Trust Chair***

Appointed November 2015. Term of office ends in October 2018.

- Professor of Health and Social Care, City University London
- Professor of Mental Health Policy, University of Birmingham
- Formerly Member of Parliament from 1997 to 2015, served on the Health, Select and Public Accounts Committees
- Formerly Minister of State, Department of Health between 2010 and 2012 (leading the development of the 'No Health Without Mental Health' strategy)
- Formerly Councillor of London Borough of Sutton
- Formerly First Campaigns Officer and Chief Executive Office, Association of Liberal Democrat Councillors
- Director, Indy Associates Limited

- ***Ms Angela Greatley, Trust Chair***

Appointed November 2009. Re-appointed November 2012. Term of office ended 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
- Trustee, The Silverline
- Trustee, Action on Smoking and Health (ASH)

- ***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
- Director, DKB Consulting
- Secretary, Porism Limited
- Trustee, Care-IF
- Trustee, Sane
- President, Mental Health Foundation
- President, World Psychiatric Association

- ***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
- Previously worked for International Planned Parenthood Federation

- ***Mr David Holt, Senior Independent Director, Chair Audit Committee***

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

- Qualified Accountant (Chartered Institute of Management Accountants)
- Non-Executive Director, Whittington Health NHS Trust
- Deputy Chairman, Ebbsfleet Development Corporation
- Non-Executive Director, Planning Inspectorate
- Chair, Merton Regeneration Board, Circle Housing Association
- Non-Executive Board Member, Hanover Housing Association
- Formerly Finance Director at Land Securities plc

- Formerly Finance Director, Jaeger and Viyala Fashion Retail
- 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/Director, Centre for Mental Health
- Formerly Chief Executive now Trustee/Director, 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 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
- Magistrate, Cambridge and Peterborough bench
- Senior Vice Chair, Hills Road Sixth Form College.
- Previously Executive Director of the Joint Research Office, Imperial College Academic Health Science Centre
- Previously held various Senior Management roles, University of Cambridge and the Cambridge High Tech Sector

Directors

- ***Dr Rita Harris, Director of Children, Young Adults and Families Services***

Appointed in 2008, served until October 2015.

- 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

- ***Dr Sally Hodges, Director of Children, Young Adults and Families Services***

Appointed in November 2015.

- Consultant Clinical Psychologist specialising in Children and Young people with Learning and Developmental difficulties, Tavistock and Portman NHS FT since 1996
- Formerly Associate Clinical Director of Complex Needs in CYAF since 1996, Tavistock and Portman NHS FT
- Formerly Patient and Public Involvement (PPI) Lead, Tavistock and Portman NHS FT
- Leadership MSc from University of Birmingham and the NHS Leadership Academy

- ***Mr Paul Jenkins, Chief Executive***

Appointed Chief Executive November 2013 and commenced in February 2014.

- Formerly Chief Executive, Rethink Mental Illness
- Formerly Director of Service Development, NHS Direct
- Member, Carers' Standing Commission
- Member, Bradley Group
- Awarded an Order of the British Empire (OBE) for his role in setting up NHS Direct

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

Appointed September 2010.

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

- ***Ms Louise Lyon, Director of Quality, Patient Experience, Adult and Forensic Services***
Appointed March 2008.
 - Consultant Clinical Psychologist, Tavistock & Portman NHS Foundation Trust
 - Member of British Psychoanalytical Society
 - 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 as Deputy Chief Executive in October 2011.

- Formerly Director of Finance at London Ambulance Service
- Formerly at Glaxo
- Formerly at National Can Corporation
- Formerly Management Accountant in manufacturing industry

Composition & Attendance at Board of Directors Meetings 2015/2016

Director Name	Apr 15	May 15	June 15	July 15	Sept 15	Oct 15	Nov 15	Jan 16	Feb 16	Mar 16
Angela Greatley (Chair until Oct 2015)	✓	✓	✓	✓	✓	✓	n/a	n/a	n/a	n/a
Paul Burstow (Chair from Nov 2015)	n/a	n/a	n/a	n/a	n/a	n/a	✓	✓	✓	✓
Brian Rock	✓	✗	✓	✓	✗	✓	✓	✓	✓	✗
David Holt	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗
Dinesh Bhugra	✗	✓	✗	✓	✗	✗	✓	✓	✓	✓
Edna Murphy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ian McPherson	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jane Gizbert	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓
Lis Jones	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓
Louise Lyon	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Paul Jenkins	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rita Harris	✓	✗	✓	✓	✓	✓	n/a	n/a	n/a	n/a
Rob Senior	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sally Hodges*	n/a	n/a	n/a	n/a	n/a	n/a	✓	✓	✓	✓
Simon Young	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

* Sally Hodges replaced Rita Harris in November 2015

Independence of Non-Executive Directors

The Trust has no Non-Executive Directors with ministerial appointments or involvement in political activity. The Trust therefore considers all directors to be independent.

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; the Director of CYAF and the Nursing Director are non-voting members.

Our executive directors come from a mixture of clinical and non-clinical backgrounds: one of our current executive directors is a registered medical practitioner, one is a registered nurse, one is a child and adolescent psychotherapist, one a clinical psychologist and one is a psychoanalyst.

The expertise of the non-executive directors includes finance, management consultancy, public relations, marketing, communications, business development, commercial property, research management, healthcare 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 was completed in June 2015 by our Governance Manager.

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 published on the Trust's website.

Audit Committee

Composition & Attendance

Composition & Attendance at Audit Committee Meetings 2015/16

Member Name	20 May 15	14 Oct 15	13 Jan 16	22 Mar 16
David Holt (Chair)	✓	✓	✓	✓
Ian McPherson	✓	✓	✓	✓
Edna Murphy	✓	✓	✓	✓

Mr David Holt chaired the Audit Committee throughout the year.

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, 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 2015/16

In 2015/16, 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.

The Audit Committee has held management to account over the last year in the development of an appropriate governance and risk assurance framework and for the implementation of a system of internal control. It has had robust discussions about IT arrangements within the Trust, data quality issues arising from the new clinical records system, and the management of student debt. The audit committee also provided guidance on a range of challenges facing the Trust. Audit work during the year has covered a range of potential risks identified in the external audit plan, including the timing of income recognition for new and existing services; the valuation of capital assets; and the implementation of the Trust's new clinical records system.

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. This has included in depth reviews and presentations by management to the committee of a number of significant risks on the Strategic Risk Register. In addition, the working relationship with both the Clinical Quality, Safety and Governance Committee and the Training and Education Programme Management Board has been effective in ensuring that the work of the three Committees is integrated and that the Audit Committee has appropriate oversight of the assurances provided to the Board by the other two Committees.

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 appointed new Auditors, Deloitte LLP, for 2015/16 after a competitive tender process which gave an opportunity to review audit and identify priorities for its future effectiveness. The process was approved by the Council of Governors; a member of the Council joined the members of the Audit Committee for the presentations and the decision on recommendation; and the recommendation was approved by the Council. The fee for 2015/16 was £47,000 plus VAT.

The Committee is satisfied that the Trust has an effective internal audit function established by management that meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, the Chief Executive and the Board of Directors. The internal audit function is outsourced to RSM Risk Assurance Services LLP, and the Committee has re-appointed them for 2016/17.

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 processes 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 the revaluation in March 2016 of the Trust's land and buildings.

Audit Committee members took part in a training session during the year. The Committee has again reviewed its own effectiveness, receiving a report on the results of a detailed survey of members and attendees; has reported this to the Board, and will be sharing it also with the Council of Governors.

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	Mar 2016
Paul Burstow (Chair)	✓
Paul Jenkins	✓
David Bell	✓
Dinesh Bhugra	✓
George Wilkinson	✓

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, Mr Craig De Sousa, attends the meetings in an advisory role.

The Committee met on 3rd March 2016 to consider the re-appointment of Mr David Holt, whose first term of office is due to end in October 2016, and to plan the recruitment to replace Dr Ian McPherson, whose final term of will end on 31st October 2016.

Trust Chair Appointment Committee

Composition & Attendance

Member Name	May 15
Mark Pearce (Chair)	✓
Angela Haselton	✓
Anthony Levy	✓
David Holt	✓
Mary Burd	✓
Natalie Baron	✓
Paul Jenkins	✓
Robin Solomon	✓
Susan Thomas	✓

Trust Chair Appointment Committee Work 2015/16

The Committee met in May 2015 to plan the recruitment of a new Trust Chair, to commence in November 2015 at the end of Ms Greatley's second term of office.

The post was advertised at the end of May 2015 and was shortlisted by the Committee on the 14th July 2015, with interviews taking place on 8th September 2015. Approximately 42 applications were received in total, from which the Committee shortlisted four candidates for interview. Candidates went through a two stage interview process: first a presentation, then an interview. The presentation was to an audience of Governors, Directors, staff, and patient and student representatives, and feedback from the presentations was collated and given to the interview panel.

For the interviews the panel was led by Governors. The panel comprised:

- Mr Mark Pearce, Governor (Chair)
- Ms Natalie Baron, Governor
- Ms Mary Burd, Governor
- Mr Paul Jenkins, Chief Executive
- Mr David Holt, Senior Independent Director
- Patient Representative

Ms Karen Merchant, Human Resource Business Partner, was in attendance providing HR support and guidance.

The panel recommended the appointment of Mr Paul Burstow. The recommendation was considered by the Council of Governors at their meeting on 17th September 2015, and the appointment confirmed. Mr Burstow commenced his appointment on 1st November 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 2015/16

Constituency	31 March 2015	31 March 2016
Public	6715	6788
Staff	581	658

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, and details are published on our website.

Regulatory Ratings

Monitor's Risk Ratings

Monitor, now NHS Improvement, 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, or financial sustainability, rating).

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.

Financial Sustainability Risk Rating

Financial sustainability (previously called 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/NHS Improvement Risk Ratings in 2015/16

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

Monitor Risk Ratings in 2014/15

	Annual Plan	Q1	Q2	Q3	Q4
Continuity of Service Rating	4	4	4	4	4
Governance Rating	Green	Green	Green	Green	Green

Summary of Regulatory Performance in 2015/16

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.

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

24th May 2016

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 2016 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 Associate Director of Quality and Governance is responsible for non-clinical risk and provides a central resource of expertise and advice on all non-financial risk management. The Associate Director leads and coordinates the Trusts compliance with risk management standards set by the NHS Litigation Authority (NHSLA) and adopted by the Trust.

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.

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 risks are reviewed by two of the workstreams of the CQSG committee, and the learning from good practice is shared with staff through the quarterly 'Quality News' newsletter.

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. Every two to three months, the Board of Directors receives an update on the high-level risks and the action being taken on them. An update will be given immediately in the event of a major change or new risk.

The Director of Finance provides the Board of Directors with a quarterly report on the validity of its Corporate Governance statement, assessing whether the Trust has met the relevant targets and indicators. Risks to compliance with the governance condition of our foundation trust licence are mitigated through regular reviews of the performance of board committees, annual review of the responsibilities of directors and subcommittees, and clear and regular reporting by the executive to the Board of Directors.

The major risks the Trust currently faces are not achieving our clinical growth targets, our National Training Contract being significantly reduced, clinical quality or governance failures. The risk of not meeting our growth targets is being managed by continuing the development of new services and modernisation of existing ones, and development of action plans specific to each service, with action plans monitored by the Strategic and Commercial Committee. The risk of the National Training Contract reduction is being managed through active engagement with Health Education England and HENCEL to make the case for the value of the contract, through our review of portfolio alignment to HEE key areas, and through more focus on our regional strategy. The risk to clinical quality is managed by continuous review through the CQSG and a planned restructuring of our Quality Team and Clinical Governance Office to meet the enhanced requirement for a programme of integrated quality improvement.

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; 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 from the 25th to the 29th January 2016. The formal report has not yet been received, but the initial feedback recognised the caring staff in all services visited, and the full report is due in late April. Further details can be found in the Directors' Report chapter.

The previous inspection by the CQC, on 6th March 2014, found the Trust fully met all the essential standards. Trusts are now obliged to comply with CQC Fundamental Standards of care.

The Trust currently holds NHSLA Level 2 assessment. These assessments are no longer undertaken by the NHSLA.

The Trust's information governance policies were reviewed during the year and updated as required. 98% of staff completed information governance training during the year. The Trust oversees the evidence of compliance and the action plans for further development at the IG work stream group, the work of which is scrutinised by the Clinical Quality, Safety and Governance Committee of the Board of Directors. At 31 March 2016, the Trust has declared that it has attained 82% against all the key criteria of the Information Governance toolkit issued for the NHS, and attained Level Three, the highest, for the many of the requirements. There was one minor information governance incident in the year that reached the Serious Incident Requiring Reporting threshold, the ICO declined to take the matter further and the case was closed.

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.

The effectiveness of services is monitored by the Board of Directors through scrutiny of the quarterly quality report, and the monthly detailed reports from individual clinical Service Lines, and education and training Portfolios.

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 Clinical Quality and Patient Experience Workstream (sub-committee) and the Clinical Quality, Safety, and Governance Committee. Staff follow the procedures approved by the Board of Directors. 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 CareNotes; 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 a plan to address weaknesses and ensure continuous improvement of the system is in place.

Independent assurance has been provided principally by our External and Internal Auditors, and by the Care Quality Commission. The Trust has developed and implemented action plans in response to the recommendations of each of these bodies. Internal Audit has reported to the Audit Committee that "The organisation has an adequate and effective framework for risk management, governance and internal control. However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective." The points where improvements are needed are covered by the agreed action plans in response to audit reports, and the management team are regularly reviewing progress and completion of these action plans.

The Audit Committee members and attendees have completed a detailed self-assessment which confirms that the Committee is functioning effectively across the full range of its responsibilities.

The Clinical Quality, Safety and Governance Committee has reported to the Board on its work and has concluded that it, and its workstreams, have fully discharged their terms of reference.

Conclusion

No significant internal control issues have been identified.

Signed.....

Paul Jenkins, Chief Executive

24th May 2016

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

Opinion on financial statements of Tavistock And Portman NHS Foundation Trust

In our opinion the financial statements:

- **give a true and fair view of the state of the Trust's affairs as at 31 March 2016 and of its income and expenditure for the year then ended;**
- **have been properly prepared in accordance with the accounting policies directed by Monitor – Independent Regulator of NHS Foundation Trusts; and**
- **have been prepared in accordance with the requirements of the National Health Service Act 2006.**

The financial statements comprise the Statement of Comprehensive Income, the Balance Sheet, the Cash Flow Statement, the Statement of Changes in Taxpayers' Equity and the related notes 1 to 41. The financial reporting framework that has been applied in their preparation is applicable law and the accounting policies directed by Monitor – Independent Regulator of NHS Foundation Trusts.

Certificate

We certify that we have completed the audit of the accounts in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and Code of Audit Practice.

Going concern

We have reviewed the Accounting Officer's statement that the Trust is a going concern. We confirm that:

- we have concluded that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate; and
- we have not identified any material uncertainties that may cast significant doubt on the Trust's ability to continue as a going concern.

However, because not all future events or conditions can be predicted, this statement is not a guarantee as to the Trust's ability to continue as a going concern.

Independence

We are required to comply with the Financial Reporting Council's Ethical Standards for Auditors and we confirm that we are independent of the group and we have fulfilled our other ethical responsibilities in accordance with those standards. We also confirm we have not provided any of the prohibited non-audit services referred to in those standards.

Our assessment of risks of material misstatement

The assessed risks of material misstatement described below are those that had the greatest effect on our audit strategy, the allocation of resources in the audit and directing the efforts of the engagement team:

Risk

How the scope of our audit responded to the risk

Recoverability of NHS receivables

As described in note 1, Accounting Policies, there are significant judgements in relation to assessing the levels of impairment provision against receivables, in particular gross NHS receivables which were £4.8 million at 31 March 2016. The Trust has recorded a provision against these receivables of £0.3 million. Management judgement is required in estimating the level of provision for disputes.

Details of the Trust's NHS receivables balance, and provision for the impairment of receivables, are included in note 21.1.

We evaluated the design and implementation of controls over the calculation of the impairment provision.

We challenged key judgements around specific areas of dispute and the rationale for the accounting treatments adopted. In doing so, we considered the historical accuracy of provisions for disputes and reviewed correspondence with commissioners. We have assessed the level of exposure to older debts.

Property valuations

The Trust holds property assets within Property, Plant and Equipment which have been revalued in the year using the current value in use method. The net book value of land and buildings as at 2015/16 was £19.5 million. The valuations are by nature significant estimates which are based on specialist and management assumptions and which can be subject to material changes in value.

We evaluated the design and implementation of controls over property valuations, and tested the accuracy and completeness of data provided by the Trust to the valuer.

We used Deloitte internal valuation specialists to review and challenge the appropriateness of the key assumptions used in the valuation of the Trust's properties, including through benchmarking against revaluations performed by other Trusts at 31 March 2016.

We have reviewed the disclosures in notes 1 and 15 and evaluated whether these provide sufficient explanation of the basis of the valuation and the judgements made in preparing the valuation.

We assessed whether the valuation and related accounting treatment was compliant with the relevant accounting standards, and in particular whether impairments should be recognised in the Income Statement or in Other Comprehensive Income.

Risk	How the scope of our audit responded to the risk
<p>Capital Expenditure</p> <p>The Trust's capital spend on Property Plant and Equipment was £1.6 million. This is shown in note 15.1.</p> <p>Determining whether expenditure should be capitalised under International Financial Reporting Standards can involve significant judgement in determining whether spend is capital or revenue in nature</p>	<p>We have tested the design and implementation of controls over the capitalisation of costs.</p> <p>We challenged key judgements around capitalisation of costs and we performed tests of a sample of additions in the year, to assess whether they met the conditions for capitalisation. We performed this testing through scrutinising invoices and other documentation and by inspection of the physical asset.</p>

The description of risks above should be read in conjunction with the significant issues considered by the Audit Committee discussed on page 51.

These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters.

Our application of materiality

We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality both in planning the scope of our audit work and in evaluating the results of our work.

We determined materiality for the Trust to be £0.9m, which is below 2% of revenue. Revenue was chosen as a benchmark as the Trust is a non-profit organisation, and revenue is a key measure of financial performance for users of the financial statements.

We agreed with the Audit Committee that we would report to the Committee all audit differences in excess of £45k, as well as differences below that threshold that, in our view, warranted reporting on qualitative grounds. We also report to the Audit Committee on disclosure matters that we identified when assessing the overall presentation of the financial statements.

An overview of the scope of our audit

Our audit was scoped by obtaining an understanding of the entity and its environment, including internal control, and assessing the risks of material misstatement. Audit work was performed at the Trust's head offices directly by the audit engagement team, led by the audit partner.

The audit team included integrated Deloitte specialists bringing specific skills and experience in property valuations and Information Technology systems

Data analytic techniques were used as part of audit testing, in

particular to support profiling of populations to identify items of audit interest.

Opinion on other matters prescribed by the National Health Service Act 2006

In our opinion:

- the part of the Directors' Remuneration Report to be audited has been properly prepared in accordance with the National Health Service Act 2006; and
- the information given in the Performance Report and the Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Annual Governance Statement, use of resources, and compilation of financial statements

Under the Code of Audit Practice, we are required to report to you if, in our opinion:

- the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual, is misleading, or is inconsistent with information of which we are aware from our audit;
- the NHS foundation trust has not made proper arrangements for securing economy, efficiency and effectiveness in its use of resources; or
- proper practices have not been observed in the compilation of the financial statements.

We have nothing to report in respect of these matters.

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

Our duty to read other information in the Annual Report

Under International Standards on Auditing (UK and Ireland), we are required to report to you if, in our opinion, information in the annual report is:

- materially inconsistent with the information in the audited financial statements;
- apparently materially incorrect based on, or materially inconsistent with, our knowledge of the Trust acquired in the course of performing our audit; or
- otherwise misleading.

In particular, we are required to consider whether we have identified any inconsistencies between our knowledge acquired during the audit and the directors' statement that they consider the annual report is fair, balanced and understandable and whether the annual report appropriately discloses those matters that we communicated to the audit committee which we consider should have been disclosed. We confirm that we have not identified any such inconsistencies or misleading statements.

Respective responsibilities of the accounting officer and auditor

As explained more fully in the Accounting Officer's Responsibilities Statement, the Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law, the Code of Audit Practice and International Standards on Auditing (UK and Ireland). We also comply with International Standard on Quality Control 1 (UK and Ireland). Our audit methodology and tools aim to ensure that our quality control procedures are effective, understood and applied. Our quality controls and systems include our dedicated professional standards review team

This report is made solely to the Board of Governors and Board of Directors ("the Boards") of Tavistock And Portman NHS Foundation Trust, as a body, in accordance with paragraph 4 of Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Boards 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 trust and the Boards as a body, for our audit work, for this report, or for the opinions we have formed.

Scope of the audit of the financial statements

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



Jonathan Gooding (Senior statutory auditor)
for and on behalf of Deloitte LLP
Chartered Accountants and Statutory Auditor
St Albans, United Kingdom
25/05/2016

Tavistock and Portman NHS Foundation Trust

REPORT AND FINANCIAL STATEMENTS

Annual financial statements for the year ended 31 March 2016

Foreword to the financial statements

Tavistock and Portman NHS Foundation Trust

These accounts, for the year ended 31 March 2016, have been prepared by Tavistock and Portman NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed



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Paul Jenkins
Chief Executive

Date **24 May 2016**

Statement of Comprehensive Income

		2015/16	2014/15
	Note	£000	£000
Operating income from patient care activities	3	22,581	18,163
Other operating income	4	22,675	23,281
Total operating income from continuing operations		45,256	41,444
Operating expenses	5, 7	(44,545)	(40,568)
Operating surplus from continuing operations		711	876
Finance income	10	11	13
Finance expenses	11	(1)	(1)
PDC dividends payable		(484)	(344)
Net finance costs		(474)	(332)
Surplus for the year from continuing operations		237	544
Surplus for the year		237	544
Other comprehensive income			
Revaluations	17	5,452	-
Total comprehensive income for the year		5,689	544

Statement of Financial Position

	Note	31 March 2016 £000	31 March 2015 £000
Non-current assets			
Intangible assets	14	110	52
Property, plant and equipment	15	20,734	14,776
Total non-current assets		20,844	14,828
Current assets			
Trade and other receivables	21	8,657	5,479
Cash and cash equivalents	25	3,355	2,761
Total current assets		12,012	8,240
Current liabilities			
Trade and other payables	26	(6,293)	(5,736)
Other liabilities	28	(5,659)	(2,123)
Provisions	31	(71)	(6)
Total current liabilities		(12,023)	(7,865)
Total assets less current liabilities		20,833	15,203
Non-current liabilities			
Provisions	31	(58)	(117)
Total non-current liabilities		(58)	(117)
Total assets employed		20,775	15,086
Financed by			
Public dividend capital		3,474	3,474
Revaluation reserve		14,126	8,763
Income and expenditure reserve		3,175	2,849
Total taxpayers' equity		20,775	15,086

The notes on pages 80 to 124 form part of these financial statements.

Signed



Name
Job title
Date

Paul Jenkins
Chief Executive
24 May 2016

Statement of Changes in Equity for the year ended 31 March 2016

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2015 - brought forward	3,474	8,763	2,849	15,086
Surplus for the year	-	-	237	237
Other transfers between reserves	-	(89)	89	-
Revaluations	-	5,452	-	5,452
Taxpayers' and others' equity at 31 March 2016	3,474	14,126	3,175	20,775

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
Taxpayers' and others' equity at 1 April 2014 - brought forward	3,474	8,840	2,228	14,542
Surplus for the year	-	-	544	544
Other transfers between reserves	-	(77)	77	-
Taxpayers' and others' equity at 31 March 2015	3,474	8,763	2,849	15,086

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.

Income and expenditure reserve

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

Statement of Cash Flows

	2015/16	2014/15
Note	£000	£000
Cash flows from operating activities		
Operating surplus	711	876
Non-cash income and expense:		
Depreciation and amortisation	5.1 768	608
loss on disposal of non-current assets	5.1 93	-
Increase in receivables and other assets	(3,204)	(55)
Increase in payables and other liabilities	3,968	199
Increase in provisions	5	51
Net cash generated from/(used in) operating activities	<u>2,565</u>	<u>1,680</u>
Cash flows from investing activities		
Interest received	11	12
Purchase of intangible assets	(93)	(7)
Purchase of property, plant, equipment and investment property	<u>(1,475)</u>	<u>(1,347)</u>
Net cash generated from/(used in) investing activities	<u>(1,557)</u>	<u>(1,342)</u>
Cash flows from financing activities		
PDC dividend paid	<u>(414)</u>	<u>(334)</u>
Net cash generated from/(used in) financing activities	<u>(414)</u>	<u>(334)</u>
Increase in cash and cash equivalents	<u>594</u>	<u>4</u>
Cash and cash equivalents at 1 April	<u>2,761</u>	<u>2,756</u>
Cash and cash equivalents at 31 March	25 <u><u>3,355</u></u>	<u><u>2,761</u></u>

Notes to the financial statements

Note 1 Accounting policies and other information

Basis of preparation

Monitor is responsible for issuing an accounts direction to NHS foundation trusts under the NHS Act 2006. 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 the Secretary of State. Consequently, the following financial statements have been prepared in accordance with the FT ARM 2015/16 issued by Monitor. The accounting policies contained in that manual follow IFRS and HM Treasury's FReM to the extent that they are meaningful and appropriate to NHS foundation trusts. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

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

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 financial statements.

The Trust has no interest in other entities

Note 1.2 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.

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 1.3 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

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

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

Note 1.5 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

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

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.

All assets are measured subsequently at valuation. An item of property, plant and equipment which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

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.

Note 1.5 Property, plant and equipment (continued)

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

Note 1.5 Property, plant and equipment (continued)

Private Finance Initiative (PFI) transactions

PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's *FReM*, are accounted for as 'on-Statement of Financial Position' by the Trust. In accordance with IAS 17, the underlying assets are recognised as property, plant and equipment, together with an equivalent finance lease liability. Subsequently, the assets are accounted for as property, plant and equipment and/or intangible assets as appropriate.

The annual contract payments are apportioned between the repayment of the liability, a finance cost and the charges for services.

The service charge is recognised in operating expenses and the finance cost is charged to finance costs in the Statement of Comprehensive Income.

Useful economic lives of property, plant and equipment

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 Years	Max life Years
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.

Note 1.6 Intangible assets (continued)

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.

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 current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

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 Years	Max life Years
Intangible assets - internally generated		
Information technology	5	5
Intangible assets - purchased		
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

Inventories are valued at the lower of cost and net realisable value.

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.

Classification and measurement

Financial assets are categorised as loans and receivables.

Financial assets and financial liabilities at "fair value through income and expenditure"

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

Loans and receivables

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

The trust's receivables are set out in Note 21. The trust has no loans in its assets.

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

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income.

Financial liabilities

All 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.

They 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.

Note 1.9 Financial Instruments and Financial Liabilities (continued)***Impairment of financial assets***

At the Statement of Financial Position date, the trust assesses whether any financial assets, other than those held at "fair value through income and expenditure" are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future 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.

Note 1.10 Leases

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 1.11 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 31 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 1.12 Contingencies

The Trust has no contingent liabilities

Note 1.13 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of 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 1.14 Value added tax

Most of the activities of the NHS Foundation Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.15 Corporation tax

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

Note 1.16 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 1.17 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 1.18 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 1.19 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2015/16.

Note 1.20 Standards, amendments and interpretations in issue but not yet effective or adopted

In accordance with the FT Annual Reporting Manual, the following amended standards issued by the IASB have not yet been adopted in these financial statements. We are not aware that the revised standards will effect any significant changes for this Trust.

IFRS 11 (amendment) – acquisition of an interest in a joint operation - Published by IASB in May 2014 Not yet EU adopted. Expected to be effective from 2016/17.

IAS 16 (amendment) and IAS 38 (amendment) – depreciation and amortisation - Published by IASB in May 2014 Not yet EU adopted. Expected to be effective from 2016/17.

IAS 16 (amendment) and IAS 41 (amendment) – bearer plants - Published by IASB in June 2014 Not yet EU adopted. Expected to be effective from 2016/17.

IAS 27 (amendment) – equity method in separate financial statements - Published by IASB in August 2014 Not yet EU adopted. Expected to be effective from 2016/17.

IFRS 10 (amendment) and IAS 28 (amendment) – sale or contribution of assets - Published by IASB in Sept 2014 Not yet EU adopted. Expected to be effective from 2016/17.

IFRS 10 (amendment) and IAS 28 (amendment) – investment entities applying the consolidation exception - Published by IASB in December 2014 Not yet EU adopted. Expected to be effective from 2016/17.

IAS 1 (amendment) – disclosure initiative - Published by IASB in December 2014 Not yet EU adopted. Expected to be effective from 2016/17.

IFRS 15 Revenue from contracts with customer - Published by IASB in May 2014 Not yet EU adopted. Expected to be effective from 2016/17.

Annual improvements to IFRS: 2012-15 cycle - Published by IASB in September 2014 Not yet EU adopted. Expected to be effective from 2017/18.

IFRS 9 Financial Instruments - Published by IASB in July 2014 Not yet EU adopted. Expected to be effective from 2018/19.

Note 1.21 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 15, is £19,557,000, (2014/2015, £13,482,000)

- Operating costs include an estimate of £314,000 for the annual leave earned but not taken at the year-end date, as shown in note 5 (2014/15, £347,000)

- Accounting for receivables necessarily involves judgment when assessing levels of impairment. A provision of £322,000 has been made - see note 5. (2014/15, £629,000)

Note 2 Operating Segments

2015/16

	Operating income	Operating expenses	Operating Surplus before Restructuring	Dividends
All figures £000				
Adult Services and forensic services	8,101	7,985	116	88
Children, Young People and Families Services	20,383	20,018	365	218
Education & Training, research	16,772	15,775	997	175
Total	<u>45,256</u>	<u>43,778</u>	<u>1,478</u>	<u>481</u>

This table does not include the Trust's restructuring cost of 773k

2014/15

	Operating Income 2014/15 £000	Operating expenses 2014/15 £000	Operating surplus before restructuring 2014/15 £000	Dividends and unwinding discount 2014/15 £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
Total	<u>41,454</u>	<u>39,688</u>	<u>1,766</u>	<u>344</u>

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

Note 3 Operating income from patient care activities

Note 3.1 Income from patient care activities (by nature)

	2015/16	2014/15
	£000	£000
Cost and volume contract income	-	4,333
Block contract income	12,935	8,745
Other clinical income	9,646	5,085
Total income from activities	22,581	18,163

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2015/16	2014/15
	£000	£000
CCGs and NHS England	16,145	13,304
Local authorities	3,596	3,233
Department of Health	-	-
Other NHS foundation trusts	318	333
NHS trusts	117	130
NHS other	84	550
Non NHS: other	2,321	613
Total income from activities	22,581	18,163
Of which:		
Related to continuing operations	22,581	18,163
Related to discontinued operations	-	-

	2015/16	2014/15
	£000	£000
Note 4 Other operating income		
	2015/16	2014/15
	£000	£000
Research and development	283	788
Education and training	21,175	20,972
Other income	1,217	1,521
Total other operating income	<u>22,675</u>	<u>23,281</u>
Of which:		
Related to continuing operations	22,675	23,281
Related to discontinued operations	-	-

Note 5.1 Operating expenses

	2015/16	2014/15
	£000	£000
Employee expenses - executive directors	894	976
Remuneration of non-executive directors	82	78
Employee expenses - staff	29,642	28,521
Supplies and services - clinical	316	241
Supplies and services - general	134	104
Establishment	893	858
Transport	5	3
Premises	2,947	2,198
(decrease)/Increase in provision for impairment of receivables	(307)	174
Rentals under operating leases	120	268
Depreciation on property, plant and equipment	733	552
Amortisation on intangible assets	35	56
Impairments	224	-
Audit fees payable to the external auditor		
audit services- statutory audit	58	60
Clinical negligence	-	-
Loss on disposal of non-current assets	93	-
Legal fees	35	22
Consultancy costs	266	451
Internal audit costs	32	42
Training, courses and conferences	1,069	1,434
Patient travel	103	103
Hospitality	33	20
Insurance	45	55
Other services, eg external payroll	2,033	1,756
Grossing up consortium arrangements	170	528
Other	4,890	2,068
Total	44,545	40,568
Of which:		
Related to continuing operations	44,545	40,568

Note 5.2 Other auditor remuneration

No other Auditor's remuneration was paid in 2015/16

Note 5.3 Limitation on auditor's liability

The limitation on auditors' liability for external audit work is £1m (2014/15: £1m).

Note 6 Impairment of assets

	2015/16	2014/15
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Abandonment of assets in course of construction	224	-
Total net impairments charged to operating surplus / deficit	<u>224</u>	<u>-</u>
Impairments charged to the revaluation reserve	-	-
Total net impairments	<u>224</u>	<u>-</u>

The impairment of assets is as a result of a review of which costs are directly attributable to bringing the asset into use

Note 7 Employee benefits

			2015/16	2014/15
	Permanent	Other	Total	Total
	£000	£000	£000	£000
Salaries and wages	23,711	148	23,859	23,182
Social security costs	2,216	-	2,216	2,100
Employer's contributions to NHS pensions	2,875	-	2,875	2,744
Pension cost - other	29	-	29	47
Termination benefits	773	-	773	880
Agency/contract staff	-	784	784	543
Total gross staff costs	29,604	932	30,536	29,496
Recoveries in respect of seconded staff	-	-	-	-
Total staff costs	29,604	932	30,536	29,496

Note 7.1 Retirements due to ill-health

During 2015/16 there were no early retirements from the trust agreed on the grounds of ill-health (none in the year ended 31 March 2015). The estimated additional pension liabilities of these ill-health retirements is £0k (£0k in 2014/15).

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

Note 7.2 Directors' remuneration

The aggregate amounts payable to directors were:

	2015/16	2014/15
	£000	£000
Salary	1157	1109
Taxable benefits	0	0
Performance related bonuses	0	0
Employer's pension contributions	122	109
Total	1,279	1,218

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

Note 8 Pension costs

The Trust paid NHS pension agency £2,875k and the National Employment Savings Scheme (NEST) £4k in 2015/16

Note 9 Operating leases

Note 9.1 Tavistock and Portman NHS Foundation Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where Tavistock and Portman NHS Foundation Trust FT is the lessee.

	2015/16 £000	2014/15 £000
Operating lease expense		
Minimum lease payments	120	268
Total	<u>120</u>	<u>268</u>
	31 March 2016 £000	31 March 2015 £000
Future minimum lease payments due:		
- not later than one year;	130	-
Total	<u>130</u>	<u>-</u>

Note 10 Finance income

Finance income represents interest received on assets and investments in the period.

	2015/16	2014/15
	£000	£000
Interest on bank accounts	11	13
Total	<u>11</u>	<u>13</u>

Note 11 Finance expenditure

Finance expenditure represents interest and other charges.

	2015/16	2014/15
	£000	£000
Other finance costs; Unwinding of discounts	(1)	(1)
Total	<u>(1)</u>	<u>(1)</u>

Note 12 Corporation tax

The Trust had no Corporation tax

Note 13 Discontinued operations

The Trust had no Discontinued operations in 2015/16

Note 14.1 Intangible assets - 2015/16

	Software licences	Total
	£000	£000
Valuation/gross cost at 1 April 2015 - brought forward	360	360
Additions	93	93
Gross cost at 31 March 2016	453	453
Amortisation at 1 April 2015 - brought forward	308	308
Provided during the year	35	35
Amortisation at 31 March 2016	343	343
Net book value at 31 March 2016	110	110
Net book value at 1 April 2015	52	52

Note 14.2 Intangible assets - 2014/15

	Software licences	Total
	£000	£000
Valuation/gross cost at 1 April 2014 - as previously stated	353	353
Additions	7	7
Valuation/gross cost at 31 March 2015	360	360
Amortisation at 1 April 2014 - as previously stated	252	252
Provided during the year	56	56
Amortisation at 31 March 2015	308	308
Net book value at 31 March 2015	52	52
Net book value at 1 April 2014	101	101

Note 15 Property, plant and equipment

Note 15.1 Property, plant and equipment - 2015/16

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2015 - brought forward	5,690	8,401	412	214	2,145	151	17,013
Additions	-	1,003	(0)	-	547	6	1,556
Impairments	-	-	(224)	-	-	-	(224)
Reclassifications	-	76	(76)	-	-	-	-
Revaluations	3,111	1,224	-	-	-	-	4,335
Disposals / derecognition	-	-	-	-	(93)	-	(93)
Valuation/gross cost at 31 March 2016	8,801	10,703	112	214	2,599	157	22,586
Accumulated depreciation at 1 April 2015 - brought forward	-	672	-	205	1,271	88	2,236
Provided during the year	-	445	-	4	268	16	733
Revaluations	-	(1,117)	-	-	-	-	(1,117)
Accumulated depreciation at 31 March 2016	-	0	-	209	1,539	104	1,852
Net book value at 31 March 2016	8,801	10,703	112	5	1,060	53	20,734
Net book value at 1 April 2015	5,690	7,729	412	9	874	63	14,776

Note 15.2 Property, plant and equipment - 2014/15

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2014 - as previously stated	5,690	8,090	-	214	1,563	109	15,665
Additions - purchased/ leased/ grants/ donations	-	311	412	-	582	42	1,347
Valuation/gross cost at 31 March 2015	5,690	8,401	412	214	2,145	151	17,013
Accumulated depreciation at 1 April 2014 - as previously stated	-	329	-	205	1,069	81	1,684
Provided during the year	-	343	-	0	202	7	552
Accumulated depreciation at 31 March 2015	-	672	-	205	1,271	88	2,236
Net book value at 31 March 2015	5,690	7,729	412	8	874	63	14,776
Net book value at 1 April 2014	5,690	7,761	-	9	494	28	13,982

Note 15.3 Property, plant and equipment financing - 2015/16

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2016							
Owned	8,801	10,703	112	5	1,060	53	20,734
NBV total at 31 March 2016	8,801	10,703	112	5	1,060	53	20,734

Note 15.4 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
Net book value at 31 March 2015							
Owned	5,690	7,729	412	8	874	63	14,776
Net book value total at 31 March 2015	5,690	7,729	412	8	874	63	14,776

Note 16 Donations of property, plant and equipment

The Trust had no donated property in 2015/16

Note 17 Revaluations of property, plant and equipment

All land and buildings are revalued using professional valuations in accordance with IAS 16 every five years. Valuations are carried out by professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual. Asset valuations were undertaken in this financial year with the prospective valuation date of 1 April 2016. The revaluation undertaken at this date was accounted for on 31 March 2016.

Note 18.1 Investments - 2015/16

The Trust had no Investments in 2015/16

Note 19 Disclosure of interests in other entities

There are no third party assets held by the Tavistock and Portman NHS Foundation Trust (31 March 2015: £nil)

Note 20 Inventories

There were no inventories in 2015/16

Note 21 Trade and other receivables

Note 21.1 Trade receivables and other receivables

	31 March 2016 £000	31 March 2015 £000
Current		
Trade receivables due from NHS bodies	4,820	2,718
Trade receivables due from related parties	1,599	829
Provision for impaired receivables	(322)	(629)
Prepayments (non-PFI)	411	257
Accrued income	228	513
PDC dividend receivable	-	26
VAT receivable	26	19
Other receivables	1,895	1,746
Total current trade and other receivables	<u>8,657</u>	<u>5,479</u>

The figure reported in March 2016 include an invoice raised in March for £2.3m that relates to activity in 2016/17. This has also been accounted for as deferred income reported in other liabilities note.

Note 21.2 Provision for impairment of receivables

	2015/16	2014/15
	£000	£000
At 1 April as previously stated	629	455
Increase in provision	109	536
Unused amounts reversed	(416)	(362)
At 31 March	322	629

Note 21.3 Analysis of impaired receivables

	31 March 2016		31 March 2015	
	Trade receivables	Other receivables	Trade receivables	Other receivables
	£000	£000	£000	£000
Ageing of impaired receivables				
0-30 days	67	-	32	-
30-60 Days	10	-	69	-
60-90 days	-	-	8	-
90-180 days	95	-	7	-
Over 180 days	150	-	513	-
Total	322	-	629	-
Ageing of non-impaired receivables past their due date				
0-30 days	5,831	-	4,631	-
30-60 Days	289	-	1,289	-
60-90 days	40	-	211	-
90-180 days	1,219	-	791	-
Over 180 days	527	-	200	-
Total	7,906	-	7,122	-

Note 22 Other assets

The Trust had no other assets reported in 2015/16

Note 23 Other financial assets

The Trust had no other financial assets reported in 2015/16

Note 24 Non-current assets for sale and assets in disposal groups

The Trust had no Non Current assets for sale or disposal in 2015/16

Note 24.1 Liabilities in disposal groups

The Trust had no liabilities in disposal groups

Note 25 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.

	2015/16	2014/15
	£000	£000
At 1 April	2,761	2,756
Net change in year	594	5
At 31 March	<u>3,355</u>	<u>2,761</u>
Broken down into:		
Cash at commercial banks and in hand	54	9
Cash with the Government Banking Service	3,301	2,752
Total cash and cash equivalents as in SoFP	<u>3,355</u>	<u>2,761</u>
Total cash and cash equivalents as in SoCF	<u>3,355</u>	<u>2,761</u>

Note 25.1 Third party assets held by the NHS foundation trust

Tavistock and Portman NHS Foundation Trust held no cash and cash equivalents which relate to monies held by the the Foundation Trust on behalf of patients or other parties.

Note 26 Trade and other payables

Note 26.1 Trade and other payables

	31 March 2016 £000	31 March 2015 £000
Current		
NHS trade payables	346	86
Amounts due to other related parties	553	433
Other trade payables	708	661
Capital payables	81	-
Social security costs	707	651
Other payables	286	166
Accruals	3,568	3,739
PDC dividend payable	44	-
Total current trade and other payables	<u>6,293</u>	<u>5,736</u>

Note 26.2 Pension contribution liabilities

	31 March 2016 £000	31 March 2015 £000
- outstanding pension contributions at 31st of March 2016	460	433

Note 27 Other financial liabilities

The Trust had no other financial liabilities in 2015/16.

Note 28 Other liabilities

	31 March 2016 £000	31 March 2015 £000
Current		
Other deferred income	5,659	2,123
Total other current liabilities	<u>5,659</u>	<u>2,123</u>

The figure reported in March 2016 include a deferral for an invoice raised in March for £2.3m that relates to activity in 2016/17.

Note 29 Borrowings

The Trust had no borrowing in 2015/16

Note 30 Finance leases

The Trust had no finance leases in 2015/16

Note 30.1 Tavistock and Portman NHS Foundation Trust as a lessor

No Future lease receipts was due under finance lease agreements where Tavistock and Portman NHS Foundation Trust is the lessor

Note 31 Provisions for liabilities and charges analysis

	Pensions - other staff	Other legal claims	Total
	£000	£000	£000
At 1 April 2015	68	55	123
Arising during the year	1	10	11
Utilised during the year	(6)	-	(6)
Unwinding of discount	1	-	1
At 31 March 2016	64	65	129
Expected timing of cash flows:			
- not later than one year;	6	65	71
- later than one year and not later than five years;	25	-	25
- later than five years.	33	-	33
Total	64	65	129

Note 31.1 Clinical negligence liabilities

At 31 March 2016, £0k was included in provisions of the NHSLA in respect of clinical negligence liabilities of Tavistock and Portman NHS Foundation Trust (31 March 2015: £0k).

Note 31.2 Contingent Assets and Liabilities

At 31 March 2016, there are four possible cases of employer's liability litigation cases outstanding against the Trust (at 31 March 2014 there were three).

The gross possible liability of the Trust for all these cases in aggregate is £65k (31 March 2014 £55K).

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 been reported which have occurred but have not yet been reported.

A national estimate for such potential liabilities in all NHS bodies, calculated on an actuarial basis, is included in the accounts of the NHS Litigation Authority.

Note 31.3 Contractual capital commitments

Commitments under capital expenditure contracts at 31 March 2016 were £Nil (31 March 2015 £Nil)

Note 32 Contingent assets and liabilities

	31 March 2016 £000	31 March 2015 £000
Value of contingent liabilities		
Other	(3)	-
Gross value of contingent liabilities	<u>(3)</u>	<u>-</u>
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	<u>(3)</u>	<u>-</u>

Note 33 Contractual capital commitments

The Trust had no contractual capital commitments

Note 34 Financial instruments

Note 34.1 Financial risk management

The Trust follows procedures for receivables management, so as to ensure that payments are received promptly and risk is managed. A provision for impairment (see Note 21) is made, and is reviewed regularly.

Cash is held as far as possible with the Government Banking Service (see Note 25) at all times.

There are no other financial instruments held, other than the ones already disclosed in the note

Note 34.2 Financial assets

	Loans and receivables £000	Held to maturity £000	Available-for-sale £000	Total £000
Assets as per SoFP as at 31 March 2016				
Trade and other receivables excluding non financial assets	8,220	-	-	8,220
Cash and cash equivalents at bank and in hand	3,355	-	-	3,355
Total at 31 March 2016	11,575	-	-	11,575

	Loans and receivables £000	Held to maturity £000	Available-for-sale £000	Total £000
Assets as per SoFP as at 31 March 2015				
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
Total at 31 March 2015	7,938	-	-	7,938

Note 34.3 Financial liabilities

	Other financial liabilities £000	Liabilities at fair value through the I&E £000	Total £000
Liabilities as per SoFP as at 31 March 2016			
Trade and other payables excluding non financial liabilities	5,583	-	5,583
Total at 31 March 2016	5,583	-	5,583

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

Note 34.4 Maturity of financial liabilities

	31 March	
	31 March 2016 £000	2015 £000
In one year or less	5,583	5,085
Total	5,583	5,085

Note 34.5 Fair values of financial assets at 31 March 2016

	Book value £000	value £000
Non-current trade and other receivables excluding non financial assets	11,575	11,575
Total	11,575	11,575

Note 34.6 Fair values of financial liabilities at 31 March 2016

	Book value £000	value £000
Non-current trade and other payables excluding non financial liabilities	5,583	5,583
Total	5,583	5,583

Note 35 Losses and special payments

There were no losses and special Payments in 2015/16

Note 37 Prior period adjustments

The Directors are not aware of any prior period adjustments

Note 38 Events after the reporting date

The Directors are not aware of any events that have arisen since the end of the year which have affected or may significantly affect the operations of the Trust.

Note 39 Better Payment Practice Code

	<u>Number of bills paid</u>			<u>Value of bills paid</u>		
	Total	Paid within 30 days	% of bills paid within 30 days	Total	Paid within 30 days	% of value paid within 30 days
	Number	Number	%	£000	£000	%
Year ended 31 March 2016	7,178	6,374	89%	13,373	12,199	91%
Year ended 31 March 2015	6,992	6,309	90%	10,401	8,782	84%

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

Tavistock and Portman NHS Foundation Trust

Note 40 Related parties

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 £196,516 (2014/15 £511,794) 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 £424k in 2015/16 (2014/15 £810,98

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

The Department of Health is regarded as a related party. During the year the Tavistock and Portman NHS Foundation Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent department. These entities are listed below:

	Total income for the year ended 31 March 2016 £000	Total charge for the year ended 31 March 2016 £000	Debtor/ (creditor) as at 31 March 2016 £000	Total income for the year ended 31 March 2015 £000	Total charge for the year ended 31 March 2015 £000	Debtor/ (creditor) as at 31 March 2015 £000
Department of Health	20	-	(165)	531	18	-
Public Health England	3,197	-	741	-	-	-
Health Education England	11,703	-	(284)	12,013	-	-
NHS England	4,467	-	581	-	-	913
London Strategic Health Authority	-	-	-	2,813	-	-
Barnet CCG	564	-	-	582	-	-
Camden CCG	6,303	-	(3)	5,464	-	815
Haringey CCG	554	-	-	550	-	45
Islington CCG	275	-	-	313	-	10
City & Hackney CCG	3,272	-	451	1,169	-	-
South London & Maudsley NHS FT	18	49	(3)	-	186	-
University College London NHS FT	46	197	(51)	-	188	-
Barts Health NHS Trust	57	13	8	72	22	-

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

	Total income for the year ended 31 March 2016 £000	Total charge for the year ended 31 March 2016 £000	Debtor/ (creditor) as at 31 March 2016 £000	Total income for the year ended 31 March 2015 £000	Total charge for the year ended 31 March 2015 £000	Debtor/ (creditor) as at 31 March 2015 £000
London Borough of Barnet	372	3	245	357	4	275
London Borough of Camden	342	561	(10)	163	591	165
London Borough of Haringey	526	2	267	477	-	216
Westminster City Council	706	22	137	834	41	-
Department for Education	1,659	-	128	150	-	38
Health & Social Care	-	120	-	-	107	-

	Total income for the year ended 31 March 2016	Total charge for the year ended 31 March 2016	Debtor/ (creditor) as at 31 March 2016	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
HM Revenue and Customs for Pay As You Earn income tax and National Insurance (included in staff costs)	-	7721	(707)	-	7339	(651)
NHS Pension Agency	-	2875	(462)	-	2927	(433)

The Trust is reimbursed by the Tavistock and Portman Charitable Fund and by the Tavistock Clinic Foundation for staff and other expenses borne on their account:

	Total recharge for the year ended 31 March 2016 £000	Debtor/ (creditor) as at 31 March 2016 £000	Total recharge for the year ended 31 March 2015 £000	Debtor/ (creditor) as at 31 March 2015 £000
Tavistock and Portman Charitable Fund	-	28	5	-
Tavistock Clinic Foundation	-	13	3	-

The accounts for these two charities are published separately.

During 2015/16, the Trust has an agreement with National Shared Business Services to provide certain accounting processes. The Trust paid £88,435 (2014/15 £123,244) for these services.

NOTES TO THE ACCOUNTS**Note 41 Directors' and Senior Managers' Remuneration**

Name		2015/16 Salary (bands of £5,000)	2014/15 Salary (bands of £5,000)
Avery, T	Director of Information Management & Technology	75-80	N/A
Bhugra, D	Non Executive Director from November 2014	5-10	0-5
Burstow	Chair from November 2015	15-20	N/A
De Sousa, C	Director of Human Resources from February 2016	5-10	N/A
Gizbert, J	Non Executive Director from November 2014	5-10	0-5
Greatley, A	Chair to October 2015	15-20	25-30
Harris, R	Director Child and Adolescent Services to November 2015	60-65	105-110
Hodges, S	Director of CYAF Services	35-40	N/A
Holt D	Non-Executive Director	10-15	10-15
Jenkins, P	Chief Executive	150-155	150-155
Jones, E	Nurse Director	40-45	40-45
Key, P	Director of Corporate Governance and Facilities to August 2016	35-40	105-110
Lyon, L	Director, Patient Experience and Quality and Adult Services	100-105	105-110
Rock, B	Dean of Postgraduate Studies from 1 January 2015	105-110	25-30
Senior, R	Medical Director	140-145	140-145
Smith, J	Director of Service Development	85-90	90-95
Thomas, L	Associate Director of Marketing & Communications	65-70	N/A
Thomas, S	Director of Human Resources to January 2016	65-70	85-90
Young, S	Deputy Chief Executive and Director of Finance	85-90	105-110

The median pay of the Trust's staff is £31,402 (£28,441 2014/15) From the table above, the mid point of the banding of the highest paid director is £150,000, so this gives a ratio of 4.78 times the median pay of the Trust's staff.

Total remuneration paid to directors for the year ended 31 March 2016 (in their capacity as directors) totalled £1,160,000 (2014/15 £1,109,400). 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 £122,000 (2014/15 £109,000). The total number of directors to whom benefits are accruing under the NHS defined benefit scheme (the NHS Pension Scheme) was eleven.

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 2016	Real increase since 31 March 2015	Total accrued lump sum at 31 March 2016	Real increase since 31 March 2015	at 31 March 2016	at 31 March 2015	Real increase since 31 March 2015
	Bands of £5,000	Bands of £2,500	Bands of £5,000	Bands of £2,500	£000	£000	£000
Hodges, S Director of CYAF Services	20-25	2.5-5.0	60-65	7.50-10.5	328	277	51
Jenkins P Chief Executive	30-35	-	80-85	-	714	-	-
Key, P Director of Corporate Governance and Facilities	35-40	0.0-2.5	110-115	-	-	-	-
Rock B Dean of Postgraduate Studies	15-20	5.0-7.5	55-60	15.5-20	339	236	103
Senior, R Medical Director	45-50	2.5-5.0	145-150	32.5-35.0	-	-	-
Smith, J Commercial Director	35-40	0.0-2.5	105-110	2.5-5.00	677	666	11
Thomas, S Director of Human Resources	50-55	12.5-15.0	105-110	42.5-45	1,097	795	302
Young, S Deputy Chief Executive and Director of Finance	30-35	0.0-2.5	100-105	0.0-2.5	-	-	-

The table includes the pension entitlements of all senior management employed directly by the Trust for whom pension contributions were made during 2015/16

* Mr Jenkins's pension figures at 31 March 2016 was not included in the figures provided by the NHS Business Authority for 31 March 2015 (when Mr Jenkins had only recently joined the Trust). The figures are therefore not comparable for 2015/16

	Value £'000S
Directors' remuneration	1,160
Employer contributions to pension schemes	122

Total number of directors to whom benefits are accruing under

	Number
- money purchase schemes	-
- defined benefit schemes	11

Average number of employees (WTE basis)

	Permanent Number	Other Number	2015/16 Total Number	2014/15 Total Number
Medical and dental	39	-	39	40
Ambulance staff	-	-	-	-
Administration and estates	196	-	196	169
Healthcare assistants and other support staff	-	-	-	-
Nursing, midwifery and health visiting staff	21	-	21	20
Nursing, midwifery and health visiting learners	-	-	-	-
Scientific, therapeutic and technical staff	189	-	189	187
Healthcare science staff	-	-	-	-
Social care staff	24	-	24	22
Agency and contract staff	-	22	22	5
Bank staff	-	35	35	31
Other	5	-	5	5
Total average numbers	474	57	531	479

Of which:

Number of employees (WTE) engaged on capital projects	5	-	5	5
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Reporting of compensation schemes - exit packages 2015/16

	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages Number
Exit package cost band (including any special payment element)			
<£10,000	-	3	3
£10,001 - £25,000	1	5	6
£25,001 - 50,000	-	3	3
£50,001 - £100,000	1	2	3
£100,001 - £150,000	1	1	2
£150,001 - £200,000	1	-	1
>£200,000	-	-	-
Total number of exit packages by type	4	14	18
Total resource cost (£)	£356,000	£417,000	£773,000

Reporting of compensation schemes - exit packages 2014/15

	Number of compulsory Number	Number of other departures agreed Number	Total number of exit packages Number
Exit package cost band (including any special payment element)			
<£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	-	-	-
Total number of exit packages by type	3	22	25
Total resource cost (£)	£70,000	£810,000	£880,000

Exit packages: other (non-compulsory) departure payments

	2015/16 Payments agreed Number	Total value of agreements £000	2014/15 Payments agreed Number	Total value of agreements £000
Voluntary redundancies including early retirement contractual costs	-	-	3	31
Mutually agreed resignations (MARS) contractual costs	14	417	19	779
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	-	-	-	-
Exit payments following Employment Tribunals or court orders	-	-	-	-
Non-contractual payments requiring HMT approval	-	-	-	-
Total	14	417	22	810

Of which:

Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	-	- 22	- 810	-
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For all off-payroll engagements as of 31 Mar 2016, for more than £220 per day and that last for longer than six months

Number of existing engagements as of 31 Mar 2016	2015/16 Number of engagements
	3

Of which:

Number that have existed for less than one year at the time of reporting	1
Number that have existed for between one and two years at the time of reporting	-
Number that have existed for between two and three years at the time of reporting	1
Number that have existed for between three and four years at the time of reporting	1
Number that have existed for four or more years at the time of reporting	-

For all new off-payroll engagements, or those that reached six months in duration, between 01 Apr 2015 and 31 Mar 2016, for more than £220 per day and that last for longer than six months

Number of new engagements, or those that reached six months in duration between 01 Apr 2015 and 31 Mar 2016	2015/16 Number of engagements
	1

Number of the above which include contractual clauses giving the trust the right to request assurance in relation to income tax and national insurance obligations	1
Number for whom assurance has been requested	-

Of which:

Number for whom assurance has been received	-
Number for whom assurance has not been received	-
Number that have been terminated as a result of assurance not being received	-

For any off-payroll engagements of board members, and/or senior officials with significant financial responsibility, between 1 Apr 2015 and 31 Mar 2016

Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	2015/16 Number of engagements
	-

Number of individuals that have been deemed "board members and/or senior officials with significant financial responsibility". This figure should include both off-payroll and on-payroll engagements.	8
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Quality Report

2015/16



Contents

Introduction	4
Part 1: Statement on Quality from the Chief Executive	6
1.1 Achievements in Quality	8
1.2 Overview of Quality Indicators 2015/16	12
Part 2: Priorities for Improvement and Statements of Assurance from the Board	14
2.1 Priorities for Improvement	14
2.2 Statements of Assurance from the Board	28
2.3 Reporting against core indicators	33
Part 3: Other Information: Review of quality performance and progress against last year's priorities	37
3.1 Quality of Care Overview: Performance against selected indicators	37
3.2 Performance against relevant Indicators and Thresholds	62
3.3 Reported Raising of Concerns	62
3.4 Sign up to Safety	64
3.5 Staff survey	59
Part 4: Annexes	69
4.1 Statements from Camden Clinical Commissioning Group (CCG), Governors, Healthwatch Camden, Overview and Scrutiny Committee (OSC) and response	69

from Trust

4.2	Statement of Directors' Responsibilities in respect of the Quality Report	76
4.3	Independent Auditors Report	78
	Appendix – Glossary of Key Data Items	79

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 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

The annual quality account report is an important way for the Trust to report on quality and show improvements in the services we deliver to local communities and stakeholders. This year has seen the development of the Tavistock and Portman three year Clinical Quality Strategy much of which has been reflected in this year's chosen priorities. The Strategy complements the Trust's five year ambitions and two year strategic objectives and reflects national and local priorities. The Board of Directors is ultimately responsible for ensuring that we continue to raise the bar on all our quality initiatives.

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 and students have when they visit us;
- The effectiveness of the wide variety of treatments our patients receive from us;
- The way we collect, protect and store information about our patients, and report and use information about the outcome of patients' treatment;
- The value we place on all our staff and their wellbeing, fostering leadership, innovation and personal accountability to deliver the best possible services;
- The way we communicate with all those who use or are interested in our services, to keep them informed and to take their views into account.

The Trust welcomed the Care Quality Commission in January for a routine assessment and the report is currently awaited. We are committed to driving improvement and a culture of excellence throughout the organisation. We are pleased that 94% patients continue to feel the help they receive at the Trust as 'good' that they are treated well and listened to and work closely with our patients including involving many on interview panels, listening to their stories at our Board of Directors' meetings and the Annual General Meeting.

We continue to have relatively small numbers of incidents and a good record on safeguarding with strong leadership in the Medical Director. Our staff consistently recommend the trust as a place to work or receive treatment but we know that we still have some work to do to address long hours of working. We have looked at supporting an open culture, appointing a Freedom to Speak Up Guardian in advance of national timescales.

The Trust has also had challenges through the year which we continue to focus on. Increasing referrals in our very successful Gender Identity Development Service (GIDS) and City and Hackney Psychotherapy Consultation Service have seen waiting times increase longer than we would wish, and we are working on improving access. The Trust also introduced a new electronic patient system during the year and have been working hard to ensure that all staff are confident to use this, and that we can most effectively harness the data to drive performance.

You will find more details in the next section and throughout the report about our progress towards our 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 Marion Shipman (Associate Director Quality and Governance) at mshipman@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

Achievements in Quality

We are proud to report that, in addition to our Quality Priorities, during the year 2015/16 we achieved the following:

- City and Hackney Primary Care Psychotherapy Consultation Service, was named British Medical Journal's 2015 Mental Health Team of the Year. The service was established at the request of GPs in Hackney and since it started, it's continued developing to meet the needs local GPs identify for their patients. The service's achievements are based on partnership working with commissioners, GPs and patients. This is a prestigious award and so is a great acknowledgement of the excellent, innovative work undertaken by this service.
- We were successful in our bid to provide a brand new service in Camden. The Team around the Practice (TAP) is partly based on our award winning City and Hackney Primary Care Psychotherapy Consultation Service model. Provided in partnership with Mind in Camden, the service opened in July 2015. It offers a range of tailored interventions to support a busy primary care workforce.
- In April, The Trust held a Patient & Public Involvement (PPI) event. David Gilbert, an expert in PPI, opened the day and a number of our PPI Champions spoke too. The event gave us an opportunity to find out more about best practice initiatives across our Trust, to hear about work in other health trusts and to discuss the barriers to engagement and how these can be overcome. A fruitful discussion followed about our own PPI agenda and future planning.
- At the start of April, a new Family Drug and Alcohol Court (FDAC) opened its doors in Sussex. The Family Drug and Alcohol Court sees parents who are subject to care proceedings offered intensive help to tackle substance abuse. The scheme, which first launched in London seven years ago, has helped to increase the proportion of parents who are able to continue caring for their children.
- Our FDAC featured in the law section of the Observer in May 2015. The article explores some of the successes and challenges FDAC has faced with a particular focus on a two case studies who have been through the family drug and alcohol court.

- As a Stonewall Health Champion we have made a commitment to ensure that the clinical and training services we provide are accessible and that we're a supportive, open employer who promises a fair, accessible place to work. As part of this programme, the Trust held a training session in order to discuss Lesbian, Gay, Bisexual and Transgender (LGBT) issues in the workplace. The session was held on 24 April and was well attended.
- The Trust welcomes the Family Nurse Partnership (FNP) national unit who moved into the new modular building at the Tavistock Centre site in May. The Trust held an event to mark the opening of the new building with our FNP colleagues. An evaluation of the service has shown it was used by families and has the potential for positive outcomes.
- In July the Trust was named in the Health Service Journal's top 100 places to work for the second year running. This is a real achievement and recognises our commitment to being a good employer. The work we do here is challenging at times, but it's our dedicated, hardworking staff that makes the place what it is.
- October saw the 'FOUND' project launch as part of the TaviArt Project. The project explores the meaning of things that can be 'found' in and around the Tavistock Centre and will result in a collaborative multi-media quilt of found things.
- November saw the launch of Haringey Thinking Space. The launch follows the success of the Tottenham Thinking Space project, which was launched in 2013 following the London riots in 2011. Like the Tottenham project, the work in Haringey will involve working with communities to build resilience and improve individual and community well-being.
- *I am Leo*, a documentary film for CBBC aimed at 6-12 year olds which focused on one of our Gender Identity Development Service (GIDS) patients, has won a Children's BAFTA for best factual programme. *Mending Young Minds*, the two part Radio 4 series was first broadcast in August and September and again in November and is available online.
- At the beginning of January the Women and Equalities committee released a report about transgender equality and GIDS was mentioned. The report highlighted issues trans people are facing in health, social care, education and other publically

provided services. GIDS were noted for the good work they are doing in the area. In response to the report, we published a blog article on our website. The service continues to feature regularly in the press, on TV and on the radio.

- The yearly statistic for the Experience of Questionnaire (ESQ) question ‘recommend to friend or family member’ has exceeded the target of 90%. The PPI team has been highly commended by NHS England this year – who asked the Tavistock and Portman NHS Foundation Trust to do a spotlight presentation at their yearly celebration event, encouraging other trusts to listen and feedback to freetext given in the ESQ. *“I think the work you are doing is inspirational”* – Grainne Bellenie (Deputy Programme Manager – NHS England)

Family Nurse Partnership (FNP)

What is the service?

The Family Nurse Partnership (FNP), or Nurse–Family Partnership (NFP) as it is known in the United States, has one of the strongest evidence bases of any early childhood preventive programme. The FNP National Unit works in partnership to improve the health, social and economic wellbeing of young parents and their babies.

Who is the service for?

The Family Nurse Partnership (FNP) is a voluntary home visiting programme for first time young mums, aged 19 years or under. A specially trained family nurse visits the young mum regularly, from the early stages of pregnancy until their child is two. The FNP programme aims to enable young mums to:

- Have a healthy pregnancy
- Improve their child’s health and development
- Plan their own futures and achieve their aspirations.

Outcomes

The FNP programme was introduced in England in 2007. Initial testing began in 10 test sites, which were the subject of a formative evaluation by Professor Jacqueline Barnes of Birkbeck, University of London. The evaluation showed that FNP can be delivered well in the UK that families liked it and the potential for positive outcomes was good. On this basis, FNP was expanded to cover more areas and is now well–established in England.

1.2 Overview of Quality Indicators 2015/16

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	Annual Achievement	Page No
Child and Adolescent Mental Health Service Outcome Monitoring Programme			
For 80% of patients (attending CAMHS who qualify for the CQUIN) to complete the Goal-Based Measure (GBM) at Time 1 and after six months or, if earlier, at the end of therapy/treatment (known as Time 2).	Red	59%*	40
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).	Green	83%	40
Adult Outcome Monitoring Programme			
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	71%	41
Access to Clinical Service and Health Care Information for Patients and Public			
PPI team to develop a quarterly PPI newsletter for Trust staff and service users to include updates on patient stories	Green	Achieved	42
PPI Newsletters to be available on the Trust website	Green	Achieved	42
Following launch of the newsletter, a Visual Straw Poll to be run on awareness of the newsletters	Green	Achieved	42
Patient and Public Involvement			
To provide a service user for every clinical interview panel that requests a service user panel member.	Green	Achieved	43
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.	Green	Achieved	43
Patient Safety Indicators			
Patient Safety Incidents		34	32
Child and Adult Safeguarding Alerts		78	33

*Please note that our performance in Q4 was 83%.

Target	RAG	Annual Achievement	Page No
Maintaining a High Quality, Effective Workforce			
Attendance at Trust Wide Induction Days		85%	34
Completion of Local Induction		96%	35
Attendance at Mandatory INSET Training		96%	35
Safeguarding of Children – Level 1 Training		92%	36
Safeguarding of Children – Level 2 Training		96%	
Safeguarding of Children – Level 3 Training		92%	
Clinical Effectiveness Indicators			
Monitor number of staff with PDPs		99%	39
Patient Experience Indicators			
Complaints received		27	44
Patient Satisfaction			
Percentage of patients that rated the overall help they had received as good:			46
Quarter 1		93%	
Quarter 2		94%	
Quarter 3		93%	
Quarter 4		95%	
ESQ Return			
CAMHS Number of service users reporting satisfaction with the service (rated the help they had received from the Trust as 'good').			46
Quarter 1		94%	
Quarter 2		94%	
Quarter 3		93%	
Quarter 4		97%	
Did Not Attend Rate			
Trust Wide – First Attendances		12.4%	47
Trust Wide – Subsequent Appointments		8.6%	47
Waiting Time Breaches			
Total Trust Wide – Number(%) of patients attending a first appointment 11 or more weeks after referral received		57 (1.9%)	48
Internal Causes		24 (0.8%)	
External Causes		33 (1.1%)	

*These figures are based on services which have 11 week referral to first apt target (Services include: Adult, CYAF and Portman). City and Hackney and Gender Identity Development service are not included in these figures as they a national 18 week first appt target. Westminster and First Step service is not included due to having no waiting time target due to the nature of work they provide.

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

2.1 Our quality priorities for 2016/17

The priorities for 2016/17 which are set out in this report have been arranged under the three broad headings which, put together, provide the national definition of quality in NHS services: patient safety, clinical effectiveness and patient experience. Progress on achievement of these priorities will be reported in next year's Quality Accounts.

Patient Safety

Priority 1: Improving the physical health of patients receiving treatment, part of the 'Living Well' programme

Priority 2: Identifying and managing issues of domestic abuse and violence

Priority 3: Self-harm and suicide

Clinical Effectiveness

Priority 4: Child and adolescent mental health service (CYAF) outcome monitoring programme

Priority 5: Young adult and adult outcome monitoring programme

Priority 6: Increase use of clinical audit and quality improvement methodologies across the Trust to support improvements in services

Patient Experience

Priority 7: Improve awareness and levels of engagement for service users: 'Word of Mouth' project

Priority 8: Patient involvement with physical healthcare within the 'Living Well' programme

Priority 9: ESQ data developments – integrating the use of ESQ data to improve services

How we choose our priorities

In looking forward and setting our goals for next year, our choice of quality priorities 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, continuing to focus on measurable outcomes from our interventions, focusing on improving the physical as well as mental health of our patients, improving the identification and management of patients where there is evidence of domestic abuse or violence, and ensuring that there is increased awareness and levels of engagement for service users.

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 2015/16 targets and detailed discussion to agree CQUIN targets for 2016/17.

Our Quality Stakeholders 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, Associate Director Quality and Governance and is chaired by the Quality and Patient Experience Director. The Governors Clinical Quality Group has played a key role in helping us to think about some our quality priorities for next year.

Patient Safety

Priority 1: Improving the physical health of patients receiving treatment: ‘Living Well’ programme

We have agreed with our commissioners, as part of our CQUIN targets for 2016/17, to establish a ‘Living Well’ programme covering a number of public health issues including smoking, alcohol, healthy eating and stress management. This is in addition to developing further the provision of individual support for staff and patients around smoking cessation and alcohol use which was a priority during 2015/16. This is also one of the Trust’s Sign up to Safety goals. This priority will be supported in delivery by the Patient and Public Involvement Team (PPI) – see Priority 8.

1. Improving the physical health of patients receiving treatment

Targets for 2016/17

This priority continues but with new elements from last year

1. Develop and deliver the ‘Living Well’ programme
2. Provide staff information and training to increase knowledge of the ‘Living Well’ programme, its relevance and benefits and increase numbers trained to deliver very brief advice on smoking and alcohol
3. Increase individual support for patients around physical health issues including smoking cessation and alcohol use

Measure Overview

We plan to use a number of different measures to evidence compliance with the targets including the development and dissemination of patient and staff information; development of a ‘Living well’ programme which is then evaluated by attendees; evidence on ongoing individual support for staff and patients; staff training to deliver Brief Advice for smoking and alcohol and ongoing monitoring to embed the use of physical health forms.

How we will collect the data for this target

Patients, carers and staff will be involved in developing a ‘Living Well’ programme which will then be delivered during the year. Data will be collected on numbers recruited and

feedback obtained from participants. Staff information will be provided to increase knowledge of the programme and provide training to deliver very brief advice to patients on alcohol and smoking. This will be monitored from the physical health forms. Individual and self-referrals to the Physical Health Specialist Nurse will continue, with use of the service monitored and evaluated at the end of the year.

Monitoring our Progress

We will monitor our progress towards achieving our targets on a quarterly basis, providing reports to the Patient Safety and Clinical Risk Workstream, the Clinical Quality Safety and Governance Committee, the Board of Directors, Camden CCG and our clinical commissioners from other boroughs. The Physical Healthcare Specialist Nurse for the Trust will ensure that if expected levels of assurance are not achieved, an appropriate action plan to address this will be put in place.

Priority 2: Improving and managing issues of domestic violence and abuse

We have agreed with our commissioners, as part of our CQUIN targets for 2016/17, to embed the domestic violence and abuse programme established in 2015/16. This priority is also one of the Trust's Sign up to Safety goals.

2. Identifying and managing issues of domestic violence and abuse

Targets for 2016/17

This priority continues from last year

1. 95% of team managers trained to use the CAADA-DASH assessment tool (competency)
2. 95% of eligible clinical staff to receive Level 2 & 3 domestic abuse and violence training.

Measure Overview

We plan to provide training in the use of an assessment tool to Team Managers and ensure that 95% of eligible clinical staff receive Level 2 and 3 domestic violence and abuse training during the year.

How we will collect the data for this target

Data will be collected for those attending training and a quarterly report drafted.

Monitoring our Progress

We will monitor our progress towards achieving our domestic abuse and violence targets on a quarterly basis, providing reports to the Patient Safety and Clinical Risk Workstream, the Clinical Quality Safety and Governance Committee, the Board of Directors, Camden CCG and our clinical commissioners from other boroughs. The Lead for Domestic Abuse and Violence for the Trust will ensure that if expected levels of assurance are not achieved, an appropriate action plan to address this will be put in place.

Priority 3: Self harm and suicide

We have chosen this priority because of the importance of the national suicide prevention strategy, and because self-harm is very important to address. It is particularly prevalent in some of the clinical populations that we assess and treat e.g. adolescents. We have recently produced new Trust policies on the prevention of suicide, and on the management of self-harm, and have updated our clinical risk procedure accordingly. This priority is also one of the Trust's Sign up to Safety goals.

3. Self harm and suicide

Target for 2016/17

This is a new priority for 2016/17

1. To increase clinician's knowledge and awareness of the clinical risk assessment and management of self-harm and suicide with 80% attendance
2. To improve patient experience of clinical risk and safety in the Trust with 80% increase in attendee assessment score following training.

Measure Overview

Trust wide induction for all new staff already includes an update on suicide and self-harm as does the twice yearly staff mandatory training INSET days. For clinicians we will provide termly teaching sessions on clinical risk assessment and self-harm for both children and adult directorate. All clinicians should attend one of these sessions at least once every three years and demonstrate a measurable increase in this knowledge.

How we will collect the data for this target

A record of attendance at the planned training sessions will be recorded with a target of 80% attendance. Clinician's knowledge and retention of clinical risk assessment teaching will be assessed via a specifically tailored questionnaire. The target will be that 80% of attendees have an increase in their assessment score following training. The existing Experience of Service Questionnaire (ESQ) will be updated and used to measure the experience of a patient for support on clinical risk and safety issues.

Monitoring our Progress

We will monitor our progress towards achieving our self-harm and suicide targets on a quarterly basis, providing reports to the Patient Safety and Clinical Risk Workstream, the Clinical Quality Safety and Governance Committee, the Board of Directors, Camden CCG and our clinical commissioners from other boroughs. The Lead for safety for the Trust will ensure that if expected levels of assurance are not achieved, an appropriate action plan to address this will be put in place.

Clinical Effectiveness

Priority 4: Child, Adolescent and Young Adult (CYAF) Mental Health Service Outcome Monitoring Programme

For our Child and Adolescent Mental Health Services (CAMHS), we have used the Goal-Based Measure again this year with patients 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.

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.

4. Child, Adolescent and Young Adult Mental Health Service Outcome Monitoring Programme

Targets for 2016/17

This priority continues but with new elements from last year

1. For 80% of patients (attending CYAF) 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).
3. Improve access to patient and team level data – developing a dashboard to provide ‘real-time’ data which is reviewed by teams to improve services.

Measure Overview

For our Child, Young Adult and Family Mental Health Services (CYAF), we plan to use the Goal-Based Measure again this year. This is a commonly used measure in CYAF and we will be building further on the knowledge we have gained since 2012, with patients previously referred to the service. 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 depending on this feedback.

How we will collect the data for this target

Information is collected via the GBM questionnaire from patients and added to the Trust patient administration system.

Monitoring our Progress

A new patient administration system (Carenotes) implemented during 2015–16 replaced the previous outcome monitoring tracking system in use. The new system 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 monitor our progress towards achieving our outcome monitoring targets on a quarterly basis, providing reports to the Clinical Quality and Patient Experience Workstream, the Clinical Quality Safety and Governance Committee, the Board of Directors, Camden CCG and our clinical commissioners from other boroughs. The Lead for Outcome Monitoring in CYAF will ensure that that if expected levels of assurance are not achieved, an appropriate action plan to address this will be put in place.

Priority 5: Adult Outcome Monitoring Programme

For 2016/17, 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. The target has been increased from 50% to 65%.

5. Adult Outcome Monitoring Programme

Target for 2016/17

This priority continues but with new elements from last year.

1. For the Total CORE scores to indicate an improvement from Pre-assessment (Time 1) to End of Treatment (Time 2) for 65% of patients.

Measure Overview

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.

How we will collect the data for this target

Information is collected via the CORE questionnaire from patients and added to the Trust patient administration system.

Monitoring our Progress

A new patient administration system (Carenotes) implemented during 2015–16 replaced the previous outcome monitoring tracking system in use. The new system 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 monitor our progress towards achieving our outcome monitoring targets on a quarterly basis, providing reports to the Clinical Quality and Patient Experience Workstream, the Clinical Quality Safety and Governance Committee, the Board of Directors, Camden CCG and our clinical commissioners from other

boroughs. The Lead for Outcome Monitoring in Adult and Forensic services will ensure that if expected levels of assurance are not achieved, an appropriate action plan to address this will be put in place.

Priority 6: Clinical audit and quality improvement developments

For 2016/17, we plan to increase the use of clinical audit and quality improvement methodologies across the Trust to support improvements in the quality of our services. The Trust has recently introduced a tool for assessing the impact of service developments and improvements on the quality of care provided.

6. Clinical audit and quality improvement developments

Target for 2016/17

This is a new priority for 2016/17

1. Introduce the Quality Impact Assessment Screening tool across the organisation and evidence use in each service line where indicated.
2. Evidence that each directorate actively engages in all of the four clinical audit priority areas*, evidencing changes in practice in at least one.

*Externally driven audits; local priorities; audits identified by directorate or specialist services; locally initiated projects by clinical staff

Measure Overview

Use of the Quality Impact Assessment (QIA) Screening tool will be introduced across the organisation to ensure that when services are developed the impact that changes may have on the quality of services is fully considered. This priority also seeks to develop the use of clinical audit across the organization.

How we will collect the data for this target

The QIA Screening Tool will be monitored by the Management Team. The clinical audit implementation will be monitored via service line and directorate quarterly reporting.

Monitoring our Progress

Completed audits will be submitted to the clinical audit lead who will arrange dissemination of findings through Trust wide audit and effectiveness events. The priority lead will ensure that where expected levels of assurance are not achieved, an appropriate action plan to address this will be put in place.

Patient Experience Involvement

Priority 7: Word of Mouth Project

The decision was taken to disband the Trust PPI committee and more clearly place responsibility for patient and care involvement in the clinical and education and training directorates. A steering group of interested stakeholders has been set up under the umbrella term 'Word of Mouth'. The group will lead on providing direction, focus and support in providing activities and resources for patient, carers and their families as part of an overall contribution to holistic health and well-being allied to the Living Well programme.

7. 'Word of Mouth' project

Target for 2016/17

This is a new priority for 2016/17

1. Develop a plan for raising awareness and levels of engagement for service users
2. Raise awareness among staff both at the Tavistock Centre and external sites to promote active engagement with the project
3. Launch a Visual Straw Poll on awareness of the Living Well Programme

Measure Overview

A monthly steering group will be held comprising of the Patient Involvement team, patients and carers, internal and external stakeholders where progress will be monitored and projects determined by a panel.

How we will collect the data for this target

Minutes from the steering group to be made public and regular progress reports will be collected from each project.

Monitoring our Progress

- 1) Regular feedback from leads of each project
- 2) Successful risk assessments
- 3) Website and newsletter updates

Priority 8: Patient involvement with physical healthcare – ‘Wellbeing’ project

To support delivery of the physical healthcare ‘Living Well’ project, Priority 1 above.

8. Patient involvement with physical healthcare – ‘Living Well Programme’

Target for 2016/17

This is a new priority for 2016/17

1. Consult with patients and carers on the scope and content of the Living Well Programme
2. Raise awareness of the Living Well Programme with patients and carers for self or clinical referral
3. Obtain feedback from programme participants and ensure that information is shared in PPI newsletters

Measure Overview

The PPI team will consult with patients and carers through a number of existing methods including focus groups and teaching sessions. The team will raise awareness of the programme once developed, in order that patients and carers can be referred, and obtain feedback from programme participants.

How we will collect the data for this target

Questionnaires and group consultations

Monitoring our Progress

We will monitor our progress towards achieving our targets on a quarterly basis, providing reports to the Clinical Quality and Patient Experience Workstream, the Clinical Quality Safety and Governance Committee, the Board of Directors, Camden CCG and our clinical commissioners from other boroughs. The Lead for patient experience will ensure that action plans are in place when expected levels of assurance are not achieved.

Priority 9: ESQ data developments – integrating the use of ESQ data to improve services

In 2016/17 we plan to establish quarterly team level ESQ data and provide regular feedback to patients and staff.

9. ESQ data developments – integrating the use of ESQ data to improve services

Target for 2016/17

This is a new priority for 2016/17

1. Establish quarterly analysis of team level ESQ data
2. Disseminate the analysis to teams, discussing and agreeing actions as required
3. Establish regular feedback mechanisms for patients and staff

Measure Overview

The Patient Public Involvement (PPI) team coordinator will run monthly reports of all qualitative and quantitative feedback from ESQ data by team across the Trust. The Team administrator (who has clinical training) will analyze and theme this data, which will then be sent to directors to disseminate as appropriate to team leads.

How we will collect the data for this target

Monthly ESQ data from carenotes, to be stored on internal drives.

Monitoring our Progress

Monthly review by PPI team and local teams. Quarterly updates in PPI newsletter.

TADS – Tavistock Adult Depression Study

What is the project?

The Tavistock Adult Depression Study (TADS) aimed to produce findings which developed:

- Specific understanding of how effective this form of treatment is in improving long-term treatment-resistant depression
- A deeper understanding of the nature of this condition and of how it can be improved
- A deeper understanding of the way in which this therapy works

The findings of TADS aim to contribute to the development of evidence-based medicine (EBM) in respect of the most common mental disorder. They will help the National Institute of Health & Clinical Excellence (NICE) as it further develops its recommendations for the treatment of depression.

Who is the service for?

This study aims to help individuals with depression whose condition has not been satisfactorily improved by previous treatments. These treatments may have included medication, psychological therapy or both. The study evaluated the role of psychoanalytic psychotherapy as a treatment for these conditions.

Outcomes

The TADS project started in 2002. Recruitment into the trial ended in March 2010 and the treatment/review period was completed in December 2011. The two-year follow-up period took place in December 2013. The outcome findings have been published in the open access journal World Psychiatry in September 2015.

2.2 Statements of Assurance from the Board

This section contains the statutory statements concerning the quality of services provided by the Tavistock and Portman NHS Foundation Trust. These are common to all quality accounts and can be used to compare us with other organisations.

A review of our services

During the reporting period 2015/16 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 2015/16 represents 100% of the total income generated from the provision of relevant health services by The Tavistock and Portman NHS Foundation Trust for 2015/16.

Participation in Clinical Audits and National Confidential Inquiries

During 2015/16 there was one relevant national clinical audits and two National Confidential Enquiries which covered relevant health services that the Tavistock and Portman NHS Foundation Trust provides.

During that period the Trust participated in 100% National Confidential Enquiries which it was eligible to participate in.

The national clinical audit and National Confidential Enquires that the Tavistock and Portman NHS Foundation Trust was eligible to participate in during 2015/16, are listed below alongside the number of cases submitted to each audit or enquiry. Owing to the small relevant numbers a percentage of the number of registered cases required by the terms of that audit or enquiry is not included.

- **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 2015/16.
- **National Audit into Psychological Therapies:** no data collection was required in 2015/16, 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 2015/16 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 have been circulated to staff, available on the Trust Website and promoted at mandatory training events and at team meetings.

The reports of 13 local clinical audits were reviewed by the provider in 2015/16 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 alongside other data to inform service redesign work in Adult services.
- 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 2015/16 that were recruited during that period to participate in research approved by a research

ethics committee was five. Throughout the year, the Trust has been involved in two funded studies.

The use of the CQUIN Framework

A proportion of The Tavistock and Portman NHS Foundation Trust income in 2015/16 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 2015/16 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 2015/16 CQUIN was £300,341 and The Tavistock and Portman NHS Foundation Trust expects to receive £262,333.14. (The Trust received £244,522.64 in 2014/15).

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 2015/16.

The Tavistock and Portman NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during 2015/16.

In January 2016 the Trust underwent a routine inspection by the Care Quality Commission (CQC). We continue to hold full registration with the CQC without restriction. The full report is due in May and will be available on the CQC website, www.cqc.org.uk when published. The Trust assessment of domain compliance is below:

CQC Domain	Rating
Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good

Information on the Quality of Data

The Tavistock and Portman NHS Foundation Trust did not submit records during 2015/16 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 2015/16 was 82% and was graded red.

The Tavistock and Portman NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2015/16 by the Audit Commission.

Information on the Quality of Data

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

- The Quality Team was established last year with a remit to ensure that effective processes and procedures are in place across the Trust including outreach services, to ensure we meet our local and nationally agreed targets. The team will continue to promote the Trust's quality agenda with a robust campaign of posters, training and events, highlighting our current CQUIN and KPIs (Key Performance Indicators) and the work required to achieve them and leading on the quality data.

- The Quality Team will develop Standard Operating Procedures for data collection, validation and reporting to support the quality of data.
- Continue weekly meetings with key Trust staff to address any data quality issues, particularly around Outcome Monitoring, and other operational issues. Members of the Quality Team will continue to meet with department managers on a monthly basis to review service/team performance in relation to CQUINs, KPIs and any locally-agreed targets and where data quality issues are identified they work with the service to deliver improvements.
- In order to provide assurance to the Trust's Quality and Patient Experience Director and Trust Board, the Data Analysis and Reporting Committee (DARC) was established in 2015/16. This is a senior committee set up 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. This committee meets twice yearly.
- The recent installation of the electronic patient administration system, CareNotes, has helped towards streamlining the Trust's data collection and enables the Quality Team to swiftly report on pertinent clinical and care data. Team and individual training will continue in order to support staff to improve the quality of data
- The Trust has a Data Quality Strategy which will be updated for June 2016 to include additional sections around validation of data and checks on the completeness and accuracy of data. The Quality Team is also developing several Standard Operating Procedures to further ensure the veracity and timely capture of clinical and organisational data. An audit plan for checking the accuracy of service user data has been agreed and a Data Quality Review Group will be established to analyse and critique data from the patient administration system.
- Monthly checks around missing data will continue to be run and disseminated by the Quality Team and Informatics department for services to resolve, in order to ensure a more complete and robust Mental Health Standard Data Set (MHSDS) return. These data items include missing demographic details such as ethnicity and employment status.

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. The Trust is exempt from the National Patient Experience Survey for community mental health services. In respect of safety incidents, the Trust does not report enough incidents to receive a report.

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 National Patient Experience Survey for community mental health services.

However, we believe that with the positive feedback we have received from patients in 2015/16 (93% of patients in Quarter 1; 94% of patients in Quarter 2; 93% of patients in Quarter 3 and 95% of patients in Quarter 4 rated the 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 32.

Team around the practice (TAP)

What is the project?

TAP is a new service provided by Tavistock & Portman NHS Foundation Trust and MIND in Camden. TAP provides emotional and practical support to patients registered with a GP in Camden, and referrals are received from GPs. Patients can be seen for up to 16 sessions of psychotherapy, or up to six sessions of social prescribing. Sessions take place in patients' own GP practices or at nearby practices within the borough.

In addition to providing individual assessment and treatment options for patients, the TAP service delivers an education, consultation and training programme for GPs. Tailored packages are developed in partnership with individual practices. TAP is also developing a number of group interventions, including a therapeutic photography group, to offer patients an alternative to traditional psychotherapy.

Who is the service for?

The TAP service is for those who are experiencing difficulties like depression, anxiety, stress, social isolation, problems in relationships, and physical health difficulties such as persistent pain and medically unexplained symptoms. Sometimes these problems can make it hard to manage life demands and can cause people to feel overwhelmed, stuck or unable to cope. The service is open to those who are 18 years and over and registered with a Camden GP. TAP also work closely with GPs, and provide consultation and training to GPs in the Camden borough.

Outcomes

TAP has received 689 referrals from GPs since formation of the service. GP referrals are continuously increasing on advice from other primary care/secondary care services leading to a significant rise in internal and external referrals for social prescribing. TAP is actively trying to increase the flexibility of the service provided (e.g. in terms of gender of therapist, times/days of sessions) by negotiating with surgeries (with a degree of success) to allow clinicians to see patients from neighbouring surgeries. TAP has secured funding and space to run a therapeutic

group on the City Farm in Kentish Town aimed at Bangladeshi women as an under-represented group in referrals.

Patient Quotes

“I have found the TAP service to be very useful and easy to access.”

“Service has been extremely helpful. Every aspect of my sessions & treatments was professional.”

“The sessions have been invaluable to me, and have helped guide me through a particularly negative time in my life.”

Part 3: Review of quality performance

Review of progress made against last year's priorities

This section contains information relevant to the quality of relevant services provided by The Tavistock and Portman NHS Foundation Trust during 2015/16 based on performance in 2015/16 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 2013/14 and 2014/15 Quality Reports along with metrics that reflect our quality priorities for 2015/16. In this section, we have highlighted other indicators outside of our quality priorities that the Trust is keen to monitor and improve. Please note that data has been pulled at different times. Dates are included beneath individual tables.

The Trust Board, the Clinical Quality Safety and Governance Committee (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 2015/16.

Patient Safety Indicators

Patient Safety Incidents

Indicator	2013/2014	2014/2015	2015/2016
Patient Safety Incidents	42	15	34

Source: Incident Database, Data received and calculated: 11-04-16

Measure Overview

The Trust records all reported incidents on a spreadsheet in order to support the management of, monitoring and learning from all types of untoward incidents. In addition, patient safety incidents are uploaded to the National Reporting and Learning System (NRLS) for further monitoring and inter-Trust comparisons which promote understanding and learning. 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 34 incidents reported in 2015/16 were in the “no harm/low harm” category, and were therefore rated as suitable for local review only. There is no comparative NRLS data as the incidents reported by the Trust, whilst appropriate, are too few in number for national reports to be generated.

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 investigated four serious patient incidents including two suicides, one suicide attempt and one patient data loss. The data loss incident was reported to the Information Commissioner with no further action being taken. One

of the incidents above was also known to another Mental Health Trust, which undertook the role of lead investigator.

We have robust processes in place to capture incidents including clear procedures and access to the incident reporting form. Staff are reminded of the importance of incident reporting at induction and mandatory training events and posters in staff areas highlight what should be reported. 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, there are ongoing efforts to remind staff to report all incidents.

Being Open and Duty of Candour

Duty of candour fields have been added to the internal incident database. Where there is an incident with moderate to severe harm the duty of candour requirements are followed up with staff to ensure they are met. Requirements are covered in all Trust induction and training (INSET) days. Information on compliance is also included within the Trust Quarterly Quality News.

Child and Adult Safeguarding Alerts

Indicator	2013/2014	2014/2015	2015/2016
Child Safeguarding Alerts	0	2	71
Indicator	2013/2014	2014/2015	2015/2016
Adult Safeguarding Alerts	0	0	7

Source: Clinical Governance Report, Data received and calculated: 11-04-16.

Measure Overview

Trust staff have made one safeguarding enquiry to the local authority in Q4. Staff consultations regarding safeguarding issues continue to be raised at the rate of about one per week. Staff are thoughtful and increasingly aware of the ten adult safeguarding categories and the range of ways in which these can present. In house level 2 and 3 adult safeguarding training is being developed and trialled.

The new adult safeguarding policy has been launched. In 2015/16, 71 children identified and 7 adult safeguarding referrals were made.

The variance between the children’s safeguarding alert reported numbers for 2015/2016 and 2014/2015 is due to the reporting system not being fully established until September 2014. Data systems were not established in 2013/14 to collect safeguarding alerts.

Attendance at Trust-wide Induction Days

Indicator	2013/2014	2014/2015	2015/2016
Attendance at Trust Wide Induction Days	94%	90%	85%

Source: HR, Data received and calculated: 10-05-16

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

85% of staff joining the Trust in 2015/16 attended the Trust-wide induction and the Trust will continue to monitor the attendance at mandatory training events, aiming to maintain a high level of attendance.

Local Induction

Indicator	2013/2014	2014/2015	2015/2016
Completion of Local Induction	97%	98%	96%

Source: HR, Data received and calculated: 10-05-16

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

We are very pleased to report that we received 96% returned forms to show that the local induction had been completed by almost all staff joining the Trust in 2015/16.

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.

Attendance at Mandatory INSET Training

Indicator	2013/2014	2014/2015	2015/2016
Attendance at Mandatory INSET Training*	95%	98%	96%

Source: HR, Data received and calculated: 10-05-16

*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 2016.

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, PREVENT, safeguarding children and adults and fire safety.

Targets and Achievements

It is important that staff remain up to date with developments in each of these areas, to ensure that they are able to provide a safe and good quality service to service users. We can report that 96% 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 and Adults*

Indicator	2013/2014	2014/2015	2015/2016
Safeguarding of Children & Adult – Level 1 Training*	94%	97%	92%
Safeguarding of Adults only – Level 2 Training	n/a	n/a	N=61
Safeguarding of Children – Level 2 Training**	88%	100%	96%
Safeguarding of Children – Level 3 Training**	89%	94%	92%

Source: HR, Data received and calculated: 10-05-16

*All staff receive Level 1 training as part of mandatory INSET training.

Please note: Adult Level 1 and Level 2 Safeguarding training introduced in 2015/16

Measure Overview

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. Further level 2 and 3 Adult safeguarding Training is being developed.

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 2016 92% of staff received Level 1 training and 96% of staff attended Level 2 training. In addition, 92% of staff requiring Level 3 training had attended this training.

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). Anti-bac wipes have been made available in all administration offices and Reception as an additional cleaning resource.

The Trust organised on site access to flu vaccination for staff in the autumn of 2015. Update on personal responsibility for reducing the risk of cross infection is raised at induction and mandatory INSET training.

Lifespan Service

What is the service?

Lifespan Service offers multi-modal assessment and treatment which has been developed in line with published practice and evidence and through many years of clinical practice at the Tavistock Clinic. The service offers a range of therapeutic approaches for children, young people and adults with Autism Spectrum Disorders (ASDs), learning and complex disabilities and their families and wider educational social networks.

Who is the service for?

Lifespan service is an all-age service, and accepts referrals of children, adolescents and adults with ASDs and learning disabilities. The service focuses on providing therapy for those with learning disabilities, neurodevelopmental difficulties, brain injury, sensory and other neurological and neuropsychological difficulties, emotional difficulties such as: depression, anxiety, difficulties with sleeping and eating and those who are bereaved, emotionally related behavioural problems, difficulties with interpersonal and family relationships and difficulties related to different stages of development through the lifespan.

Outcomes

The service has been developed through many years of clinical practice. Clinical research has demonstrated the usefulness of this approach for a wide range of children, young people, adults and families. The service offers specialist multidisciplinary diagnostic clinics to assess for the presence of autistic spectrum conduct and other neurodevelopmental disorders in children and adults.

Quotes

“Good explanation of process and help available”

“Timely appointments, personable team.”

“People listened. I was taken seriously. I was not judged.”

“I was really helped and has had a major impact.”

Clinical Effectiveness Indicators

Monitor number of staff with Personal Development Plans (PDPs)

Indicator	2013/2014	2014/2015	2015/2016
Monitor number of staff with Personal Development Plans	96%	98%	99%

Source: HR, Data received and calculated: 10-05-16

Measure Overview

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 99% of staff had attended an appraisal meeting with their manager and agreed and completed a PDP for the upcoming year by the 31 March 2016 deadline. This is an improvement from last year's return rates.

Clinical Outcome Monitoring

Priority 1: Outcome Monitoring – Child and Adolescent Mental Health Service (CAMHS)

1. Child and Adolescent Mental Health Service Outcome Monitoring Programme			
Targets for 2015/16	2013/2014	2014/2015	2015/2016
1. For 80% of patients (attending CAMHS who qualify for the CQUIN) to complete the Goal-Based Measure (GBM) at Time 1 and after six months or, if earlier, at the end of therapy/treatment (known as Time 2).	79%	73%	59%*
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).	73%	75%	83%

Source: Carenotes/Quality Team. Data depicts annual percentage. Data received and calculated: 18-04-16

*Quarter 4 performance was 83%. The Trust introduced a new electronic patient administration system during the year and it took time to develop the reporting capability.

Measure Overview

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 targets as stated in the table above. These were agreed with our commissioners and were measured as one of our CQUIN targets for 2015/16 (see Glossary).

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.

Targets and Achievements

1. This year the Trust target of 80% was not met 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. However, the quarter 4 performance was 83%.
2. We are very pleased to have achieved the target for 83% 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 75%. 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: Outcome Monitoring – Adult Service

2. Adult Outcome Monitoring Programme			
Targets for 2015/16	2013/2014	2014/2015	2015/2016
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.	n/a	53%	71%*

Source: Carenotes/Quality Team. All data is the annual percentage. Data received and calculated: 18-04-16

*Quarter 4 performance was 76%.

Measure Overview

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 2015/16.

Targets and Achievements

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 71% 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. The quarter 4 performance was 76%. 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.

Patient Experience Indicators

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

3. Access to Clinical Service and Health Care Information for Patients and Public	
Targets for 2015/16	2015/16 Outcome
1. PPI team to develop a quarterly PPI newsletter for Trust staff and service users to include updates on patient stories	The target was achieved.
2. PPI Newsletters to be available on the Trust website	The target was achieved.
3. Following launch of the newsletter, a Visual Straw Poll to be run on awareness of the newsletters	The target was achieved.

Source: PPI. Data received and calculated: 11-04-16

Targets and Achievements

Target 1: Achieved. An Adult newsletter and Child and Adolescent newsletter has been created and published in each quarter. Articles in the newsletters have consistently been reporting on patient and public projects and initiatives that have taken place during the previous quarter, where some articles also included patient quotes of the events.

In each newsletter upcoming events and projects have been advertised in a ‘What’s On’ section. Articles in the newsletters further describe the events or projects. And, the PPI team’s contact details are also included in the newsletters in order to enable new patients, parents/carers and the public to get more information and/or to become involved.

Finally, the Patient Stories project has also been made a priority by having it advertised and described in the newsletters. Again, the PPI team’s contact details were available so that people using our services can find out more information and/or get involved in telling their story to the Board.

Target 2: Achieved. PPI Newsletters are available on the Trust website.

Target 3: Achieved. A Visual Straw Poll was placed in the general and adolescent waiting rooms. The question asked was "Have you read our involvement flyer?" The collated information is as follows; Yes 60, No 77 and I'd like to (please take one) as 34.

In addition to publishing the newsletters on the Tavistock and Portman website, the newsletters were also printed and distributed in all the waiting rooms in the Tavistock Centre. The Adult and Child and Adolescent newsletters were also emailed to respective client contact distributions lists. Finally, feedback on the Adult newsletter was also asked from service users who attend the Adult Reference Group.

Priority 4: Patient and Public Involvement

4. Patient and Public Involvement	
Targets for 2015/16	2015/16 Outcome
1. To provide a service user for every clinical interview panel that requests a service user panel member.	The target was achieved.
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.	The target was achieved.

Source: PPI. Data received and calculated: 11-04-16

Targets and Achievements

Target 1: Achieved. A PPI staff member, has been successfully trained in facilitating the service user panel training sessions. The interview training sessions took place on the 21st of May 2015 and 28th January 2016, where both sessions were well attended.

There has been one group Information Governance (IG) training on the 26th November 2015 where six service users were trained. Other service users have been consistently asked to arrive early on their interview panel day in order to complete their IG training before their interview panel starts. A member of the PPI team supports the service user to complete their Information Governance training.

When staff request service users in a timely manner, the PPI endeavour to arrange a service user representative for the panel. In regards to this reports respective dates, 49 service users representative have been participating on various interview panels across a variety of services.

Target 2: Achieved. After each panel, service user representatives are asked for feedback either in person, over the phone or email. In regards to the reporting period, we have received feedback from 70% of service user representatives who have participated on panels. Overall, the feedback has mostly been positive. Where feedback has been constructive or negative, the PPI team have followed up with the necessary actions and have informed the service user representative of these actions.

Complaints Received

Indicator	2013/2014	2014/2015	2015/2016
Complaints received	12	14	27

Source: Clinical Governance. Data received and calculated: 20-04-16

Targets and Achievements

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 2015/16 remains low at 27 although this represents a rise in complaints from previous years, 12 in 2013/14 and 14 in 2014/15. This may be due to patients feeling more able to raise issues with us.

All but one of the formal complaints received relate to aspects of clinical care, appointment times and delays in referral. One complaint related to facilities.

In order to maintain confidentiality of the complainants, given the small numbers of complaints, the Trust does not provide the details of these complaints however, a quarterly complaint summary is published on the Trust website. 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 two complaints referred to the Health Service Complaints Ombudsman. Both are ongoing, with the Trust having provided additional requested information.

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 2016/17 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. We have also ensured that information on how to raise a complaint is in all patient waiting areas.

Patient and Public Involvement (PPI)

What is the service?

The Tavistock and Portman NHS FT is committed to involving patients, relatives and the public in the work the Trust provides, to ensure that it is responsive to the needs of users of the Trust's services and the community.

Feedback is gathered from a range of formal and informal sources, including:

- Focus groups and monthly reference groups
- User representation on committees
- Patient surveys and questionnaires
- A confidential feedback box
- Feedback to the Patient Advice and Liaison Service (PALS)
- Linking with national events such as Time to Talk, and holding events including open days and Tea and Talk lectures

Who is the service for?

PPI feedback is from patients and their families, students and anyone else interested in the Trust's work. The public is able to contribute through:

- Joining the patient and public involvement forum
- Getting involved in committees or groups
- Working on a short-term project that needs a patient's viewpoint
- Reviewing and advising on the content and language of Trust's work including leaflets, Trust values and the website
- Giving us general feedback

Outcomes

In 2015–16 the Trust achieved the agreed target of creating and publishing an Adult newsletter and Child and Adolescent newsletter each quarter that reports on patient and public projects and initiatives. The Trust also achieved another agreed target of continuing to train and include patient representatives on interview panels. Feedback from the panels has largely been positive.

In addition to achieving locally agreed targets, the Trust has been recognised for actively and efficiently responding to the Experience of Service Questionnaire feedback. Specifically, the Trust has been nominated for two awards: NHS England Friends and Family Test Champions of the Year and Best Friends and Family Test Initiative in any NHS Funded Service. In light of this, PPI staff members have been

asked to showcase achievements at the NHS England Spotlight event in March 2016.

Quotes

“Helped get my life on track...”

“Relaxed, friendly and open.”

“I feel looked after. I feel there is a team looking out for me.”

“I feel accepted whenever I come here.”

“I felt involved with important decisions about my care.”

Patient Satisfaction

Trustwide

Indicator*	Q1	Q2	Q3	Q4
Patient rating of help received as good	93%	94%	93%	95%

* Yearly averages: 2015/16 = 94%, 2014/15 = 92%, and 2013/14 = 94%

Source: PPI, Data received and calculated: 11-04-16

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 2015), 94% of patients in Quarter 2 (July to September 2015) and 93% of patients in Quarter 3 (October to December 2015) and 95% of patients in Quarter 4 (January to March 2016) 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:

CAMHS Only

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'.)	94%	94%	93%	97%

* Yearly averages: 2015/16 = 94%, 2014/15 = 91%, 2013/14 N/A (Commissioners introduced CAMHS ONLY ESQ related question for satisfaction in 2014-15. Source: PPI, Data received and calculated: 11-04-16

Targets and Achievements

Compared to other Trusts using the National Patient Survey, our results reveal a consistently high level of patient satisfaction. 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.

Trustwide – Did Not Attend Rates

Indicator	2013/14	2014/15	2015/2016
Trust-wide Total			
First Attendance	10.3%	7.8%	12.4%
Subsequent Appointments	8.7%	7.7%	8.6%
Adolescent and Young Adult			
First Attendance	7.7%	8.9%	18.3%
Subsequent Appointments	14.3%	14.8%	12.9%
Adult			
First Attendance	7.5%	8.5%	15.9%
Subsequent Appointments	9.1%	7.3%	7.4%
Camden Child and Adolescent Mental Health Service (Camden CAMHS)			
First Attendance	14.1%	8.8%	10.8%
Subsequent Appointments	8.1%	7.1%	9.0%
Other CAMHS (including Lifespan and First Step)			
First Attendance	6.4%	3.8%	4.4%
Subsequent Appointments	5.8%	4.1%	4.7%
City and Hackney			
First Attendance	n/a	n/a	19.7%
Subsequent Appointments	n/a	n/a	13.8%
Portman			
First Attendance	7.9%	2.7%	11.0%
Subsequent Appointments	9.1%	8.3%	8.2%
Westminster Service			
First Attendance	n/a		4.9%
Subsequent Appointments	n/a	n/a	5.5%
Gender Identity Development Service			
First Attendance	n/a	n/a	10.6%
Subsequent Appointments	n/a	n/a	8.8%

Please note n/a data was not reported on

Source: Carenotes, Data received and calculated: 05-05-16

Measure Overview

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

Unfortunately DNA rates increased for first attendances and subsequent/follow-up appointments compared with last year. First attendances increased to 12.4% compared with 2014/15 (7.8%) and 8.6% for subsequent/follow-up appointments compared with 2014/15 (7.7%).

The Trust continues to offer a greater choice concerning the times and location of appointment; emailing patients and sending them text reminders for their appointment, or phoning patients ahead of appointments as required. The Trust will be undertaking a more detailed review of DNA rates during the year to see if there is anything further we can do to lower these.

Waiting Times – 11 weeks (Adult, CYAF and Portman services)

Indicator	2013/2014	2014/2015	2015/2016
Trust Wide – Number(%) of patients attending a first appointment 11 or more weeks after referral received	65 (4.1%)	36 (1.9%)	57 (1.9%)
Internal Causes	18 (1.1%)	13 (0.7%)	24 (0.8%)
External Causes	47 (2.9%)	23 (1.2%)	33 (1.1%)

Source: Carenotes, Data received and calculated: 29-04-16

* City and Hackney and Gender Identity Development service are not included in these figures as they national 18 week first apt target.

* Westminster service is not included due to having no waiting time target due to the nature of work they provide

Measure Overview (11 week services)

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. The definition of this indicator is as follows:

The numerator is the number of patients who had attended a first appointment during the year more than 11 weeks after referral received.

The denominator is the sum of

- Number of first appointments that took place during the year
- Number of first appointments that were cancelled
- Number of first appointments where patients did not attend

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.

Targets and achievements

During 2015/16, 57 (1.9%) patients had to wait for eleven weeks or longer for their first offered appointment. Clinical and administrative staff work hard to minimise the length of time that patients have to wait before they are seen. There were both factors external to the Trust, concerning 33 (1.1%) patients, and internal to the Trust, for 24 (0.8%) 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.

Waiting Times–18 weeks (City and Hackney & Gender Identity Development Service)

Indicator	2015/2016
City and Hackney – Number(%) of patients attending a first appointment 18 or more weeks after referral received	56 (6.8%)
Internal Causes	44 (5.3%)
External Causes	12 (1.5%)
GIDS – Number(%) of patients attending a first appointment 18 or more weeks after referral received	178 (17.9%)
Internal Causes	Data not available
External Causes	Data not available

Source: Carenotes, Data received and calculated: 12-05-16

*Please note target was 11 weeks for City and Hackney service until Q3 when the target was changed to 18 weeks as agreed by commissioners.

Measure Overview (18 week services)

Unlike other Trust services, both the City and Hackney and Gender Identity Development (GID) Services have an agreed 18 week target from receipt of referral to first offered appointment. The City and Hackney Service Waiting Time target was amended from 11 weeks to 18 weeks in Quarter 3 of 2015/16 due to the increase in referrals.

The definition of this indicator is as follows:

The numerator is the number of patients who had attended a first appointment during the year more than 18 weeks after referral received.

The denominator is the sum of

- Number of first appointments that took place during the year
- Number of first appointments that were cancelled
- Number of first appointments where patients did not attend

Targets and achievements

During 2015/16 in City and Hackney Service, 56 (6.7%) patients had to wait for eighteen weeks or longer for their first attended appointment. The Trust noted that an increase in the number of referrals together with an issue with clinical capacity were the main reasons for such high levels of breaches. The Trust has an action plan in place to address these issues including staff recruitment.

The Gender Identity Development Service (GIDS) saw 178 (17.9%) patients breach the 18 week target from receipt of referral to first attended appointment during the year. There are additionally an unknown number of patients who have not yet been given an appointment but have breached the 18 week target.

During the year Waiting Time data was produced by the GIDs team rather than the central CareNotes system. A recent External Audit of Waiting Times identified that a different definition was being used by the GIDs team and data could not be validated with the main CareNotes system. Going forward all GIDs waiting time reports will be produced from CareNotes. The number and percentage of breaches in the table above have been taken from CareNotes using the Trust definition as stated above.

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 2015/16 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.

3.3 Reported Raising of Concerns: Whistleblowing

The Trust takes the issue of staff being able to raise concerns, 'whistleblowing' very seriously and appointed Gill Rusbridger to the role of Freedom to Speak up Guardian in October 2015. This is in line with Francis Review recommendations. The Trust has in place a 'Raising Concerns and Whistleblowing procedure' and a lot of communications have gone to staff to make them aware of who our new Freedom to Speak up Guardian is, her role and contact details. Meetings have also been held with groups of staff to raise awareness.

There were no formal whistleblowing cases raised in 2015/16 or the previous year 2014/15 and the Trust has had no members of staff coming forward and raising formal complaints about patient care. However, since being appointed, staff have felt able to make contact to discuss other issues confidentially. We are committed to building a culture of openness and responsiveness to staff speaking out about anything that might place the care of our service users into question.

Contact has been made with the National Whistleblowing Helpline and our Guardian now receives regular newsletter updates. She has also joined the NHS

Employers local Guardian hub and her details are on the Freedom to Speak Up Guardian map. Links have also been made with another local Guardian, based at the Royal Free Hospital. A first conference for FTSU Guardians is being planned for next year.

Gill will continue to keep the profile of the Guardian in the Trust as high as possible. This is an important role that actively addresses and acknowledges the Trust's commitment to ensuring a culture of openness where staff are encouraged to speak up about patient safety.

3.4 Sign up to safety

The focus on quality of care and patient safety remains central to the Tavistock and Portman NHS Foundation Trust. The National Sign up to Safety Campaign's aim to deliver harm free care for every patient every time, halving avoidable harm in the NHS over the next three years is a commitment that the Trust fully supports. The Chief Executive signed up to the campaign on behalf of the Trust in October 2015. The actions the organisation would take in response to the five Sign up to Safety pledges within the National campaign can be found on our Trust website.

These commitments have led to the development of a Safety Improvement Plan which shows how we intend to reduce harm to patients over the next 3 years. This builds on and integrates with our Clinical Quality Strategy and Annual Quality Report. This plan is currently in draft but the patient safety improvement areas we will focus on are:

- Detect and manage e-safety risks in young people
- Improve the physical health of patients
- Improve domestic violence and abuse management
- Improve clinician knowledge of self-harm and suicide

The Trust has developed a draft Clinical Quality Strategy to meet the local needs of our service users and believe that the core aims outlined in the Strategy will drive the Safety Improvement Plan. These are:

- Ensuring that all service users are safe and protected from avoidable harm and abuse;
- Providing services with care, treatment and support that achieves good outcomes and promotes good quality of life, based on best evidence;
- Organising services around the needs of the user – involving them and their carers in service design and delivery; and
- Supporting staff to maintain and develop their skills and working within clear and effective governance structures to deliver safe, effective, responsive, caring and well-led services.

3.5 Staff Survey

1. The 2015 survey

In 2015 the Trust offered 560 staff the opportunity to complete the annual NHS Staff Survey questionnaire with 256 responding. This gave us a response rate of 46% which is a positive increase from the previous year when 38% of our workforce contributed.

We have now received the national report from NHS England, which has identified a number of positive messages, consistent with previous years. That said, there are a number of areas where we need to focus our attention and support managers to respond to. The national report was published on 23 February 2016 and a copy can be found here:

http://www.nhsstaffsurveys.com/Caches/Files/NHS_staff_survey_2015_RNK_full.pdf

2. Key messages from the survey

Having now received the national report and taken the time to interrogate some of the high level data, it is pleasing to be able to report that:

- We have the highest level of staff engagement compared to other mental health and learning disability trusts;
- A high number of staff would recommend the Trust as a place to receive treatment and as a place to work;
- Staff value the recognition they receive from their managers;
- Our senior managers communicate better with staff, compared to other mental health and learning disability trusts; and
- Whilst staff witness errors or harmful incidents, they are fewer than average compared to our peer group.

Whilst there are some very good messages arising from the survey, there are areas that we will need to focus our attention, some of which are recurring themes from previous years. These include:

- Staff witnessing errors and incidents and not reporting them;
- A higher than average number of staff working extra hours;

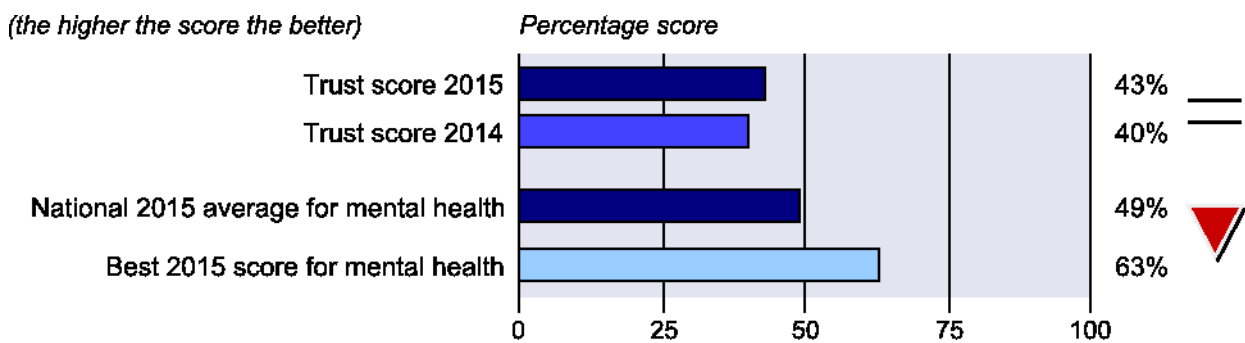
- Staff being unhappy with the opportunities that exist for them to work flexibly;
- A high number of staff experiencing violence, and not reporting it; and
- A lower than average number of staff having been appraised in the last 12 months.

The above details where we perform worse against our peer group, however, there are other areas where will continue to focus our attention. Bullying and harassment, whilst not worse than our peer group, still needs further work. 19% of staff that responded to the staff survey reported they have experienced less than positive behaviours in the last year indicating we need to do more work here both to understand the issues and support managers to be able to manage these.

STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety.

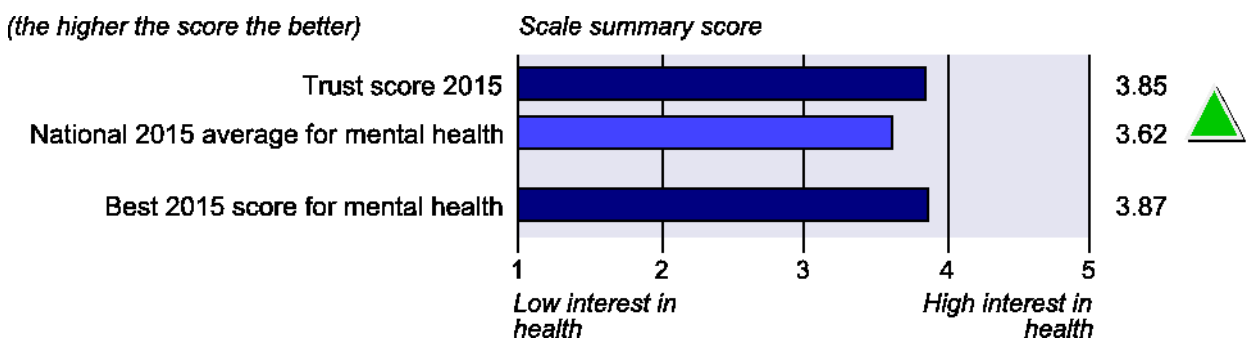
Violence and harassment

KEY FINDING 27. Percentage of staff/ colleagues reporting most recent experience of harassment, bullying or abuse



Health and well-being

KEY FINDING 19. Organisation and management interest in and action on health and wellbeing



3. Responding to the workforce race equality standard (WRES)

Throughout 2015/16 we have been carefully progressing a number of actions relating to the WRES. The staff survey indicates that 84% of staff responding feel that we provide equal opportunities for progression and development, which is exceptionally positive, but there is still room for improvement. This year we will continue to work on improving this score by implementing independent observers to participate on interview panels and include an HR representative on selection panels for senior appointments.

4. Setting actions and tracking progress

Throughout March 2015 our managers have engaged with their teams to explore the persistent areas of concern and develop value-based action plans to try and address the less than positive feedback. In April 2015 we have started the process of bringing the local plans together to create a corporate plan which will be tracked and monitored by the trust board.

CareNotes

What is the project?

Tavistock and Portman NHS Foundation Trust has signed a five-year contract with Advanced Health and Care for the use of CareNotes electronic patient records. The system was adopted in early February 2015 by the Trust's Gender Identity Development Service and City and Hackney services and fully rolled out across the Trust in June 2015. As well as offering clinically rich patient administration capabilities, CareNotes represents a new generation of electronic patient management solutions. By implementing locally configured pathways and workflows, mental healthcare providers have successfully encouraged their clinicians to use best practice guidelines.

The Trust selected CareNotes following a formal tendering process through the '2015 Consortium'. This was undertaken for community and mental health Trusts in London and the South.

What is it for?

CareNotes provides clinical staff with access to patient records at the point of care and integrated with the NHS Data Spine to allow information sharing with GPs and other health professionals.

Outcomes

CareNotes is assisting the Trust to streamline its data collection monitoring and reporting so that all clinicians involved in caring for patients share relevant timely information for best patient care. Clinicians within the Trust welcome the move to a paperless system which in the long run will improve the care to patients. Work is ongoing to make improvements to the system and support staff to use it.

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 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. The report was difficult to follow as there was some information dispersed within the report, which although important, would have been more useful to have been listed within an appendix. We would expect future reports to be concise in the use of language with additional supporting information supplied within an appendix.

It is disappointing to note the Trust failed to achieve the Child and Adolescent Mental Health Service Outcome Monitoring Programme in 2015/16. The overall annual achievement for this priority was 59% against a target of 80%. This remains a priority for 2016/17 as Goal-Based Measure enables the Trust to identify what service users want to achieve and focus on what is important to them. As commissioners we would expect the implementation of the new patient record system to accurately record service user goals and outcomes. Compliance with achievement of this priority will be monitored by commissioners through the Clinical Quality Review Group.

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. A number of priorities identified by the Trust for 2016/17 need to be further strengthened. For example, the methodology for developing the 'Living Well' and 'Word of Mouth' programmes require identification of clear aims and patient centred outcome measures.

In monitoring the progress against priorities we believe the Trust need to strengthen their monitoring and governance framework as many of the priorities rely upon one role providing oversight of assurance.

It was positive to note the Trust participated in 13 local clinical audits which has resulted in learning and improvement actions. Patients continue to rate the help that they have received from the Trust as 'good' with quarterly figures in excess of 90%.

The Trust have acknowledged that they need to improve patient experience in relation to waiting times. In 2016/17 we will expect to receive progress reports which illustrates improvement in relation to waiting times and Did Not Attend (DNA) via the Clinical Quality Review Group.

At the time of writing this statement Camden CCG cannot authenticate the achievement of 2015/16 CQUINs.

We note T&P's chosen priority areas for improvement and ambition to focus on quality to be further embedded in 2016/17. We envisage this work will enable real focus on improving the quality and safety of health services for the population they serve.

Overall we welcome the vision described within 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.

NHS Camden Clinical Commissioning Group

Trust Response:

The Trust welcomes comments on the Quality Report by our lead commissioners and looks forward to working closely on the implementation of our priorities during the next year. In respect of the additional service information within the report, it is unfortunate that this is currently not distinguished within the draft report from the main Quality Account information. These vignettes will be more clearly identified in the published version.

We were also disappointed with the Goal Based Measure annual average of 59% although pleased we achieved 83% for quarter 4. We recognise the challenges that the introduction of our new patient administration system has raised, and are committed to further improvements in this measure in 2016–17.

Both the Living Well and Word of Mouth priorities have detailed programme plans which we will shared with our commissioners through the Clinical Quality Review Group. The achievement of CQUINs for 2015–16 were confirmed 24th May 2016.

Comments from our Governors

Responses were received from two of the Trust Governors:

1. 'I have had a chance to read through the draft report which I think is excellent, given the constraints put on format by the regulator. It still feels a bit strange to have the section on priorities on 16/17 before the assessment of 15/16 but I guess that is how it has to be.

I particularly like the highlights which set the tone for achievements and the short service description pieces that are scattered throughout. The style is very readable and, to me, reads as very open and honest. Congratulations to the team.'

Anthony Levy, Trust Governor

2. 'I have two comments. The first (and I appreciate that this is almost certainly too late for this year and you may well be working to an NHS template), is that it could probably do with the equivalent of an Executive Summary. To some extent it has this with the Overview of Quality Indicators but these are presented without any explanation (as the detail is of course later).

The second is a little picky. As drafted, there is a sentence that appears on pp 18, 20 22 and 23 '[] will ensure that action plans are in place when expected levels of assurance are not achieved.' I think it might be better to say, '[] will ensure that if expected levels of assurance are not achieved, an appropriate action plan to address this will be put in place.' Possibly too particular, but it is the failure to achieve the assurance that triggers the plan.

.... there are numerous places throughout the report where there need to be corrections....but I assume that there will be a very thorough review of the final draft before it is published. Two standouts however – in the first paragraph of Paul's report... the final sentence is meaningless and on page 15 there is a statement, 'and because self-harm is very important to address' which seems a statement of the obvious.'

George Wilkinson, Trust Governor

Trust Response:

The Trust welcomes feedback from the Governors to the draft Quality Accounts. Unfortunately the ordering of sections within the report are set nationally. We can confirm that the Chief Executive's statement has been finalised and typographical, grammar and corrections made throughout. In addition, statements relating to priority assurance and action plans have been updated.

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

The report has a welcome focus on patient experience and involvement. We know from our contacts with them that the Trust takes this priority seriously. It would be helpful for the future to see more about the impact of the involvement, not just the activity levels.

We are pleased to see the priority on prevention of suicide and management of self-harm. These issues continue to be a high priority in the discussions we have with local people.

Although there is separate reporting on equality issues via the EDS returns, we think it would be useful to include consideration of equality and diversity within the quality account. For example, how the higher prevalence of suicide in younger men is addressed, or how talking therapies for people who are not fluent in English are supported. (Healthwatch Camden has collected evidence of unmet need in this area.)

The Trust works in many areas, not only Camden, and takes patients from across England. It is difficult to extrapolate Camden-specific information from the report. We would like to see Camden-specific figures in future. For example, it is pleasing to see good levels of satisfaction with the CAMHS service. However, we can't tell whether the figures apply equally to Camden's young people. Camden schools are reporting an increasing number of children struggling with mental health issues who have no access to proper services. We know this is a national issue. It would be helpful to know how the trust is responding to the increase in need.

One Camden specific service that is highlighted is Team Around the Practice (TAP), which we know has been well received and is increasingly used.

Trust Response:

The Trust welcomes the response by Camden Healthwatch and Camden Health and Social Care Scrutiny Committee. We will certainly seek to increase information about the impact of patient involvement in future reports.

In response to your query about equality issues we have long provided a specialised service for young people up to age 25 through our Adolescent and

Young Adult Service and more recently we have been centrally involved in the Minding the Gap service in Camden which specifically aims to reach young people who might otherwise fall through the gaps in service provision for children and young people and services for adults.

The extract below from our 2014–15 clinical services equality report gives examples of how we seek to include talking therapies for people who are not fluent in English. In addition to these examples, we make interpreters available for service users across all our services where indicated e.g. our adult trauma service provides talking therapies through using interpreters.

1. The Child and Family Refugee Team is a specialist team within CAMHS. We offer multi-disciplinary interventions, based on our experience, service user feedback and knowledge of research, to children and families from Refugee and asylum seeking communities to improve their emotional and mental health. We are good at engaging hard to reach families through outreach projects and community interventions, and through the work of our three community mental health practitioners in the team who share language and culture with two of the biggest refugee communities in Camden.

We co-lead groups with Somali and Congolese communities to produce leaflets in an extensive range of languages including Farsi and Pashto. Feedback from service users included ““having leaflets in our languages helps understand what we they are offering and builds trust. It shows the Trust is respectful and interested in being our culture.” Work with these communities led to the training and employment of people from these communities as CAMHS workers.

We also work closely with interpreters and cultural advocates. Our outreach projects have included narrative groups for children and their parents in schools, youth clubs and sports centres (Arsenal in the Community); parenting skills groups; and mental health awareness raising sessions. In addition, we use our specialist expertise to improve the knowledge, capacity and competence of other health and social care staff in their work with children and families from refugee communities through consultation and training.

2. In our City and Hackney Primary Care Psychotherapy Consultation Service we have set up specific projects to cater for ‘hard to reach’ or BME groups. These projects are embedded within the service’s local delivery model. They include the

Horticultural Therapy Group (for Turkish speakers) and Community Photography Group.

The aim was to develop therapeutic interventions tailored to the needs of those less likely to engage with more 'traditional' psychotherapeutic approaches. Through this and other measures BME groups are 'over-represented' in our City and Hackney service, when compared to the ethnic make-up of the area. This service won the Royal College Psychiatric Team of the year and British Medical Journal Mental health Team of the Year 2015.

In our new Camden Team Around the Practice Service, a primary care based service for adults, we are seeking to appoint a Sylheti speaking clinician as the Sylheti speaking community has been identified as a hard to reach group. We are also making links with Irish voluntary sector bodies in order to increase our reach with the Irish community in Camden as they have been identified as a group in need.

For information patient satisfaction for Camden only patients for 2015/16 was 95% and for other services was 93%. This data was correct as of 13th May 2016. We are happy to include a breakdown of Camden specific data in future reports.

In response to your query about Camden schools we recognise the increasing number of children with mental health issues and are able to confirm that we have CAMHS workers in all the Camden secondary schools and a large number of the primary schools across the borough, as well as a dedicated psychotherapy service for eight primary schools. This offer far exceeds the national schools offer.

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:

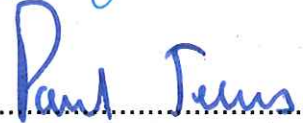
- The content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2015/16 and supporting guidance
- The content of the Quality Report is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2015 to May 2016.
 - Papers relating to Quality reported to the board over the period April 2015 to May 2016.
 - Feedback from commissioners dated 20 May 2016.
 - Feedback from governors dated 4th and 5th May 2016
 - Feedback from local Healthwatch organisations dated 12 May 2016.
 - Feedback from Overview and Scrutiny Committee dated 12 May 2016.
 - 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 2016 covering 2015/16, which was presented to the Board in April 2016.
 - The 2015 national staff survey, received by the Trust in February 2016.
 - The Head of Internal Audit's annual opinion over the trust's control environment dated 11 May 2016.

- CQC Intelligent Monitoring Report dated 4 March 2016
- 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.
 - This is with the exception of some degree of inaccuracy of waiting times data.
- 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.
 - Late data entry for a small number of patients has led to some data incompleteness.
- The Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitor.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitor.gov.uk/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

24th May 2016 Date  Chairman

20th May 2016 Date  Chief Executive

Independent auditor's report to the council of governors of The Tavistock and Portman NHS Foundation Trust on the quality report

We have been engaged by the council of governors of The Tavistock and Portman NHS Foundation Trust to perform an independent assurance engagement in respect of The Tavistock and Portman NHS Foundation Trust's quality report for the year ended 31 March 2016 (the 'Quality Report') and certain performance indicators contained therein.

This report, including the conclusion, has been prepared solely for the council of governors of The Tavistock and Portman NHS Foundation Trust as a body, to assist the council of governors in reporting The Tavistock and Portman NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2016, 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 The 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.

Scope and subject matter

The indicators for the year ended 31 March 2016 subject to limited assurance consist of the national priority indicators as mandated by Monitor:

- Percentage of patients on Care Programme Approach (CPA) who were followed up within seven days after discharge from psychiatric inpatient care during the reporting period
- number of delayed transfers of care per 100,000 population
- percentage admissions to acute wards for which the Crisis Resolution Home Treatment Team (CRHT) acted as a gatekeeper during the reporting period

However, as the Trust does not provide inpatient services, the Quality Report does not include figures for any of these indicators. Monitor guidance mandates that the Trust should choose two alternative indicators of its choice for testing:

- the percentage of first appointments attended 11 or more weeks of referral (or 18 or more weeks in the case of City and Hackney and GIDS) at the end of the reporting period as a proportion of the total of all first appointments held at the Trust, all first appointments that were cancelled and all first appointments where patients did not attend
- percentage of staff compliant with INSET training at the end of the reporting period

We refer to these 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 section 2.1 of the Monitor 2015/16 Detailed guidance for external assurance on quality reports; and
- the indicators in the quality report identified as having been the subject of limited assurance in the quality report are not reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual' and the six dimensions of data quality set out in the 'Detailed guidance for external assurance on quality reports'.

We read the quality report and consider whether it addresses the content requirements of the 'NHS foundation trust annual reporting manual', and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the quality report and consider whether it is materially inconsistent with

- board minutes for the period April 2015 to May 2016;
- papers relating to quality reported to the board over the period April 2015 to May 2016;
- feedback from the Commissioners dated 20 May 2016;
- feedback from the governors dated May 2016;
- feedback from local Healthwatch organisations, dated 12 May 2016;
- feedback from Overview and Scrutiny Committee, dated 12 May 2016;
- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated April 2016;
- the national staff survey dated 23 February 2016;
- Care Quality Commission Intelligent Monitoring Report dated 4 March 2016;
- Care Quality Commission reports; and
- the Head of Internal Audit's annual opinion over the trust's control environment dated 11 May 2016.

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.

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.

Limitations

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

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can 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 testing of indicators other than the two selected mandated indicators, or consideration of quality governance.

Basis for qualified conclusion

The indicator measuring the percentage of first appointments attended 11 or more weeks of referral (or 18 or more weeks in the case of City and Hackney and GIDS) at the end of the reporting period as a proportion of the total of all first appointments held at the Trust, all first appointments that were cancelled and all first appointments where patients did not attend, requires the Trust to accurately record the start and end dates of each patient's referral to appointment pathway.

In respect of the population used to calculate this indicator we found that:

- Due to the Trust not validating breaches for GIDS during 2015/16, we could not confirm the accuracy of the indicator reported. We were unable to quantify the effect of this finding.

As a result of the issue identified, we have concluded that there are errors in the calculation of the indicator measuring the percentage of first appointments attended 11 or more weeks of referral (or 18 or more weeks in the case of City and Hackney and GIDS) at the end of the reporting period as a proportion of the total of all first appointments held at the Trust, all first appointments that were cancelled and all first appointments where patients did not attend during the reporting period, for the year ended 31 March 2016. We are unable to quantify the effect of these errors on the reported indicator.

Our testing also identified that the Trust does not retain an audit trail for adjustments made following validation of apparent breaches. Documentation is not available to evidence rationale for amending individual breaches of the indicator.

As a result there is a limitation upon the scope of our procedures which means we are unable to complete our testing and are unable to determine whether the indicator has been prepared in accordance with the criteria for reporting Referral to First Appointment waiting times.

The section on page 61 of the Trust's Quality Report summarises the actions the Trust is taking post year end to address the issues identified in relation to these issues.

Qualified conclusion

Based on the results of our procedures, except for the effects of matters described in the 'Basis for qualified conclusion' section above, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2016:

- 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 2.1 of the Monitor 2015/16 Detailed guidance for external assurance on quality reports; and
- the indicators in the quality report subject to limited assurance have not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual'.



Deloitte LLP
Chartered Accountants
St Albans
25 May 2016

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 unauthorized 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

coordinating 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.

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, and safe environment, clinical and learning from experience. Level 1 assesses that the policies around each standard are in place, level 2 ensures that processes around each policy are in place and level 3 ensure compliance with both the policies and processes for each of the individual standards.

Participation in Clinical Research – The number of patients receiving NHS services provided or sub-contracted by the Trust that were recruited during the year to participate in research approved by a research ethics committee.

Patient Feedback – The Trust does not participate in the NHS Patients Survey but conducts its own survey annually, as it has been exempted by the Care Quality Commission from using the NHS Patient Survey, with the recognition that the nature of the services provided by the Trust differ to other mental health Trusts.

There are various other methods used to obtain feedback from patients, including small scale surveys and audits (such as the Children’s Survey, the Ground Floor Environment Survey, the Website Survey), the suggestions box, feedback to the PALS officer and informal feedback to clinicians and administrators.

Patient Forums/Discussion Groups – These meetings aim to increase the opportunities for patients, members and the public to obtain information, and to

engage in discussions about topics, such as therapy – how it can help, and issues such as confidentiality. In turn, the feedback to the Trust generated by these meetings is used to improve the quality of our clinical services.

Patient Safety Incidents – This relates to incidents involving patient safety which are reportable to the National Patient Safety Agency database National Reporting and Learning System.

Percentage Attendance – The number of staff members who have attended the training or completed the inductions (Trust-wide and Local) as a percentage of those staff required to attend training or complete the inductions. Human Resources (Staff Training) record attendance at all mandatory training events and inductions using the Electronic Staff Record.

Periodic/Special Reviews – The **Care Quality Commission** conducts special reviews and surveys, which can take the form of unplanned visits to the Trust, to assess the safety and quality of mental health care that people receive and to identify where and how improvements can be made.

Personal Development Plans – Through appraisal and the agreement of a Personal Development Plan for each member of staff we aim to support our staff to maintain and develop their skills. A Personal Development Plan also provides evidence that an appraisal has taken place.

Range of Psychological Therapies – This refers to the range of psychological therapies available within the Trust, which enables us to offer treatment to a greater range of patients, and also offer a greater choice of treatments to our patients.

Return rate – The number of questionnaires returned by patients and clinicians as a percentage of the total number of questionnaires distributed.

Safeguarding of Children Level 3 – The Trust has made it mandatory for all clinical staff from Child and Adolescent Mental Health Services, 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 modelled 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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