

## Board of Directors

**Agenda and papers**  
of a meeting to be held

2.30pm – 5pm  
Tuesday 29<sup>th</sup> June 2010

Board Room,  
Tavistock Centre,  
120 Belsize Lane,  
London, NW3 5BA

**Board of Directors**  
2pm– 4.30pm, Tuesday 29<sup>th</sup> June 2010

**Agenda**

***Preliminaries***

- 1. Chair's opening remarks**  
*Ms Angela Greatley, Trust Chair*
- 2. Apologies for absence**
- 3. Minutes of the previous meeting** *(Minutes attached)*  
*For approval*
  - a. May 2010**
  - b. May (Extraordinary) 2010**
- 4. Matters arising**

***Reports & Finance***

- 5. Chair and Non-Executive Directors' Report** *For noting*
- 6. Chief Executive's Report** *(Report attached)*  
*Dr Matthew Patrick, Chief Executive* *For discussion*
- 7. Finance & Performance Report** *(Report attached)*  
*Mr Simon Young, Director of Finance* *For discussion*

***Corporate Governance***

- 8. Implementation of Clinical Quality, Safety, & Governance Committee Structure** *(Report attached)*  
*Dr Rob Senior, Medical Director* *For discussion*
- 9. Trust Policies** *(Policies attached)*  
*For approval*
  - a. Grievance Policy**  
*Ms Susan Thomas, Director of Human Resources*
  - b. Health & Safety Policy**  
*Ms Pay Key, Director of Corporate Governance & Facilities*
  - c. Infection Control Policy**  
*Dr Rob Senior, Medical Director*

## 10. Committee Minutes

(Minutes attached)  
For noting

### a. Risk Management Committee, May 2010

(Link to outcomes 8, 11, 17, & 18)

## Quality & Development

### 11. Patient & Public Involvement Committee Annual Report

(Link to outcome 1)

Dr Sally Hodges, Patient & Public Involvement Lead

(Report attached)  
For discussion

### 12. Service Line Report – Portman Clinic

(Link to outcomes 4, 6, & 16)

Mr Stan Ruszczyński, Clinical Director, Portman Clinic

(Report attached)  
For discussion

### 13. Staff Survey Report

(Link to outcome 14)

Ms Susan Thomas, Director of Human Resources

(Report attached)  
For discussion

### 14. Workforce Statistics

(Link to outcomes 12, 13, & 14)

Ms Susan Thomas, Director of Human Resources

(Report attached)  
For discussion

### 15. Tavistock Centre Roof Project Proposal

Ms Pat Key, Director of Corporate Governance & Facilities

(Report attached)  
For approval

## Conclusion

### 16. Any other business

### 17. Notice of future meetings

Tuesday 27<sup>th</sup> July: Board of Directors

Thursday 9<sup>th</sup> September : Board of Governors

Tuesday 21<sup>st</sup> September: Directors' Conference (Research)

Tuesday 28<sup>th</sup> September: Board of Directors

Tuesday 26<sup>th</sup> October: Board of Directors

Tuesday 30<sup>th</sup> November: Board of Directors

Thursday 9<sup>th</sup> December : Board of Governors

Meetings of the Board of Directors are from 2.30pm until 5.30pm, and are held in the Board Room. Meetings of the Board of Governors are from 2pm until 5pm, and are held in the Lecture Theatre. Directors' Conferences are from 12.30pm until 5pm.

## Board of Directors Part I

Meeting Minutes, 2.30pm – 5pm, Tuesday 25<sup>th</sup> May 2010

<b>Present:</b>			
Mr Martin Bostock Non-Executive Director	Ms Angela Greatley Trust Chair	Mr Altaf Kara Non-Executive Director	Ms Trudy Klauber Dean of Postgraduate Ed.
Ms Louise Lyon Trust Director	Ms Joyce Moseley Non-Executive Director	Dr Matthew Patrick Chief Executive	Ms Emma Satyamurti Non-Executive Director
Dr Rob Senior Medical Director	Mr Richard Strang Non-Executive Director	Mr Simon Young Director of Finance	
<b>In Attendance:</b>			
Miss Louise Carney Trust Secretary	Ms Pat Key Director of Corporate Governance & Facilities (8)		

### **Actions**

AP	Item	Action to be taken	By	Due
1	3	Miss Carney to amend minutes	LC	Immed
2	8a	Dr Patrick to monitor number of incidents throughout 2010/11	MP	Cont
3	8b	Dr Patrick to investigate benchmarking for Day Unit incidents	MP	May 11
4	8b	Dr Patrick to ensure Clinical Quality, Safety & Governance Committee Terms of Reference include Governor representation	MP	Jun 10
5	10	Miss Carney to add assurance for each pledge / right in NHS Constitution	LC	Jul 10
6	11	Dr Patrick & Miss Carney to review Board Committees	MP/LC	Jul 10
7	11	Dr Patrick & Mr Strang to discuss role of Business Development & Investment Committee	MP/RSt	Jun 10
8	12	Future Board statements to include cross-references to evidence of assurance	SY	May 11
9	12	Mr Young to consider suggested amendments to Plan	SY	Immed
10	13	Ms Lyon to use combination of text and tables for data	LL	Jun 10
11	13	Ms Lyon to amend Report for clarity over attendance rates at induction events	LL	Jun 10
12	13	Ms Lyon to amend Report to refer to all staff requiring training	LL	Jun 10
13	13	Ms Lyon to check all data to ensure accuracy	LL	Jun 10

### **Actions Agenda item**

### **Future Agendas**

#### **1. Chair's opening remarks**

Ms Greatley welcomed everyone to the meeting.

#### **2. Apologies for absence**

None.

#### **3. Minutes of the previous meeting**

**AP1** The minutes were approved subject to minor amendments.

#### **4. Matters Arising**

Mr Bostock queried progress with developing a proposal on junior

membership. Dr Patrick noted that the Annual Plan contained a number of membership developments, and Dr Hodges present the Membership Strategy Report in November 2010.

## **5. Chair's and Non-Executive Directors' Reports**

### ***Ms Angela Greatley, Trust Chair***

Ms Greatley was pleased to announce the re-appointment of Altaf Kara and Richard Strang as Non-Executive Directors for a second term. The process for a replacement for Emma Satyamurti, who will stand down as a Non-Executive Director at the end of October 2010 was in train. The advertisement for this vacancy would be circulated to Directors, with the recommendation that Directors pass the advertisement on to anyone they think might be suitable / interested. Ms Greatley noted that the skills being sought were expertise and skills in new business development, either acquired through senior management experience in the public or private sector, or in higher education, along with added desirable interest in equalities.

Ms Greatley noted that the Board of Governors had met on 13<sup>th</sup> May, and had indicated a very clear interest to develop working relationships with the Board of Directors.

### ***Ms Emma Satyamurti, Non-Executive Director***

Ms Satyamurti noted that the discussions in the break-out groups to discuss the Annual Plan at the Board of Governors' meeting had been of a very high quality and had been very interesting.

## **6. Chief Executive's Report**

Noted.

## **7. Finance & Performance**

### ***7a. Finance & Performance Report***

Mr Young noted that no significant variances from the 2010/11 budget had been identified at this early stage. Mr Young presented the income and expenditure projections for years 2 and 3 of the Annual Plan; and the capital expenditure, balance sheet and cash flow projections. Cash balances are expected to reduce, mainly due to use of deferred income balances, but to remain satisfactory.

The report stated that the Trust expected to comply with the new targets and indicators introduced in the 2010/11 Compliance Framework, with the exception of the target for 99% completeness on patient identifiers. Mr Young referred to a tabled updated page for the Annual Plan agenda item which set out in more detail the current position and the action plan to improve our performance on this target. The main problem is in the recording of marital status. As long as we meet all other targets, our governance rating should remain green. Ms Key noted that this non

compliance would appear in the Trust's Care Quality Commission's quality report and that the Trust would need to consider an appropriate action plan. Dr Patrick noted that improving the data identifiers statistics to 99% was not an appropriate allocation of resources at this time. Dr Senior noted that many patients refused to comment on their marital status, and suggested that the Trust quote the number of people were asked, noting how many refused to answer.

The Board discussed the assumption of growth of £6m in Year 3. Mr Young noted the actions aimed at achieving this, set out in the Annual Plan document, but noted that that the Trust would still be a viable business if this did not happen.

The Board discussed Service Line Reporting. Mr Young noted the importance of using Service Line Reports as a management tool, as well as a Board reporting tool. Once the Trust becomes more familiar with the Service Line Reports they will become the standing reporting format to the Board of Directors.

The Board of Directors approved the financial projections for the Annual Plan and the monthly cash forecast for 2010/11 and 2011/12.

#### ***7b. Quarter 4 Complaints Report***

Noted.

#### ***7c. Quarter 4 Incident Report***

Noted.

The Board of Directors agreed to close the Serious Untoward Incident as the action plan had been completed.

It was noted, with regard to 3.2 that this referred to pupil-on-pupil incidents, but they were not perpetrated by one single pupil.

## **8. Risk Management Committee Annual Reports**

### ***8a. Annual Risk Management Review Report 2009/10***

The Board discussed the frequency of incidents at the Day Unit and recognised the impact this has on staff. Dr Senior noted that the Trust was providing more training, particularly in relation to the built environment. Action is taken in the case these incidents as appropriate and that each child at the Day Unit had an individualised plan in place. It was noted that a building more suited to the Day Unit would mitigate the frequency of incidents. Dr Senior noted that the high levels of reporting demonstrate staff awareness of the Trust's reporting procedures.

The Board noted that the pilot session in violence and aggression training specifically for clinical staff had gone well and feedback had been positive.

AP2 The Board discussed the increase in incidents. Mr Kara noted that the wording of the report did not provide assurance. Dr Senior confirmed that the Trust believes there is not an increase in the number of incidents occurring at the Trust, but an increase in the reporting of risks. However, it was agreed an increase in the number of incidents throughout 2010/11 would be cause for concern. Dr Patrick to monitor.

It was noted that paragraph 7.1.6 stated that the Trust was in the process of completing Levels 1 – 3 child protection training. Dr Senior clarified that Level 3 training had been completed.

There were a number of minor errors in the report. Dr Patrick to amend.

The report was noted.

### **8b. Risk Management Committee Review of Terms of Reference**

It was noted that the review had found the Committee to be compliant with its Terms of Reference. Ms Moseley queried the costs of delivering high-quality risk management. Dr Patrick noted the importance of streamlining all governance and compliance work and ensuring the Trust was using the same data sets where possible to reduce unnecessary replications of work.

AP3 Mr Kara queried whether it would be possible to produce benchmarking data for incidents at the Day Unit and other similar units. Dr Patrick to investigate.

AP4 Miss Carney noted that the new Clinical Quality, Safety, and Governance Committee, which would replace the Risk Management Committee and Clinical Governance Committee would need Governor representation. Dr Patrick to ensure this is in the Terms of Reference.

## **9. Clinical Governance Committee Annual Review Report 2009/10**

It was noted that the plan to amend the Committee structure had been approved. The Clinical Governance Committee had had its last meeting earlier that day. The first meeting of the new Clinical Quality, Safety, and Governance Committee would be in July.

It was noted that user experience will be very important to the Trust.

## **10. Corporate Governance Report**

AP5 Mr Strang queried what assurance the Board had that the Trust was compliant with the rights and pledges listed. After further discussion, the Board agreed that it was compliant with the NHS Constitution, and that it met each right and had regard to all pledges, but that the paper should *Corporate*

return with a list of assurances for each right / pledge. Miss Carney to prepare. *Governance Report*

## 11. Committee Reports & Minutes

**AP6** Dr Patrick suggested that the Patient & Public Involvement Committee should not be a Committee of the Board of Directors. Dr Patrick and Miss Carney to review Committees reporting to the Board of Directors. Dr Patrick and Mr Strang to meet to discuss the role of the Business Development & Investment Committee

## 12. Annual Plan

Mr Young tabled some amended sheets from the Annual Plan.

- Page 8 was an updated version of one of the Board and governance statements
- Page 20 had additional milestones for outcome monitoring
- Page 42 had additional action plan and delivery risks. Mr Young noted that the Board had already seen the majority of these in different formats
- Schedule 3 was a submission to Monitor that the Trust was required to make that notes the services listed under the Trust's Terms of Authorisation. Mr Young noted that the Trust also submits Schedule 2 each year, but this was very detailed and would not be informative for the Board.
- In a sheet issued by Monitor for "Additional Information", Table A listed the Trust's main commissioner and its current financial position. Tables B and C were not applicable to the Trust.

**AP8** The Board of Directors was required to authorise the statements made in the Plan. It was noted that the Board of Governors had been consulted about the Plan. It was noted that the Non-Executive Directors relied upon Executive Directors for assurance that the statements were correct. Statements in future years to include cross-references.

Dr Patrick noted that although the Trust had close involvement with UCL Partners Academic Health Science Centre, it was a member of the AHSC.

The Statements were approved.

In response to questions, Mr Young noted with regard to membership information that three elections to the Board of Governors were uncontested, so voter turnout does not equate to the number of members. Mr Young also noted that the eligible population for age, ethnicity and gender was 42,882,883, but that a different data source was used for socio-

economic groupings, which is why this is listed as "FALSE".

It was noted that there were no timescales listed in Template 1, column 1 (page 19). Mr Young noted that the timescale was covered by the milestone columns.

Ms Satyamurti suggested including some information about the restructuring of the committees of the Board of Directors.

It was suggested that Template 2, column 1, row 4 (page 22) include a reference to preventative work.

**AP9** Mr Young to consider suggested amendments.

Mr Young noted that Monitor had issued guidance on the stage two review they would carry out for those FTs whose Plans were not considered sufficient. Monitor expected this to apply to 15% of FTs, and would be visiting these Trusts in August. Mr Young noted that the Trust aimed not to be involved in this process.

### **13. Quality Report**

Ms Lyon noted that there would be further amendments to the Quality Report prior to submission to Monitor as part of the Annual Report.

Ms Lyon noted that the Trust was required to include statements from Camden Primary Care Trust, which it was waiting for, and from the Local Involvement Network (LINK). The LINK statement had been very positive.

The Board queried whether they could be assured of the quality of the Trust's services using the indicators chosen. Ms Lyon noted that the Trust will need to keep the same priorities in order to follow its progress over time.

**AP10** Mr Strang queried whether it would be possible to tabulate some of the data in the Report. It was noted that the nature of the indicators for this Trust do not lend themselves to producing data in figures. Ms Lyon to use a combination of text and tables where appropriate.

It was noted that it was important to consider output as well as input. Discussion would be required around what resources it would be appropriate to dedicate to the aims contained in the Quality Report.

**AP11** The Board queried whether the Trust should be aiming for a higher induction rate than 75%. Ms Lyon explained that attendance rates for Trust-wide induction were much higher, and that 75% attendance rate was for local induction. Ms Lyon to amend report for clarity.

**AP12** It was noted that paragraph 1.6.2.2 only covered 75% of staff requiring training. Ms Lyon to reference remaining 25%.

**AP13** Ms Lyon to check all data to ensure accuracy.

**14. Any other business**

Miss Carney distributed papers for the Extraordinary Meeting of the Board of Directors, scheduled for Friday 28<sup>th</sup> May to approve the Annual Report & Accounts.

**15. Notice of future meetings**

Noted.

## Board of Directors Extraordinary Meeting

Meeting Minutes, 11am – 12.30pm, Friday 28<sup>th</sup> May 2010

<b>Present:</b>			
Mr Martin Bostock Non-Executive Director	Ms Angela Greatley Trust Chair	Mr Altaf Kara Non-Executive Director	Ms Trudy Klauber Dean of Postgraduate Ed.
Ms Louise Lyon Trust Clinical Director	Ms Joyce Moseley Non-Executive Director	Dr Matthew Patrick Chief Executive	Dr Rob Senior Medical Director
Mr Richard Strang Non-Executive Director	Mr Simon Young Director of Finance		
<b>In Attendance:</b>			
Miss Louise Carney Trust Secretary			
<b>Apologies:</b>			
Ms Emma Satyamurti Non-Executive Director			

### Actions

AP	Item	Action to be taken	By
1	3a	Miss Carney to amend Report as suggested	Immed
2	3a	2010/11 Annual Report to include a more detailed breakdown of staff numbers	May 11
3	3a	Dr Patrick to discuss easy-read report with Communications Department	Jun 10

### Actions    Agenda item

### Future Agendas

#### 1. Chair's opening remarks

Ms Greatley welcomed everyone to the meeting.

#### 2. Apologies for absence

As above.

#### 3. Annual Report & Accounts

##### **3a. Annual Report**

Miss Carney tabled a list of amendments to details in the Report.

Miss Carney noted that there would be further changes to the Quality Report, including a 500 word comment from Camden Primary Care Trust, and some formatting amendments, which would be sent to Directors prior to submission to Monitor. A slightly later timetable was set for producing and auditing the Quality Report, due to the late finalisation of the requirements for this first year.

**AP1**    There were a number of minor spelling and grammatical errors, which needed to be amended.

The Report was approved, subject to agreed changes.

Dr Patrick thanked all those involved in the writing of the Report.

**AP2** Directors suggested amending Table 3 (Trust staff profile) next year, to separate different types of staff out.

Directors discussed producing an easy-read document stating what the Trust's plans had been for 2009/10, how well the Trust performed, and what the Trust's plans are going forwards. It was also suggested this document might state how many patients the Trust sees and the range of concerns these patients have. Dr Patrick noted that in the text of such a document would need also to reflect the current difficult economic times. Dr Patrick to discuss with Communications Department.

**AP3**

### **3b. Annual Accounts**

Mr Strang noted that the Audit Committee had considered the Annual Accounts at their meeting on 26<sup>th</sup> May, and were satisfied, and recommended the Accounts be approved by the Board of Directors.

The Audit Committee had also received year-end reports from the Trust's Internal and External Auditors. The Internal Auditors were comfortable with the Trust's processes, and their Opinion had stated:

*"Based on the work undertaken in 2009/10, significant assurance can be given that there is a sound system of internal control, designed to meet the organisation's objectives, and that controls are being applied consistently."*

Regarding the Statement on Internal Control, the Internal Auditors had stated:

*"Based on the work we have undertaken on the Trust's system on internal control we do not consider that within these areas there are any issues that need to be flagged as significant issues within the SIC."*

The External Auditors had produced an Audit Highlights Memorandum. The External Auditors would be issuing an unqualified opinion on the Trust's financial statements. They had also stated:

*"The SIC is consistent with the financial statements and has complied with NHS and Monitor guidance", "the SIC reflects our understanding of the Trust's operations and risk management arrangements."*

Mr Young explained that since the Accounts had been circulated to members, there had been some minor cosmetic and formatting amendments on the recommendation of the External Auditors, but there had not been any changes to any figures.

The Accounts were approved.

Mr Strang comments that the External Auditors were complimentary of the Trust's processes. The Audit Committee and the Board of Directors passed their thanks to Mr Young and the Finance Department. Ms Greatley thanked everyone for their work on the Annual Report and Accounts.

#### **4. Management Letter of Representation**

Mr Strang highlighted that the letter of representation acknowledged that whilst the External Auditors had completed their audit, the accuracy of the Accounts was entirely the responsibility of the Board of Directors. Mr Young went briefly through each of the sections, and gave more detail on the last two:

##### ***Section 11***

The Trust had not undertaken a revaluation of its fixed assets as it was not required. If the Trust had undertaken a revaluation, it would be in the region of 0% – 6%, which would not be a material amount in the context of the Accounts. A revaluation may lead to an increase in the Public Dividend Capital (PDC), which would mean that the Trust's dividend was higher, but this increase would not be material. Mr Young noted that the frequency of valuations was not specified, and should be dependent in the volatility of values; a valuation costs around £10k, so the Trust should not undertake revaluations too frequently unless it suspects a major change.

##### ***Section 12***

The Trust was not yet managing its operations on a fully segmented basis, so it was not required to provide this breakdown for the 2009/10 accounts. However, the Trust would be required to provide a segmental (or service line) breakdown for expenditure in the 2010/11 accounts; and for both income and expenditure in the 2011/12 Accounts.

The letter was approved.

#### **5. Any other business**

None.

#### **6. Notice of future meetings**

Noted.

## Outstanding Action Part 1

No.	Originating Meeting	Agenda Item	Action Required	Director / Manager	Due Date
1	Nov-09	16. Research & Development Report	Ms Moseley to arrange meeting with Dr Kennedy	Joyce Moseley	Apr-10
2	Mar-10	4. Matters Arising	Miss Carney and Dr Patrick to review scheduling of topics for Directors' Conference	Matthew Patrick / Louise Carney	May-10
3	May-10	8b. Risk Management Committee Review of Terms of Reference	Dr Patrick to ensure Clinical Quality, Safety & Governance Committee Terms of Reference include Governor representation	Matthew Patrick	Jun-10
4	Oct-09	14. Committee Minutes	Ms Lyon to present report on honorary appointments to Board of Directors	Louise Lyon	Jun-10
5	Apr-10	10b. Care Quality Commission Reporting 2010/11	Ms Lyon to investigate McKinsey workshops on quality	Louise Lyon	Jun-10
6	Apr-10	13. Clinical Quality, Safety, and Governance	Dr Patrick and Mr Strang to discuss position of Business Development & Investment Committee in new structure	Matthew Patrick / Richard Strang	Jun-10
7	Jan-10	7b. Complaints Report	Student Complaints to be presented annually to Board of Directors	Trudy Klauber	Jul-10
8	Feb-10	11. Annual Training Services Report	Miss Carney to schedule discussion on Trust branding in relation to training	Louise Carney	Jul-10
9	Apr-10	9. Corporate Governance Report	Ms Smith to prepare note on the process of approving contracts	Julia Smith	Jul-10
10	Feb-10	14. RiO Project Update	RiO Project to return to the Board of Directors	Julia Smith	Jul-10
11	Mar-10	8. Corporate Governance Report	Mr Strang and Miss Carney to review Audit Committee Terms of Reference	Richard Strang / Louise Carney	Jul-10
12	Mar-10	10. Tavistock Clinic Foundation Constitution Update	Tavistock Clinic Foundation to report to Board of Directors with brief of work	Louise Lyon	Jul-10
13	Nov-09	20. RiO Business Case	Future reports to contain glossary of abbreviations used in report	Julia Smith	Jul-10
14	May-10	10. Corporate Governance Report	Miss Carney to add evidence of assurance for each pledge / right in NHS Constitution	Louise Carney	Jul-10
15	Mar-10	8. Corporate Governance Report	Dr Patrick and Miss Carney to consider what matters for the Board of Directors can be delegated down to Committees of the Board	Matthew Patrick / Louise Carney	Sep-10
16	May-10	11. Committee Reports & Minutes	Dr Patrick and Miss Carney to review Board Committees	Matthew Patrick / Louise Carney	Sep-10

## Outstanding Action Part 1

17	Jan-10	9. Care Quality Commission Registration	Essential Standards to be presented to Board of Directors on quarterly basis	Rob Senior	Sep-10
18	Apr-10	6. Chief Executive's Report	Miss Carney to arrange a review of the Annual Plan process	Louise Carney	Sep-10
19	Sep-09	12. Student Feedback Report	Ms Klauber to undertake cross-organisational benchmarking	Trudy Klauber	Sep-10
20	Oct-09	12. Health & Safety Guidance	Briefing on Health and Safety systems to be presented to Board of Directors	Pat Key	Oct-10
21	Oct-09	5. Trust Chair's and Non-Executive Directors' Reports	Miss Carney to arrange session on the responsibilities and operation of the Board of Directors for the next layer of Management	Louise Carney	Oct-10
22	Jun-08	15. Constitutional Amendments	Dr Hodges to return to Board of Directors with a proposal on junior membership	Sally Hodges	Nov-10
23	Nov-09	17. Membership Report	Miss Carney to provide comparative data on membership of foundation trusts	Louise Carney	Nov-10
24	Jan-09	22. Contingency for IT Failure	Internal Auditors to be asked to review policy to confirm it meets the Trust's requirements	Simon Young	Jan-11
25	Feb-10	12. Annual Communications Report	Future reports to reflect links Communications Department has with other Departments	Sally Hodges	Mar-11
26	Mar-10	7c. Capital Budget 2010/11	Future Capital Budgets to be put in context of 3 - 5 year planning	Simon Young	Mar-11
27	May-10	8b. Risk Management Committee Review of Terms of Reference	Dr Patrick to investigate benchmarking for Day Unit incidents	Matthew Patrick	May-11
28	Feb-10	13. Website Analysis	Communications Department to consider the objectives and priorities of the Trust's website, when data becomes available	Sally Hodges	As appropriate
29	Feb-10	6. Chief Executive's Report	Ms Moseley to update the Board of Directors on Catch 22's discussions with Big White Wall	Joyce Moseley	As appropriate

## Board of Directors : June 2010

**Item :** 6

**Title :** Chief Executive's Report

**Summary:**

The report covers the following items:

1. Emerging commissioning plans
2. New Horizons
3. New Savoy Partnership Reference Group
4. UCL Partners

**For :** Discussion

**From :** Chief Executive

## Chief Executive's Report

### 1 Emerging commissioning plans

- 1.1 One of the central ideas within the new coalition's health plans is a shift in the locus of commissioning from Primary Care Trusts (PCTs) to General Practitioners. This is accompanied by an idea that PCTs would become more centrally concerned with public health, but also offering commissioning support to primary care. It is envisaged that commissioning support would operate as a market, however, with GPs able to purchase such support from a range of providers.
- 1.2 While the idea of locating purchasing power close to patients, families and communities has been welcomed by many, particularly perhaps in relation to mental health, there has been uncertainty as to how this system might operate. Not all GPs are likely to be interested in commissioning roles; and how would one avoid a fragmentation of the system contributing to health inequalities as opposed to diminishing them?
- 1.3 One strong possibility now emerging is that commissioning would be held by locality GP groups or consortia, working on behalf of a defined geographical area, for example a borough. GP consortia are already very well established in a number of areas, East London for example. Within Camden we also have established consortia. The work of the coming period is, therefore, likely to involve supporting the further development of these arrangements alongside a renewed engagement with primary care and GPs around their perspectives on need and priority.

### 2 New Horizons

- 2.1 Another area of uncertainty has been around the status of the recent Department of Health mental health policy document, New Horizons. New Horizons, as you may know, laid strong emphasis on prevention, personalisation, early intervention (including early years intervention) and improvements in the existing quality of mental health provision. It also set out a bold plan for cross departmental working, acknowledging that many of the key interventions for mental health might not in fact be health led interventions at all, but rather social, community, education, housing or employment focused.
- 2.2 On 18<sup>th</sup> June I attended an event focused on the New Horizons project. Angela Greatley, the Trust Chair, chaired the day which was organised and hosted by Camden and Islington FT. During the day it

emerged that there remains strong support for the New Horizons policy within the new government, and that the policy is viewed as a strong platform on which to build a mental health strategy. It is planned that a health white paper should be published, probably in July, and that following the white paper such a mental health strategy will be developed.

- 2.3 There appears to be a continued emphasis on quality, innovation and value for money, but a much greater emphasis on the need to replace targets with outcomes and for as much data to be in the public domain as possible. Patient experience remains a central element of how outcomes are conceptualised.
- 2.4 Beyond this, key mental health priorities are likely to include:
- Public mental health and wellbeing
  - Community resilience
  - Personalisation
  - Improving access to psychological therapies (IAPT)
  - Child and adolescent mental health services (CAMHS)
  - Employment
  - Reducing health inequalities
  - Criminal justice and the implementation of the Bradley Review
  - Substance misuse
  - The mental health of veterans
- 2.5 At the event on the 18<sup>th</sup>, one theme to emerge was around supporting the development of healthy communities. It struck me that we have work to do within our own community of providers, spanning as it does private, public and voluntary sectors. In particular we know that funding is going to be tight. At such times all of the apparent incentives are for organisations to become more insular, defensive, and competitive. If we are to deliver genuine improvements in care I believe we need to find ways of moving in the opposite direction; working across boundaries, recognising quality and expertise where it exists; and developing services in partnership. One small example might be the early intervention service (EIS) delivered by Camden and Islington FT, but where we provide the CAMHS staff and expertise.

### **3 New Savoy Partnership Reference Group**

- 3.1 The New Savoy Partnership (NSP) was formed around the beginning of the IAPT programme. The Trust was a founding member of the group, the aim of which was to influence and support the development of IAPT. Since that time the Partnership has grown very

significantly in size. It hosts an annual psychological therapies conference and has genuine influence with representation on the IAPT programme board and subgroups. Recently the NSP was invited to form a formal reference group for the IAPT programme. The aim is to offer a view on certain key questions and developments (for example the broadening of the range of interventions delivered under the IAPT banner); but also to identify its own priorities and to feed these in to the programme.

- 3.2 I have agreed that we should host the group at the Trust, and the first meeting was held on the 10<sup>th</sup> of June. I attended representing the Trust and our work across all age ranges and modalities. A further 3 meetings are planned for this year.

#### **4 UCL Partners Academic Health Science Centre**

- 4.1 Finally, on the 9<sup>th</sup> of June I sat on a panel to appoint an interim lead for the Mental Health Theme of UCLP. As you will recall UCLP is our local academic health science centre. AHSCs are organisations designed to bring together research, training and innovation with the aim of improving clinical practice. UCLP is organised on a confederation model, promoting partnership working across organisations in pursuit of its aims. Dr Senior and I sat on the group that developed the mental health theme.
- 4.2 At the panel we appointed Professor Peter Fonagy to the role, initially for a period of one year. Peter is an eminent researcher and clinician known to many of you. He is based at UCL and at the Anna Freud Centre, with whom we have been working more closely over the past 18 months.
- 4.3 The four mental health trusts local to UCLP (Barnet Enfield and Haringey; Camden and Islington; North East London; and the Tavistock and Portman) will be closely linked to the theme and represented on an executive group overseeing the theme.
- 4.4 My own view is that our association with UCLP is an important one. It is likely to yield benefit in the first instance in relation to our research activities and involvement in clinical innovation, but may also be important in relation to our training activities. Our engagement is also important in terms of the Trust's reputation and standing within the health community.

Matthew Patrick  
Chief Executive  
21 June 2010

## Board of Directors : June 2010

**Item : 7**

**Title : Finance and Performance Report**

**Summary:**

After two months, a surplus of £13k is reported, £44k below the planned surplus of £57k. Income shortfalls on Training and Consultancy offset by under spends across the organisation are the main reason for the shortfall. These variances are being investigated, but no major variances for the year are forecast at this early stage.

An update on service line reporting is to be provided separately.

The cash balance at 31 May was £3,491k, slightly below Plan. Cash is expected to remain close to plan for the rest of the year, subject to achievement of planned income and expenditure.

**For : Information.**

**From : Director of Finance**

## Finance and Performance Report

### 1. External Assessments

#### 1.1 Monitor

1.1.1 Monitor has confirmed that our Financial Risk Rating at Quarter 4 remains at 4; and the ratings for governance and for mandatory services remain green. Their summary report notes that we have appointed our Senior Independent Director; and that we plan to appoint a new Nurse Director in the summer.

1.1.2 The Annual Plan, as approved by the Board, was submitted to Monitor in May. Following their review, a response is expected in July. The Plan should lead to a Financial Risk Rating of 3. It is currently expected that the actual rating for the year will also be a 3.

### 2. Finance

#### 2.1 2009/10

2.1.1 The annual report and accounts were approved at the meeting of the Board on 28<sup>th</sup> May. They have been submitted to Monitor, and will be laid before Parliament early in July. The surplus was £651k, as reported in April.

#### 2.2 Income and Expenditure 2010/11

2.2.1 After two months, income is £391k below budget, and expenditure £350k below budget. The surplus is £44k below budget. Some of these variances are due to timing, and the forecast for the year remains in line with budget at present.

2.2.2 The income shortfall includes £120k for training which is mainly due to fee and conference income. Consultancy income is £119k under budget, with TCS under target by £42k and departmental consultancy under by £77k. There are also shortfalls in clinical income. In all of these cases, the shortfalls are partly or mainly due to timing, and should be recovered in future months. These main income sources and their variances are discussed in sections 3, 4 and 5 below. There is also a shortfall on research income, which may continue for the year; this will be reviewed in a later report.

2.2.3 The expenditure underspend of £350k is mainly due to £300k of vacancies across the organisation. The majority of the underspend can be attributed to DET £113k and Child & Family £102k. In DET, £40k of the £113k is due to a CWDC underspend which is offset by a related income shortfall. The Child & Family underspend is partially due to the new Barnet Young Persons D&A Service £19k. These underspends have been offset by overspends in Estates Management

of £27k due to delayed work on the ground floor seminar room and in TCS a £39k overspend due to delayed 2009/10 payments for associate consultants. The forecast outturn for expenditure is likely to be around £380k favourable; a more robust forecast will be possible in future months.

2.2.4 Income for the year is forecast at £157k below budget in Appendices A and B. However, if there are larger shortfalls than this, they should be covered firstly by the underspending discussed above; and then by the budgeted contingency reserve.

### 2.3 **Cash Flow (Appendix C)**

2.3.1 The actual cash balance at 31 May was £3,491k, compared to the Plan of £3,707k. Receipts from General Debtors were below Plan; this is expected to be recovered in June, and does not represent a significant risk to the Trust's income or liquidity.

	Cash Flow year-to-date		
	Actual £000	Plan £000	Variance £000
Opening cash balance	3,648	3,648	0
Operational income received			
NHS (excl SHA)	1,909	1,934	(25)
General debtors (incl LAs)	1,097	1,255	(158)
SHA for Training	1,728	1,808	(80)
Students and sponsors	379	450	(71)
Other	59	36	23
	<u>5,172</u>	<u>5,483</u>	<u>(311)</u>
Operational expenditure payments			
Salaries (net)	(2,397)	(2,494)	97
Tax, NI and Pension	(1,748)	(1,780)	32
Suppliers	(1,185)	(1,153)	(32)
	<u>(5,330)</u>	<u>(5,427)</u>	<u>97</u>
Capital Expenditure	0	0	0
Interest Income	1	3	(2)
Payments from provisions	0	0	0
PDC Dividend Payments	0	0	0
Closing cash balance	<u>3,491</u>	<u>3,707</u>	<u>(216)</u>

### 3. **Training**

3.1 Training income is £120k below budget in total after 2 months, with the main shortfalls being fee income £39k; £28k on conferences (expected to be recovered in future months); and £25k on Child Psychotherapy Trainees (offset by lower costs).

3.2 Income from university partners remains under negotiation. Apart from this, the other key area of uncertainty is, as always, fee income from students and sponsors for the academic year starting in October.

## 4. Patient Services

### 4.1 Activity and Income

- 4.1.1 All contract values have now been agreed. Total contracted income for the year is in line with budget. After two months, there is a small favourable variance on cost and volume activity. Part of the budgeted income for the year is dependent on meeting our CQUIN<sup>†</sup> targets agreed with commissioners.
- 4.1.2 There are more significant variances, both positive and negative, in the other elements of clinical income, as shown in the table on the next page.
- 4.1.3 The income budget for named patient agreements (NPAs) was reduced this year from £354k to £239k. £110k of the total budget is for the Portman, with smaller amounts for other directorates. After two months, actual income is £15k below budget, with £8k of this shortfall in the Portman. If extrapolated for the full year, this would give an adverse variance of £89k, but improvement on this is expected.
- 4.1.4 Court report income (which is budgeted at £150k for the year, of which £105k is for the Portman) was £4k below budget after two months. All of the income to date was from the Portman.
- 4.1.5 Monroe income is slightly above budget after 2 months. The annual budget was reduced from £810k to £780k this year.
- 4.1.6 Project income is forecast to be £48k below budget for the year. When activity and costs are slightly delayed, we defer the release of the income correspondingly.

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<sup>†</sup> Commissioning for Quality and Innovation

	Budget £000	Actual £000	Variance %	Full year		Comments
				Variance based on y-t-d	Predicted variance	
Contracts - base values	1,472	1,476	0.3%	25	25	
Cost and vol variances	4	10		53	0	
NPAs	40	25	-37.2%	-89	-30	Activity expected to rise
Projects and other	514	423		-	-48	Income matched to costs, so variance is largely offset.
Day Unit	169	210	24.5%	248	100	Gain may not be sustained. Lower pupil numbers expected in autumn.
Monroe	108	108	0.2%	2	0	
FDAC	55	55	0.1%	0	0	
Court report	25	21	-14.8%	-22	-4	
<b>Total</b>	<b>2,387</b>	<b>2,329</b>		<b>217</b>	<b>43</b>	

## 5. **Consultancy**

- 5.1 TCS income was £40k in May, compared to the budget of £77k. After two months, income of £73k is £42k behind budget. However, current forecasts for June are much improved. Our forecast for the year assumes at present that budget is achieved for the remaining ten months.
- 5.2 Departmental consultancy is £77k below budget after two months, but this is partly due to timing of work, and is not expected to be continued.

Simon Young  
 Director of Finance  
 22 June 2010

**THE TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST**  
**INCOME AND EXPENDITURE REPORT FOR THE FINANCIAL YEAR 2010-11**

APPENDIX A

	CUMULATIVE, 2 MONTHS			FULL YEAR 2010-11		
	BUDGET £000'S	ACTUAL £000'S	VARIANCE £000'S	REVISED BUDGET £000	FORECAST OUTTURN £000	BUDGET VARIANCE £000
<b>INCOME</b>						
1 CLINICAL	2,387	2,329	(59)	14,455	14,498	43
2 TRAINING	2,595	2,475	(120)	16,065	16,052	(13)
3 CONSULTANCY	270	151	(119)	1,658	1,616	(42)
4 RESEARCH	54	27	(28)	327	247	(80)
5 OTHER	123	57	(66)	678	613	(66)
<b>TOTAL INCOME</b>	<b>5,430</b>	<b>5,039</b>	<b>(391)</b>	<b>33,183</b>	<b>33,027</b>	<b>(157)</b>
<b>OPERATING EXPENDITURE (EXCL. DEPRECIATION)</b>						
6 CLINICAL DIRECTORATES	3,061	2,873	188	18,366	18,017	349
7 OTHER TRAINING COSTS	1,012	843	169	6,470	6,393	78
8 OTHER CONSULTANCY COSTS	107	144	(38)	640	677	(37)
9 CENTRAL FUNCTIONS	1,037	1,006	31	6,161	6,173	(12)
10 TOTAL RESERVES	0	0	0	462	680	(218)
<b>TOTAL EXPENDITURE</b>	<b>5,217</b>	<b>4,867</b>	<b>350</b>	<b>32,098</b>	<b>31,939</b>	<b>160</b>
<b>EBITDA</b>	<b>213</b>	<b>172</b>	<b>(41)</b>	<b>1,085</b>	<b>1,088</b>	<b>3</b>
<b>ADD:-</b>						
12 BANK INTEREST RECEIVED	3	1	(3)	20	17	(3)
<b>LESS:-</b>						
11 DEPRECIATION	85	85	(0)	(509)	(509)	0
13 FINANCE COSTS	0	0	0	0	0	0
14 DIVIDEND	74	74	(0)	(446)	(446)	0
<b>RETAINED SURPLUS</b>	<b>57</b>	<b>13</b>	<b>(44)</b>	<b>150</b>	<b>150</b>	<b>0</b>
<b>EBITDA AS % OF INCOME</b>	<b>3.9%</b>	<b>3.4%</b>		<b>3.3%</b>	<b>3.3%</b>	

	CUMULATIVE, 2 MONTHS			FULL YEAR 2010-11		
	BUDGET £000'S	ACTUAL £000'S	VARIANCE £000'S	REVISED BUDGET £000	FORECAST £000'S	REVISED BUDGET VARIANCE £000
<b>INCOME</b>						
NHS LONDON TRAINING CONTRACT	1,246	1,246	0	7,479	7,479	0
TRAINING FEES & OTHER ACA INC	854	771	(82)	5,616	5,616	(0)
POSTGRADUATE MED & DENT'L EDUC	12	13	1	70	71	1
JUNIOR MEDICAL STAFF	173	160	(13)	1,037	1,024	(13)
CHILD PSYCHOTHERAPY TRAINEES	311	285	(25)	1,863	1,863	0
R&D	54	27	(28)	327	247	(80)
CLINICAL INCOME	2,030	1,926	(103)	12,179	12,126	(53)
DAY UNIT	169	217	48	1,014	1,114	100
MONROE & FDAC	163	164	0	1,112	1,112	(0)
TCS INCOME	115	73	(42)	730	688	(42)
DEPT CONSULTANCY INCOME	155	78	(77)	928	928	0
COURT REPORT INCOME	25	21	(4)	150	146	(4)
EXCELLENCE AWARDS	20	20	0	118	118	0
RENTAL INCOME	0	0	0	0	0	0
OTHER INCOME	103	38	(66)	561	495	(66)
<b>TOTAL INCOME</b>	<b>5,430</b>	<b>5,039</b>	<b>(391)</b>	<b>33,183</b>	<b>33,027</b>	<b>(157)</b>
<b>EXPENDITURE</b>						
EDUCATION & TRAINING	649	536	113	4,290	4,230	60
PORTMAN CLINIC	263	237	37	1,539	1,469	70
ADULT DEPT	519	491	28	3,112	3,034	78
MEDNET	37	37	(0)	221	221	(0)
ADOLESCENT DEPT	264	254	10	1,584	1,544	40
ADOLESCENT PROJECTS	12	8	4	72	68	4
C & F CENTRAL	1,220	1,163	58	7,322	7,164	158
C&F PROJECTS	325	280	44	1,948	1,948	0
MONROE & FDAC	163	155	8	979	979	0
DAY UNIT	128	118	10	768	768	0
SPECIALIST SERVICES	119	120	(1)	716	716	(1)
COURT REPORT EXPENDITURE	11	11	0	105	105	0
TRUST BOARD	19	17	3	115	112	3
CHIEF EXECUTIVE OFFICE	54	55	(1)	325	326	(1)
PERFORMANCE & INFORMATICS	148	135	13	887	887	0
FINANCE & ICT	182	174	9	1,092	1,092	0
CENTRAL SERVICES DEPT	362	389	(27)	2,174	2,201	(27)
HUMAN RESOURCES	130	121	8	719	719	0
CLINICAL GOVERNANCE	44	36	9	267	267	0
TRUST DIRECTOR	33	29	3	197	197	0
PPI	22	25	(3)	135	138	(3)
SWP & R+D & PERU	62	46	16	371	354	16
R+D PROJECTS	0	(0)	0	0	(0)	0
PGMDE	18	2	16	109	93	16
NHS LONDON FUNDED CP TRAINEES	311	272	39	1,863	1,863	0
TAVISTOCK SESSIONAL CP TRAINEES	18	16	3	110	108	3
FLEXIBLE TRAINEE DOCTORS	16	17	(1)	97	98	(1)
TCS	98	137	(39)	587	626	(39)
DEPARTMENTAL CONSULTANCY	9	7	2	52	51	2
DEPRECIATION	85	85	(0)	509	509	0
PROJECTS CONTRIBUTION	(20)	(20)	0	(121)	(121)	0
IFRS HOLIDAY PAY PROV ADJ	0	0	0	0	0	0
CENTRAL RESERVES	0	0	0	462	680	(218)
<b>TOTAL EXPENDITURE</b>	<b>5,302</b>	<b>4,952</b>	<b>361</b>	<b>32,607</b>	<b>32,448</b>	<b>160</b>
<b>OPERATING SURPLUS/(DEFICIT)</b>	<b>128</b>	<b>87</b>	<b>(41)</b>	<b>576</b>	<b>579</b>	<b>3</b>
INTEREST RECEIVABLE	3	1	(3)	20	17	(3)
UNWINDING OF DISCOUNT ON PROVISION	0	0	0	0	0	0
DIVIDEND ON PDC	(74)	(74)	(0)	(446)	(446)	0
<b>SURPLUS/(DEFICIT)</b>	<b>57</b>	<b>13</b>	<b>(44)</b>	<b>150</b>	<b>150</b>	<b>0</b>

## Cash Flow 2010/11

## Appendix C

### 2010/11 Plan

	April £000	May £000	June £000	July £000	August £000	Sept £000	Oct £000	Nov £000	Dec £000	Jan £000	Feb £000	March £000	Total £000
Opening cash balance	3,648	4,084	3,707	3,524	3,196	2,779	2,188	2,336	2,253	1,880	2,245	2,129	3,648
Operational income received													
NHS (excl SHA)	924	1,010	914	1,005	1,038	917	904	1,038	917	905	1,036	917	11,525
General debtors (incl LAs)	838	417	880	550	402	379	556	474	423	783	591	458	6,751
SHA for Training	894	914	895	894	914	894	895	914	894	894	915	894	10,811
Students and sponsors	300	150	150	100	0	200	650	250	100	500	100	100	2,600
Other	18	18	18	18	18	18	18	18	18	18	18	18	216
	2,974	2,509	2,857	2,567	2,372	2,408	3,023	2,694	2,352	3,100	2,660	2,387	31,903
Operational expenditure payments													
Salaries (net)	(1,247)	(1,247)	(1,247)	(1,246)	(1,247)	(1,247)	(1,247)	(1,247)	(1,247)	(1,246)	(1,247)	(1,247)	(14,962)
Tax, NI and Pension	(859)	(921)	(921)	(921)	(921)	(921)	(921)	(921)	(921)	(921)	(921)	(921)	(10,990)
Suppliers	(434)	(719)	(784)	(697)	(622)	(510)	(509)	(510)	(509)	(510)	(509)	(510)	(6,823)
	(2,540)	(2,887)	(2,952)	(2,864)	(2,790)	(2,678)	(2,677)	(2,678)	(2,677)	(2,677)	(2,677)	(2,678)	(32,775)
Capital Expenditure	0	0	0	(20)	0	(100)	(200)	(100)	(50)	(60)	(100)	(90)	(720)
Interest Income	2	1	2	2	1	2	2	1	2	2	1	2	20
Payments from provisions	0	0	(90)	(13)	0	0	0	0	0	0	0	0	(103)
PDC Dividend Payments	0	0	0	0	0	(223)	0	0	0	0	0	(223)	(446)
Closing cash balance	4,084	3,707	3,524	3,196	2,779	2,188	2,336	2,253	1,880	2,245	2,129	1,527	1,527

### 2010/11 Actual/Forecast

	April £000	May £000	June £000	July £000	August £000	Sept £000	Oct £000	Nov £000	Dec £000	Jan £000	Feb £000	March £000	Total £000
Opening cash balance	<b>3,648</b>	<b>3,790</b>	3,491	3,396	3,105	2,726	2,173	2,359	2,276	1,903	2,268	2,152	3,648
Operational income received													
NHS (excl SHA)	<b>892</b>	<b>1,017</b>	1,005	1,038	917	904	1,038	917	905	1,036	917	11,500	11,500
General debtors (incl LAs)	<b>709</b>	<b>387</b>	550	402	379	556	474	423	783	591	458	6,593	6,593
SHA for Training	<b>874</b>	<b>854</b>	894	914	894	895	914	894	894	915	894	10,731	10,731
Students and sponsors	<b>277</b>	<b>102</b>	100	0	200	650	250	100	500	100	100	2,529	2,529
Other	<b>24</b>	<b>35</b>	18	18	18	18	18	18	18	18	18	239	239
	<b>2,776</b>	<b>2,396</b>	2,567	2,372	2,408	3,023	2,694	2,352	3,100	2,660	2,387	31,592	31,592
Operational expenditure payments													
Salaries (net)	<b>(1,206)</b>	<b>(1,192)</b>	(1,220)	(1,220)	(1,220)	(1,220)	(1,247)	(1,247)	(1,246)	(1,247)	(1,247)	(14,731)	(14,865)
Tax, NI and Pension	<b>(859)</b>	<b>(889)</b>	(910)	(910)	(910)	(910)	(921)	(921)	(921)	(921)	(921)	(10,903)	(10,958)
Suppliers	<b>(570)</b>	<b>(615)</b>	(697)	(622)	(510)	(509)	(510)	(509)	(510)	(509)	(510)	(6,805)	(6,805)
	<b>(2,635)</b>	<b>(2,695)</b>	(2,827)	(2,752)	(2,640)	(2,639)	(2,678)	(2,677)	(2,677)	(2,677)	(2,678)	(32,439)	(32,628)
Capital Expenditure	<b>0</b>	<b>0</b>	0	(20)	0	(100)	(200)	(100)	(50)	(60)	(100)	(90)	(720)
Interest Income	<b>1</b>	<b>0</b>	0	2	1	2	2	1	2	2	1	2	18
Payments from provisions	<b>0</b>	<b>0</b>	0	(13)	0	0	0	0	0	0	0	0	(103)
PDC Dividend Payments	<b>0</b>	<b>0</b>	0	0	0	(223)	0	0	0	0	0	(223)	(446)
Closing cash balance	<b>3,790</b>	<b>3,491</b>	3,396	3,105	2,726	2,173	2,359	2,276	1,903	2,268	2,152	1,550	1,550

## Board of Directors : June 2010

**Item : 8**

**Title :** Implementing the Clinical Quality, Safety & Governance Structure

**Summary :**

The Board of Directors agreed the new structure in their March meeting. This paper sets out the Terms of Reference for the new Committee and changes for certain existing Committees, and directs the Management Committee to make arrangements to ensure that work undertaken by changed Committees is effectively undertaken by the management team.

**For :** Approval

**From :** Medical Director  
Director of Corporate Governance & Facilities

# Implementing the Clinical Quality, Safety & Governance Structure

## 1 Introduction

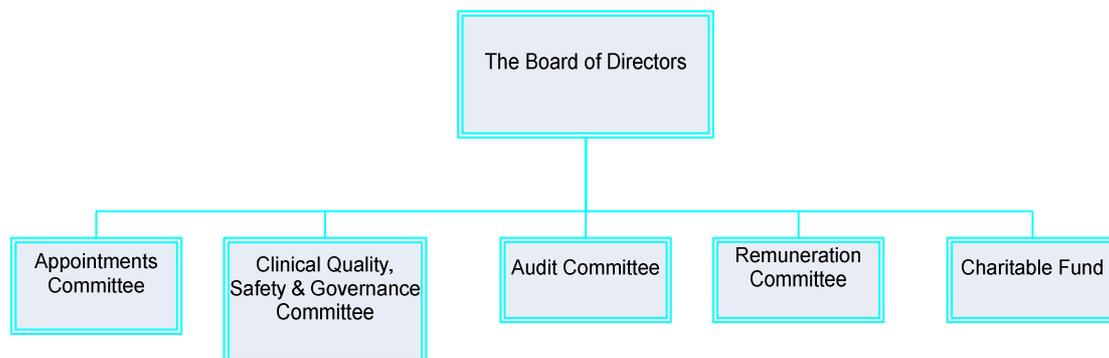
1.1 The Board of Directors agreed with the case for change and has directed that Management develop systems that will manage the new structure. This paper is the final paper that implements the new structure.

## 2 Findings

### 2.1 Aligning Board Committees with the new work stream

2.1.1 The agreed new structure showed that the Risk Management Committee, Clinical Governance Committee, and Patient & Public Involvement Committee were no longer Board-level Committees, and therefore the reporting line will change accordingly to the Management Committee, though the Board of Directors will require direct reports from time to time. The Board's Committee structure is below

*Diagram 1: Board of Directors' Committee Structure*



### 2.2 Allocation of roles to staff

2.2.1 The overview diagram accepted by the Board of Directors in March 2010 (Appendix 1) has had the work streams colour-coded. The appointment of all Work Stream Leads is being undertaken by Directors and Senior Managers (see Appendix 2).

## **2.3 Implementing work streams**

- 2.3.1 The primary task of Work Stream Leads will be to deliver the requirements of the external regulators (Appendices 3 and 4). Whilst this shall be the primary task of the work stream, Work Stream Leads may wish to address additional matters as expedient.

## **2.4 Development and support**

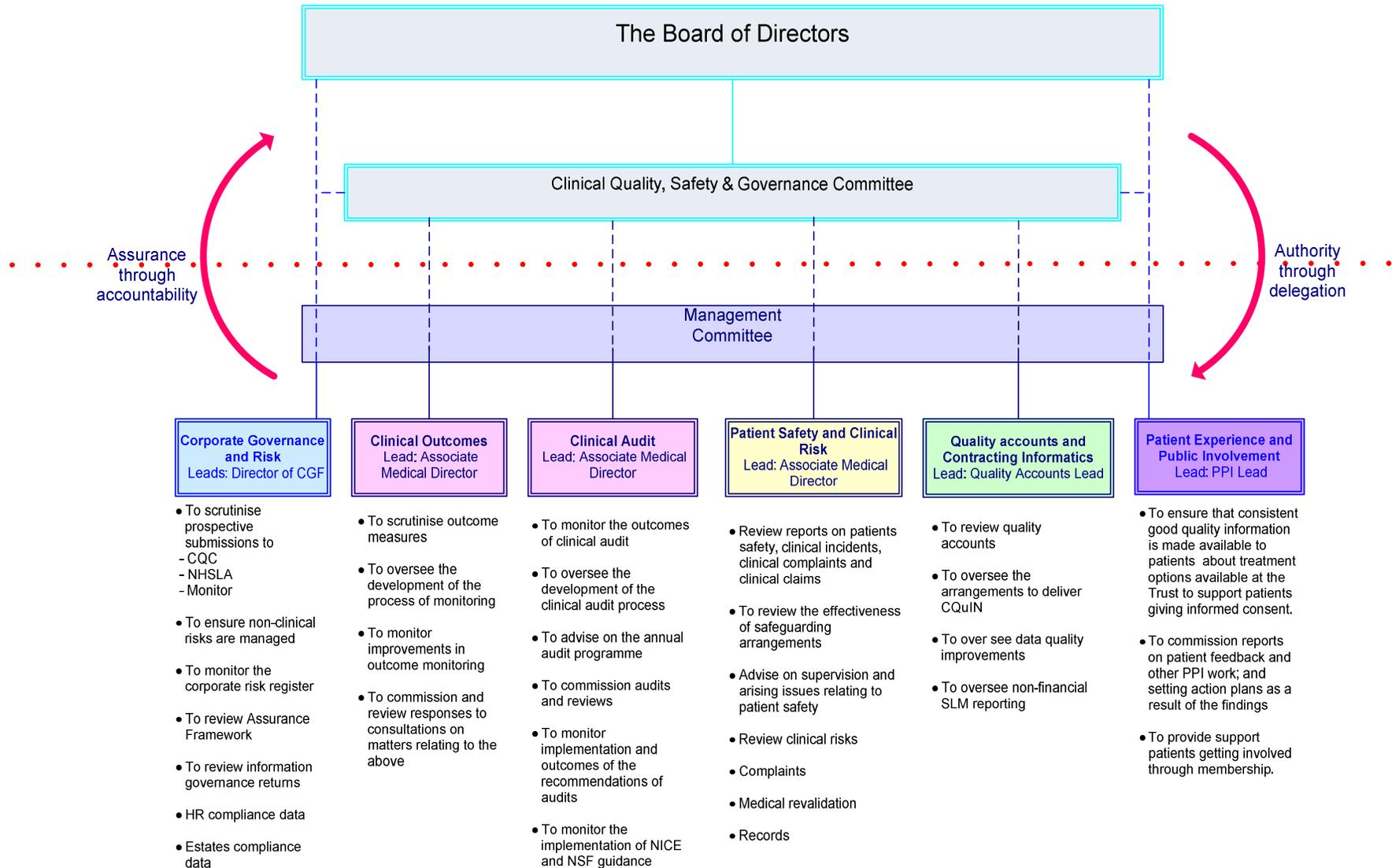
- 2.4.1 The new system is being tailored to the Trust's requirements; the Director of Corporate Governance & Facilities is arranging a support and development programme for Work Stream Leads.

## **3 Recommendations**

- 3.1 Recommend that the Risk Management Committee, Clinical Governance Committee, and Patient & Public Involvement Committee reporting lines be changed.
- 3.2 That the new Clinical Quality, Safety, & Governance Committee be established (see Appendix 5).
- 4 That the Management Committee reviews the arrangements after Quarter 2 and reports to the Board of Directors.

Rob Senior, Medical Director  
Pat Key, Director of Corporate Governance & Facilities  
June 2010

# Appendix 1: delivering clinical quality, safety, and governance





CQC requirements colour coded by lead

Outcome	Regulation	Description	Proposed lead director	Reporting stream (see organogram)	Task delivery facilitator
1	17	Respecting and involving people who use services	Louise Lyon, Sally Hodges	PPI	Jonathan McKee
2	18	Consent to care and treatment	Rob Senior	Patient Safety and Clinical Risk	Jane Chapman
4	9	Care and welfare of people who use services	Pat Key, Rob Senior	Clinical Outcomes	Jane Chapman
6	24	Cooperating with other providers	Louise Lyon, Julia Smith	Quality Accounts and Contracting Informatics	Jonathan McKee
7	11	Safeguarding vulnerable people who use services	Rob Senior and Elise Reyes-Simpson	Patient Safety and Clinical Risk	Jane Chapman
8	12	Cleanliness and infection control	Rob Senior	Patient Safety and Clinical Risk	Jane Chapman
9	13	Management of medicines	Rob Senior	Patient Safety and Clinical Risk	Jane Chapman
10	15	Safety and suitability of premises	Pat Key	Corporate Governance and Risk	Jonathan McKee
11	16	Safety, availability and suitability of equipment	Pat Key	Corporate Governance and Risk	Jonathan McKee
12	21	Requirements relating to workers	Susan Thomas	Corporate Governance and Risk	Jonathan McKee
13	22	Staffing	Susan Thomas	Corporate Governance and Risk	Jonathan McKee
14	23	Supporting workers	Susan Thomas	Corporate Governance and Risk	Jonathan McKee
16	10	Assessing and monitoring the quality of service provision	Louise Lyon	Quality Accounts and Contracting Informatics	Jonathan McKee
17	19	Complaints	Matthew Patrick	Patient Safety and Clinical Risk	Jane Chapman
21	20	Records	Pat Key	Patient Safety and Clinical Risk	Jonathan McKee (systems and confidentiality)
21	20	Records	Pat Key	Patient Safety and Clinical Risk	Jane Chapman (Clinical content and audit)

NHSLA tasks colour coded by lead

Standard ⇒	1	2	3	4	5
Criterion ↓	Governance	Competent & Capable Workforce	Safe Environment	Clinical Care	Learning from Experience
1	Risk Management Strategy	Corporate Induction	Secure Environment	Rapid Tranquillisation	<a href="#"><u>Clinical Audit*</u></a>
2	Policy on Procedural Documents	<a href="#"><u>Local</u></a> Induction of <a href="#"><u>Permanent</u></a> Staff	Sickness Absence	Service User Information	Incident Reporting
3	Risk Management Committee(s)	<a href="#"><u>Local</u></a> Induction of <a href="#"><u>Temporary</u></a> Staff	Safeguarding Adults	Management of Service Users with a Dual Diagnosis of Mental Health Problems & Substance Misuse	<a href="#"><u>Concerns/Complaints</u></a>
4	Risk Awareness Training for Senior Management	Clinical Supervision	Moving & Handling	Health Record-Keeping Standards	Claims
5	Risk Management Process	<a href="#"><u>Risk Management Training</u></a>	Slips, Trips & Falls	Observation of Service Users	Investigations
6	Risk Register	<a href="#"><u>Training Needs Analysis</u></a>	<a href="#"><u>Inoculation Incidents</u></a>	Medicines Management	Analysis
7	Responding to External Recommendations Specific to the Organisation	Clinical Risk Assessment	Rapid Transfer	Physical Assessment & Examination of Service Users	Improvement
8	Health Records Management	Hand Hygiene Training	Harassment & Bullying	Resuscitation	<a href="#"><u>Best Practice - NICE</u></a>
9	Professional Clinical Registration	Moving & Handling Training	Violence & Aggression	Infection Control	Best Practice - National Confidential Enquiries/Inquiries
10	<a href="#"><u>Employment Checks</u></a>	Supporting Staff involved in an Incident, Complaint or Claim	Stress	Discharge/Transfer of Service Users	Being Open

\*Pilot criteria for clinical audit.

# Clinical Quality, Safety and Governance Committee

## Terms of Reference

Ratified by:	Board of Directors
Date ratified:	29 June 2010
Name of originator/author:	Rob Senior, Committee Chair
Name of responsible committee/individual:	Clinical Quality, Safety & Governance Committee / Committee Chair
Date issued:	
Review date:	June 2011

## Clinical Quality, Safety and Governance Committee Terms of Reference

### **1. Constitution**

- 1.1 The Board of Directors hereby resolves to establish a Committee to advise and support the Executive Directors who lead on clinical and corporate governance, clinical quality and safety and to provide assurance to the Board of Directors that clinical quality, safety, and governance are being managed to high standards. The Committee shall be known as the Clinical Quality, Safety and Governance Committee (the Committee). This Committee has no executive powers other than those delegated in these terms of reference.

### **2. Membership**

- 2.1 Membership of the Committee shall be as follows:
- 2.1.1 Medical Director (Committee Chair)
  - 2.1.2 Two Non-Executive Directors (one to be Deputy Committee Chair)
  - 2.1.3 Up to two Governors
  - 2.1.4 Chief Executive
  - 2.1.5 Trust Director
  - 2.1.6 CAMHS Director

### **3. Attendance**

- 3.1 The following staff shall be in attendance:
- 3.1.1 Director of Corporate Governance and Facilities
  - 3.1.2 Governance and Risk Lead (advisory role)
  - 3.1.3 Associate Medical Director (Safety, Audit and Revalidation)
  - 3.1.4 Association Medical Director (Clinical Outcome)
  - 3.1.5 Quality Reports Lead
  - 3.1.6 Patient and Public Involvement Lead

### 3.1.7 Governance Project Manager (Committee Secretary)

#### **4. Quorum**

- 4.1 This shall be at least one third of members, to include at least one Non-Executive Director.
- 4.2 Each member will be expected to attend at least 75% of meetings in any year.

#### **5. Frequency of meetings**

- 5.1 The Committee will meet four times per year.

#### **6. Agenda & Papers**

- 6.1 Meetings of the Committee will be called by the Committee Chair. The agenda will be drafted by the Committee Secretary and approved by the Committee Chair prior to circulation.
- 6.2 Notification of the meeting, location, time and agenda will be forwarded to Committee members, and others called to attend, at least five days before the meeting. Supporting papers will also be sent out at this time. If draft minutes from the previous meeting have not been circulated in advance then they will be forwarded to Committee members at the same time as the agenda.

#### **7. Minutes of the Meeting**

- 7.1 The Committee Secretary will minute proceedings, action points, and resolutions of all meetings of the Committee, including recording names of those present and in attendance.
- 7.2 Approved minutes will be forwarded to the Audit Committee for noting and the Board of Directors for discussion as required.

#### **8. Authority**

- 8.1 The Committee is authorised by the Board of Directors to investigate any activity within its terms of reference. It is authorised to seek information it requires from any employee, and all employees are directed to co-operate with any request made by the Committee. The Committee is authorised to

obtain outside legal advice or other professional advice and to secure the attendance of outsiders with relevant experience if it considers this necessary.

## **9. Duties**

9.1 The Committee's primary duty is monitoring implementation of strategic priorities (related to sections 9.2 – 9.6, below), providing assurance of compliance with regulatory requirements, and providing assurance that the Trust is providing best patient safety, governance and quality improvement practice. Where assurance of quality is not sufficient, or where unmitigated risk are identified, the Committee shall seek assurance that plans are in place to effect improvements. The Committee shall seek assurance for the following:

### **9.2 Corporate Governance and Risk**

9.2.1 prospective submissions to the following organisations are fit for purpose:

9.2.1.1 Care Quality Commission (including evidence in support of continued compliance with standards pending an inspection)

9.2.1.2 NHS Litigation Authority

9.2.1.3 Monitor

9.2.2 non-clinical risks are being identified and managed

9.2.3 the Assurance Framework provides board level information that will contribute to a risk-enabled board culture

9.2.4 external information governance submissions are accurate

9.2.5 HR submissions of compliance with mandatory regulations are fit for purpose

9.2.6 Estates submissions of compliance with mandatory regulations are fit for purpose

### **9.3 Clinical outcomes and clinical audit**

9.3.1 that adequacy of outcome measures reflect corporate planning and the needs of external assessors and commissioners

- 9.3.2 that there are improvements in outcome monitoring over the long term
- 9.3.3 that National Institution for Health & Clinical Excellence (NICE) and National Service Framework (NSF) guidance is implemented where appropriate
- 9.3.4 that responses to external consultations are submitted when relevant to the work of the Trust
- 9.3.5 that monitoring of the outcomes of clinical audit results in improvements where indicated
- 9.3.6 that the annual audit programme complements relevant organisational priorities
- 9.3.7 that audits and reviews are commissioned as requires and the results lead to improvements in patient care
- 9.3.8 that the implementation of outcomes of the recommendations of audits lead to improvements in patient care

#### **9.4 Patient safety and clinical risk**

- 9.4.1 that review reports on patient safety, clinical incidents, clinical complaints and clinical claims result in improvements to patient care
- 9.4.2 that safeguarding arrangements for children and adults are effective
- 9.4.3 that clinical risks are adequately assessed and reviewed
- 9.4.4 that the Trust responds in an appropriate and timely fashion to all relevant clinical safety alerts
- 9.4.5 that clinicians' revalidation records are accurate
- 9.4.6 to review, on behalf of the Board of Directors the Trust's compliance with the Health Act 2006 on reducing Healthcare Associated Infections (HCAIs)

#### **9.5 Quality accounts and contracting informatics**

- 9.5.1 that quality accounts are reviewed and inform business planning
- 9.5.2 that the arrangements to deliver Commissioning for Quality and Innovation (CQUIN) result in improvements in patient care

9.5.3 that data quality improves over the long term

9.5.4 that non-financial SLM reporting results in improvements in patient care

## 9.6 Patient and public involvement

9.6.1 that consistent good quality information is made available to patients about treatment options available at the Trust to support patients giving informed consent

9.6.2 that action plans based on the findings reports on patient feedback and other PPI work result in improved care

9.6.3 that public members views influence strategic planning.

## 10. Liaison

10.1 The Committee will work with the Audit Committee to provide assurance that the process for managing risk is sufficient to meet the requirements of the regulatory bodies.

## 11. Other Matters

11.1 At least once a year the Committee will review its own performance, constitution and terms of reference to ensure that it is operating at maximum effectiveness and recommend any changes it considers necessary to the Board of Directors for approval.

## 12. Sources of Information

12.1 The Committee will receive reports from the following working stream leads:

12.1.1 Corporate Governance and Risk

12.1.2 Clinical outcomes

12.1.3 Clinical Audit

12.1.4 Patient Safety and Clinical Risk

12.1.5 Quality Reports

#### 12.1.6 Patient Experience and Public Involvement

#### 12.1.7 Internal and External audit

12.2 The Committee may also commission reports as required.

### **13. Reporting**

13.1 The minutes of the Committee, once approved by the Committee, will be submitted to the Audit Committee for noting and the Board of Directors for discussion. The Committee Chair shall draw the attention of the Audit Committee or the Board of Directors to any issues in the minutes that require disclosure or executive action.

13.2 A quarterly Clinical Quality, Safety and Governance Report will be presented to the Board of Directors.

13.2 The Committee Chair shall attend the Annual General Meeting (AGM) prepared to respond to any Member's questions on the Committee's activities.

### **14. Support**

14.1 The Committee will be supported by a Secretary from the Director of Corporate Governance and Facilities' team.

## Board of Directors : June 2010

**Item :** 9a

**Title :** Grievance Policy and Procedure

**Summary :**

A new grievance procedure is being introduced to take account of changes in legislation and the new ACAS (Advisory Conciliation and Arbitration Service) code of practise issued in 2009.

This policy now contains a reduced grievance process (reduced from four stages to three stages), as well as joint recommendation from staff side and management, encouraging staff to resolve grievances informally either through discussion or by using the soon to be introduced Trust Mediation Service.

The policy is now much easier to read, understand and apply.

**For :** Approval

**From :** Director of Human Resources

# GRIEVANCE POLICY AND PROCEDURE

Version:	2010
Replaces:	Grievance Policy and Procedure April 2002 (updated 2004)
Ratified by:	Board of Directors
Date ratified:	June 2010
Name of originator/author:	Angela Haselton (Staff Side Chair), Namdi Ngoka (Assistant Director, Human Resources)
Name of responsible committee/individual:	Director of Human Resources,
Date issued:	17th May 2010
Review date:	17th May 2012 or as required

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## **1 Introduction**

- 1.1 The Tavistock and Portman NHS Foundation Trust (the Trust) is committed to providing a harmonious working environment and maintaining good working relationships within the workplace. However, the Trust acknowledges that there will be occasions when problems or concerns may arise for staff in connection with their work for which they wish to seek redress. Managers, staff and staff representatives of the Trust have a common interest in solving grievance issues at the earliest stage of the procedure wherever possible. To this end the Trust will aim to ensure that such issues are handled informally, fairly, quickly and satisfactorily as possible.
- 1.2 This procedure follows the guidance and requirements set out by employment legislation and the most recent ACAS Code of Practice on disciplinary and grievance procedures. It has been written in partnership with management and staff side.
- 1.3 Collective grievances are where a grievance, or part of a grievance, affects more than one member of staff, one or more section/unit or more than one trade union. This will be classed, as a collective grievance and this policy will apply. In such cases the matter would normally be pursued by a representative of that group. As with individual grievances, informal resolution of collective issues is encouraged.
- 1.4 Where time limits are referred to in this procedure, they may be reasonably varied by mutual agreement between the employee(s) and/or their representatives and the Trust.
- 1.5 This policy and procedure is available electronically on the Trust Intranet (<http://intranet/>) from the Human Resources link.

## **2 Scope**

- 2.1 This policy will be applied equally and fairly to all employees. No-one will be treated less favorably on the grounds of their age, belief, disability, gender, ethnicity, sexual orientation.
- 2.2 Members of staff have the right to be accompanied by a trade union representative or work colleague at formal meetings under this policy. Where an employee may feel more comfortable having a colleague or trade union representative present at an informal meeting, such a request should not be unreasonably refused.
- 2.3 This Policy and Procedure applies to all grievances relating to working relationships, conditions of service, health and safety issues, and equal opportunities.
- 2.4 This policy does not apply to issues concerning job evaluation under Agenda for Change, disciplinary and whistle-blowing (raising concerns at work), which are dealt with under separate policies.

- 2.5 In cases of complaints of bullying and harassment, an aggrieved member of staff can choose to address their complaint under either the Harassment and Bullying Procedure and Policy or under the Grievance Procedure and Policy. In such cases, the member of staff should discuss this with their line manager, a Human Resources manager or their trade union representative. In cases of bullying and harassment, it is generally recommended that, unless raised informally, an investigation should be organised prior to any grievance meeting or hearing being held. This is in order to obtain all of the facts of the incident from the parties involved.
- 2.6 Staff involved in grievances, whether they have raised the matter or a grievance has been raised against them, can access support from the Human Resources Department, their trade union representative, and/or the Trust's Staff Advice and Consultation Service.

### **3 Roles and Responsibilities**

#### **3.1 Chief Executive**

The Chief Executive is ultimately responsible for ensuring that the Trust deals with grievance issues in a timely and fair way.

#### **3.2 Director of Human Resources and Human Resources staff**

The Director of Human Resources will ensure that this policy and procedure is followed by members of the Human Resources staff when implemented and that managers and employees are made aware of the policy via the Trust Intranet (<http://intranet/>) and at Induction events. The Director and Human Resources staff will also provide advice to Trust managers and staff relating to the application of this policy as required.

#### **3.3 Trust Managers and Supervisors**

Managers and supervisors must aim:

- to provide a comprehensive induction programme for all new staff (including for other managers/supervisors)
- to attend training on the application of this policy as necessary
- to ensure that staff raising a grievance or who are the subject of a grievance are informed of this policy.
- to seek advice from Human Resources as necessary in the application of this policy

#### **3.4 Employees**

All staff have a duty:

- to read and familiarise themselves with this policy

- to raise concerns that may arise in the course of their work
- to raise issues with their line managers and/or Human Resources if they feel they are being treated unreasonably (see also the Trust Harassment and Bullying at Work Policy).

### 3.5 Staff Representatives

Trade union representatives have a duty:

- to ensure that they are familiar with the Policy
- to ensure that those they represent have access to advice and guidance on the application of this policy
- to bring any mutually beneficial improvements to this policy to the attention of the Trust

<b>4</b>	<b>General Principles</b>
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- 4.1 Staff are encouraged wherever possible to seek to resolve workplace issues informally. This should be done by raising an issue with their line manager in the first instance and to seek to resolve issues by discussion.
- 4.2 Parties will have the right to provide witness statements or to invite witnesses to meetings at the formal stages of this policy. Each party will have responsibility for ensuring that witnesses attend meetings or provide written statements. Witnesses may also be accompanied by a trade union representative or colleague if requested.
- 4.3 A member of staff has the right to appeal an outcome of any formal stage of this policy.
- 4.4 Written records will be taken of all formal meetings and will be treated as confidential and kept in accordance with the Data Protection Act 1998. Copies will be sent to the parties concerned and each party may submit their own record of meetings.
- 4.5 Managers should keep a brief local record regarding any informal grievances that have been dealt with.

<b>5</b>	<b>Raising a Grievance</b>
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- 5.1 Staff should raise a grievance they have at work with their immediate line manager in the first instance. If their grievance concerns their line manager, they should raise the matter with another manager or human resources or seek advice from a staff side representative who can approach a manager or human resources on their behalf.

- 5.2 Grievances can be raised verbally, in writing or via email. Staff should be encouraged to provide details of their grievance in writing where possible.
- 5.3 In circumstances where issues arise that may apply to more than one person, it may be appropriate to raise these through collective arrangements at the Joint Staff Consultative Committee for discussion. This would usually be the case if the issue(s) concern terms and conditions, rather than a dispute between individuals.
- 5.4 As far as is reasonably practicable, the grievance should be raised as quickly as possible and within one calendar month of the aggrieved party becoming aware of the issue about which they are aggrieved.
- 5.5 A manager with whom the grievance is first raised may, following discussion with the aggrieved party, pass the grievance to a more senior manager to deal with if they consider the issue to be outside the scope of their authority.
- 5.6 The grievance should be raised directly with the appropriate manager either verbally or in writing with details of the incident(s) including any dates if known.
- 5.7 On most occasions, it will be appropriate and desirable to begin the procedure informally at Stage 1, However, in certain circumstances it may be appropriate to invoke the procedure formally at Stage 2 from the outset.

## **6 Stage 1 - Informal Stage**

### **6.1 Informal Meetings**

Most grievances are resolved on an informal basis in discussion between the aggrieved member of staff and their line manager. If a member of staff feels more comfortable with a colleague, friend or union representative present, this should not be unreasonably refused.

- 6.1.1 Once the member of staff has informed their manager that they have a grievance, which they would like to discuss, the line manager should arrange to meet with them as soon as possible within seven working days of the request. Advice should be sought from HR in all circumstances.
- 6.1.2 At the meeting, the member of staff and their line manager should discuss the full details of their grievance including their desired outcome(s). The line manager may need to ask questions to obtain further information or to clarify specific points.
- 6.1.3 If the issue is relatively straightforward, open and constructive discussion at this meeting may result in a satisfactory resolution being achieved immediately. If resolution is not immediately possible at the initial meeting, then the line manager and member of staff should discuss and agree a mutually agreeable format to progress and resolve the grievance.
- 6.1.4 This mutually agreeable format could include one of the following options:-
  - some informal method of resolution such as a written apology

- an informal meeting with both/all parties present, chaired by the line manager or another manager
- a mediation meeting with both parties, conducted by one of the Trust's qualified in house mediators
- a discussion as to whether the member of staff may wish to invoke the formal procedure (stage 2) immediately, if this is deemed to be more appropriate under the circumstances.

6.1.5 A record should be kept by the manager of the grievance, noting the desired outcome, investigation, the reasoned outcome and any resultant actions taken. A copy of all documentation should be given to the aggrieved member of staff. All documentation should be kept confidential and held in accordance with the Data Protection Act 1998.

## 6.2 Mediation

If mediation is considered appropriate, this should be discussed with Human Resources and trade union representative(s). Staff are encouraged by both Management and Staff Side to access mediation prior to going through formal stages

- 6.2.1 Trained Trust mediators, from a pool of both Trust and trade union staff, will conduct the mediation. In exceptional circumstances and if deemed appropriate, external mediators, such as ACAS or another organisation specialising in workplace mediation may need to be commissioned to undertake the mediation. All mediation processes will follow the ACAS guidelines on mediation in grievances.
- 6.2.2 The mediation process will be voluntary, confidential and seek to achieve a mutually satisfactory outcome for all parties concerned. It is not expected that staff will be represented or accompanied at mediation meetings. However, the mediator will discuss and agree with both parties, the most appropriate method of conducting the mediation meeting. Mediation will not compromise the position of either party and will not preclude the aggrieved staff member from pursuing formal stages of the grievance process if a satisfactory outcome is not achieved.
- 6.2.3 A record of agreed outcomes detailing how parties will work together in the future will normally be produced, however as mediation is undertaken on a 'without prejudice basis', this means that neither the discussions nor any documents can be used or referred to in any subsequent formal proceedings.
- 6.2.4 A mediation process can be requested and invoked at any stage of the proceedings, including during formal stages of the grievance process.

<b>7 Stage 2 - Formal Stage</b>
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- 7.1 The formal stage of the procedure can be invoked when either:
- informal procedures have failed to achieve the desired results and the member of staff is still aggrieved
- or
- the issue is sufficiently serious to warrant formal action being taken

- 7.2 If the formal stage is the first stage of the process at the outset the member of staff should write to their immediate line manager (or another designated manager, if the grievance is against their line manager) giving brief details of why they wish to raise a grievance at the formal stage
- 7.3 If an informal meeting has been held at Stage 1 of the process, and the line manager at that meeting has provided an outcome and some resolution, or a mediation process has taken place, but the member of staff is still aggrieved then they can raise the grievance at the formal stage stating why they feel suggested resolutions have not been satisfactory. They should write a formal letter to their line manager (or the manager with whom they met informally) stating that they wish to proceed with the formal stage.
- 7.4 The member of staff will be given at least ten working days written notice of a formal meeting from receipt of the notification letter. This may be extended by mutual agreement but should not extend beyond 20 working days. The letter should state the date, time and location of the meeting and who will be present. It should also state clearly, the nature of the issue being considered. The aim of the meeting will be to identify the cause of the grievance and to agree a way forward.
- 7.5 The member of staff must be advised of their right to be accompanied by a work colleague or a trade union representative at any formal meeting and this should be stated in the letter inviting them to the formal meeting. At all times the Trust will facilitate employee representatives carrying out their responsibilities by making available all relevant documents which may include access to an individual's Human Resources file. This will be subject to the written agreement of the individual concerned and adequate notice.
- 7.6 Staff have the right of appeal against any decision at the formal stage.
- 7.7 Once a meeting has been arranged the aggrieved member of staff must submit, in writing, a statement of case detailing the grievance along with any supporting statements, such as witness statements, impact statements, incident reports etc. and their desired outcome.
- 7.8 If applicable, the member of staff the grievance is against will also be given the opportunity to submit their statement of case, any supporting information, and witness statements in their defence. The member of staff the grievance is against will also be invited to attend the meeting and be advised of their right to be accompanied by a work colleague or a trade union representative.
- 7.9 If informal procedures have already taken place a statement from the line manager involved at that stage detailing the processes that have taken place should also be submitted.
- 7.10 If an informal meeting with both/all parties has already taken place at Stage 1 of the procedure and an outcome given, the manager who heard the grievance at Stage 1 will be invited to present their case. In this instance the member of staff the grievance is against may be called as a witness.
- 7.11 Formal stage meetings will be heard by either:-
- the immediate line manager if this is the first grievance meeting or

- a different manager if an informal meeting has already taken place but there has not been a satisfactory outcome for the member of staff
- a different manager if the grievance is against the line manager

7.12 A Human Resources manager should attend all formal meetings in an advisory capacity.

7.13 Both parties will have the right to call witnesses as required. If witnesses are called the manager chairing the meeting should be notified in advance.

#### 7.14 **Procedure of the Stage 2 formal hearing**

7.14.1 If the case has not been heard at stage 1, i.e. if an informal meeting with both parties has not taken place and a management decision given, then the employee who the grievance is against will present their own case at stage 2, with their representative.

7.14.2 At the meeting, the aggrieved member of staff, or their representative, will be given an opportunity to present their case including questioning their witnesses if called.

7.14.3 The manager, who heard the case at stage 1 (if applicable), or the employee who the grievance is against (or their representative) (see 7.14.1 above), will have the right to ask questions of the aggrieved member of staff and of their witnesses if called.

7.14.4 The manager chairing the meeting and their HR support (panel) will have the opportunity to ask questions of the aggrieved member of staff and of their witnesses if called.

7.14.5 The aggrieved member of staff or their representative may ask further questions of their witnesses on any matters referred to in previous questions.

7.14.6 The management representative who heard the case at stage 1 (if applicable) or the employee who the grievance is against will present their case and call any witnesses.

7.14.7 The aggrieved member of staff and/or their representative will have the right to ask questions of the management representative or the employee who the grievance is against and their witnesses

7.14.8 The Panel will have the opportunity to ask questions of the management representative or the employee who the grievance is against and their witnesses

7.14.9 The management representative or employee who the grievance is against may ask further questions of their witnesses on any matters referred to in previous questions

7.14.10 Both parties will have the opportunity to present a concluding statement to the Panel if desired

- 7.14.11 The meeting will then adjourn to consider the evidence presented to them and make a decision
- 7.14.12 During the meeting either party may request an adjournment of the hearing either for a brief time for discussion with their representative or for a break or to convene a further meeting in certain circumstances.
- 7.15 A formal record of the meeting will be taken by a designated personal/executive assistant and should be sent to those present at the meeting.
- 7.16 Following the meeting, a decision will be communicated in writing to both parties within seven working days after it has taken place. This letter should state clearly the outcome of the meeting and reasons for the decision and the member of staff's right to appeal and, if they wish to appeal, instructions on who they should write to.

*Note: for ex employees, the statutory modified process will apply. Ex employees will not be required to attend a formal meeting*

<b>8</b>	<b>Stage 3 - Appeal Stage</b>
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- 8.1 If, following the decision of the meeting at Stage 2 of the grievance procedure, the member of staff continues to feel aggrieved they should write to the Director of Human Resources indicating why they still feel aggrieved and their wish to proceed to Stage 3 (the appeal stage) of the grievance procedure.
- 8.2 The next level of management – i.e. director/board level - will hear the grievance at Stage 3.
- 8.3 The hearing will be arranged with a panel comprising an executive and a non-executive director of the Trust.
- 8.4 The Director of Human Resources will write to the member of staff inviting them to a meeting. The meeting should be arranged as quickly as possible and within 20 working days of notification of appeal.
- 8.5 The employee must be advised of their right to be accompanied by a work colleague or a trade union representative at this formal meeting.
- 8.6 Once a meeting has been arranged the aggrieved member of staff must submit, in writing, a statement of case detailing reasons for appealing the outcome of the Stage 2 meeting, including any further supporting statements and evidence.
- 8.7 The manager who heard the grievance at Stage 2 of the procedure will also be asked to attend the meeting and provide a statement of case and any further supporting statements and evidence.
- 8.8 The procedure of the meeting for Stage 3 will follow the same procedure as Stage 2 (7.14 above) except that the manager who heard the case at Stage 2 of the procedure will be the manager invited to present their case.

- 8.9 A formal record of the meeting will be taken by a designated personal/executive assistant and should be sent to those present at the meeting.
- 8.10 Following the meeting, a decision will be communicated in writing to both parties within seven working days after it has taken place. This letter should state clearly the outcome of the meeting and reasons for the decision.
- 8.11 The appeal stage constitutes the final stage of the process within the Trust.

## **9 Policy Implementation and Training Requirements**

This policy and procedure will be available to all staff via the Intranet. The Human Resources staff will maintain their skills and knowledge in relation to this procedure through appropriate training. Staff will be offered training on the policy through the Trust's staff training programme. Those staff in the Trust who have been trained in mediation will maintain their skills and knowledge in this process through continued training.

## **10 Monitoring and Evaluation**

The Director of Human Resources and the Chief Executive will review each occasion that this policy is used at the formal stages, with particular reference to record keeping and nature of any challenges to process forwarded by or on behalf of any member of staff to the informal and/or formal grievance procedure.

The Director of Human Resources will monitor any challenges raised by staff and/or staff representatives to any area of this policy with reference to Trust lawyers as required, and will ensure that the Management Committee and Joint Staff Consultative Committee (JSCC) are kept fully up-to-date with relevant matters regarding the procedure.

The Director of Human Resources will ensure that the procedure is reviewed at least two yearly or sooner if any legislative or other statutory changes and guidance come into force.

## **11 Archiving Arrangements**

On ratification of this policy, the policy authors must ensure that the Trust retains archived copies of the previous policy. This will be done by completion of a 'new policy' form and in liaison with the policy coordinator.

## **12 Associated Documents**

Disciplinary Policy  
Equal Opportunities Policy  
Harassment and Bullying Policy  
Stress at Work Policy  
Policy and Procedure for Sickness Absence at Work  
Redundancy and Redeployment Policy

All of the above policies are available on the Trust Intranet: <http://intranet/>

Advisory, Conciliation and Arbitration Service (ACAS) Code of Practice 1-  
Disciplinary and Grievance Procedures  
<http://www.acas.org.uk/index.aspx?articleid=2174>

Trade Union and Labour Relations (Consolidation) Act, 1992

plus – EQIA, References to legislation/documents

**APPENDIX A**  
**EQUALITY IMPACT ASSESSMENT**  
**FORM ONE – INITIAL SCREENING**

1. Name of policy, function, or service development being assessed:

Grievance Policy and Procedure

2. Name of person carrying out the assessment:

Namdi Ngoka, Assistant Director of Human Resources

3. Please describe the purpose of the policy, function or service development:

To set out clear principles and guidelines for dealing with problems or concerns that arise at work, for which staff wish to seek redress.

4. Does this policy, function or service development impact on patients, staff and/or the public?

YES - Staff

5. Is there reason to believe that the policy, function or service development could have an adverse impact on a particular group or groups?

NO. The policy provides clear guidelines to ensure that the processes to follow in dealing with workplace conflict are clear, equitable and unambiguous.

6. Based on the initial screening process, now rate the level of impact on equality groups of the policy, function or service development:

**Negative / Adverse impact:**

Low - minimal risk of having, or does not have negative impact on equality

Date completed .....7<sup>th</sup> May 2010

Signed .....

Print name .....NAMDI NGOKA

## Board of Directors : June 2010

**Item :** 9b

**Title :** Health and Safety Policy

**Summary :**

Updated Health and Safety Policy; due for review and updated from the 2008 version. Additional statements are in red.

**For :** Approval

**From :** Health & Safety Manager  
Corporate Governance & Risk Lead

# Health and Safety Policy (June 2010)

Version:	2 (replaces H and S policy April 2008 )
Approved by:	Health and Safety Committee Management Committee
Ratified by:	Board of Directors
Date ratified:	
Name of originator/author:	Pat Key/ Lisa Tucker
Name of responsible individual:	Pat Key
Date issued:	

Review date:	June 2013
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## **1 INTRODUCTION**

The Health and Safety at Work Act etc 1974 places an absolute general duty on employers to safeguard the Health, Safety and Welfare of all their employees and any others who may be affected by the organisations activities "in so far as is reasonably practicable".

The Health and Safety at Work Act also requires that the Chief Executive prepare a Health and Safety Policy, outlining the organisations Health and Safety arrangements, and a Policy Statement declaring the Chief Executive's commitment to health, safety and welfare. The Trust is committed to meeting these obligations and taking all reasonable steps to ensuring the health and safety of staff and visitors to the Trust.

## **2 PURPOSE**

The purpose of this policy is to ensure that the Tavistock and Portman NHS Foundation Trust (the Trust) meets its statutory duties under the Health and Safety at Work Act and is compliant with the Health and Safety standards in the Safety Domain of "Standards for Better Health" set by the Healthcare Commission and the risk management standards set by the National Health Service Litigation Authority.

## **3 SCOPE**

This policy applies to all staff, and students in the Trust. Its scope covers the health and safety responsibilities of the Trust towards other staff and students, patients, contractors and visitors.

## **4 POLICY STATEMENTS**

### **4.1 Chief Executive's Statement of Intent with Respect to Health and Safety**

In accordance with the Health and Safety Act 1974, and in legal and moral responsibility to all staff and visitors; it is the policy of the Tavistock and Portman NHS Foundation Trust (the Trust) to ensure, so far as is reasonably practicable, the health, safety and welfare of all its employees, visitors, contractors and members of the public and all persons who may be affected by the Trust's activities.

To achieve the highest possible standards of Health and Safety the Trust's objective is to see that everything practical is done to prevent injury and ill health by ensuring:

- A physically and mentally safe and healthy working environment.
- Safe systems and methods of work and a safe means of access and egress.
- Suitable and sufficient training, information, instruction and supervision.
- Completion, and regular revision, of risk assessments.
- Regular consultation with employees.
- Active participation and support of all employees.
- Proper welfare facilities and arrangements.
- Continuous improvement in health and safety standards and annual revision of the policy.

Health and Safety is everyone's responsibility and all employees must do all that is reasonably practicable to prevent injury to themselves and other persons who may be affected by their acts or omissions.

The Director of Corporate Governance and Facilities shall be assigned special responsibility for the implementation of the Health and Safety Policy within the Trust.

Where an employee considers that the arrangements for Health and Safety are inadequate, they are to report the matter to their manager at the earliest opportunity.

#### **4.2 Requirements on Staff to Comply with this Policy**

Any employee, trainee or student who fails to comply with the Trust's Health and Safety Policy, or who intentionally or recklessly interferes with or misuses any equipment provided for the protection of Health and Safety will be subject to disciplinary action.

## 5 DEFINITIONS

The Trust has adopted the following as standard definitions in relation to Health and Safety and Risk Management.

Term	Definition
Hazard	Anything that has potential to cause harm to an individual or the Trust.
Risk	Chance that exposure to a hazard will cause harm to an individual or the Trust.

Risk Score	Calculation incorporating the multiplication of the: <ul style="list-style-type: none"> <li>• <b>Likelihood</b> of exposure to an identified hazard and the,</li> <li>• <b>Consequence</b> of that exposure to an individual or the Trust using a numerical 5x5 scoring matrix.</li> </ul>
Risk Assessment	Careful examination, by 'competent person', of what could/has caused harm or loss to an individual or the Trust in order: <ul style="list-style-type: none"> <li>• To evaluate whether sufficient control measures are/were in place and if not,</li> <li>• To enable additional control measures to be identified and,</li> </ul> For an Action Plan to be drafted and implemented to minimise the risk of that harm or loss occurring/reoccurring.
Reasonably Practicable	The measure of a risk <i>versus</i> the effort required by the Trust to avert that risk. Where there is a gross disproportion between them i.e. the risk being insignificant in relation to the control measures identified then the Trust is considered to have discharged its 'duties' under health and safety legislation. The greater the risk then the greater the resources required to balance the equation.
Competent Person	A person or persons appointed by the Trust having such training, experience or knowledge of the work activities to enable them to carry out risk assessments that are both suitable and sufficient.
Safety Representative	A person appointed by a recognised Trades Union as a 'Safety Representative' ref: the Safety Representatives and Safety Committee Regulations 1977 or elected by their peers as a 'Representative of Employee Safety' ref: the Health and Safety (Consultation with

	<p>Employees) Regulations 1996.</p> <p>NB The Trust recognises the differences between the two sets of Regulations in particular the sourcing of training and appointment process but does not differentiate between their roles and responsibilities.</p>
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## **6 DUTIES AND RESPONSIBILITIES**

### **6.1 Chief Executive and the Board of Directors**

The Chief Executive is ultimately responsible for the Health and Safety Policy; he will delegate the day-to-day responsibilities for this policy to the Director of Corporate Governance and Facilities.

6.2 There is non-executive director with a special interest in Health and Safety matters and the Board receives an annual risk management report that includes an update on health and safety matters.

### **6.3 Director of Corporate Governance and Facilities**

The Director of Corporate Governance and Facilities will:

- Arrange for the Chief Executive to sign an annual certificate of compliance to certify that all relevant health and safety legislation is complied, or that a plan is in place to ensure compliance by a specified date.
- Ensure that the advice of clinical and non-clinical specialists will be sought as necessary to ensure that the Trust fulfils its statutory responsibilities under the Health and Safety at Work etc Act, and all other relevant legislation or regulations. This will include access to an 'appointed person' as defined by the Management of Health and Safety at Work Regulations 1992.
- Provide assurance to the Board of Directors that Health and Safety is well managed.
- Oversee the implementation of this policy, and its associated Risk Management Strategy, and monitor the adequacy of its implementation.
- Chair the Trust's Health & Safety Committee and produce an annual report on Health and Safety for the Trust Board.

- Have delegated authority to alter circumstances (in the Trust's control) which are considered to present a serious Health and Safety hazard.
- Access the Trust's legal advisors for Health and Safety advice or in the event of a health and safety related claim.
- Ensure that adequate training resources, reviews, procedures and records are identified.
- Maintain the Trust's operational risk register.

#### **6.4 Health and Safety Manager**

The Health and Safety Manager is responsible for:

- Providing a central resource of information and advice with regard to health and safety issues, and where appropriate arranging access to external experts.
- Undertaking the duties of Health & Safety 'appointed person' and Nominated Officer (Fire) for the Trust
- Delivering training to support the risk agenda, including health & safety.
- Monitoring incident reports to identify trends and work with managers to eliminate hazards. Make reports to external bodies as necessary.
- Making reports to the Health & Safety Committee and the Corporate Governance and Risk Lead
- Working on the development of effective systems to comply with legislation and NHS standards.

#### **6.5 Health and Safety Committee**

The Health and Safety Committee (see appendix A for terms of reference) shall monitor the effectiveness of the following:

- The Trust's system of reporting, analysis and investigation of all workplace hazards and incidents.
- The Trust's system of training in health and safety regulation, law, procedures and policies.

- The Trust's procedures for ensuring that suitable and sufficient risk assessments are carried out for all work undertaken by Trust staff.

## **6.6 Executive Directors**

Directors are responsible for:

- Health and Safety issues within their Directorate by ensuring that Health and Safety policies and procedures and monitoring are in operation and ensure that appropriate risk assessments are carried out and that suitable control measures are implemented and monitored.
- Ensuring that all staff and students are made aware of the risks within their working environment, their practice and their personal and professional responsibilities, and ensure that they are provided with the necessary information and training to enable them to work safely. These responsibilities will extend to anyone affected by the Trust's operations and shall include contractors, members of the public and visitors.

## **6.7 Managers**

All managers have responsibility for co-ordinating health and safety at local level within their local service area and shall:

- Ensure that all members of staff, trainees and students under their direct control receive adequate information; instruction, training and supervision to ensure that all work activities are conducted in a safe manner.
- Take and initiate action required to ensure that Health and Safety risks arising from work activity or within the workplace are fully investigated and, if within their level of authority, dealt with. If the matter is outside their level of authority, the matter must be passed to the relevant Director for action.
- Ensure that no member of staff, trainee or student under their direct supervision is instructed to carry out any action, or operate any machinery or equipment for which they have not been adequately trained.
- Ensure that any defect in plant, equipment, work area or work procedure that is reported to them is investigated and, if within

their level of authority, dealt with. If it is outside their level of authority, they must ensure that it is passed to a more senior management level for action to be taken.

- Ensure that all workplaces within their designated area are monitored to ensure that safe conditions are maintained, including upkeep of workstation assessments.
- Ensure that all incidents causing injury or damage to property, machinery or equipment, and all near misses, are investigated, reported and correctly documented following the Trust's Incident Reporting Policy.

## **6.8 Staff, Trainees and Students**

Staff, Trainees and Students are required to:

- Comply with Trust policies, procedures and regulations designed to protect the health, safety and welfare of all Trust staff and visitors.
- Be aware of emergency procedures including the evacuation and fire precaution procedures.
- Neither intentionally nor recklessly interferes with nor misuses any equipment, provided for the protection of Health and Safety.
- Co-operate with managers and supervisors in preventing accidents or health risks to themselves, other employees, and members of the public or visitors.
- Report any work conditions that they consider unsafe or unhealthy at once to a manager.

# **7 ARRANGEMENTS FOR HEALTH AND SAFETY**

## **7.1 Incident Reporting**

All incidents and near misses that relate to health and safety will be recorded and managed in accordance with the Trust's Incident Reporting Policy and Serious Incident Policy. The Health and Safety Manager will monitor these incidents and report trends to the Health and Safety committee and the Corporate Governance and Risk Lead. The importance of incident reporting will be included at Trust induction and annual mandatory training sessions.

## **7.2 Reporting Health and Safety Executive (RIDDOR reporting)**

The Health and Safety Manager will analyse incident reports and make a report to the Health and Safety Executive (HSE) if the incident is reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995. Serious incidents must be reported immediately by telephone.

Where the HSE require notification under the terms of RIDDOR 1995, the Health and Safety Manager will forward a completed RIDDOR form on line. Serious accidents must be reported to the HSE immediately and followed up with a written report on a RIDDOR form online.

## **7.3 First Aid Facilities**

The Tavistock and Portman NHS Foundation Trust will endeavour to comply with the requirements of the Health and Safety (First Aid) Regulations 1981. The Health and Safety Manager is responsible for ensuring compliance. Compliance is met through a combination of trained first aiders and access to medical staff and facilities; First Aid boxes and an allocated room specifically as a medical room onsite and accessible to all staff or visitors.

The Trust will arrange for sufficient personnel at each site to be trained as First Aiders and certificated by attending a HSE approved course in first aid. The Health and Safety Manager will keep copies of the training certificates in a register.

Suitable and sufficient notices are posted in all departments indicating the name, location and telephone number of the nearest first aider.

First aid boxes will be located within each department. First aiders in each department are responsible for checking that the contents of their box are complete.

The medical room is for use as an area of quiet and rest and to be located near a toilet facility. The room is for sole use for medical emergencies, or as a room for religious prayer.

## **7.4 Fire training and procedures**

All employees must be made aware of the correct assembly point in the event of an emergency evacuation. The Trust's Induction programme will include fire safety instruction for all new starters, and will be part of mandatory training for all staff, as part of the

programme on biennial INSET days. Nominated fire wardens receive additional training as wardens and on the use of fire extinguishers.

Employees noticing any shortcomings in fire fighting equipment are to report the matter immediately to their manager.

The Nominated Officer (Fire) must ensure that all fire fighting equipment is regularly checked under the agreements with the maintenance contractors and that suitable records are kept. All the fire alarms are activated and checked weekly and records kept.

Fire safety procedures are posted in all fire call points in the Trust.

The Trust will undertake an unannounced fire drill at least annually.

The Health and Safety Manager must ensure regular updates to the Trust's Fire Risk Assessments. Any changes to the fabric or function of the Trust's buildings must be re assessed.

## **7.5 Fire Incidents**

The Health and Safety Manager is responsible for reporting fire incidents and false alarms to **be included in the annual NHS Estates Return Information Collection (ERIC)**

## **7.6 Contractors**

**The Trust's Operational Estates and Facilities Manager is responsible for the contractors carrying out maintenance work. Contractors are responsible for ensuring that the work is carried out safely.**

The following steps will be taken in relation to Health and Safety for all directly engaged contractors:

- Contractors are required to provide a copy of their current health and safety policy and insurance documentation prior to commencing work on the premises.
- All contractors must produce a valid form of identification when attending site to undertake works.
- Contractors shall be provided with sufficient information to enable them to conduct their activities without risks arising from the Trust's activities.

- Whilst working on Trust's premises, contractors will remain the responsibility of the manager of the department where the work is being undertaken until the contractor has left the premises.
- All contractors must be made aware by the relevant manager of the emergency procedures of the site on which they are working.
- If the work to be undertaken by a contractor is hazardous, they shall be required to provide a work method statement of exactly how the work is to be undertaken which shall include the necessary risk prevention measures and emergency procedures.
- If an employee of the Trust considers that a contractor's actions or working methods are dangerous, he/she shall report the matter to the Director of Corporate Governance and Facilities (or deputy) immediately.

## 7.7 Risk Assessments

Refer to the Trust's risk assessment procedure for further advice on conducting a risk assessment

- It is the Trust's policy that formal written risk assessments are undertaken prior to commencement of any work, which is potentially harmful to physical or mental health.
- Risk assessments, once completed by a competent person, must be brought to the attention of any persons who may be affected by the work to which the risk assessment relates.
- Risk assessments must be reviewed at least annually or as required due to a change in the risk severity or a change in the working procedures. Any changes made must be brought to the attention of all personnel who may be affected by the change.
- **Pregnancy** The department manager, with support of the Health and Safety Manager will undertake a specific risk assessment for any member of staff who reports that she is pregnant. This risk assessment will be updated throughout pregnancy and the Trust will ensure that as far as practicable arrangements will be made to reduce to a minimum health risks to the staff member and her unborn child.
- **Disability** The department manager, with support of the Health and Safety Manager will undertake a specific risk assessment for any member of staff with a disability that the Trust is aware of this risk assessment will seek to minimise the risk of harm to the

individual and will seek to adapt facilities and work arrangements as far as practicable in line with the requirements of the member of staff. These assessments will be reviewed and updated in the individuals circumstance change.

- Risk assessments that demonstrate significant on going risks and/or new risks that are not adequately controlled should be added to the Trust's risk register.

## **7.8 Control of Substances Hazardous to Health (COSHH) Regulations**

- The Trust does not routinely use hazardous chemicals in the course of service delivery. The manager of support services staff is responsible for ensuring that all cleaning fluids used by Trust cleaning staff are 'non-hazardous' cleaning chemicals as defined under COSHH. Any cleaning chemicals which have any hazardous warnings have the COSHH sheets sent through from the suppliers and the Support Services Manager is responsible for communicating, training and posting the warnings for all relevant staff to see. An assessment is undertaken on each case when a new cleaning agent is considered for use.
- Contractors for catering, and other maintenance work are required to be responsible for meeting COSHH regulations under their contract with the Trust.

## **7.9 Personal Protective Equipment**

The Trust supplies uniform and gloves for cleaning staff. Gloves are also available in first aid boxes for staff use as required. Specific PPE is also supplied to the Maintenance & Craftsperson. All contractors are required to have PPE whilst on site

## **7.10 Office Safety**

The Health and Safety Manager is responsible for ensuring that managers are trained to undertaken work place assessments and any member of staff who is concerned about office safety, including work place arrangements can contact the H and S manager directly for advice.

Managers and staff are responsible for high standards of office safety as described below:

- PC workstations will be the subject of a workstation assessment in accordance with the Workplace (Health Safety and Welfare) Regulations 1992. These assessments will be recorded.
- Electrical cables and telephone wires must be so situated so as not to cause a trip hazard, i.e. not crossing any walkways.
- Electrical sockets must not be overloaded. Fused multi-sockets are available from the supplies office.
- Offices must be kept reasonably tidy. In particular, gangways and means of escape must be kept free from obstructions.
- Any faulty electrical equipment must be reported to the relevant manager and taken out of use until repaired.
- Spilled liquids must be cleaned up immediately. If any liquid is spilled on to electrical equipment it must be disconnected at the mains supply immediately and checked by an electrician before being re connected. Spillages on to computer equipment must be reported to the IT department.
- Any personal electrical equipment brought on to Trust premises must be checked by the Trust's electrician before being used on the premises.
- Use of toasters and open bar electric fires is not permitted on Trust premises.

### **7.11 Manual Handling and Lifting**

- All staff will be made aware of manual handling issues as part of Trust induction
- Departmental Managers will ensure that staff required to lift in the course of their work receive theoretical and practical training in manual handling on induction and a refresher every three years. This is a specific requirement for staff working in central services (stores, cleaning and maintenance services) Training is arranged by the health and Safety Manager.
- Managers must endeavour to eliminate manual handling and lifting wherever possible, e.g. by relocating storage, and arranging for trolleys and other carrying devices to be available as required.
- Employees are responsible for following good lifting techniques and not lifting anything beyond their strength.

- Any manual-handling hazards injuries or near misses must be reported promptly, in accordance with the Trust's incident reporting procedures.
- Staff do not receive formal training in the lifting of people (e.g. patients) , in the event of an accident or health event that results in a person being on the floor then in normal circumstances they should be made comfortable and ambulance service summoned for assistance.

## **7.12 Slips Trips and fall**

The Trust recognises that 'slips trips and falls' is the most common form of workplace injury and is committed to taking all practicable steps to reduce the risk of this type of injury to staff, patients and visitors to any of the Trust sites.

The Trust has set out a slips control schedule that is to be used to guide staff at all levels of the measures that should be taken in their work area to reduce the risk of falls, in addition this should guide managers undertaking as risk assessments of their work area, or tasks that they manage.

When carrying out a slips assessment the assessor should be aiming to reduce to a minimum the risk of slips, trips and falls in the areas being assessed, both by the use of permanent and if required temporary changes to the area. The table provides advice and support for achieving these changes thereby reducing risk.

Cleaning staff will receive training on the importance of use of signage and the placing of equipment during cleaning processes to reduce risk, and awareness of tripping hazards will be included in induction training for all staff.

## **8 IMPLEMENTATION OF POLICY AND TRAINING REQUIREMENTS**

The Trust has conducted a training needs analysis to determine training requirements to fulfilling obligations under the Health and Safety at Work Act, and to meet the requirements of the NHSLA standards for risk management.

It has determined that the following training is mandatory for all staff or specific staff groups:

**Table 1: Training Needs Analysis for Health and Safety Training**

<b>Topic</b>	<b>Details of content</b>	<b>Staff group</b>
Basic risk management	To include Health and Safety awareness, slips trips and falls awareness and the need to undertake specific risk assessments in risky situations (eg pregnancy, for staff with an impairment, in unusual/changed working conditions etc)	All staff at induction
Basic manual handling	To include theory of good lifting and back care, DSE positioning etc	All staff at induction
Practical manual handling	To include theory and practical manual handling	Staff in Central Services and the library required to lift (to be delivered by expert trainer) on appointment and then three yearly
Fire awareness	To include protecting self and others in event of a fire and introduction to use of extinguishers	All staff Basic introduction to fire escapes and local fire marshal as part of local induction Updates every two years at INSET training
Conflict resolution	To include de-escalation training to be delivered by subject expert	Front of house staff (once) and optional for other staff (refresher on request)
Chemicals (COSHH)	Whilst it is Trust policy to avoid use of chemicals that come under COSH regulations should it be required in exceptional circumstances that these are use then the Director of Governance and Facilities will ensure relevant staff receive specific training in the use and storage of these substances.	Specific staff as required
Risk Assessment	To include principles and practice of risk assessment ( training to	Directorate Managers and others required to

Training	support Trust's risk assessment procedure)	carry out risk assessments , as required, once  (refresher training available one to one ah hoc)
DSE Workstation Assessment training	Training given on a one to one basis by Health and Safety Manager	Managers who need to develop skills in DSE assessment
First Aid training	Initial training and then 3 year refresher, but external subject expert	All registered first aider, training arranged by Health and Safety Manager
Fire warden training	Initial training and then 3 year refresher, but external subject expert	All fire wardens, training arranged by Health and Safety Manager

**9 PROCESS FOR MONITORING COMPLIANCE WITH THIS POLICY**

The Health and Safety manager will provide a quarterly report to the Corporate Governance and Risk Lead covering

- Incident numbers, investigation and lessons learned, including all Health and Safety incidents
- RIDDOR reportable incidents
- Other issues relating to Health and Safety including issues arising from risk assessments pertaining to health and safety (including security, slip, trips and falls, manual handling, violence and aggression and lone worker care)

This report will be received by the Health and Safety Lead for information. Members of the Health and Safety Committee will feedback information to staff in their departments and raise local health and safety matters for discussion and resolution.

The Corporate Governance and Risk Lead will consider whether Trust wide response is required to any Health and Safety matter, and will raise new matters for and review matters on the Trust risk register. This committee may invite relevant staff to come and discuss health and safety incidents and action taken with the committee to enable the

committee to monitor effectiveness of the Trust approach to health and safety.

The Corporate Governance and Risk Lead will receive, approve and monitor compliance with an annual Facilities and Risk Action Plan covering risks relating to physical security of premises and assets, moving and handling, security, and facilities.

The Staff Training Committee will monitor compliance with mandatory training and report non-compliance to the Corporate Governance and Risk Lead.

## **10 EQUALITY IMPACT ASSESSEMENT**

This policy has been screened against the Trust's equality impact assessment tool and not found to discriminate against any group of persons. The EQIA is shown at **appendix C**.

## **11 ARCHIVING ARRANGEMENTS**

This policy will be made available on the Trust intranet. The policy co-ordinator will ensure that the previous policy is archived and retained for future reference as required.

## **12 REFERENCES**

- HMSO: Health and Safety at Work etc. Act 1974 and Associated Subordinate Regulations
- National Health Service Litigation Authority:
- Health and Safety Executive [www.hse.gov](http://www.hse.gov)
- Institute of Occupational Safety and Health (IOSH)
- Royal Society for the Prevention of Accidents (RoSPA)
- National Patient Safety Agency

## **13 ASSOCIATED DOCUMENTS**

This policy and procedure should be read in conjunction with the following Trust policies and procedures:

- Integrated Risk Management Strategy and Policy

- First Aid and CPR policy
- Incident Reporting Policy and Procedure
- Serious Incident Procedure
- Violence towards Trust Staff Policy
- Staff Safety and Security Policy
- Fire Safety Procedures
- Infection Control Policy

## **Appendix A**

### **Terms of reference Health and Safety Committee**

#### **Committee's responsibility**

To ensure that Health and Safety is managed effectively throughout the Trust.

#### **Reports to:**

The Corporate Governance and Risk Lead

#### **Frequency of meetings**

Every four months (extended meetings when necessary)

#### **Membership**

Director of Corporate Governance and Facilities (Committee Chair)

Health and Safety Manager

Adult Directorate Manager

Adolescent Directorate Manager

Child and Family Directorate Representative

Portman Clinic Manager

Trades' Unions' Representative

Estates Manager (Ex-officio)

Specialist fire safety officer adviser (Ex-officio)

Human Resources

Secretary to the Committee

**Quorum** 4 members

#### **Source of information reviewed at the Committee**

Health and Safety incident reports

#### **Terms of Reference**

- To scrutinise the system of reporting, analysis and investigation of all workplace incidents
- To scrutinise the system of training in health and safety regulation, law, procedures and policies
- To scrutinise the Trusts procedures and ensuring that suitable and sufficient risk assessments are carried out for all work undertaken by Trust staff
- It is the mechanism for consultation with staff about health and safety matters

## Appendix B

### SLIPS RISKS CONTROLS

CAUSATIVE FACTORS	PRACTICAL MEASURE FOR SLIPS RISK CONTROL
<b>ENVIRONMENTAL FACTORS</b>	
<p><b>Contamination of the floor from:</b></p> <ul style="list-style-type: none"> <li>• Spillages of solid, liquid materials</li> <li>• Wet cleaning methods</li> <li>• Shoes/clothing</li> <li>• Natural contamination such as wet, and/or mud in outside areas</li> <li>• Dry contamination, e.g. dusts, powders, polythene bags left on floors, product spillages or cardboard laid over spills</li> <li>• Wind-driven rain, sleet and snow through doorways</li> <li>• Condensation, e.g. from poor ventilation</li> </ul>	<p><b>Eliminate contamination in the first place</b></p> <ul style="list-style-type: none"> <li>• Maintain equipment to prevent leakage</li> <li>• Install suitable entrance matting systems</li> <li>• Place entrances to suit the prevailing weather (only an option during the initial design of the building)</li> <li>• Put up effective entrance canopies</li> </ul> <p>If not reasonably practicable:</p> <p><b>Prevent contamination becoming deposited on walking surfaces</b></p> <ul style="list-style-type: none"> <li>• Use dry methods for cleaning floors</li> <li>• Cleaning and dry incoming footwear, by use of suitable entrance matting</li> </ul> <p>If not reasonably practicable:</p> <p><b>Limit the effects of contamination</b></p> <ul style="list-style-type: none"> <li>• By immediate clearing up of spillages</li> <li>• By prompt repair of leaks</li> <li>• By limiting the area of contamination</li> <li>• By restricting access to contaminated areas</li> <li>• By using under floor heating, particularly at entrances</li> </ul> <p>If there is still a risk, follow the next steps</p>
<p><b>Inherent slip resistance of the floor not maintained adequately, e.g.:-</b> from incorrect or inadequate cleaning, maintenance or wear</p>	<p><b>Maximise the surface roughness and therefore slip resistance of the existing floor surface</b></p> <p>Methods of cleaning and cleanliness of flooring is an important factor to consider, in conjunction with slip resistance. The frequency of cleaning will be determined by how many, and the type of pedestrians, who will use the floor. Floor manufacturers are required to provide information on the cleaning regime needed to make their floor safe in the intended environment and this information should be passed to the appropriate employees. Just a tiny amount of contamination, wet or dry, is sufficient to make a smooth floor dangerously slippery.</p> <p>Take the following measures minimise the risks due to wet cleaning:</p> <ul style="list-style-type: none"> <li>• Thoroughly dry the wet floor after cleaning</li> <li>• Exclude people from wet cleaning areas until dry</li> </ul>

	<ul style="list-style-type: none"> <li>• Clean by dry methods wherever possible</li> <li>• Clean in sections so that there is always a dry path through the area</li> <li>• Clean during quiet hours</li> <li>• Thoroughly rinse wet cleaning areas</li> <li>• Use warning signs to identify contaminated floors or floors after cleaning</li> <li>• Spot cleaning and cleaning of spillage will be need between scheduled whole-floor cleaning (and it is equally important to dry these areas thoroughly). Frequent spot cleaning can supplement whole-floor cleaning</li> <li>• Train, supervise and equip those who clean floors to ensure effective and safe cleaning</li> <li>• Maintain floors and drainage to maximise slip resistance. A residual film of water is just as slippery as a puddle, and is more difficult to identify.</li> </ul> <p>If this is not enough, take the following steps:</p>
<p><b>The Slip resistance of the floor is too low</b></p> <p>This is influenced by:</p> <ul style="list-style-type: none"> <li>The friction between the floor and shoe</li> <li>The presence of suitable surface micro-roughness</li> <li>The hardness of the floor</li> <li>Applications for sealing floors during installation</li> <li>Later modification of the floor surface such as inappropriate varnishing/sealing/polishing</li> </ul>	<p><b>Increase the surface roughness of the existing floor</b></p> <p>Surface micro-roughness may be increased by acid etching, sand blasting, or coarse diamond grinding. However, any of these methods can destroy or permanently alter other desirable characteristics of the floor such as appearance, chemical resistance, durability and ease of cleaning. Flooring treated by some of these methods may develop unacceptable pattern staining affected, compromising the floor construction.</p> <p>Note: Any benefits from an increase in the surface roughness (RZ) will be lost if contamination built-up occurs. Therefore, any surface modification has implications for the cleaning regime. Changes in cleaning methods must be based on a risk assessment that considers any potential change of slip resistance. The use of stick-on anti-strips may offer limited improvement, but strips should be placed very close to one another, and should be maintained carefully. If it is possible to influence staff footwear, then anti-slip footwear may be an option.</p> <p>If this is not enough: <b>Lay a more slip-resistant floor with higher surface roughness and higher coefficient of friction.</b></p> <p>In a few cases a new floor may be needed:</p> <p>Draw up a performance specification for the supplier to meet. Specification should include specialist slip resistance data such as surface micro-roughness and coefficient of friction measurements.</p> <p><i>Note: This data must always be specified for the 'as</i></p>

	<p><i>installed' condition, and should be based on a 'pendulum-type' test. Experience of how that floor performs in a similar situation may help: and a small sample of the preferred materials will confirm manufacturer's claims and their suitability.</i></p> <p>See the installation is correctly done Check to see the specification has been met</p>
<p><b>Steps and slopes: Do they cause sudden changes in step or not offer adequate foothold and/or handhold?</b></p>	<p><b>Check that steps give adequate foot and handhold, and that slopes have no sudden changes</b></p> <p>Is the lighting adequate? Are handrails in place? Are stairs clearly demarked visually? Remove all sudden changes in level Ensure stairs have clearly visible nosings, good handrails, and suitable balustrades Ensure that the rise and going of each step in the stair is consistent in size throughout of the flight Ensure that any applied slip-resistant nosing does not create a tripping or heel-catch hazard Good visual cues for changes in floor level and surface are essential</p>
<p><b>Adverse environmental and other conditions hiding the condition of the floor and distracting attention</b></p> <p>Low light levels Shadows Glare Excess noise Extremes of temperature The use of repeating patterns on floor coverings that might be distracting to the eye, for example, by disguising a change in level Bulky/awkward personal protective equipment</p>	<p><b>See that the prevailing conditions allow good visibility of and concentration on floor conditions</b></p> <p>For example provide adequate lighting, and see environmental demands do not distract attention from the floor condition</p>
<p><b>ORGANISATIONAL FACTORS</b></p>	
<p><b>The nature of the task being carried out such as:</b></p> <p>The need to carry, lift, push, lower or pull loads The need to turn, to move quickly or to take long strides Distractions Having no hands free to hold onto handrails to stop a fall Encumbrance or restricted vision</p>	<p><b>Analyse the tasks in any slip risk area to see that only careful walking is required</b></p> <p>Tasks should not compromise ability to walk safely. Tasks should be:</p> <p>Mechanised to avoid the need for pushing, lifting, carrying, pulling etc while walking on a slippery surface Moved to safer areas</p>

<b>ENVIRONMENTAL FACTORS</b>	
<p><b>Individual capability</b></p> <p>Poor knowledge of risks and measures          Poor health and safety          Poor eyesight          Fatigue          Physical frailty/disability          Inadequate supervision</p> <p><b>Safety culture that is not supportive. For example where the risks are accepted as part of the job</b></p>	<p><b>Allocate tasks in high slip risks areas only to those competent to follow slips precautions</b></p> <p>And:</p> <p><b>Supervise and monitor physical controls to see safe practices are followed</b></p> <p>And:</p> <p><b>Establish a positive attitude that slips risks can be controlled.</b></p> <p>This achieved through clear line management responsibilities and consultation with workers</p>
<b>PERSONAL PROTECTIVE EQUIPMENT:- FOOTWEAR FACTORS</b>	
<p><b>Shoes offer insufficient slip resistance in combination with the floor surface, because of:</b></p> <p>Contamination of shoes          Sole material          Sole pattern          Type of shoe          Wear          Fit          Maintenance/renewal</p>	<p><b>Select suitable shoes for the floor, environment and the individual</b></p> <p>Base this on experience and information/advice from suppliers.          Ensure employees maintain the shoe soles in good repair and keep them free from contamination. Replace them before they have worn smooth</p> <p>Where overshoes are required, use good quality reusable ones where possible, laundering them between uses.          Disposable overshoes can be slippery, and are easily split.</p>
<b>INDIVIDUAL FACTORS</b>	
<p>Unsafe action by staff, due to:</p> <p>Awareness of risk          Knowledge of how slips occur          Information and training, or          Distraction, carelessness</p>	<p><b>Train, inform and supervise employees on the risk, the control arrangements and employees' role(s) especially to:</b></p> <p>Clean as they go          Report contamination          Maintain footwear          Walk appropriately to circumstances          Set Procedures for visitors</p>

## Appendix C

### Equality Impact Assessment (EQIA) Form one – initial screening

1. Name of policy, function, or service development being assessed:  
*Health and Safety Policy*

2. Name of person carrying out the assessment:  
*Jane Chapman Risk Adviser*

3. Please describe the purpose of the policy, function or service development:  
*To ensure that the Tavistock and Portman NHS Foundation Trust (the Trust) meets the statutory duties under the Health and Safety at Work Act and its standards in the Safety Domain of the "Standards for Better Health" set by the Healthcare Commission (HCC) and the standards set by the National Health Service Litigation Authority (NHSLA)..*

4. Does this policy, function or service development affect patients, staff and/or the public?

**Response: yes**

If NO, this is usually an indication that the policy, function or service development is not relevant to equality. Please explain that this is the case, or explain why it is relevant to equality even though it does not impact on people:

5. Is there reason to believe that the policy, function or service development could have an adverse impact on a particular group or groups?

**Response : NO** *This policy sets out the processes that the Trust will employ to ensure the health and safety of all staff, students, patients, visitors and contractors to the site. The policy confirm that the Trust will take positive steps to protect all site users, and will t rough processes of risk assessment ensure that users with all types of needs disabilities are protected*

6. If you answered YES in section 5, how have you reached that conclusion? (Please refer to the information you collected e.g., relevant research and reports, local monitoring data, results of consultations exercises, demographic data, professional knowledge and experience)

N/A

7. Based on the initial screening process, now rate the level of impact on equality groups of the policy, function or service development:

**Negative / Adverse impact:**

High .....

(i.e. high risk of having, or does have, negative impact on equality of opportunity)

Medium.....

(i.e. some risk of having, or there is little evidence of, negative impact on equality of opportunity)

**Low.....**

(i.e. minimal risk of having, or does not have negative impact on equality)

**Positive impact:**

High

(i.e. highly likely to promote, or clearly does promote equality of opportunity)

**Medium.....(i.e. likely to promote, or does have some positive impact on equality of opportunity)**

**the intention of the policy is to protect the health and safety of all and this commits the Trust to ensure safety of all groups irrespective to categorisation.**

LOW.....(i.e. not likely to promote, or does not promote, equality of opportunity)

**Response: Medium POSITIVE**

N.B. A rating of 'High' negative / adverse impact' means that a Full Equality Impact Assessment should be carried out (see Form Two)

A rating of 'Low' positive impact may mean that further work has to take place, especially where the policy, function, service development is designed to promote equality of opportunity

Date completed 12.3.08

Signed

.....

Print name E Jane Chapman

## Board of Directors : June 2010

**Item :** 9c

**Title :** Infection Control Policy

**Summary :**

The Trust Infection Control Policy has been updated in line with changes in legislation and CQC requirements. The Assurance Framework for Infection Control has been strengthened and incorporated into the new structure for Corporate and Clinical Governance.

Some minor changes have been made to job titles etc to ensure that the policy is in line with currently managed arrangements.

All main changes to the previous version have been highlighted in **red**.

**For :** Approval

**From :** Medical Director

# Infection Control Policy

## including procedures for the prevention and management of blood borne viruses

Version:	3 (replaces Infection Control Policy 2008) Note minor additions Dec 2008
Approved by:	Management Committee
Ratified by:	Board of Directors
Date ratified:	April 2008
Name of author:	Rob Senior
Name of responsible Director:	Rob Senior Medical Director
Date issued:	
Review date:	

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## **1 INTRODUCTION**

All NHS providers must comply with 'The Health and Social Care Act 2008: Code of Practice for the NHS on the prevention and control of healthcare associated infections and related guidance' (Department of Health 2009). This policy and procedures set out the ways in which the Trust will meet the requirements of this legislation. This policy forms part of the Trust's Risk Management Strategy,

As a specialist Mental Health Trust administering mainly psychological therapies which are not physically invasive and providing only out-patient and day patient facilities, the level of infection risks encountered in, for example, in-patient settings is not present. The frequency of physical contact with patients for any reason is extremely low, due to the nature of the services that we offer as is the possibility of injuries by inoculation (via needle stick, bites, aerosol or contact with bodily fluids) .

Despite the low risk the Trust recognises the need to have a policy to manage the risk and it is committed to ensuring that staff who have contact with patients are informed of the arrangements. To support assurance of compliance with this policy the Trust has an Assurance Framework in operation and this is shown at Appendix A

## **2 PURPOSE**

The purpose of this policy and procedures is to set out the arrangements in place within the Trust to manage the risks associated with viral and bacterial infection including blood borne infection.

## **3 SCOPE**

This policy and procedures applies to all staff in the working for the Trust. All Trust staff are required to adhere to this policy and related policies and codes of practice.

This Infection Control Policy and associated codes of practice are made accessible to staff via the Trust Intranet. These documents provide the basic information that the staff require for best practice for effective infection prevention and control.

## **4 DUTIES AND RESPONSIBILITIES**

### **4.1 Chief Executive**

The Chief Executive is ultimately responsible for this policy. He has delegated the lead responsibility for infection control to the Medical Director.

#### **4.2 Medical Director**

The Medical Director will act as Director for Infection Prevention and Control (DIPC). In this role the DIPC has the strategic responsibility for infection prevention and control within the Trust, the DIPC will be supported in this role by the Director of Corporate Governance and Facilities.

The DIPC will:

- oversee the implementation of this policy
- report directly to the Chief Executive and the Board on matters relating to infection control
- have the authority to challenge inappropriate hygiene practices
- assess the impact of new policies and plans for service development with respect to infection control.
- ensure that training on infection control, contamination injuries and hand washing are included in Trust Induction and INSET training days for all staff

In addition the DIPC will also be responsible for leading on and meeting any requirements from the HCC or other external agencies for evidence relating to infection control policy, practice or related audit or surveillance data.

#### **4.3 Director of Corporate Governance and Facilities**

The Director of Corporate Governance and Facilities is responsible for managing the cleaning and catering arrangements within the Trust and in this regard is responsible for ensuring high standards of infection control in the delivery of these services.

#### **4.4 Health and Safety Manager**

The Health Risk Manager is responsible for monitoring any infection control incident that is reported via the Trust's incident reporting policy and to provide advice, by referral to specialists if required. The health and safety manager will promote good hygiene practices to staff, patients and visitors by displaying promotional materials provided by the NPSA Clean your Hands campaign and from other DoH infection control initiatives. The Health and Safety Manager will ensure that the DIPC is made aware of any Central Alert Broadcasts relating to infection control that are relevant to our services and will act as Trust liaison with the Strategic

Health Authority and NHS London for the management of high level planning and monitoring e.g. Swine flu.

#### **4.5 Occupational Health Service**

The Trust accesses Occupational Health services via contract with the Royal Free Hospital NHS Trust. This service will provide expert advice to the Trust on staff related infection control issues, and will provide a referral service for management of any staff who suffer a needle stick injury.

#### **4.6 All Clinical Staff**

All clinical staff are responsible for adhering to this policy and associated procedures in respect of reducing infection risk and adhering to the procedure set out in this document in the event of a needle stick or other penetrating injury e.g. a bite.

### **5 TRUST PROCEDURES FOR INFECTION PREVENTION AND CONTROL**

The nature of the treatment offered to patients at the Trust is non invasive out-patients, without direct patient contact, and this results in the risk of transmission of infection being very low. Despite this low risk staff in contact with patients are required to adhere to the following procedures in order that the infection risk in the Trust is minimised.

#### **5.1 Prevention and management of risk of infection by contamination**

##### **EMERGENCY ACTION IN CASE OF CONTAMINATION**

In the event that any member of staff suffers a contamination injury involving body fluids (blood, saliva, urine, or sputum) then they must report to the Occupational Health department (within hours) or the Accident and Emergency department (out of hours) of the Royal Free Hospital which is contracted to provide Occupational Health services (including post exposure prophylaxis) for staff of this trust. Full support and follow up of any infection incidents will be provided by the Occupational Health Department at the Royal Free Hospital

#### **5.1 Hand Washing**

Effective hand washing is the single most important factor in preventing infection. All staff should use the soap provided in the toilets and kitchen areas, wash all areas of the hands, rinse thoroughly and dry with paper towels after visiting the toilet and at all times when they have any direct

contact with patients. Notices in the toilet areas will be used to promote high standards of hand hygiene to staff, patients and visitors to the Trust.

## 5.2 Cuts and Abrasions

To protect staff and patients and other member of staff all cuts and abrasions are to be covered with a waterproof dressing. Registered first aiders can supply these to staff on request. When a member of staff suffers a cut, abrasion or other skin break during the working day an incident form should be completed.

## 5.3 Spillage of Blood or Bodily Fluids

In the event of spillage of blood or bodily fluids, surface contamination is to be controlled by containment and disinfection using the following method:

*Wear a plastic apron and disposable gloves.*

*Wash the area with hot soapy water using paper towels to clear area. Dry the area using paper towels. Bag towels, gloves and apron. Tie disposal bag and place in the appropriate safe place for collection.*

**The Tavistock Centre, Gloucester House Day Unit, and The Monroe, all have hazardous waste clean up kits.**

## 5.4 Safe Handling and Disposal of Sharps

Any staff using or handling sharps has a duty under the Health and Safety at Work Act 1974 to work safely and dispose of sharps items correctly into the sharps boxes provided.

Every department that may handle sharps items including broken, or blood-stained crockery and glass must request the provision of sharps boxes and adhere to the following practices when handling sharps of any sort:

- place all disposable sharps into sharps containers immediately after use
- discard blood-stained broken crockery/glass and razor blades etc, into a sharps container
- never fill a sharps containers - must not exceed two thirds full
- when two thirds full secure the lid of the sharps container, complete the label with the area, Trust and the date of disposal and place for collection and disposal by support services staff
- the Trust will ensure that all sharps containers are disposed of by incineration in accordance with current regulations.

Sharps containers are available in the kitchen, Gloucester House Day Unit, Monroe Centre, and in procurement department. Other staff requiring sharps containers should put in a request to the Health and Safety Manager

## **5.5 Venepuncture**

Venepuncture is not carried out at the Tavistock & Portman save in exceptional circumstances. When it is carried out it will be by suitably trained practitioners, who will follow precautions to protect both the patient and the practitioner from sharps injury and risk of contamination.

The Trust will supply single use gloves which meet the European Standard 455. These should be worn when performing venepuncture on any patient considered being at 'risk' of carrying a blood borne infection.

## **5.6 Management Action following Accidental Exposure to Blood or Body Fluids**

Accidental exposure is identified as:

- percutaneous injury - from needles, instruments, crockery etc. which are contaminated with blood or body fluids
- exposure of broken skin - abrasions, cuts, eczema etc which has come into contact with blood or body fluids
- exposure of mucous membranes - eyes, mouth to blood or body fluids
- bites - puncture wounds inflicted by an individual known or suspected to have a blood borne virus.

These last two modes of contamination are those most possible at the Tavistock & Portman.

### **5.6.1 Management of Sharps, Bites and Scratches**

- encourage the wound to bleed - do not suck or scrub the wound
- wash the wound with soap and water
- apply a waterproof dressing
- report the incident to the manager and complete an incident report form
- seek medical attention as soon as possible, by attending Occupational Health or the Accident and Emergency department of Royal Free NHS Trust.

### **5.6.2 Management of Contamination of Mucous Membranes (Eyes)**

- rinse thoroughly with water or saline

- report the incident to the manager and complete an incident report form
- seek medical attention as soon as possible, by attending the accident and emergency department of Royal Free NHS Trust.

## 5.7 Contamination Injuries Involving Staff

If a member of staff gains an injury where there is a risk of contamination by blood or body fluids of patient or other person then the following steps should be taken:

Follow the advice above for sharps, bites and scratches.

**The member of staff should seek prompt medical advice from the Royal Free Hospital.** In hours the member of staff should present themselves to the Occupational Health Department at The Royal Free Hospital, where this Trust has an arrangement for Occupational Health Services. The member of staff will then be managed directly by The Royal Free Hospital under their arrangements for management of needle stick and other injuries.

If the injury happens out of hours then the member of staff should present themselves to The Royal Free Hospital Accident and Emergency Department and advise the A&E Department that they are a member of staff at The Tavistock Hospital. In all cases of potential contamination injuries, an incident form should be completed and submitted to the Risk Manager.

## 5.8 Infection risk to patients and visitors in clinical areas.

Patients visiting the Trust are generally physically healthy and therefore no special precautions are taken to reduce risk of infection other than those of general standards of cleaning. Clinical staff are asked to take common sense precautions in respect of equipment (e.g. toys) that may be used as part of therapy and remove any toys that become contaminated for any reason and ensure that it is effectively cleaned with hot water and detergent and or discarded if it cannot be safely cleaned.

## 5.9 Other Infection Risks

### **MRSA and CDifficile;**

As antibiotics are not prescribed at the Trust the risks of MRSA or of Clostridium Difficile are no higher than those in any public place therefore the Trust does not have specific arrangements in place to reduce the risk of these infections occurring

### **Flu Pandemic;**

The Trust has an Influenza Pandemic Contingency Plan

**Staff with infectious diseases;**

Staff exhibiting signs of any potential infection e.g. vomiting and / or diarrhoea, should remain at home until recovered, and seek medical advice if symptoms are severe. If an infection is confirmed, medical advice should be sought about the appropriate time to return to work (this may depend on have laboratory evidence of resolution of the infection)

**Waste Management;** The Trust does not process any contaminated waste (other than feminine hygiene bins which are managed under specialist contract). Details of waste management procedures are found in the office of the Estates and Facilities Manager.

**6 INCIDENT REPORTING**

All staff should report any infection control incident using the Trusts incident reporting system, to enable the Trust to log and track any issues that require addressing.

**7 NOTIFICATION OF OCCUPATIONAL EXPOSURE TO HEALTH & SAFETY EXECUTIVE**

Occupational exposure to HIV or HBV or HCV is notifiable to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995. It will therefore be necessary to inform your Manager that this incident has occurred.

Cases of occupationally acquired HIV or HBV or HCV resulting from exposure in the health care setting are also reportable as diseases within the meaning of RIDDOR.

**8 TRAINING REQUIREMENTS**

The Trust has conducted a training analysis and has concluded that all members of staff, both clinical and non-clinical, require the principles within this policy to be brought to their attention. This will be done as part of the induction process (both clinical and non clinical induction sessions will include details of; infection control, management of contamination/inoculation injuries, injuries with a skin break and hand washing) and reference to infection control is included as one of the core components of the INSET training day which is mandatory for all staff to complete every two years. .

Arrangements for the delivery of training through induction and INSET and follow up of non attenders are detailed in the Staff Training Policy

In addition the Trust will seek to update all staff and users of facilities in respect to the importance of hand washing by the use of notices in all toilets throughout the building (toilets in the building are used by both staff and patients). Hand washing training (theory) will be included in each INSET session which forms part of the mandatory training programme for all staff, for further details refer to the Staff Training Policy.

## 9 PROCESS FOR MONITORING COMPLIANCE WITH THIS POLICY

The Board will receive assurance of compliance with the trust's infection control policy via the Assurance Framework which is detailed at Appendix A

**The Clinical Quality, Safety, and Governance Committee** will monitor compliance with this policy in the following ways:

- receiving information and details of analysis on infection control incidents when they are reported, via the Patients Safety work stream
- receive information on compliance with any external CAS alert or similar that is relevant to the Trust's practice, when they are reported via the Patient's Safety Group

**The Staff Training Committee** will monitor compliance with mandatory training related to infection control as set out in the Staff Training Policy and will report any lapses in achieving agreed KPI's (in the form of a 6 monthly training report) to the Management Committee who will then monitor any action plan to address any lapses .

The Medical Director in his role as Infection Prevention and Control Lead will, advise the Trust of risks that need to be added to the Trust's risk register and advise the Trust of any infection control risks that need to be added to the register

## 10 EQUALITY IMPACT STATEMENT

This policy has been screened using the Trust's Equality Impact Tool and has been found not to discriminate against any group of persons. The EQIA is shown at Appendix B

## 12 REFERENCES

References - Legislation

The Health and Social Care Act 2008. London: The Stationery Office.  
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<b>13 ASSOCIATED DOCUMENTS</b>
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Incident Reporting Policy

Health and Safety Policy

Staff training Policy

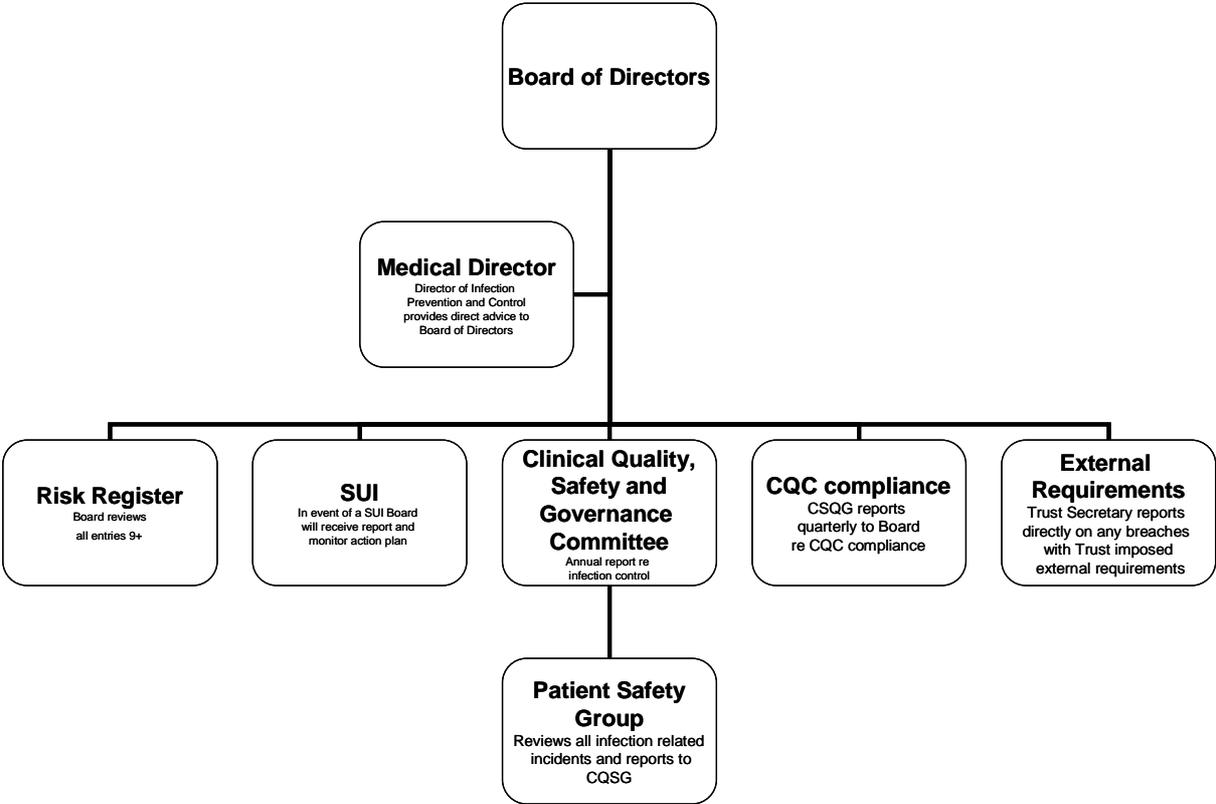
Royal Free NHS Trust Policy for Reducing Risk of Blood Borne Viruses (HIV, Hepatitis B and C).

Appendix A

**Tavistock and Portman NHS Foundation Trust**  
**Assurance Framework for Infection Control**

The Trust Assurance Framework for Infection Control provides the Board assurance from a range of different sources as shown in the diagram below.

**Assurance Framework**



The details of the components for this framework are as follows:

**Risk Register**

The Trust maintains both a strategic and operational risk register. The strategic register forms that core assurance for the management of risks that threaten the Trust’s core objectives as set out in the Annual Plan, (they are viewed over the long term (3 years) and the operational risk register monitors the management

of identified risks within year which are either Directorate or of Trust wide significance. Any identified infection control risks that cannot be mitigated to an acceptable level will be added to the Trust's operational risk register.

### **Meeting externally defined standards as set by the CQC**

The Board of Directors receives assurance of performance against the CQC standards for infection control in the form of quarterly compliance reports to show ongoing compliance (and any variance) with all the Essential Standards. The Board receives assurance of compliance with mandatory training (which includes training in infection control, hand washing and management of inoculation injuries) via an Annual Training Report

### **Investigation of Incidents**

The Trust will investigate any infection related incident and report findings via the Patient Safety and Risk work stream which reports to the Clinical Quality, Safety and Governance Committee. This committee will assure the Board of effectiveness of infection control procedures as part of an Annual Report to the Board.

In the event of an SUI when infection is part of the incident the Board will receive the SUI report and be responsible for monitoring completion of any action plan arising from that report and agreeing to the closure of the SUI when they have received sufficient assurance.

### **Responding to other External Requirements in relation to Infection Control**

The Board of Directors will receive reports and assurances of any external requirements placed on the Trust via the Procedure for Responding to Recommendations and Requirements of External Agency Visits, Inspections and Accreditations' which requires lapses to be reported via the Management Committee and Board.

Appendix B  
Equality Impact Assessment (EQIA) Form one – initial screening

**1. Name of policy, function, or service development being assessed:**  
*Infection Control Policy*

**2. Name of person carrying out the assessment:**  
*Jane Chapman Risk Adviser*

**3. Please describe the purpose of the policy, function or service development:**  
*This records management strategy sets out how the Trust will meet its obligations in respect of the Infection Control.*

**4. Does this policy, function or service development impact on patients, staff and/or the public?**

**Response: NO**

If NO, this is usually an indication that the policy, function or service development is not relevant to equality. Please explain that this is the case, or explain why it is relevant to equality even though it does not impact on people:

*This is a procedural document which describes the way in which the trust will seek to reduce the risk of healthcare acquired infections amongst all people groups both staff and patients who come in touch with the Trust*

**5. Is there reason to believe that the policy, function or service development could have an adverse impact on a particular group or groups?**

Response : NO

If YES, which groups may be disadvantaged or experience adverse impact?

**6. If you answered YES in section 5, how have you reached that conclusion? (Please refer to the information you collected e.g., relevant research and reports, local monitoring data, results of consultations exercises, demographic data, professional knowledge and experience)**

n/a

**7. Based on the initial screening process, now rate the level of impact on equality groups of the policy, function or service development:**

**Negative / Adverse impact:**

High (i.e. high risk of having, or does have, negative impact on equality of opportunity)

Medium..(i.e. some risk of having, or there is little evidence of, negative impact on equality of opportunity)

Low (i.e. minimal risk of having, or does not have negative impact on equality)

**Positive impact:**

High: (i.e. highly likely to promote, or clearly does promote equality of opportunity)

Medium : (i.e. likely to promote, or does have some positive impact on equality of opportunity)

Low ;(i.e. not likely to promote, or does not promote, equality of opportunity)

**Response: LOW NEGATIVE**

N.B. A rating of 'High' negative / adverse impact' means that a Full Equality Impact Assessment should be carried out (see Form Two)

A rating of Low positive impact may mean that further work has to take place, especially where the policy, function, service development is designed to promote equality of opportunity

**Date completed 7.6.10**

**Signed**

**Print name E Jane Chapman**

## Risk Management Committee

Notes from a meeting held at 2:00, Tuesday 4<sup>th</sup> May 2010, in  
the Board Room

### Present

Dr Matthew Patrick (Chair)  
Mr Martin Bostock (Non-Executive Director)  
Mr Simon Young (Director of Finance)  
Ms. Louise Lyon (Trust Director)  
Dr Rob Senior (Medical Director)  
Ms Jane Chapman (Governance and Risk Lead)  
Ms Pat Key (Director of Corporate Governance and Facilities)  
Ms Lisa Tucker (Health and Safety Manager)

### In attendance

Jonathan McKee, Governance Project Manager

	Item	Action points from meeting 4.5.10	Lead	Deadline
AP1	<b>CQSG structure</b>	MC will discuss how to implement	MP	May
AP2	<b>CQSG structure</b>	TOR for the new Clinical Quality, Safety, and Governance Committee (CQSCG) to be put to BD	MP	May
AP3	<b>Lone worker policy</b>	RS will lead on planning the audit of adherence to the lone worker policy	RS	Jun
AP4	<b>C&amp;F risk assessments</b>	A note that this had been addressed is needed to satisfy evidence-gathering requirements for the external assessors.	LL	Jun
AP5	<b>Risk register</b>	An addition will be made to note the risk of partner organisations failing to CRB-check their staff; to be followed up with HR	LL	May
AP6	<b>Professional registration</b>	Provision of assurance of registration of staff employed by third parties working within joint services is required in all new contracts	JS	Jun
AP7	<b>Professional registration</b>	Arrangements with City and Hackney and Barnet will be checked to ensure checks are made	LL	Jun
AP8	<b>Confidentiality</b>	Policy to be reviewed and updated as required.	SY	Jul
AP9	<b>New sub-committee</b>	Plans for cover and eventual transition for the complaints manager role to be developed	MP	Jun
AP10	<b>NHSLA L2</b>	Plan to achieve goals to be drafted	JC	May
AP11	<b>NHSLA L2</b>	Plan to be discussed and agreed	PK	Jun
AP12	<b>NHSLA L2</b>	Plan to achieve goals to be drafted	MP	Jul
AP13	<b>NHSLA L2</b>	Plan to be discussed and agreed	LT	May

AP14	NHSLA L2	Progress on implementation of plan to be reviewed by CQSGC	RS	May
AP15	Annual risk management review	Further explanation to be provided on RIDDOR cases in the report.	JC	May
AP16	Corporate template	MP asked that the corporate template be used for all papers in future.	RS	May
AP17	Confidentiality	Once the above have been addressed, the report will be updated prior to presentation to the BD.	PK	Jun
AP18	Corporate template	MP asked that the corporate template be used for all papers in future.	All	May
AP19	Confidentiality	Liaison/attendance with the Caldicott Guardian will be considered as part of the implementation of the new CQSG structure	PK	Jun

## AP Preliminaries

### 1 Chair's opening remarks

1MP MP welcomed all to the meeting. The new integrated governance structure had been approved and the MC would be discussing how to implement it. The MC would also be recommending TOR for the  
2MP new Clinical Quality, Safety, and Governance Committee (CQSGC).

### 2 Apologies for absence

None

### 3 Minutes of the previous meeting

### 4 a) Action paragraphs<sup>1</sup>

Action points from meeting 12.1.10			
AP1	Lone Worker Policy review	JC to pass copy of questionnaire to CG leads (done) RS to progress review	RS
AP2	GP Letters	LL to raise content of GP letters at Clinics Committee	LL
AP3	CQC Report on patient Identifiable Information	SY to prepare a summary of issues/action for the trust	SY
AP4	Updated policies	JC to make agreed amendments and pass to MC and Board for approval/ratification	JC

<sup>1</sup> Done

Not done, deadline not passed

Not done, deadline passed

AP5	High risk patients in C and F	LT to meet with RH to discuss management of high risk patients in C and F	LT
AP6	Lapsed registrations	LT to meet with HR to confirm procedure in place an operation for lapsed registrations for staff employed by other organisations	LT
AP7	Incident report	To simplify entries on schedule and remove (or explain) jargon	LT
AP8	Aggregate report for Board	JC to prepare report for Board along lines discussed	JC

## b) Matters arising

3RS AP1: As this matter is ongoing it will be passed to the new CQSGC.

AP5: This to be explored further in the directorate; a note to this effect would be needed to satisfy evidence gathering requirements for the external assessors.

4LL

AP6: Specific assurance that partner providers are undertaking the same level of checks is indicated, this needs to be retrospective for at least a year and collected on an ongoing basis. An entry to the risk register will be made.

5JC

AP6: LT had spoken to HR who confirmed that professional registrations for Tavistock and Portman staff had recently been updated and a procedure would be drafted to set out this process for reference. Staff not on the Trust payroll are not checked by the Trust; this is the responsibility of their employer.

In light of the Incident at FDAC, assurance of registration of staff employed by third parties working within joint services needs to be provided. This will be specified in all new contracts, and the arrangements with City and Hackney and Barnet will be checked.

6JS  
7JS

## Reports

### 5 Health and Safety Committee minutes

Pat Key introduced her previously circulated minutes; these were noted.

### 6 Incident monitoring report

Lisa Tucker introduced her previously circulated paper. The number of incidents was up in this quarter. The committee noted that the NPSA had required us to reclassify pupil-pupil incidents from clinical to non-clinical.

Members recognised that the building was unsuitable for the DU service as its structure and layout contributed to the number of incidents. If a long-term alternative could not be found promptly, an interim site might be necessary.

## **7 Complaints monitoring report**

8RS Matthew Patrick introduced his previously circulated paper. 3 complaints were received in Q4. The policy on confidentiality will be updated.

9PK The committee commended the skill of the complaints manager; however, members were keen to see succession planning undertaken to ensure continuity.

## **8 CAS alerts report**

Lisa Tucker reported that the Trust had not received any relevant reports requiring action in quarter 4.

## **9 Trust response to CQC report on patient identifiable information**

10SY Simon Young introduced his previously circulated paper. SY reported that he had established a new group to consider IG matters; the group will meet once per term. SY will discuss IG incidents with JC with a view to organisational learning and development

## ***Reviews and planning***

### **10 Approval of proposed NHSLA plan for achievement of Level 2**

Pat Key introduced her previously circulated paper. The assessment date had been fixed for end of March 2011. Evidence to demonstrate CQC standards can also be used for NHSLA assessments and reduces duplication; this demonstrates the usefulness of the new CQSG structure. Attainment of this higher level is intrinsically linked to retaining a good CQC rating.

Achieving this level will be a challenge, though achieving the top level (3) will be a comparatively smaller step once this work is done. Level 1 was undertaken by the corporate team, levels 2 and 3 will be undertaken by directorate clinical governance leads. The focus of effort should be on amber and red rated tasks as listed in the paper.

11MP A fast-track process to make minor amendments to policy and procedure would be useful; a committee will be established and given delegated power to do so.

12PK Limited capacity to achieve this objective indicated careful project  
13JC management. LS, RS, JC, and PK will meet to consider a plan  
14PK (drafted by JC). Progress on this work will be reviewed by the new CQSG Committee.

The committee was pleased to accept the recommendation to aim for achievement of NHSLA level 2 compliance.

## **11 Operational Risk Register, annual review of full register**

Pat Key introduced her previously circulated paper. The RMC noted the content of the full register and confirmed that it was in line with the Trust procedure.

It noted the need to continue to encourage staff to use the register as a management tool, which will help the organisation develop a risk-enabled culture.

## **12 Annual risk management review**

Pat Key and Rob Senior, introduced their previously circulated paper. A minor correction was made to section 4.2.

15LT The committee directed that all RIDDOR incidents come to the committee; and, that reasonable action had been taken to prevent re-occurrence of the chair incident –LT to amend report.

16RS It was noted that each Directorate would be producing an action plan following the annual records audit, which will be reviewed by the Clinical Governance Committee.

17JC Once the above have been addressed, the report will be updated prior to presentation to the BD.

## **13 Learning from adverse incidents**

Jane Chapman introduced her previously circulated paper; this was noted. The committee did not identify any actions that were required in the light of the paper.

#### **14 Annual terms of reference compliance review (for the BD)**

Matthew Patrick introduced his previously circulated paper; overall, the committee had performed well and in accordance with its brief. The committee noted that the findings indicated that the implementation of the new integrated structure was needed, and that limited management resources in this area in the past had not been conducive to effective control. Subsequent to the report, both matters were being addressed.

#### ***Conclusion***

#### **15 Any other business**

- 18JM MP asked that the standard template be used for all papers in future.
- 19PK Liaison/attendance with the Caldicott Guardian will be considered as part of the implementation of the new CQSG structure

#### **16 Notice of future meetings**

Henceforth, the business of this committee will be handled by the new ClinQSafGo Committee.

## Board of Directors : June 2010

**Item :** 11

**Title :** Patient & Public Involvement Annual Report 2009/10

**Summary :**

The Annual Report summaries the work of the PPI team over the last year, the feedback we have received about the Trust's activities and what we have done in response to this feedback.

**For :** Discussion

**From :** Patient and Public Involvement Lead

## Patient & Public Involvement Annual Report 2009/10

### **1 Introduction**

- 1.1 The Tavistock and Portman NHS Foundation Trust is an unusual mental health trust, in that we provide outpatient services only, some of which are provided nationally, and we have a significant national mental health training function. We have a range of service users, including patients and their families, students and professionals who attend conferences and courses. We aim to elicit feedback from as wide a range of our users as we can. Over the last year we have had the opportunity to be more systematic in our approach to the consideration of patient experience through the Quality Improvement Programme, which we have welcomed.
- 1.2 This report summarises the activity of our Patient and Public Involvement Team over the last year, the feedback we have received about the Trust's activities and what we have done in response to this feedback. The Patient and Public Involvement Team consists of Clinical Leads from all our Departments, representatives from central services, education and training services and research. We have three Patient and Public Involvement representatives from the patient / local public population as well as two Governors, and a Non-Executive Director. We link closely with the communications team to ensure that we optimise our communication with patients and the public.

### **2 The Annual Patient Survey**

- 2.1 This survey goes to all discharged patients in the previous six months (this year 779), anonymously with one reminder sent. Patients receive a stamped addressed envelope to return the survey. This year we reduced the length of the survey so that it fitted on a folded A3 sheet, in a further attempt to improve response rate (we have systematically tried a range of approaches such as increasing reminders, coloured paper and different styles of survey). Typically the response rate has been between 18% and 21%. This year we got back 142 responses which represented a return rate of 18%. This is consistent with postal survey response rates, and as always we have to consider the results with caution given the low numbers of respondents.
- 2.2 As in previous years, the responses were generally positive. 73% felt that they were listened to and treated with respect and dignity, 82% rated the Trust's facilities either very good or good, and 85% rated the appointment arrangements either very good or good. 69%

would recommend the Trust to their friends or family members. There were however a small number of patients who were very dissatisfied with the treatment they received, and these tended to be about the therapist patient relationship or about the treatment type offered. We received helpful comments about patients wish for the trust to engage in different ways of communicating with patients (such as text, phone and email regarding appointment arrangements). Patients continued to raise concerns about the type and amount of information they are given about treatment and, as in previous years, we received negative feedback about the standard of the decor in the main Trust building.

2.3 Each Directorate was asked to make a response to the survey. Below is a summary of each Directorate's response:

## 2.4 Adult

2.4.1 Whilst some individual comments are fulsome in their praise others are from dissatisfied patients who have a number of complaints. These cover: clinical understanding of the patient, decision making regarding treatment, reports and waiting times and the possible impact of resources. Comments on group therapy whilst still mixed are markedly more positive than in previous surveys.

2.4.2 Preliminary thinking is only just beginning, but our present intention is to develop more focussed approaches to gathering information on patient experience, over and above outcome monitoring. This comes particularly from the experience in the City and Hackney Primary Care Project and from the developing Brief Therapies Unit in the Directorate. Both services are developing tools for clinical evaluation. It is therefore possible that we will develop specific instruments for gathering patient experience which are tailored to the particular service they have received. A detailed audit of assessments in which a sample of patients have been followed up will also be included to give indicators both for service improvement and to help develop more systematic tools.

2.4.3 In summary, the Directorate is planning strategies for more closely evaluating patient experience as part of the work, the website content needs improvement and the Clinical Governance training event will include study of the patient survey.

## 2.5 Portman

- 2.5.1 The response rate might be increased significantly if all patients in treatment during the 6 month period were surveyed, rather than those discharged. Although this may raise anxieties in clinicians about how this might interfere with the patient's treatment, this is something we have been discussing at the Portman for some time. We have recently completed an audit interviewing a sample of patients (10) in treatment asking about their experience of therapy at the Portman, as part of a research project to investigate clinicians' and patients' concepts of change. All of these patients reported overall satisfaction with their treatment, as well as reporting what they found useful and not useful about their treatment.
- 2.5.2 The Portman went through the feedback in detail and as a result made a number of changes. These included: further training of staff about the patient-therapist relationship and improving processes whereby treatment options are discussed with patients. They have also addressed concerns about the décor of their building with redecoration works.

## 2.6 Adolescent

- 2.6.1 In the Adolescent Directorate the majority of service users felt that they were listened to, that they were treated well by people who saw them, and that their views and worries were taken seriously. The majority would recommend the service to a friend and felt that it was good help. Of the 60 young people who participated (in the Trust patient survey and the Adolescent Directorate survey) 90% felt that it was very helpful, helpful, or somewhat helpful to come here, whereas only 10% felt it was unhelpful.
- 2.6.2 There is a need to give more explanation to patients about their treatment options, treatment choices and what was going to happen next. There is a need to improve the communication between services within the directorate – to give a sense that people work together in order to help, or to explain why people prefer not to work together (for example, why the therapist seeing the parent is working separately from the therapist seeing the young person).
- 2.6.3 It is difficult to address more specific comments made by some of the trust patient survey respondents without having further information about what had happened. In reading through the responses the following point seems to need

some more thinking and discussion in teams: consistency between therapists – some people found the change difficult. When a change in therapist is unavoidable (especially between assessment and treatment) the first therapist must take care to discuss the change and feelings around it.

## **2.7 Child and Family**

2.7.1 The overall rate for Child and Family Department remains consistent with previous years, however there was a drop in actual numbers of responses from previous years. The Department feels that the qualitative responses were particularly helpful and we are in the process of cascading down through the service lines the feedback given, particularly that around therapist patient relationships and the need to ensure access to appropriate written information. The Department has also carried out small scale audits, within teams, and there needs to be consideration of how to bring together all the feedback from patients, for example including that of the data received from the ESQ (Experience of Service Questionnaire) surveys.

## **3 Feedback from the Membership to the Foundation Trust**

3.1 We have a membership of over 5000 people. Members are encouraged to give us feedback directly, through surveys we run in the Members' Newsletter or through the Governor who represents them. Our Members have made offers to do voluntary work, commented on the ground floor reception refurbishment, and given us feedback about events.

## **4 Informal Patients / Visitors Feedback**

4.1 Informal feedback from patients, students and other visitors is often given to reception staff, administrators and clinicians. Staff are encouraged to direct this feedback to the Patient and Public Involvement Team, and this feedback is taken into account along with other forms of feedback. Over the course of the year we have received feedback on the following issues:

4.1.1 Praise for reception and administration staff

4.1.2 Concern about the reduced number of plants in reception

4.1.3 Praise for the new website

- 4.1.4 Praise for the new 'photo journey' section of the website in directions
- 4.1.5 Concern about the telephone system, especially not being able to talk directly to clinicians, and messages not being returned
- 4.1.6 A wish for improved planting in the outside areas
- 4.1.7 Praise for the vending area downstairs
- 4.1.8 Anxiety about reports in the media of the Trust moving to electronic patient records

## **5 Complaints**

- 5.1 The Trust has a clear and unambiguous complaints policy and procedure. All complaints are seen and responded to by the Chief Executive. A record is kept of the complaints and all actions taken as a consequence. Over the past year we have received 10 formal complaints (compared with 8 last year). These have been about a range of issues, but the two most common are breach of confidentiality and dissatisfaction with treatment. The complaints have all been dealt with in the Trust and in part have led to training on information sharing with other professionals.

## **6 Suggestions Box**

- 6.1 There has been very little comment given through the suggestions box, on the whole it has been used by patients to vent negative feelings about specific issues in their treatment and about specific therapists.

## **7 Feedback to PALS Service**

- 7.1 The PALS service operates 1.5 days a week on a Tuesday and Wednesday. There were 212 contacts by email and 47 via telephone or drop in (compared with 89 individuals and 153 contacts last year). This represents a significant increase in contacts, primarily owing to an improved PALS contact form on the new website. The individuals fell into the following groups: current or ex-patients (33%); prospective patient or family member (looking for treatment) (46%); staff (8%); other professionals (6%); and other / unknown (2%).

- 7.2 The enquiries can be categorised into the following groups: accessing therapy or related services (56%); concern with current or past treatment / assessment (19%); an information request (22%); and unknown or unreachable (2%).

## **8 Small Scale Audits**

### **8.1 Children's Survey**

8.1.1 This year we repeated the Child and Family Department service user's survey. Surveys were placed in the waiting rooms of the Child and Family Department and the South Camden Community CAMHS at St Pancras and Gloucester House, the Tavistock Children's Day Unit for one month. 39 surveys were completed by children between the ages of 5 and 12 with more than twice as many boys responding than girls.

8.1.2 Responses were similar to previous years. 51% of the children liked the building and their therapy room, 43% liked the departmental waiting room, and 77% felt staff listened to them and looked after them well. 46% indicated that coming to the Trust had helped them and 51% stated that coming here had helped their family and/or caregiver. Positive feedback was received on the helpfulness of our staff and the therapy whilst negative comments drew attention to the décor of the building and a desire for more toys for the older children in the departmental waiting room.

8.1.3 The feedback also highlighted that many children initially found coming to the Tavistock a daunting experience. We hope the launch of the new children's website will help to reduce the anxiety of starting therapy. The website will include a virtual tour of the building to show children and their families what the waiting room and therapy rooms look like before their first appointment.

### **8.2 Adolescent Department Survey**

8.2.1 The Adolescent Department has piloted administering the ESQ by telephone to its patient population. To year end they had responses from 60 adolescents, and generally the responses were extremely positive. Adolescents gave detailed feedback about their experiences and themes that came up were similar to those in the main patient survey, including frustration in waiting for treatment, concerns about the type of treatment offered and timings of appointments.

### **8.3 Patient Involvement in the Ground Floor Refurbishment**

8.3.1 We undertook a follow up survey post the ground floor refurbishment. 20 people completed this survey and provided a range of views on the new design and layout. The majority thought the main reception area and waiting room looked better. Feedback suggested that the outward facing reception desk improved accessibility and created a more inviting atmosphere for visitors. Others welcomed the new furniture and the introduction of an information kiosk in the waiting room. However the absence of plants and the arrangement of the seating in the waiting area left some patients feeling exposed and uncomfortable as they waited for their therapeutic sessions.

## **9 Main Themes across the Range of Feedback Received**

9.1 The Trust receives feedback from a range of sources, and this information is considered as a whole. As in previous years, much of our feedback is contradictory; some people greatly value aspects of our services that others perhaps find more difficult. We try to take a balanced and reflective view on the range of feedback we receive. There are several areas we receive relatively consistent feedback. These include:

### **9.2 Positive Feedback about the Trust and its Services**

9.2.1 We have received positive feedback across all the methods of feedback. As in previous years, our users continue to be impressed with our dedication to properly understanding our patients and students and the professional nature of our services. The reception staff have also been praised on numerous occasions. This year we have received additional positive feedback about the ground floor refurbishment and new website.

### **9.3 Concerns about the Process of Therapy**

9.3.1 This continues to concern a small group of patients, who express dissatisfaction with the modes of treatment they are offered. Whilst in some cases, this dissatisfaction is related to the patients' difficulty in relationships more generally, we are also mindful that some of our patients may benefit from a wider range of treatment modalities, and we have committed to developing a wider range of treatment

modalities that complement the range of psychological therapies we currently offer.

#### **9.4 Feedback on the Décor and Signage of the Building**

9.4.1 We have undergone a refurbishment of our ground floor reception during this year and the feedback about it has been mixed. We are mindful that the refurbishment coincided with the bookshop closing its branch in the Trust, which caused a minority of the Trust's users real concern. We are also mindful that change, even when positive, can take time to process. Saying that we have received positive feedback about the reception feeling more accessible and open. Some patients have expressed concern about the lack of privacy and reduced number of plants. We have continued to seek feedback about the buildings and will make further changes to the reception based on this feedback.

### **10 What We Have Done this Year in Response to Feedback**

- 10.1 Launched a new Trust website, that has been extensively tested with patients and users, and is based on the 'patients journey' rather than following the structure of our Departments.
- 10.2 Developed a range of life issues leaflets in conjunction with the Clinics Committee which will be launched later this year.
- 10.3 Run an event on using new social media, an area that patients regularly raise as an area of development to engage in patients and Members views about this.
- 10.4 Launched our 'Facebook' page to further engage with patients and Members around issues that are of interest to our users.
- 10.5 Influenced the plans for the refurbishment of the Trust (when funds permit) to take into account patients' feedback.
- 10.6 Organised for an ex-patient to be involved in the training of Adult Department therapists about the experience of attending our services.
- 10.7 Developed the plans for a website for younger children on mental health information and engagement.
- 10.8 Involved a carer as a user consultant to the RiO project, to help us think about questions and concerns users might have about the transfer to our new patient information system.

10.9 Piloted a 'text message' appointment confirmation / cancellation service in the Adolescent Department and run focus groups on the user's experience of this.

## 11 Future Plans

11.1 We will be launching our children's website this year. This site has been developed in close working relationship with Camden school children and trust service users and aims to provide a user friendly introduction to child mental health services as well as advice on how to improve emotional well being.

11.2 We will be launching our 'life issues' downloadable leaflets on our main website that cover a range of issues relevant to our service users, such as debt, retirement, children starting school and sleep difficulties.

11.3 The Trust has been focusing on patient experience information and we are linking with outcome monitoring to ensure that a Trust-wide approach to getting feedback from patients across all Directorates in a consistent and comparable way is supported and dovetails with other methods of collecting patient experience feedback in the Trust.

11.4 We are exploring a 'family membership' category of foundation trust membership to ensure that young people are better represented in our membership and that we can better access their views about our services.

11.5 The PPI team are keen to develop relationships between Governors and Members of the foundation trust. This will be a key priority for work over the coming year. We aim to do this through encouraging Members and patients to contribute to the Members' Newsletter and to increase the numbers of events that patients and public attend and contribute to.

11.6 To increase the numbers of small scale audits on issues relevant and meaningful to patients such as the environment.

Dr Sally Hodges  
Trust Patient and Public Involvement Lead  
On behalf of the PPI team  
June 2010

## Annual Patient Survey 2009 Summary

### **Response Rate**

- This year saw our lowest return rate at 18.2%.
- There was an increase in the overall number of surveys completed by respondents of the Portman Clinic and the Adolescent Department.
- When comparing the number of surveys posted and completed by department, the Portman Clinic, the Adult Department and the Adolescent Department all saw an increase compared to previous years.

### **Care and Treatment**

- 73% felt that they were listened to and treated with respect and dignity.
- 47% stated that treatment options were fully discussed with them.
- 49% indicated that they had received enough say in the decisions about their care and treatment.

### **Facilities and Services**

- 61% found the written information very or fairly helpful but 30% did not receive any written information.
- 82% rated the Trust's facilities either very good or good.
- 84.5% rated the appointment arrangements either very good or good.

### **Overall Satisfaction**

- 70% either rated their quality of care as excellent, very good or good.
- 69% would recommend the Trust to their friends or family members.

### **Conclusion**

- The response rate may have been lower this year due to the postal strikes which brings into focus our reliance on one method of gathering data.
- Feedback from previous surveys has highlighted a wish for the Trust to engage in newer information technologies so perhaps this is the time to consider others ways of surveying patients.
- In three departments the response rates were higher this year than last. Is it time to consider designing questionnaires specific to each department?
- The Trust's therapeutic approach remains poorly understood by many which coupled with the fact that 30% did not receive written information prior to their first appointment needs to be addressed.
- Comments were received about the tired condition of the building but this survey was conducted prior to the ground floor refurbishment work.

# Annual Patient Survey 2009 Report

## 1. Introduction

The ninth Annual Trust Patient Survey was carried out during the summer of 2009. Significant changes were made to the appearance of the questionnaire in an attempt to increase the response rate which had seen a steady decline over recent years. The survey used in 2009 is available on request.

### 1.1 Survey Design

The 2009 Patient Survey was redesigned by the Patient and Public Involvement (PPI) Committee in response to the previous year's results when our lowest return rate was recorded since 2001. Feedback received from the Performance Directorate also contributed to the final content of the questionnaire. This year's survey adhered to the National Community Mental Health Service Users Survey's guidelines with the inclusion of tick boxes but also saw a return to a more qualitative format with an increase in the number of comment boxes. Further changes included a new question on raising issues and concerns within the Trust and an invitation for patients to comment on whether difference was taken into account in our services. The questionnaire was reduced in size and designed in the Trust's new corporate style to encourage a higher response rate.

### 1.2 Patient Sample

Patients who were discharged from treatment during the period 1<sup>st</sup> January 2009 to 30<sup>th</sup> June 2009 were selected for the Patient Survey. 779 surveys were sent out in total. A total of 38 surveys were returned blank and were not included in the analysis. Of these, 31 were returned undelivered, 5 were returned by respondents who stated that they did not use our services and 2 surveys were returned by respondents who indicated that they had already completed the survey in the first mail out.

## 2. Response Rate, Demographics and Attendance

### 2.1 Response Rate

A second survey was posted to encourage a higher response rate. The response rate for the 2008 survey was 18.6% (97 responses from 522 patients)

and in 2007 was 19.5% (128 responses from 654 patients). This year's response rate was 18.2% (142 responses from 779 patients).

The response rates for the clinical departments differ to those from recent years. Overall the response rate for the Child and Family Department remains consistent with findings from previous years (33% in 2009, 37% in 2008, 33% in 2007) whilst the Adult Department saw a figure comparable with last year (35% in 2009, 34% in 2008, 44% in 2007). However this year recorded a further increase in the number of completed questionnaires from the Portman Clinic (9% in 2009, 7% in 2008, 1% in 2007) and a noticeable increase from the Adolescent Department (14% in 2009, 4% in 2008, 7% in 2007).

When the number of completed questionnaires by department was compared with the number of posted questionnaires by department, the return rate was highest in the Portman Clinic (28% in 2009, 15% in 2008, 22% in 2007). However this year also saw a large increase in the number of completed questionnaires from the Adolescent Department (17% in 2009, 5% in 2008, 10% in 2007) and the Adult Department (23% in 2009, 16% in 2008, 22% in 2007). In contrast there was a decrease in the number of completed questionnaires in the Child and Family Department (12% in 2009, 19% in 2008, 14% in 2007).

**Table 1.1: Percentage of Responses by Department**

Department	Response Rate (n=142)		Response Rate (n=779)	
	No. of Surveys Completed	% of Surveys Completed	No. of Surveys Posted	% of Surveys Completed
Adolescent	20	14%	118	17%
Adult	50	35%	215	23%
Child & Family	47	33%	400	12%
Portman Clinic	13	9%	46	28%
More than one dept	4	3%	-	-
Not sure	8	6%	-	-

## 2.2 Demographics

### *Gender*

Of the 142 questionnaires, 46 were male (32%), 92 were female (65%) and 4 did not state their gender (3%).

When looking at the departments individually, an equal number of male and females completed the questionnaire from the Portman Clinic. Here 6 males and 6 females completed the survey (compared with 7 males in 2008, 1 male and 1 female in 2007). In the Adolescent Department 14 surveys were

completed by females and 5 were completed by males (compared with 2 males and 2 females in 2008, 7 males and 9 females in 2007).

Similarly in the Adult Department more females completed the questionnaire than males, although the number of male returns has seen a gradual increase year on year. Here more than half of the surveys were completed by females (60% in 2009, 64% in 2008, 63% in 2007) whilst almost two-fifths were completed by males (38% in 2009, 36% in 2008, 32% in 2007). Finally the Child and Family Department saw the highest percentage of females who completed the survey (77% in 2009, 61% in 2008, 43% in 2007). However this figure, at almost four times the number of male respondents (21% in 2009, 33% in 2008, 49% in 2007), may suggest the emergence of a trend in the Department.

**Table 1.2: Gender of Respondents by Department**

Department	Male	Female	Not stated
Adolescent	25% (5)	70% (14)	5% (1)
Adult	38% (19)	60% (30)	2% (1)
Child & Family	21% (10)	77% (36)	2% (1)
Portman Clinic	46% (6)	46% (6)	8% (1)
More than one department	50% (2)	50% (2)	0% (0)
Not sure	50% (4)	50% (4)	0% (0)
<b>Trust Total</b>	<b>32% (46)</b>	<b>65% (92)</b>	<b>3% (4)</b>

### *Ethnicity*

Almost half listed their ethnic group as either 'White' or 'White British' (47% in 2009, 39% in 2008, 38% in 2007). A further 8% of respondents identified themselves as 'British' (14% in 2008, 10% in 2007) and 5% of respondents described their background as 'White other' (4% in 2008 and 2007). This year 8% of respondents identified themselves as 'Any mixed ethnicity' (4% in 2008, 8% in 2007) whilst almost a fifth of respondents did not state their ethnicity (19% in 2009, 27% in 2008, 20% in 2007).

**Table 1.3: Ethnicity of Respondents**

Ethnicity	%	Number	Ethnicity	%	Number
White	13%	18	Black Caribbean	1%	2
White British	34%	49	Asian	3%	5
British	8%	11	Turkish/Turkish Cypriot	1%	2
White other	5%	7	Any other group	3%	4
Black British	3%	4	Any mixed ethnicity	9%	12
Black African	1%	1	Not stated	19%	27

### Disability

108 respondents (76%) stated that they did not have a disability, 19 respondents (13%) indicated that they had a disability and 15 respondents (11%) chose not to answer this question. Of the 19 respondents who answered that they had a disability, 4 (3%) felt that they had been treated differently because of their disability.

### Difference

This year, respondents were also invited to comment on whether they thought our services took difference into account. Accordingly 66 respondents (46.5%) felt that difference was taken into account within the Trust's services and 28 respondents (20%) felt that difference was not considered in our service provision. An additional 22 respondents (15.5%) were not sure whilst 26 respondents (18%) did not answer this question.

## 2.3 Attendance

Overall 28% of respondents attended for assessment only, 53% attended for assessment and treatment, and 7% attended for treatment only, with 8% not sure about their attendance type.

**Table1.4: Attendance Type of Respondents by Department**

Department	Assessment only	Assessment & Treatment	Treatment only	More than one answer	Not sure	Not stated
Adolescent	25% (5)	55% (11)	5% (1)	0% (0)	15% (3)	0% (0)
Adult	36% (18)	54% (27)	4% (2)	0% (0)	4% (2)	2% (1)
Child & Family	17% (8)	57% (27)	11% (5)	6% (3)	9% (4)	0% (0)
Portman Clinic	61% (8)	31% (4)	8% (1)	0% (0)	0% (0)	0% (0)
More than one department	0% (0)	75% (3)	25% (1)	0% (0)	0% (0)	0% (0)
Not sure	12.5% (1)	37.5% (3)	0% (0)	0% (0)	37.5% (3)	12.5% (1)
<b>Trust Total</b>	<b>28% (40)</b>	<b>53% (75)</b>	<b>7% (10)</b>	<b>2% (3)</b>	<b>9% (12)</b>	<b>1% (2)</b>

## 3. Departmental Changes since the Last Survey

### 3.1 Departmental Feedback

Each year the Patient Survey Report is sent to the Clinical Governance Leads for each department who distribute the findings to their respective departments and collate the departmental response into an action plan of what they will do in the coming year. The departmental responses received in response to last year's Patient Survey are presented in this section.

### **3.2 Adolescent Department**

In response to the adolescent department being traditionally underrepresented in patient surveys it was decided to carry out an internal 'Experience of Service' audit amongst young people at the end of their assessment/treatment in the department. Although the audit just started in December 2008 and information is still being gathered, it is possible to summarise the process and present initial results so far.

The intake administrator asks all young people who are due to attend their first sessions if they agreed to be contacted their mobile phone and asked about their experience here following their assessment. So far, around 60%-70% agreed. The assistant psychologist rang those who agreed following the second or third assessment session and asked them the CHI-ESQ questions. At the end of January 2009 we had 11 responses (out of 15 who attended enough appointments, 2 couldn't be reached, and 2 discharges before having enough appointments).

The responses have been very positive and so far 100% of those asked said they would certainly recommend the help offered in the adolescent department to a friend if they needed it; and that overall the help they received in the adolescent department was good. 91% felt that they were certainly 'listened to'; and that they were certainly 'treated well'. The weaker points were: not offered 'convenient appointment time', the 'convenience of the location', and 'convenient facilities'. The last point is in line with others Trust patients responses in the patient survey 2008. When asked how they would like to be contacted in the future, of the 11 patient replying, 6 preferred mobile phone (ring or text message), 4 preferred email, and one asked to be able to fill in a form via a computer on the waiting room. With the development of a new Trust website it appears that a link to an interactive version of the patient survey (possibly password protected) to be filled online, would be particularly appealing for young people and help raise their response rate.

### **3.3 Adult Department**

The adult department intends to extract the patients' comments and departmental results as a basis for a clinical governance discussion. The remarks are indicative of the communication problems that occur in psychoanalytic psychotherapy, but these need to be understood properly and anticipated by clinicians.

### **3.4 Child and Family Department**

Firstly how are the voices of the children and young people in C and F Dept represented in this survey as it would appear that the forms are largely completed by parents/carers? Secondly the questions on treatment and patient choice highlight the possible need for more robust and transparent

discussions with children/young people and their parents/carers about the range of therapeutic interventions and why one option is favoured over another. Thirdly there would seem to be some inconsistency in the C and F department about families being sent written information about the Trust prior to the appointment. This needs to be addressed with administrative leads.

### **3.5 Portman Clinic**

There were few responses so it is difficult to generalise, but specific comments from patients have been taken up in the department. Some issues raised include a patient feeling they had no choice in the treatment offered. All patients are offered a careful assessment which involves meeting the assessing therapist up to six times. During this assessment, the therapist, in discussion with the patient, and with colleagues, decides whether the type of psychotherapy (psychodynamic) that we offer at the Portman is the most appropriate treatment for the patient at present. The main modalities of therapy that we offer are individual and group, each of which having specific indications regarding suitability. In some cases we decide that the patient is suitable for one, but not the other, which the patient may not agree with. If we decide that the patient would not benefit from any of the therapies we offer, we try to have a discussion with the patient regarding what we might recommend is the most suitable therapy or management elsewhere, and refer accordingly. Regarding information, the Portman have produced a new information leaflet that goes out to all patients.

## **4. Views on Care and Treatment**

### **4.1 Care and Treatment**

In 2008 respondents were asked separately whether their clinician listened to them and treated them with respect and dignity. The 2009 Patient Survey merged these two questions and changed the word 'clinician' to 'person/people you saw' in recognition of the range of staff who provide care and treatment to patients. Overall 73% of respondents indicated that they were listened to and treated with respect and dignity. This figure is similar to findings from last year where 72% of respondents felt that they were listened to and 77% of respondents felt that their treatment was respectful and dignified. The breakdown of responses by department is tabled below with the main themes listed in the appendix.

**Table 1.5: Care and Treatment by Department**

Did the person/people you saw listen carefully & treat you with respect & dignity?	Yes	Yes to some extent	No	Not sure
Adolescent Department	70% (14)	20% (4)	0% (0)	10% (2)
Adult Department	66% (33)	26% (13)	6% (3)	2% (1)
Child & Family Department	81% (38)	15% (7)	2% (1)	2% (1)
Portman Clinic	69% (9)	15% (2)	8% (1)	8% (1)
More than one department	100% (4)	0% (0)	0% (0)	0% (0)
Not sure	75% (6)	0% (0)	12.5% (1)	12.5% (1)
<b>Trust Total</b>	<b>73% (104)</b>	<b>19% (26)</b>	<b>4% (6)</b>	<b>4% (6)</b>

#### 4.2 Treatment Options and Patient Choice

Respondents were next invited to indicate whether treatment options were discussed with them. To this question, 47% of respondents felt that options were discussed (39% in 2008), 28% of respondents highlighted that treatment options were discussed to some extent (33% in 2008), and 9% considered they were not discussed with them (25% in 2008). However, 7% or 10 respondents highlighted that they were not offered treatment by the Trust. By department this corresponds to 1 respondent from the Adolescent Department (5%) and 3 each from the Adult Department (6%), Child and Family Department (6%) and Portman Clinic (23%).

**Table 1.6: Treatment Options by Department**

Were treatment options discussed with you?	Yes	Yes to some extent	No	More than one answer	Not sure	Not stated
Adolescent Department	50% (10)	25% (5)	10% (2)	0% (0)	5% (1)	5% (1)
Adult Department	42% (21)	36% (18)	12% (6)	2% (1)	0% (0)	2% (1)
Child & Family Department	54% (25)	21% (10)	4% (2)	2% (1)	9% (4)	4% (2)
Portman Clinic	38% (5)	31% (4)	8% (1)	0% (0)	0% (0)	0% (0)
More than one department	50% (2)	25% (1)	0% (0)	0% (0)	25% (1)	0% (0)
Not sure	50% (4)	25% (2)	12.5% (1)	0% (0)	12.5% (1)	0% (0)
<b>Trust Total (based on 93%)</b>	<b>47% (67)</b>	<b>28% (40)</b>	<b>9% (12)</b>	<b>1% (2)</b>	<b>5% (7)</b>	<b>3% (4)</b>

In addition respondents were asked to indicate whether they had received enough say in the decisions about their care and treatment. Here 49% of respondents felt they had received sufficient say into decisions concerning their care and treatment (33% in 2008), 24% suggested they had some involvement in these decisions (34% in 2008), whilst 18% experienced no input into the decision-making process (28% in 2008).

**Table 1.7: Patient Choice by Department**

Did you have enough say in decisions about your care and treatment?	Yes	Yes to some extent	No	More than one answer	Not sure	Not stated
Adolescent Department	40% (8)	15% (3)	25% (5)	-	15% (3)	5% (1)
Adult Department	42% (21)	28% (14)	26% (13)	-	0% (0)	4% (2)
Child & Family Department	62% (29)	19% (9)	9% (4)	-	4% (2)	6% (3)
Portman Clinic	38% (5)	38% (5)	24% (3)	-	0% (0)	0% (0)
More than one department	50% (2)	25% (1)	0% (0)	-	25% (1)	0% (0)
Not sure	50% (4)	25% (2)	12.5% (1)	-	12.5% (1)	0% (0)
<b>Trust Total</b>	<b>49% (69)</b>	<b>24% (34)</b>	<b>18% (26)</b>	<b>0% (0)</b>	<b>5% (7)</b>	<b>4% (6)</b>

### 4.3 Helpfulness of Sessions

When asked to indicate how helpful they had found their sessions, three-quarters of all respondents found their sessions either 'very helpful' (42%) or 'fairly helpful' (33%) and just over one-fifth reported their sessions as either 'fairly unhelpful' (9%) or 'very unhelpful' (13%). Although more multiple choice options were added to the 2009 Patient Survey, the figures are comparable with those from the previous year when 39% of respondents had found their treatment helpful, 26% of respondents found it helpful to some extent and 20% of respondents did not find their treatment to be helpful.

**Table 1.8: Helpfulness of Sessions by Department**

How helpful did you find the sessions?	Very helpful	Fairly helpful	Fairly unhelpful	Very unhelpful	Not stated
Adolescent Department	15% (3)	45% (9)	15% (3)	25% (5)	0% (0)
Adult Department	44% (22)	30% (15)	4% (2)	20% (10)	2% (1)
Child & Family Department	56% (26)	21% (10)	15% (7)	4% (2)	4% (2)
Portman Clinic	38% (5)	54% (7)	0% (0)	8% (1)	0% (0)
More than one department	25% (1)	75% (3)	0% (0)	0% (0)	0% (0)
Not sure	37.5% (3)	37.5% (3)	0% (0)	12.5% (1)	12.5% (1)
<b>Trust Total</b>	<b>42% (60)</b>	<b>33% (47)</b>	<b>9% (12)</b>	<b>13% (19)</b>	<b>3% (4)</b>

## 5. Views on Facilities and Services

### 5.1 Helpfulness of Written Information

In this section respondents were asked whether the Trust's written information, received prior to their first attendance, was helpful. Here three-

fifths of all respondents found the written information either 'very helpful' (24%) or 'fairly helpful' (37%). This compares with 32% of respondents who found the written information very helpful and a further 32% who found the material helpful to some extent last year. However, nearly one-third of all respondents (30%) stated that they did not receive any written material before they first attended the Trust, compared with 26% in 2008.

**Table 1.9: Helpfulness of Written Information by Department**

How helpful did you find the written information?	Very helpful	Fairly helpful	Fairly unhelpful	Very unhelpful	I did not receive any	Not stated
Adolescent Department	15% (3)	50% (10)	0% (0)	0% (0)	30% (6)	5% (1)
Adult Department	20% (10)	38% (19)	4% (2)	2% (1)	28% (14)	8% (4)
Child & Family Department	32% (15)	34% (16)	2% (1)	0% (0)	30% (14)	2% (1)
Portman Clinic	15% (2)	39% (5)	0% (0)	0% (0)	31% (4)	15% (2)
More than one department	50% (2)	25% (1)	0% (0)	0% (0)	25% (1)	0% (0)
Not sure	25% (2)	25% (2)	0% (0)	0% (0)	50% (4)	0% (0)
<b>Trust Total</b>	<b>24% (34)</b>	<b>37% (53)</b>	<b>2% (3)</b>	<b>1% (1)</b>	<b>30% (43)</b>	<b>6% (8)</b>

## 5.2 Raising Issues and Concerns

When asked whether you had been able to raise issues and concerns, over half of the respondents (52%) indicated that they had. More than a quarter of the respondents (29%) further stated that they had been able to raise such matters to some extent. This question was new to this year's patient survey and as such no information is available for comparison.

**Table 1.10: Raising Issues and Concerns by Department**

Were you able to raise your issues and concerns?	Yes	Yes to some extent	No	Not sure	I did not raise any	Not stated
Adolescent Department	35% (7)	35% (7)	15% (3)	0% (0)	0% (0)	15% (3)
Adult Department	40% (20)	42% (21)	8% (4)	2% (1)	4% (2)	4% (2)
Child & Family Department	69% (32)	17% (8)	4% (2)	4% (2)	6% (3)	0% (0)
Portman Clinic	69% (9)	23% (3)	8% (1)	0% (0)	0% (0)	0% (0)
More than one department	0% (0)	50% (2)	0% (0)	0% (0)	50% (2)	0% (0)
Not sure	75% (6)	0% (0)	12.5% (1)	12.5% (1)	0% (0)	0% (0)
<b>Trust Total</b>	<b>52% (74)</b>	<b>29% (41)</b>	<b>7.5% (11)</b>	<b>3% (4)</b>	<b>5% (7)</b>	<b>3.5% (5)</b>

## 5.3 Satisfaction with Facilities and Appointments

In terms of cleanliness, comfort, disabled access and the provision and condition of the vending machines, four-fifths of respondents rated the Trust's facilities satisfactorily. In 2008, 29% of respondents described the

facilities as 'excellent', 67% of respondents found the facilities 'acceptable' and 1 respondent thought the facilities were 'poor'. This year with the removal of the 'excellent' option from the survey and the introduction of alternative rating options, half of the respondents (50.5%) found the Trust's facilities 'good' and almost one-third (31.5%) found the facilities 'very good'. However 9% of the respondents rated the facilities as 'poor'.

**Table 1.11: Satisfaction with Facilities by Department**

What did you think of our facilities?	Very good	Good	Poor	Very poor	More than one answer	Not stated
Adolescent Department	15% (3)	75% (15)	0% (0)	-	0% (0)	10% (2)
Adult Department	26% (13)	50% (25)	12% (6)	-	4% (2)	8% (4)
Child & Family Department	38% (18)	47% (22)	9% (4)	-	2% (1)	4% (2)
Portman Clinic	54% (7)	38% (5)	0% (0)	-	8% (1)	0% (0)
More than one department	25% (1)	75% (3)	0% (0)	-	0% (0)	0% (0)
Not sure	37.5% (3)	25% (2)	25% (2)	-	0% (0)	12.5% (1)
<b>Trust Total</b>	<b>31.5% (45)</b>	<b>50.5% (72)</b>	<b>9% (12)</b>	<b>0% (0)</b>	<b>3% (4)</b>	<b>6% (9)</b>

In response to satisfaction with notice of appointments, the changing of appointment times and cancellations, more than four-fifths of the respondents thought the Trust's arrangements were either 'very good' (43%) or 'good' (41.5%). A further 10.5% of respondents found the appointments arrangements 'poor'. By comparison in 2008, 56% of respondents thought the Trust's arrangements were 'excellent', 35% of respondents found them 'acceptable' and 8% of respondents described their experiences of our appointment arrangements as 'poor'. Once again with the introduction of a wider range of rating options, it is difficult to compare this year's results with those from the previous year any further.

**Table 1.12: Satisfaction with Appointments by Department**

What did you think about our appointment arrangements?	Very good	Good	Poor	Very poor	More than one answer	Not stated
Adolescent Department	20% (4)	50% (10)	15% (3)	10% (2)	0% (0)	5% (1)
Adult Department	40% (20)	40% (20)	18% (9)	0% (0)	0% (0)	2% (1)
Child & Family Department	51% (24)	43% (20)	4% (2)	0% (0)	0% (0)	2% (1)
Portman Clinic	54% (7)	46% (6)	0% (0)	0% (0)	0% (0)	0% (0)
More than one department	75% (3)	25% (1)	0% (0)	0% (0)	0% (0)	0% (0)
Not sure	37.5% (3)	25% (2)	12.5% (1)	0% (0)	12.5% (1)	12.5% (1)
<b>Trust Total</b>	<b>43% (61)</b>	<b>41.5% (59)</b>	<b>10.5% (15)</b>	<b>1% (2)</b>	<b>1% (1)</b>	<b>3% (4)</b>

## 6. Views on Overall Satisfaction

### 6.1 Quality of Care

In this section respondents were invited to rate the quality of care they had received from the Trust. Accordingly 70% of respondents rated their care as either 'excellent', 'very good' or 'good' (73% in 2008) and 27% of respondents rated their care as either 'fair', 'poor' or 'very poor' (22% in 2008).

**Table 1.13: Rating of Quality of Care by Respondents**

Rating	%	Number	Rating	%	Number
Excellent	25%	36	Poor	6%	8
Very good	25%	35	Very poor	7%	10
Good	20%	28	More than one answered	1%	2
Fair	14%	20	Not stated	2%	3

### 6.2 Recommendation of the Trust

Finally respondents were asked to indicate whether they would recommend our services to a friend or family. In 2008, 73% of respondents indicated that they would recommend our services, 19% of respondents answered that they would not recommend our services whilst 8% of respondents decided not to answer this question. This year 69% of respondents (98) suggested that they would recommend the Trust with the remaining 31% of respondents (44) divided equally between not recommending our services to others and not providing an answer.

## 7. Conclusions and Recommendations

### 7.1 Response Rate

Since the first survey in 2001 there has been a decline in the number of completed questionnaires year on year. In an effort to redress this trend the 2009 Patient Survey was redesigned to reflect the Trust's new corporate style and reduced in length with the amalgamation of similar questions into single questions. In addition the survey period was brought forward with the first mail out posted before the school summer holidays began. Despite such changes to the format, content and timing of the survey the response rate this year was lower than the number of returns reported in previous years.

### 7.2 Response Rate by Department

The response rate by department indicated that the Portman Clinic and Adolescent Department continue to remain under represented across the

Trust. However, this year saw a noticeable increase in the number of completed questionnaires from these two departments as an overall Trust percentage. Furthermore, when comparing the number of questionnaires completed by department with the number of questionnaires sent by department, the return rate from the Portman Clinic and Adolescent Department again saw an increase on the previous year. Similarly the response rate from former patients of the Adult Department increased in 2009. In contrast there was a decrease in the number of completed questionnaires in the Child and Family Department compared with 2008.

### **7.3 Patient Satisfaction**

When invited to indicate their views on clinical care and treatment, 92% of respondents indicated that they were listened to and treated with respect and dignity by the people they saw at the Trust either definitely or to some extent. In addition 47% of respondents felt that treatment options were discussed with them and 28% of respondents highlighted that they were sometimes involved in discussions about their choice of treatment. On the question of patient involvement in the decision-making process, 49% of respondents felt they had received sufficient say in decisions concerning their care and treatment with a further 24% of respondents suggesting they had experienced some input in these decisions.

Respondents were invited to provide their views on the Trust's facilities and services. Here 61% of all respondents found written information about the Trust received prior to their first appointment either 'very helpful' or 'fairly helpful'. In response to satisfaction with appointments, 43% of respondents experienced the arrangements as 'very good' with another 41.5% of respondents indicating that they thought the systems in place were 'good'. In terms of cleanliness, comfort, disabled access and the provision of vending machines, 82% of respondents considered the Trust's facilities either 'very good' or 'good'. These levels of patient satisfaction with the facilities at the Trust are comparable with the previous year's findings.

This year 69% of respondents indicated that they would recommend our services to their friends or family. Although this number is slightly down on the previous year it still suggests that patient satisfaction with the Trust's services is high. This is further supported by the results that 70% of respondents rated their quality of care as either 'excellent', 'very good' or 'good' and 75% of respondents described their sessions as either 'very helpful' or 'fairly helpful'.

### **7.4 Indications for Further Work**

Overall the results of this year's Patient Survey are positive. The qualitative comments provide very useful information from patients which Clinical Governance Department Leads will scrutinise in order to improve services.

One area of continued concern remains the low response rate. Despite the redesign of the questionnaire, this year recorded our lowest return rate since 2001. A summer of widespread local and national industrial action by Royal Mail may have contributed to the low return rate but the postal disruptions also bring into focus the problem of conducting the Patient Survey exclusively by post. Patient feedback from previous surveys has highlighted a desire for the Trust to engage with new information technologies and this may be an opportunity to consider alternative methods of communicating with and gathering data from patients.

Although the response rate across the Trust has continued to decrease it is noteworthy that the number of completed questionnaires by department increased in the Portman Clinic, Adolescent Department and Adult Department this year. In addition, when comparing the return rates by department for the last three years, the figures from these three clinical departments are noticeably lower in 2008 than 2007 and 2009. The opposite appears to be the case over the same three year period in the Child and Family Department where more surveys were completed in 2008. In 2008 a different questionnaire was used which was longer in length and included a greater number of tick-box questions. This may suggest that the style of questionnaire used last year was preferred by younger patients and their parents/caregivers from the Child and Family Department and encouraged a higher response rate. As such this may also be the time to consider whether questionnaires design-specific to each department would improve the Trust's overall response rate.

Consistent with previous years, respondents expressed a lack of understanding for the therapeutic approach of the Trust. Although the majority of respondents were able to raise issues and concerns, felt treatment options were discussed with them and had been involved in decisions concerning their care and treatment, almost one-third of respondents reported that they had not received any written material about the Trust before their first appointment. The number of patients who did not receive written information before they first attended the Trust is slightly higher than the previous year. The Trust is continuing to design new patient information leaflets and we hope these alongside a new Adult Department leaflet will have a positive impact on helping patients understand our approach. In addition, we envisage that the more user-friendly Trust website, the introduction of an information kiosk in the ground floor waiting area and the relocation of the PALS Office to a more visible location will continue to provide patients with the opportunity to learn more about our services.

Another theme raised this year was a perception that funding cuts may have determined the treatment choices available to some patients. This is a theme repeated by a small number of respondents yearly but it is a particularly difficult challenge for the Trust to address in the current NHS spending

climate. In addition, a few respondents expressed disappointed that their care and treatment had come to a premature end with their relocation to other boroughs of London. However, this is juxtaposed to feedback received by other respondents who voiced appreciation to the quality of care provided by the clinicians who had visited wide areas of the UK to assess and treat patients.

The condition of the Trust's facilities was an additional theme highlighted by some respondents. Although the majority of patients found the Trust's facilities to be either very good or good, some negative comments were received regarding the tired appearance of the building, levels of comfort in the waiting rooms, the general condition of the therapy rooms and the hygiene of the toilets. All respondents who received the Patient Survey would have completed their therapy before the ground floor was refurbishment. This major undertaking over the summer included the redecoration and modernisation of the toilets, waiting room and reception area. Prior to the work, separate surveys were conducted to gather staff and patient views on the proposed redesign of the ground floor. In response, positive patient feedback was received on the modern look of the reception area but concerns were raised regarding security and privacy. Patient feedback was also received on the proposed colour scheme, seating, flooring material and the importance of natural lighting in the design. These patient views were fed back to the designers and incorporated into the redesign of the ground floor area. In the spring we will be conducting a second refurbishment survey to learn how we can continue to develop this area of the building and further improve the patient's experience of the Trust.

**Dr Sally Hodges, Patient and Public Involvement & Communications Lead**  
**Ms Susan Blackwell, Executive Assistant, Patient and Public Involvement**

**January 2010**

## Appendices: Annual Patient Survey 2009 Qualitative Responses

*Note: all spelling and grammatical errors have been corrected as necessary*

### Treatment of patients with disabilities

Response No	Department	Do you feel you were treated differently by our Trust because of that disability?
7	Adult	I am often 'disabled' due to chronic asthma but officially this isn't recognised in many circumstances. No problem at the Tavistock.
13	C&F	None whatsoever. Many thanks to the staff at the Tavistock for my boy. Very helpful.
30	Adult	Waited a long time for appointment - because I wasn't going to kill myself I was told in not so many words to pull myself together. Not what I needed to hear. I asked for help and was not given it.
33	Adult	I wasn't listened to! My 'disability' is a mental health one and the fact that I was 'palmed off' to Relate merely served as a convenient excuse to save funds and cut down your statistics/waiting list. I still have the problems for which I was referred but because in the meantime I attended Relate I was removed from your list!
46	Adult	I don't think the format of this questionnaire is very suitable and I doubt you will get many useful answers.
48	More than one department	I would have liked to see the NHS service work to a higher standard e.g. its attitude towards the patient should be more friendly and caring.
51	Adult	Not relevant! - Apart from age. What should one say? I recognise the problems and would like to help, but one of 'them'! - Not possible.
53	Adult	Don't know
60	Adolescent	Everybody was nice but sometimes there were people in the reception area who were not nice, I don't mean the receptionist but others standing around there all the time.
77	Adult	It enabled me to release my emotions and frustration out more than at the sheltered residency I live in. I had someone to talk to.
93	C&F	Treatment was over a 2 ½ year period.
101	Adult	Irrelevant.
102	C&F	We are very pleased with the help we received from the Tavistock and X he was very patient and got to know our son well and us as a family.
114	Adult	The person I saw said he didn't understand me - therefore seemed he couldn't help me. I have filled out this form before!
118	Not sure	I am unsure as to whether I was treated differently as the sessions were very private and confidential. I therefore have little to use as standard.
123	C&F	People were very caring.

Care and treatment of patients with dignity and respect

Response No	Department	Did the person/people you saw listen carefully to you and treat you with respect and dignity?
4	Portman Clinic	I came because my local NHS Trust had decided I was a danger to children and forced me to leave a job. The Portman therapist very quickly decided this was almost certainly wrong and reassured me this is a fairly common mistake but then did not want to discuss the Portman's position on this where as I think the Portman has a duty to counter misinformation and dangerous practice by other trusts. Everything was bought back to me when I saw it was a public policy issue.
16	Adolescent	They just repeated what I was saying
21	Adult	He didn't know why I was there ☹️
32	C&F	Our thoughts were listened to and we established practical solutions together
39	Adolescent	5 minutes only.
51	Adult	As above - I had little faith in his ability or competence. This is not <u>personally</u> derogatory. They were much better trained years ago. 'What a falling off is there.' I quite liked the person I saw. He me perhaps.
52	Adolescent	They didn't listen well
56	Adolescent	Saw X and X, both of whom epitomized respect and dignity regarding both myself as a patient and my parents who accompanied me.
60	Adolescent	I saw 2 therapists. The first one was really a gentleman but I felt humiliated when I said something to the second therapist. He talked to me aggressively and in a humiliating manner.
72	C&F	Dr X and Dr X where very good with me. I am more than happy with the treatment I received
79	C&F	They are very professional in their respective fields.
81	Portman Clinic	I was certainly <u>not</u> listened to and left the clinic to receive the same treatment elsewhere feeling humiliated, insulted and <u>abused</u> by the person who treated me
99	Adult	Although I repeatedly stated that I would not get on with group therapy, this was nonetheless continually pushed as the only "suitable" option. This in fact meant the only "available" option.
102	C&F	We mainly saw X. He was very kind and caring and helped us all as a family. He was brilliant
125	Adult	Certainly our lady therapist did. Other 'patients' in my latest group listened carefully to some extent and generally indicated respect and dignity to me.
129	Adult	The male receptionist was extremely nice, the therapist and I got off to a bad start (my fault,) but things improved a lot and in the end I felt working together to overcome the bad start was very helpful.
132	Adult	The person I saw complained several times about my difficulty to open up to him and then even suggested that it was because I had something against him (which was untrue until that point!). At this point I decided to leave!

Treatment options discussed with patients

Response No	Department	Were treatment options discussed with you?
4	Portman Clinic	None of the options made me very happy. I came to the Portman angry with my local trust. The assessment revealed me to have a few minor problems around sexuality so a referral to group therapy at the Portman might not have been very relevant. So although the options were explained none of them were ideal.
7	Adult	I was confused when the sessions ended with referral back to my G.P. But my nature is to comply!
9	C&F	No treatment, just discussions.
33	Adult	During the time that lapsed from when my G.P. made the referral to you and the date of my appointment (which was a considerable amount of months) a relationship crisis occurred and I had to attend 'Relate' counselling with my husband. Due to this fact, the Doctor that I saw at your clinic said it was not good practice to also attend sessions at your clinic. No alternatives or future attendance were offered or discussed regarding the problems I have that instigated my GP to make the referral to you.
39	Adolescent	I was told if I felt my son needed more help when he is older, I may contact you through other agencies. In the meantime my son is left to cope with only the support of his family.
46	Adolescent	Not clearly
49	Adult	The Tavistock Centre seemed under severe financial constraints and could not offer long term help.
51	Adult	Comments are self-evidently unproductive in view of the real situation in general, but I think that [the Chief Executive] should consider what I (and maybe others) have said and written.
56	Adolescent	Used the Gender Identity Clinic so naturally treatment options had to be discussed.
70	Adult	I had requested CBT, I was initially told I would have CBT
72	C&F	Yes there was a lot of discussion about my treatment and forward planning. The doctors even came over to Northern Ireland to see me more than once, which my mum and I really appreciated
81	Portman Clinic	I attempted to discuss options on several occasions but was always ignored
90	Adult	Further conversations held were not appropriately followed through. I was told one thing and then passed onto someone else, even though I had had discussion about what I felt and had been told, this was not accounted for.
93	C&F	Regarding my son, not much.
99	Adult	The treatment option was discussed but behind the explanations there was no choice only compulsion. I felt bullied into "choosing" the choice of treatment that had already been decided for me in my absence.
101	Adult	Not really relevant
102	C&F	All options were discussed.
107	C&F	Well just said to give light food, like white rice, soup etc... until she felt

		better.
108	Adult	At the end of six week assessment, I was informed that after a lot of thought/consideration, I would most benefit from group therapy. I agreed with this.
112	C&F	Thank you very much
122	Adult	Had 2 years group therapy. No other treatments were offered as it was not needed.
125	Adult	I felt excluded from one-to-one therapy at the Tavistock and Portman Centre and the result has been being placed in group situations 3 times since the late 1990s.
132	Adult	There was no mention of any treatment options at any time during this single session.
140	C&F	We had a few sessions of talking

Patient involvement in decisions about care and treatment

Response No	Department	Did you have enough say in decisions about your care and treatment?
4	Portman Clinic	The decisions were left to me after the options had to be explained. I did however want to know if the mistake my local Trust had made would be brought up in meetings/journals etc. and feed into how NHS practice generally evolves- this <u>should</u> have been part of my 'treatment'
7	Adult	I would have liked more guidance, it all seemed wrapped up very quickly.
16	Adolescent	There was only one person available to see me so I didn't have a choice
33	Adult	I tried to explain my problems aside from the issue being dealt with at 'Relate' as separate, but the Doctor commented that it seemed as though I was "trying to convince" her that I needed additional help.
34	Not sure	I found that treatment was sometimes hard to understand, in terms of being young and confused over its purposes. I did express this to doctors though and they did their best to explain every detail thereafter.
39	Adolescent	Not enough time to discuss this.
46	Adolescent	NHS funding chose the decisions more than me
49	Adult	My choices were very limited by the financial constraints on the Trust - which could offer short-term help only.
51	Adult	I tried, but little or no definite information was provided. The atmosphere was very much 'us and them'. Nothing was provided in <u>Humanistic psychology</u> , for example. One doesn't know whether to laugh or cry.
52	Adolescent	Far too much
56	Adolescent	Very much so, not so much timing-wise but theoretically speaking it was all my informed decision.
63	C&F	My parents made the decision for me
74	C&F	Our child did not bond with his therapist over the 12 months and we asked if he could have another therapist after 6 months, but this was not considered possible.
81	Portman Clinic	I had no say whatsoever, everything I said was systematically ignored and my opinions were openly ridiculed.
93	C&F	With my son I have no idea as I was not in the room.
99	Adult	Eventually I was put in a group which was ½ full and ½ way through. I lasted one session then left.
101	Adult	Not really relevant
113	Adolescent	The lady leader was very inflexible and was only able to follow her own ideas.
125	Adult	All I recall was having a diagnostic assessment interviews followed by finding myself in a group set-up three times - as already stated.
129	Adult	There was disagreement about the best form of treatment and I felt I had to really push for the treatment I felt would be best. Once we agreed it went well.
132	Adult	N/A since treatment was not discussed.
140	C&F	None were made – we didn't get that far.

How helpful patients found treatment

Response No	Department	How helpful did you find the sessions? Please tell us what was helpful:
4	Portman Clinic	I was consistently reassured that the therapist had no evidence that I was a danger to children. She wrote this in a report and my GP and local NHS Trust accepted this. Also, when I decided to leave my decision was accepted - neither encouraged nor discouraged. This had an enormous beneficial impact on my life. I started to avoid people I felt frustrated with instead of trying to 'sort things out'
7	Adult	Talking things over!
11	C&F	Being listened to, feeling supported, even though I didn't always feel understood. The therapist really tried hard to help by making calls to organizations outside of the Tavistock for care afterwards.
14	C&F	It was helpful to identify where the problem was and how to tackle it and the sessions has helped me to do that.
20	Adult	I feel my treatment has changed my life completely. I look at things in a totally different way now. I no longer feel the victim but feel I have dealt with my issues and have moved on. Greatest thanks to X my therapist he's helped me more than he will ever know. He's a star.
27	C&F	I was able to express my views and feelings
32	C&F	Having someone outside of the family unit listen to our concerns and then analyse and reflecting together to work out a solution. Also having a child psychotherapist come out to our son's school to talk with his teachers.
36	Not sure	It helped me to be calmer with my daughter.
37	Portman Clinic	It was helpful to discuss issues but there was not a lot that could be done for me at the clinic.
38	Adolescent	It made me understand more about myself and what I found helpful in terms of the care I needed.
43	Adult	I was in the "control group" so received no therapy. Hopefully, the study will help others.
45	Adult	However, my assessor and my therapist did "fight in my corner" and went out of their way to secure funding and treatment
46	Adolescent	The therapist was well trained
47	Adult	Assessment of my situation/my circumstances/perception etc.
51	Adult	Non-existent. Only the fact of being listened to and granted the interview(s) however ultimately negative.
56	Adolescent	I found it helpful to get to where I wanted to be regarding physical treatment.
57	C&F	I received support in requesting special needs input from the school
65	Portman Clinic	Group therapy, ability to share problems and experiences.
67	Adult	Honest appraisal and clear feedback
72	C&F	The Doctors didn't make a snap diagnosis, they looked at the bigger picture and realised there was more than one thing going on with me.
74	C&F	Our child has improved since his sessions ceased, so they may have helped

		him.
77	Adult	Didn't question just listened
78	C&F	Everything was helpful concerning communication, listening and solving problems.
79	C&F	The needs of my child and I were addressed and met. Both of us gained insight, strength and advice to help us through.
81	Portman Clinic	Helpful? I'm sorry to say but how ever much I try to come up with something positive to say about the sessions, I can't think of anything
84	Adult	Having the space and opportunity, within a group, to allow the pain and anger from the abuse I suffered, to show and to voice it.
89	Adolescent	It would have been better if I had a male therapist.
92	Adolescent	Got referred to Charring Cross
93	C&F	I was able to off load.
96	Portman Clinic	Discussion of a variety of options
99	Adult	Nothing
101	Adult	Ability to discuss my problems with others and making me realise there are many people like me.
102	C&F	It helped us to understand, more so, how our autistic son may be feeling and why he did the things he did.
104	Adult	My therapist <u>never</u> missed a session, was consistent, sensitive and firm in equal measures.
107	C&F	The Doctor telling me what I should give my daughter. And it did help.
108	Adult	Learning more about myself, being able to share within the group, relating to others, looking forward to attending each week and knowing the support was there.
109	Adolescent	The administration of the service was efficient and the counsellors were sympathetic, even if the sessions did not really help me to understand my problems or feel better - four is too few, really.
111	C&F	People were able to express their views without having arguments
112	C&F	They gave me information for the treatment.
118	Not sure	My psychotherapist had a good balance; we were able to look at painful subjects and ways in which I was inclined to behave inappropriately before, but information was delivered in a way that was not too painful or distressing to me. Some therapists had meant well but the shock of painful learning did me more harm than good.
119	Adult/Adolescent	The feed back in sessions
122	Adult	Having the time and chance to talk about issues that have held me back in daily life.
124	Adult	It helped me to see what it would be like to have psychotherapy and the style of questioning
125	Adult	Serious listeners to my real life social and work dilemmas and experiences. Plus practical talk-back from fellow patients and less frequently (as well as less directly) from our young woman therapist.

128	Portman Clinic	Tells me how to behave
129	Adult	Having someone outside my situation to talk to.
134	C&F	Clear suggestions
135	C&F	Gave us an opportunity to see the situation/life in a different perspective, to be able to communicate with each other and observations/remarks/opinions from a professional point of view.
138	Portman Clinic	I found the support helpful and most of the information.
140	C&F	At that point, being able to talk about some of my concerns
142	Adult	Helped me to cope with my personality disorder

### How unhelpful patients found treatment

Response No	Department	How helpful did you find the sessions? Please tell us what was unhelpful:
4	Portman Clinic	Any difficulties I had with the therapist were not explored in detail. She seemed too rigidly stick to her technique and did not explore in any detail why I found that difficult
7	Adult	I feel I need more feedback and guidance to focus on what seems important and what isn't.
9	C&F	The psychologist was very helpful but I did it by myself (got better)
11	C&F	The therapist not knowing much about alcoholism - which was big issue in our sessions, as father drank. Your therapists should be trained in this area??
16	Adolescent	Repeating what I had just said.
28	Adult	Complete lack of empathy, seen as case to fill in 45 minutes
33	Adult	See comments at 6 and 7. Also I still have my original 'problems' without an appropriate vehicle to address them. Should my GP refer me again, I will once more be waiting months to a) be seen and b) for a decision to be made as to whether I can receive therapy.
35	C&F	No confidence
38	Adolescent	Unfortunately the first therapist I saw had to leave the Tavistock and Portman unexpectedly and I had the remaining three sessions with a different person - this was very unhelpful, but also unavoidable.
39	Adolescent	Time! Unable to discuss my son's emotions and personal anxieties.
45	Adult	I still find psychoanalysis of limited value for day-to-day coping.
47	Adult	<u>Poor</u> assessment of my circumstances/situation/perception etc.
51	Adult	The whole set-up, the whole background, the lack of help, the void, the nothingness.
56	Adolescent	I found the emphasis on including the whole family unhelpful at the time- on hindsight I can see its benefits, but I think a 50/50 split between individual and family sessions would've been more helpful.
60	Adolescent	1) I didn't notice any improvement 2) I was not given any help in how to deal with my problems 3) I feel I am getting worse 4) I went with lots of hope but was failed
72	C&F	The Doctor's in the unit I was in Northern Ireland were trying to force a diagnosis on my mother concerning me which caused me a lot of distress. When I went to the Tavistock the doctors were much more sympathetic
74	C&F	Failure to change the trainee therapist after 6months of having to bribe our child to attend the sessions.
81	Portman Clinic	I attempted to raise the issue of possible mistreatment with another member of the staff, but was again ignored.
82	C&F	I <u>need</u> tips on how to mother a demanding child.
84	Adult	When some group members said bad/hurtful statements to me (which I thought inappropriate and said so) the therapist did not, I think, support me adequately in my pain.
89	Adolescent	Asking inappropriate questions

90	Adult	The fact that I was offered two session then the consultant left and ...
91	Not sure	I did not like the therapist not commenting on things that I said. There were <u>LONG</u> moments of silence. Too long.
93	C&F	You do all you can for your children however my son "HATES" the Tavistock now.
99	Adult	The group was already established. I was openly rejected by at least one of the clients. It was very negative and left me in the wilderness
104	Adult	At the time I was not happy that following a 3 year treatment a letter needed to be sent to my GP <u>after</u> the end of the therapy rather than just before.
108	Adult	No 'real' feedback at the end of two years. Didn't always feel understood.
109	Adolescent	I was seen first by one counsellor then by another for the last three sessions. It took two sessions for the first counsellor to begin to understand what the problem was and it was a shame the sessions were stopped - the second counsellor did not understand me so well, even after 3 sessions.
110	Adolescent/Portman Clinic	There were no hints on to how make my life better!
113	Adolescent	The type of questions asked were irrelevant to the issues we were referred for.
118	Not sure	Limited duration; only allowed to see a psychotherapist once a week (excluding holidays) for up to a year (including holiday breaks). I understand my therapist needed breaks but I felt the duration of 1 year was insufficient; my parents became over-dependent on these sessions and I did not have time to fully develop ways of coping with my problems.
119	Adult/Adolescent	Not responding to decisions made within the session
121	C&F	The sessions
124	Adult	No treatment solution was ever found.
129	Adult	I only had 9 sessions and I felt a few more would have been beneficial. There was some mix-up over dates, but the therapist was only human! (I think he needs a PA ☺)
132	Adult	The rude, disrespectful, and unprofessional attitude of the person I saw was very unhelpful.
140	C&F	Felt the therapist was unhelpful which is why I stopped attending.
142	Adult	Having to stop when I moved to South London

### How helpful patients found our written information

Response No	Department	If you received any written information about the Trust before you attended did you find it helpful? Please tell us what was helpful:
7	Adult	Receptionist are very good, chatty and helpful - first rate.
11	C&F	Was quite realistic, down to earth and examples of what others had said about their feelings about doing therapy
14	C&F	It was helpful to receive the information and a map.
16	Adolescent	Map of how to get there
20	Adult	The information was helpful because it makes you feel that you know what to expect when you get there as I was really nervous beforehand.
21	Adult	It explained the procedure
33	Adult	It gave address, tel. number and directions as to the location of the building
38	Adolescent	It told me everything I needed to know - how to get there, the name of my therapist and the dates and times of my appointments.
39	Adolescent	What issues are covered. Confidentially.
43	Adult	Explained process of involvement in study.
45	Adult	I just received the leaflet with contact information and how to get to the centre. This was clear and helpful
47	Adult	Information on what to expect, confidentiality,
51	Adult	Treated above, in the observations.
65	Portman Clinic	Can't remember what I received.
67	Adult	Clear
72	C&F	Yes I was sent information about the hospital: where to go to get there also a map
77	Adult	Most information went to the doctor
79	C&F	Gained enough information to understand what the Tavistock is, the services it provides and the need for surveys.
81	Portman Clinic	The contents of the material were usually informative and of good quality
88	C&F	It was very clear
89	Adolescent	Mrs X helped X to express his feelings more
102	C&F	Referred from Royal Free hospital
108	Adult	Information explaining what treatment/services are available
109	Adolescent	It told me everything I needed to know.
120	Portman Clinic	It was clear and precise
122	Adult	I received a copy of the letter which was being sent for me to be put on the list for group therapy. It helped me see what areas that I needed work on.
123	C&F	To be prepared for parking facilities etc.
129	Adult	Information about the kinds of treatment
134	C&F	But I didn't feel it should be better
135	C&F	When it was our first time to seek help it was good to be able to learn about the Tavistock.

**How unhelpful patients found our written information**

Response No	Department	If you received any written information about the Trust before you attended did you find it helpful? Please tell us what was unhelpful:
38	Adolescent	Nothing
47	Adult	The Tavistock environment, including reception, unfriendly.
51	Adult	As above.
81	Portman Clinic	Occasionally the material failed to arrive.
89	Adolescent	The personal stuff felt difficult and uncomfortable
122	Adult	Not being informed if I was having a report after therapy. I would really like some feedback of some sort.
132	Adult	The information seemed to be contradictory to the experience I received, for example, the leaflet mentioned that the clinician would be able to help if the patient had difficulty talking about himself - this was not the case during my session.

## Raising issues and concerns

Response No	Department	Were you able to raise any issues and concerns that you had?
4	Portman Clinic	Yes, to some extent, but as my major problems were a complaint about a therapy service and 'falling out' with people, exploring issues and concerns with someone keeping to their psychoanalytic psychotherapy training was often fraught
10	Adult	I am suffering from depression. In my session, I was asked "Do you think you are worthy to live?" and "Did you feel you're not worth to live?" Not sure, exactly but my depression got worse and I lost hope. But may be that's just my feeling - she didn't do anything wrong. I did not feeling uplifted, I have decided to stop coming to the clinic anymore.
13	C&F	Very helpful and understanding
21	Adult	I tried to but as I said the person I saw didn't understand why I was there
32	C&F	We were actively encouraged to discuss concerns that we had, including concerns about the actual treatment we were receiving
34	Not sure	As far as my treatment, we discussed the length of time it took to get to that stage (as it took a long time in my opinion) which they listened to.
39	Adolescent	Not enough time!
51	Adult	I went over the situation - past and present. My needs - present and past. And their lack of capability of fulfilment in this set-up. Who cares, anyway -?
60	Adolescent	I was afraid to raise my issues as I felt my time would be cancelled
70	Adult	I was able to raise concerns but there was in no way any advice or continuity. 4 people left the group dissatisfied and a 5 <sup>th</sup> looked imminent.
72	C&F	Yes I was able to discuss in detail all my problems, also the doctor's showed concern for my mother which was good
81	Portman Clinic	As I have hopefully made clear, everything I said was most of the time systematically ignored.
90	Adult	I am still waiting to hear... Initially followed up and then nothing. This was by PALS. Very disappointed for what I thought was a trust with a good reputation: worked with it's clients and helped improve ones mental health and well-being not the opposite.
99	Adult	When I raised my concerns I was politely but firmly ignored
104	Adult	I believe this was the turning point of my treatment - the help I felt I was given to raise issues and concerns directly and with confidence. I could not thank my therapist enough.
113	Adolescent	The lady leader had very specific ideas and was not flexible. She made everything seem harder than it needed to be.
122	Adult	It took me time to start talking but I managed to raise most of my issues.
129	Adult	I felt at first my problems with finding the right treatment and time wasn't taken into account but eventually things were sorted out.
140	C&F	I could have but chose not to.

## Trust facilities

Response No	Department	What did you think of our facilities e.g. cleanliness, comfort, disabled access, vending machines?
4	Portman Clinic	I wondered about wheelchair access to the Portman
9	C&F	The waiting room was small and hot and claustrophobic
11	C&F	Toilets seemed to be cleaned very regularly. Liked paper towels to use instead of blow dryer.
25	C&F	No suitable toys for my two year old in waiting area which meant it was difficult to keep him in the room.
26	Adult	Vending machines a bit complicated in waiting room
32	C&F	The treatment room felt extremely small to work in, when having whole family meetings.
36	Not sure	Everything was in good condition.
45	Adult	I think people with limited sight might have trouble navigating the building. Some of the rooms were tatty with items like blinds in disrepair. Female toilets were often broken. The building is showing its age and could do with modernisation
51	Adult	Physically not bad, but this is of course irrelevant - mainly to the issues.
53	Adult	Should be a 5 pt scale good -> poor to big a gap!
68	Adult	Treatment room was more like a store room for old files and chairs.
70	Adult	Very good comfort and access, poor cleanliness, very poor vending machines and toilets
81	Portman Clinic	The premises are rather old and therefore tatty but because my main cause of disappointment is how I was treated, I don't think the appearance of the clinic should be a priority.
88	C&F	Sometimes vending machine out of order, but no real hassle
91	Not sure	Treatment rooms were okay. TOILETS were filthy and often did not work. Coffee tea machine did not work often.
101	Adult	I think for a session starting in late afternoon there should have been provisions for tea or coffee that could be available in a simpler form than the machine provided.
107	C&F	Everything looks in good condition and is also clean.
108	Adult	Occasionally disappointed with female toilets on ground floor nearest reception.
117	C&F	Waiting room chairs NOT very comfortable, of course you can not have all different size of chairs for everybody.
124	Adult	Toilets very basic and a bit old. Assessment rooms very small offices.
125	Adult	I feel that the facilities were functional and decent and reflected N.H.S. public facilities rather than (presumably) private health care standards.
129	Adult	The waiting room is very peaceful. The drinks from the machine were a good selection, but the drinks went up to I think 50p and the machine didn't take 50p pieces! A bit awkward.
132	Adult	Unfortunately the building as a whole including the waiting area was quite

		run down. The water dispenser was out of water.
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## Appointment arrangements

Response No	Department	What did you think about our appointment arrangements e.g. notice of appointments, changing times, cancellations?
4	Portman Clinic	I got letters and phone calls in plenty of time before any changes happened. The reception staff were always polite and friendly and most importantly welcoming.
6	Adult	I rang a few times to cancel my appointment and the message was not relayed to my therapist (on 2 occasions). Communication breakdown!
9	C&F	It was difficult to make appointments because of school hours
16	Adolescent	My appointment was changed to an inconvenient time
21	Adult	Appts, I thought should have been closer together
26	Adult	I found it quite difficult to take time off once a week from work. Availability of evening sessions would have been ideal. In fact this is the reason I had to end my treatment.
33	Adult	The doctor was only available at times during hours that were difficult for me to fit in with work due to the fact I worked in south London. The Clinic should have a 'sister' site somewhere more central or south of the river as well.
34	Not sure	Always sent reminders and the services were good.
39	Adolescent	I appreciate they came from London to Manchester but for 5 minutes I did not think it was worthwhile
45	Adult	Most of my appointments were in the evening so the staff I had to deal with to change appointments etc. didn't know me. Most of the time evening reception staff were very helpful in telling me about delays and cancellations. X and X were very helpful and seemed to make an effort to know the clients. That can not be said for X, who does not come across as very helpful. I don't feel she is really suited for such a customer facing role.
47	Adult	More options for alternative appointments should be made available i.e. a flexible approach.
51	Adult	I myself had to change my appointment. This was handled very well, I thought.
56	Adolescent	Never had any cancellations so cannot comment on that, but appointments were always frequent and promptly arranged.
60	Adolescent	I am from academic background. I just couldn't accept how the therapist would respond to me. Sometimes it was really childish what they would say and I felt either they thought I can't understand or <u>their</u> level of understanding was low. I told my assessor second time that I can't see any improvement. I got the answer that they will give me another therapist but that would be the last time because they can't just change therapists all the time.
62	C&F	X is lovely on the reception friendly, efficient, always calls you back... but there were long breaks in our appointment runs which was difficult to manage
68	Adult	Too many cancellations at short notice

78	C&F	The government should keep assisting this trust because it is helpful.
81	Portman Clinic	As an overall comment, I am quite happy to fill in this questionnaire to have myself heard, just to make you aware, that even if the quality of the services at the clinic is usually good, there still are cases like mine, where an individual is genuinely distressed and traumatised by the way they have been treated.
89	Adolescent	Written communication was poor at the beginning. The professionalism was very apparent lots of very skilled people. Journey was horrendous for us and building a bit depressing. How sad we don't have such expertise a little closer. Very many thanks
91	Not sure	Reception would not pass on to therapist that I was going to be late for session.
93	C&F	The team were very helpful and worked around my working hours as much as possible
99	Adult	Appointments were cancelled several times in a way whereby I only discovered the fact when I arrived at the clinic. The journey was long and expensive. This confirmed my feeling of being quite irrelevant and unimportant to the glorious Tavistock.
107	C&F	Well until now I can't say anything bad about the appointments. I have had appointments, the same day I call the Surgery. So that is good.
108	Adult	When appointment had to be cancelled, at least a couple of days notice was given by phone. Changes were made during sessions, giving notice.
109	Adolescent	It was a real shame I could not see the same counsellor for all the sessions but this was due to unforeseen circumstances - a family emergency for the counsellor - and not due to any fault of the counsellor or the service.
112	C&F	I don't have any comments
113	Adolescent	Very unaccommodating. No flexibility or respect for any time constraints that a patient may have due to work commitments.
118	Not sure	Flexible if necessary; both myself and my psychotherapist occasionally had to cancel or reschedule appointments. We were alright with this, but I feel more help could have been achieved if sessions had lasted longer (see section 2 of question 8).
122	Adult	Had plenty of notice and was always told of any cancellations.
124	Adult	Therapist was good to let me know if an appointment had to be changed and we did our best to accommodate each other.
125	Adult	I do not recall having a problem with these - at least not in my third and final (so far) group.
138	Portman Clinic	Now I have moved to Charring Cross where they are fairly poor with appointments.

Patient ratings of overall care

Response No	Department	Overall, how would you rate the care you received from us?
4	Portman Clinic	I wanted individual therapy and this was not on offer on a weekly basis but only about every four to six weeks. When I had problems with the therapist she decided it was because I did not like psychoanalytic psychotherapy and nothing to do with the way she was using her skills or anything else
6	Adult	Very impressed with the high standards delivered by staff. 100/100.
7	Adult	My appointments were spread out, partly due to clinic being closed due to bad weather (snow) and to my being unwell once. Therefore lacked continuity and cohesion.
16	Adolescent	My assessment was excellent but then I was passed on to someone who did not have enough experience to give me effective treatment
19	Adult	I was referred by G.P. as part of a research programme into long term depression? 3 years ago I came up in the group to receive counselling but decided not to take this up
21	Adult	Person I saw didn't seem to understand me!!
28	Adult	Slow, insensitive, inefficient. Shame on NHS.
32	C&F	It was an excellent resource for our family and we all left the Tavistock knowing how to work together when times are difficult.
35	C&F	More understanding and more touching
37	Portman Clinic	Although the consultant was very helpful and referred me on to another clinic nearer to me. There was not the power there for her to be able to prescribe blockers which would have been very helpful at the time.
39	Adolescent	The person who came to see my son came a long way and we only managed to see him for 5 minutes. My son wasn't able to give him a true account of his feelings and what he is going through personally in that time.
43	Adult	Participated in Adult Depression Study. Wasn't told I could have claimed travel expenses until it was too late to claim. Apart from that all O.K.
46	Adolescent	Friendly people
47	Adult	I wanted more say in my decision e.g. as to what should and should not be said in a letter that was sent to my G.P.
51	Adult	I was referred to the Tavistock. I was seeking a therapist after brief therapy at the Keats Group practise. I'm afraid that the whole thing was quite futile since I expected to be rejected by the person who dealt with me. It was partly ageism. I had been there in a group 20+ years ago. There was no record of course. The place has much deteriorated. I wrote a long letter. Not acknowledged of course also.
53	Adult	Attended for assessment. No follow up or letter to give appointment! For ongoing care!!
56	Adolescent	Given that I was a gender identity clinic user and that there is only one for young people in the UK I think the frequency of appointments made available to me and standard of care was exceptional.
60	Adolescent	I needed a therapist that I could relate to and believe in, unfortunately they wanted me to accept anyone they introduce to me as my perfect therapist. I

		because of my situation needed a person who could I feel really understand me.
70	Adult	The group leader was unable to read the group and often made inappropriate statements at the wrong times. No advances were made at all
72	C&F	I was really pleased to be referred to the Tavistock as I wasn't getting anywhere with the Doctors in Northern Ireland
75	Adolescent	Main problem was that I was unable to refer my teenage daughter to your adolescent department through the parents' advice sessions i.e. the service was not well joined up.
78	C&F	Is very good, so please hold on to it
79	C&F	Keep up the good work. Wishing all the best to all the staff. A thanksgiving mass had been offered to include all those who have helped us. God bless.
81	Portman Clinic	I am sorry to say, but my experience at T&P was so appalling that I have had to contact another (NHS) trust to help me get over it. I understand some of your patients are treated well, but this did not happen in my case.
82	C&F	I was asked If my husband could join us at the sessions - I explained he works away but felt pressured to not come back without him.
92	Adolescent	The care was good but before we got there it was terrible
99	Adult	I had 3-weekly (every 3 weeks) sessions for about a year before I was put into a group... The individual sessions I had (3 weekly) before going into a group were slightly useful. The group was a total waste of time, and the result was that I have now fallen out of the mental health care system
101	Adult	Although I felt that I really needed one to one (which was not available) I got a great deal of support from the group.
103	C&F	Make it more comfortable and speak up.
107	C&F	Well everyone is always nice and kind, and always looking joyful. And very helpful to.
110	Adolescent/Portman Clinic	Dr X was excellent!
124	Adult	Reasonably good assessment but treatment options were disappointing. Was told the waiting list was very long so to look externally for a treatment option which I would need to pay for. (with people who were still in training)
125	Adult	I believe that one-to-one Psychodynamic therapy would be - would have been - good for me rather than group work. I say this due to being aware of my ongoing struggle with the schizoid position. Therefore I'd say that my overarching experience is that of disappointment.
135	C&F	Keep up the good work. All the best.
140	C&F	I've already written a letter to the department outlining my concerns and complaints.

**Patient recommendations of our services**

Response No	Department	Would you recommend our services to a friend or family?
4	Portman Clinic	[Ticked 'Yes' box] But I would also discuss other options with them
33	Adult	It depends on individual circumstances.
47	Adult	Maybe
50	C&F	I did not have anything done so I could not recommend
51	Adult	Certainly not. Reform it-reform it-altogether -(Hamlet)
60	Adolescent	It depends. It is a matter of chance, if you get a good therapist of course yes.
82	C&F	Unsure only attended once.
125	Adult	This would depend on the individual in question
140	C&F	With reservations

## Summary of Qualitative Comments for Each Question

*Note: all spelling and grammatical errors have been corrected as necessary*

### 1. Did the person/people you saw listen carefully to you and treat you with respect and dignity?

#### Attentiveness/Respect

- Our thoughts were listened to and we established practical solutions together
- Certainly our lady therapist did. Other 'patients' in my latest group listened carefully to some extent and generally indicated respect and dignity to me.
- Saw X and X, both of whom epitomized respect and dignity regarding both myself as a patient and my parents who accompanied me.

#### Lack of Attentiveness/Respect

- They just repeated what I was saying
- He didn't know why I was there ☹
- I was certainly not listened to and left the clinic to receive the same treatment elsewhere feeling humiliated, insulted and abused by the person treating me

#### Positive Experiences

- Dr X and Dr X were very good with me. I am more than happy with the treatment I received
- They are very professional in their respective fields.
- We mainly saw X. He was very kind and caring and helped us all as a family. He was brilliant
- The male receptionist was extremely nice, the therapist and I got off to a bad start (my fault,) but things improved a lot and in the end I felt working together to overcome the bad start was very helpful.

#### Negative Experiences

- I came because my local NHS Trust had decided I was a danger to children and forced me to leave a job. The Portman therapist very quickly decided this was almost certainly wrong and reassured me this is a fairly common mistake but then did not want to discuss the Portman's position on this where as I think the Portman has a duty to counter misinformation and dangerous practice by other trusts. Everything was bought back to me when I saw it was a public policy issue.
- The person I saw complained several times about my difficulty to open up to him and then even suggested that it was because I had something against him (which was untrue until that point!). At this point I decided to leave!

### 2. Were treatment options discussed with you?

#### Involvement in Treatment Options

- Used the Gender Identity Clinic so naturally treatment options had to be discussed.
- Yes there was a lot of discussion about my treatment and forward planning. The doctors even came over to Northern Ireland to see me more than once, which my mum and I really appreciated
- At the end of six week assessment, I was informed that after a lot of thought/consideration, I would most benefit from group therapy. I agreed with this.

- All options were discussed.

#### **Lack of Involvement in Treatment Options**

- I attempted to discuss options on several occasions but was always ignored
- Further conversations held were not appropriately followed through. I was told one thing and then passed onto someone else, even though I had had discussion about what I felt and had been told, this was not accounted for.
- There was no mention of any treatment options at any time during this single session.
- I felt excluded from one-to-one therapy at the Tavistock and Portman Centre and the result has been being placed in group situations 3 times since the late 1990s.

#### **Other Comments**

- None of the options made me very happy. I came to the Portman angry with my local trust. The assessment revealed me to have a few minor problems around sexuality so a referral to group therapy at the Portman might not have been very relevant. So although the options were explained none of them were ideal.
- I was confused when the sessions ended with referral back to my G.P. But my nature is to comply!
- I was told if I felt my son needed more help when he is older, I may contact you through other agencies. In the meantime my son is left to cope with only the support of his family.
- The treatment option was discussed but behind the explanations there was no choice only compulsion. I felt bullied into "choosing" the choice of treatment that had already been decided for me in my absence.

### **3. Did you have enough say in decisions about your care and treatment?**

#### **Involvement in Care and Treatment**

- I found that treatment was sometimes hard to understand, in terms of being young and confused over its purposes. I did express this to doctors though and they did their best to explain every detail thereafter.
- Very much so, not so much timing-wise but theoretically speaking it was all my informed decision.

#### **Lack of Choice**

- I would have liked more guidance, it all seemed wrapped up very quickly.
- There was only one person available to see me so I didn't have a choice
- Not enough time to discuss this.
- NHS funding chose the decisions more than me
- My choices were very limited by the financial constraints on the Trust - which could offer short-term help only.
- I had no say whatsoever, everything I said was systematically ignored and my opinions were openly ridiculed.

#### **Other Comments**

- Our child did not bond with his therapist over the 12 months and we asked if he could have another therapist after 6 months, but this was not considered possible.
- Eventually I was put in a group which was ½ full and ½ way through. I lasted one session then left.
- There was disagreement about the best form of treatment and I felt I had to really push for the treatment I felt would be best. Once we agreed it went well.

#### 4. How helpful did you find the sessions?

##### Approach by Therapist/Support/Insight

- My therapist never missed a session, was consistent, sensitive and firm in equal measures.
- Being listened to, feeling supported, even though I didn't always feel understood. The therapist really tried hard to help by making calls to organizations outside of the Tavistock for care afterwards.
- I feel my treatment has changed my life completely. I look at things in a totally different way now. I no longer feel the victim but feel I have dealt with my issues and have moved on. Greatest thanks to X my therapist he's helped me more than he will ever know. He's a star.
- Having someone outside of the family unit listen to our concerns and then analyse and reflecting together to work out a solution. Also having a child psychotherapist come out to our son's school to talk with his teachers.
- Having the space and opportunity, within a group, to allow the pain and anger from the abuse I suffered, to show and to voice it.

##### Difficulties with Therapist/Approach/Lack of Support

- Any difficulties I had with the therapist were not explored in detail. She seemed too rigidly stick to her technique and did not explore in any detail why I found that difficult
- Complete lack of empathy, seen as case to fill in 45 minutes
- I did not like the therapist not commenting on things that I said. There were LONG moments of silence. Too long.
- No 'real' feedback at the end of two years. Didn't always feel understood.
- When some group members said bad/hurtful statements to me (which I thought inappropriate and said so) the therapist did not, I think, support me adequately in my pain.

#### 5. If you received any written information about the Trust before you attended did you find it helpful?

##### Helpfulness of Written Material

- Was quite realistic, down to earth and examples of what others had said about their feelings about doing therapy
- It was helpful to receive the information and a map.
- The information was helpful because it makes you feel that you know what to expect when you get there as I was really nervous beforehand.
- Gained enough information to understand what the Tavistock is, the services it provides and the need for surveys.
- The contents of the material were usually informative and of good quality
- To be prepared for parking facilities etc.

##### Unhelpfulness of Written Material

- Not being informed if I was having a report after therapy. I would really like some feedback of some sort.
- The information seemed to be contradictory to the experience I received, for example, the leaflet mentioned that the clinician would be able to help if the patient had difficulty talking about himself - this was not the case during my session.

**6. Were you able to raise any issues and concerns that you had?**

**Positive Experiences**

- We were actively encouraged to discuss concerns that we had, including concerns about the actual treatment we were receiving
- As far as my treatment, we discussed the length of time it took to get to that stage (as it took a long time in my opinion) which they listened to.
- I believe this was the turning point of my treatment - the help I felt I was given to raise issues and concerns directly and with confidence. I could not thank my therapist enough.

**Negative Experiences**

- I tried to but as I said the person I saw didn't understand why I was there
- I was afraid to raise my issues as I felt my time would be cancelled
- When I raised my concerns I was politely but firmly ignored

**7. What did you think of our facilities e.g. cleanliness, comfort, disabled access, vending machines?**

**Building/Toilets**

- Everything was in good condition.
- I think people with limited sight might have trouble navigating the building. Some of the rooms were tatty with items like blinds in disrepair. Female toilets were often broken. The building is showing its age and could do with modernisation
- Unfortunately the building as a whole including the waiting area was quite run down. The water dispenser was out of water.
- Toilets seemed to be cleaned very regularly. Liked paper towels to use instead of blow dryer.
- Occasionally disappointed with female toilets on ground floor nearest reception.

**Waiting Room/Treatment Room**

- The waiting room was small and hot and claustrophobic
- No suitable toys for my two year old in waiting area which meant it was difficult to keep him in the room.
- Waiting room chairs NOT very comfortable, of course you can not have all different size of chairs for everybody.
- The treatment room felt extremely small to work in, when having whole family meetings.
- Treatment room was more like a store room for old files and chairs.

**Vending Machines/Refreshments**

- Vending machines a bit complicated in waiting room
- Sometimes vending machine out of order, but no real hassle
- I think for a session starting in late afternoon there should have been provisions for tea or coffee that could be available in a simpler form than the machine provided.

**8. What did you think about our appointment arrangements e.g. notice of appointments, changing times, cancellations?**

**Inconvenient Times/Lack of Options**

- It was difficult to make appointments because of school hours
- My appointment was changed to an inconvenient time
- I found it quite difficult to take time off once a week from work. Availability of evening sessions would have been ideal. In fact this is the reason I had to end my treatment.
- More options for alternative appointments should be made available i.e. a flexible approach.

**Lack of Notice/Not being Informed**

- I rang a few times to cancel my appointment and the message was not relayed to my therapist (on 2 occasions). Communication breakdown!
- Too many cancellations at short notice
- Reception would not pass on to therapist that I was going to be late for session.
- Appointments were cancelled several times in a way whereby I only discovered the fact when I arrived at the clinic. The journey was long and expensive. This confirmed my feeling of being quite irrelevant and unimportant to the glorious Tavistock.

**Flexible Service/Helpful Staff**

- I got letters and phone calls in plenty of time before any changes happened. The reception staff were always polite and friendly and most importantly welcoming.
- Always sent reminders and the services were good.
- I myself had to change my appointment. This was handled very well, I thought.
- The team were very helpful and worked around my working hours as much as possible.
- Therapist was good to let me know if an appointment had to be changed and we did our best to accommodate each other.

**9. Overall, how would you rate the care you received from us?**

**Therapist's Approach**

- My assessment was excellent but then I was passed on to someone who did not have enough experience to give me effective treatment
- Person I saw didn't seem to understand me!!
- I needed a therapist that I could relate to and believe in; unfortunately they wanted me to accept anyone they introduce to me as my perfect therapist. I because of my situation needed a person who could I feel really understand me.
- The group leader was unable to read the group and often made inappropriate statements at the wrong times. No advances were made at all

**Appointment Difficulties**

- My appointments were spread out, partly due to clinic being closed due to bad weather (snow) and to my being unwell once. Therefore lacked continuity and cohesion.
- Main problem was that I was unable to refer my teenage daughter to your adolescent department through the parents' advice sessions i.e. the service was not well joined up.

- I was asked If my husband could join us at the sessions - I explained he works away but felt pressured to not come back without him.
- Reasonably good assessment but treatment options were disappointing. Was told the waiting list was very long so to look externally for a treatment option which I would need to pay for. (with people who were still in training)

#### **Positive Experiences**

- Very impressed with the high standards delivered by staff. 100/100.
- It was an excellent resource for our family and we all left the Tavistock knowing how to work together when times are difficult.
- Given that I was a gender identity clinic user and that there is only one for young people in the UK I think the frequency of appointments made available to me and standard of care was exceptional.
- Although I felt that I really needed one to one (which was not available) I got a great deal of support from the group.

#### **Negative Experiences**

- I am sorry to say, but my experience at T&P was so appalling that I have had to contact another (NHS) trust to help me get over it. I understand some of your patients are treated well, but this did not happen in my case.
- I believe that one-to-one Psychodynamic therapy would be - would have been - good for me rather than group work. I say this due to being aware of my ongoing struggle with the schizoid position. Therefore I'd say that my overarching experience is that of disappointment.

# Children's Survey 2010

## 1. Introduction

The fourth Children's Survey was carried out in the spring term of 2010. Questionnaires were placed in the Child and Family Department at the Tavistock Centre, the Tavistock Children's Day Unit and the South Camden Community CAMHS for one month. 39 questionnaires were completed. The results indicated that the children were generally satisfied with their visits to the Trust but some areas for improvement remained.

## 2. Response Rates and Demographics

### 2.1 Response Rates

Questionnaires were placed in the waiting rooms of the Child and Family Department at the Tavistock Centre and the South Camden Community CAMHS at St Pancras Hospital and Gloucester House, the Tavistock Children's Day Unit for one month in February 2010. During this time 39 questionnaires were completed of which 28 were completed by children in the departmental waiting room and 11 were completed by children at the Day Unit. This indicates an increase in the response rate on the previous year when 23 questionnaires were completed. This number is also more in line with the response rates from the first two surveys when 45 questionnaires in 2008 and 39 questionnaires in 2007 were completed over a three week period.

This year, the number of attended appointments by team for the Child and Family Department were obtained from the Trust's Informatics Department. Based on these figures and allowing for children who received therapy 2-3 times each week, the total number of children who attended appointments during the survey period was 79. As such the number of children who completed the survey in relation to the total number of children who attended the Department can be calculated to 49%. However this response rate cannot be compared to those from the previous year. In 2009 attendance figures during the survey period were estimated by the author after sitting in the waiting room and head-counting the number of attendees to the Department on an 'average day'.

## 2.2 Gender

More than twice as many boys completed the questionnaire than girls. This year, 26 questionnaires were received from boys representing 66% of the total received (compared with 11 or 48% in 2009). Of these 26 questionnaires, all 11 completed by children at the Day Unit were from boys. 12 questionnaires were received from girls representing 31% (compared with 11 or 48% in 2009) and 1 completed questionnaire did not indicate gender representing 3% of the total received (compared with 1 or 4% in 2009).

## 2.3 Age

38 children or 97% included their age (compared with 22 children or 96% in 2009) and 1 child or 3% did not (compared with 1 child or 4% in 2009). The ages of the children who filled in the questionnaire ranged from 5 and 12 years of age, which is similar to previous years.

**Table 1.1: Percentage of responses by age**

Age	Response Rate as a Percentage	Response Rate as a Number
5 years	3%	1
6 years	7%	3
7 years	16%	6
8 years	13%	5
9 years	15%	6
10 years	23%	9
11 years	7%	3
12 years	13%	5
Not stated	3%	1
<b>Total</b>	<b>100%</b>	<b>39</b>

## 2.4 Disability

26 children or 66% indicated that they did not have a disability (compared with 16 children or 70% in 2009). Additionally, 5 children or 13% indicated that they had a disability (compared with 4 children or 17% in 2009) and a further 8 children or 21% did not answer this question (compared with 3 children or 13% in 2009). Space was provided for children to name their disability and 2 of the 5 children named these as ADHD (1) and hearing impairment (1).

# 3. Visiting the Tavistock

The three questions on attendance were not applicable to the pupils from the Day Unit who completed the survey and as such the results in this section are based on the 28 surveys completed by the children in the waiting room.

### 3.1 Attendance Length

Over one-third of the children indicated that they had been visiting the Tavistock Centre for 'more than one year' (11 children or 39%). As in previous years this answer received the highest number of responses but this year the figure appears to represent a decrease in the number of children who reported visiting the Tavistock for long term therapy (compared with 19 children or 83% in 2009). However on closer examination, over a quarter of the children did not answer this question (8 children or 28%).

### 3.2 Attendance Frequency

From the questionnaires completed by the children in the waiting room at the Child and Family Department, most visited the Tavistock weekly. Here 13 children or 46% visited 'once a week' which is an increase on the previous year (8 children or 35% in 2009).

### 3.3 Attendance Type

Similar to last year, the majority of the children visited the Tavistock with their 'parent/carer' (16 children or 57%, compared with 14 children or 61% in 2009).

**Table 1.2: Data on children who visit the Tavistock**

Question	2010 (n=28)	2009 (n=23)	2008 (n=45)	2007 (n=39)
How long have you been coming here?				
- first visit	7% (2)	0% (0)	4% (2)	5% (2)
- about a term	11% (3)	9% (2)	4% (2)	5% (2)
- 1-2 terms	11% (3)	4% (1)	16% (7)	23% (9)
- more than 1 school year	39% (11)	83% (19)	56% (25)	44% (17)
- not answered	28% (8)	4% (1)	20% (9)	23% (9)
- more than one answer	4% (1)	0% (0)	0% (0)	0% (0)
How often do you come here?				
- 2-3 times a week	18% (5)	53% (12)	29% (13)	13% (5)
- once a week	46% (13)	35% (8)	31% (14)	51% (20)
- every few weeks	11% (3)	4% (1)	13% (6)	8% (3)
- every term	7% (2)	4% (1)	0% (0)	5% (2)
- not answered	14% (4)	4% (1)	27% (12)	23% (9)
- more than one answer	4% (1)	0% (0)	0% (0)	0% (0)
Who do you come with?				
- on my own	18% (5)	22% (5)	22% (10)	15% (6)
- with my parent/carer	57% (16)	61% (14)	47% (21)	49% (19)
- with whole family	0% (0)	0% (0)	2% (1)	0% (0)
- in a group	0% (0)	0% (0)	2% (1)	3% (1)
- not answered	25% (7)	17% (4)	27% (12)	33% (13)

## 4. The Tavistock Environment

### 4.1 The Waiting Room

This question was not applicable to the pupils at the Day Unit and as such the findings are based on the questionnaires completed by children in the Child and Family Department. Accordingly, around two-fifths of the children 'liked' the waiting room (12 children or 43%, compared with 14 children or 61% in 2009). However, a similar number of children indicated that they 'didn't like' the waiting room this year as last year (7 children or 25%, compared with 6 children or 27% in 2009) whilst the number of children who were 'not sure' increased on the previous year's results (9 children or 32%, compared with 3 children or 13% in 2009).

Table 1.3: Children's views on the Tavistock environment

Question	2010 (n=28)	2009 (n=23)	2008 (n=45)	2007 (n=39)
What do you think of the waiting room?				
- like	43% (12)	61% (14)	51% (23)	67% (26)
- don't like	25% (7)	27% (6)	18% (8)	28% (11)
- not sure	32% (9)	13% (3)	27% (12)	-
- not answered	0% (0)	0% (0)	4% (2)	5% (2)
Question	2010 (n=39)	2009 (n=23)	2008 (n=45)	2007 (n=39)
What did you think of the building?				
- like	51% (20)	47% (11)	31% (14)	67% (26)
- don't like	18% (7)	27% (6)	25% (11)	28% (11)
- not sure	31% (12)	22% (5)	42% (19)	-
- not answered	0% (0)	4% (1)	2% (1)	5% (2)
What do you think of the therapy room?				
- like	51% (20)	53% (12)	42% (19)	67% (26)
- don't like	15% (6)	30% (7)	34% (15)	26% (10)
- not sure	18% (7)	17% (4)	22% (10)	-
- not answered	13% (5)	0% (0)	2% (1)	7% (3)
- more than one answer	3% (1)	0% (0)	0% (0)	0% (0)

### 4.2 The Building

More than half the children (20 children or 51%) stated that they 'liked' the building, compared with just under half in 2009 (11 children or 47%). In addition, fewer children indicated that they 'didn't like' the building (7 children or 18%, compared with 6 children or 27% in 2009) which could suggest the emergence of a trend with higher satisfaction levels recorded

year on year. However, almost one-third of the children ticked the 'not sure' box (12 children or 31%, compared with 5 children or 22% in 2009).

### 4.3 The Therapy Room

With regards to the therapeutic setting, half the children 'liked' their therapy room (20 children or 51%, compared with 12 children or 53% in 2009) whilst fewer children this year indicated that they 'didn't like' the therapy rooms (6 children or 15%, compared with 7 children or 30% in 2009). Consistent with the findings from the last survey, less than one-fifth of the children were 'not sure' about their therapy rooms (7 children or 18%, compared with 4 children or 17% in 2009).

**Table 1.4: Children's views on the building and therapy room by service**

Question	C&F Dept. (n=28)	Day Unit (n=11)
What did you think of the building?		
- like	61% (17)	27% (3)
- don't like	18% (5)	18% (2)
- not sure	21% (6)	55% (6)
What do you think of the therapy room?		
- like	57% (16)	37% (4)
- don't like	11% (3)	27% (3)
- not sure	21% (6)	9% (1)
- not answered	7% (2)	27% (3)
- more than one answer	4% (1)	0% (0)

### 4.4 Qualitative Responses on the Tavistock Environment

The questionnaire also invited children to comment on the Tavistock environment. Very few children referred to the building or the therapy rooms but those that did stated that:

- "I like the inside of the building but it needs more pink" (girl, 12 years)
- "I like the paintings on the wall" (girl, 12 years)
- "I like the waiting area, I like the lady I saw X, I also like her room and I like the place we were in" (girl, 5 years)
- "I like the nurture room" (boy, 10 years)

Similar to previous years, most comments referred to the waiting room and a desire for more toys, such as:

- "Needs more decorating and more toys" (boy, 11 years)
- "The waiting room needs more toys for bigger kids" (boy, 10 years)
- "Have more toys for bigger kids aged 5-10 years old" (girl, 7 years)

## 5. Staff at the Tavistock

### 5.1 Interactions with Staff

This year, the two questions inviting children to answer whether their therapist listened to them and looked after them well were removed from the questionnaire. Instead two separate questions were added in order to understand more fully how our patients experience the staff at the Tavistock.

Accordingly, three-quarters of the children felt that both the staff listened to them and looked after them well (30 children or 77%) but one-eighth indicated that staff did not look after them well (5 children or 13%).

**Table 1.5: Children's views on their interactions with staff**

Question	2010 (n=39)	2009 (n=23)	2008 (n=45)	2007 (n=39)
Did your therapist listen to you and look after you well?				
- yes	-	83% (19)	82% (37)	87% (34)
- no	-	13% (3)	7% (3)	5% (2)
- not answered	-	4% (1)	11% (5)	8% (3)
Did other staff working here listen to you and look after you well?				
- yes	-	83% (19)	78% (35)	90% (35)
- no	-	13% (3)	9% (4)	5% (2)
- not answered	-	4% (1)	13% (6)	5% (2)
Do the staff listen to you?				
- yes	77% (30)	-	-	-
- no	5% (2)	-	-	-
- not answered	11% (4)	-	-	-
- more than one answer	7% (3)	-	-	-
Do the staff look after you well?				
- yes	77% (30)	-	-	-
- no	13% (5)	-	-	-
- not answered	7% (3)	-	-	-
- more than one answer	3% (1)	-	-	-

**Table 1.6: Children’s views on their interactions with staff by service**

Question	C&F Dept. (n=28)	Day Unit (n=11)
Do the staff listen to you?		
- yes	82% (23)	64% (7)
- no	0% (0)	18% (2)
- not answered	14% (4)	0% (0)
- more than one answer	4% (1)	18% (2)
Do the staff look after you well?		
- yes	85% (24)	55% (6)
- no	4% (1)	36% (4)
- not answered	7% (2)	9% (1)
- more than one answer	4% (1)	0% (0)

## 5.2 Qualitative Responses on Interactions with Staff

Comments were also received which illustrated the children’s relationships with the staff, for example:

- “I like coming to the Tavistock Clinic because the members of staff are excellent” (boy, 12 years)
- “Nice people” (boy, 11 years)
- “That my person called X is really kind” (girl, 8 years)
- “I like it because I like the people” (boy, 6 years)
- “Good staff – fun and they listen” (girl, 9 years)

## 5.3 Qualitative Responses on What Children Liked About the Tavistock

The children also provided comments on what they liked and did not like about coming to the Tavistock. Most responses were positive in nature about the therapy, such as:

- “[I like coming] because I get to express my feelings and somebody listening to me is great” (girl, 10 years)
- “I get things off my chest” (girl, 11 years)
- “I get my box of toys and other things” (boy, 10 years)
- “Literacy sessions and I like everything” (boy, 7 years)

In addition, a number of children mentioned that they liked the activities in the departmental waiting room and at the Day Unit, for example:

- “Reading comics in the waiting room!” (boy, 8 years)
- “Reading some books and looking at the fish” (boy, 6 years)
- “The fish and hot chocolate” (boy, 10 years)
- “Toys and games, my therapy time, nurture time, playtime and literacy with X” (boy, 10 years)

#### 5.4 Qualitative Responses on What Children Disliked About the Tavistock

However, some children did not have such a positive experience of the Tavistock. Of these, the majority referred to the journey to the Trust, missing school in order to attend their appointments and the wait before therapy. Examples of these included:

- “The journey” (boy, 12 years)
- “Getting here is a long journey” (girl, 12 years)
- “I miss school activities” (girl, 11 years)
- “Staying in the reception” (boy, 6 years)
- “When you have to wait” (boy, 10 years)

Other children who did not like coming to here either referred to their therapy or their interactions with other children at the Day Unit, for example:

- “In my sessions I don’t like it when my glue runs out” (girl, 10 years)
- “Writing what you spoke about” (girl, 9 years)
- “Children picking on you and when the football hits me on my face” (boy, 9 years)
- “Being in goal at football, some of the children if they are angry or if they pick on me” (boy, 10 years)

## 6. How the Tavistock Helps

Table 1.7: Children’s views on how the Tavistock helps

Question	2010 (n=39)	2009 (n=23)	2008 (n=45)	2007 (n=39)
Do you know why you come here?				
- yes	69% (27)	79% (18)	56% (25)	72% (28)
- no	15% (6)	4% (1)	13% (6)	15% (6)
- not sure	13% (5)	13% (3)	27% (12)	0% (0)
- not answered	0% (0)	4% (1)	4% (2)	13% (5)
- more than one answer	3% (1)	0% (0)	0% (0)	0% (0)
Does coming here help you?				
- yes	46% (18)	44% (10)	42% (19)	59% (23)
- no	23% (9)	17% (4)	16% (7)	13% (5)
- not sure	26% (10)	35% (8)	38% (17)	15% (6)
- not answered	5% (2)	4% (1)	4% (2)	13% (5)
Does coming here help your family/carers?				
- yes	51% (20)	44% (10)	73% (33)	59% (23)
- no	23% (9)	8% (2)	2% (1)	10% (4)
- not sure	23% (9)	44% (10)	18% (8)	21% (8)
- not answered	3% (1)	4% (1)	7% (3)	10% (4)

### 6.1 Children’s Understanding for their Attendance

Over two-thirds of the children understood why they visited the Tavistock (27 children or 69%). Although this figure represents a decrease on the previous year’s figures, when over three quarters of the children indicated that they understood why they came to the Trust (18 children or 79%), it is noticeably higher than the findings recorded from two years earlier (25 children or 56%).

### 6.2 How the Tavistock Helps Children

Similar to last year, less than half the children (18 children or 46%) felt that attending the Tavistock helped them (compared with 10 children or 44% in 2009). But unlike the previous year, this year saw an increase in the number of children who felt that the Tavistock did not help them (9 children or 23%, compared with 4 children or 17% in 2009) and a decrease in the number of children who were unsure as to whether coming here had helped them (10 children or 26%, compared with 8 children or 35% in 2009).

### 6.3 How the Tavistock Helps Families and Caregivers

Over half the children (20 children or 51%) felt the Tavistock had helped their family and/or caregiver, which was slightly up on the year before (10 children or 44%). This year also saw an increase in the number of children who felt that their therapy had not helped their family/carer (9 children or 23%, compared with 2 children or 8% in 2009). The figure for children who were not sure whether coming here had helped was lower than the previous year (9 children or 23%, compared with 10 children or 44% in 2009).

**Table 1.8: Children’s views on how the Tavistock helps by service**

Question	C&F Dept. (n=28)	Day Unit (n=11)
Do you know why you come here?		
- yes	64% (18)	82% (9)
- no	14% (4)	18% (2)
- not sure	18% (5)	0% (0)
- more than one answer	4% (1)	0% (0)
Does coming here help you?		
- yes	53% (15)	27% (3)
- no	18% (5)	37% (4)
- not sure	25% (7)	27% (3)
- not answered	4% (1)	9% (1)
Does coming here help your family/carer?		
- yes	61% (17)	27% (3)
- no	14% (4)	46% (5)
- not sure	21% (6)	27% (3)
- not answered	4% (1)	0% (0)

## 7. Advice Received from Children

### 7.1 Qualitative Responses on Advice to Staff

When invited to give advice to people who work here, the responses offered referred to improvements the children would like to see in the way people at the Trust interacted with them. Examples of these include:

- "When you're walking into a room, ask how they are" (girl, 11 years)
- "Be nice to visitors and helpful" (girl, 12 years)
- "Be kind to the children" (boy, 8 years)

However, other comments received were positive in nature, such as:

- "No advice – they're good enough" (girl, 12 years)
- "Keep up the good work" (boy, 12 years)
- "You are good" (boy, 10 years)

### 7.2 Qualitative Responses on Advice to Other Children

Children were also invited to give advice to another child who was going to visit the Tavistock for the first time. With one exception, all the children gave reassuring advice, indicating the children's possible fears and worries about commencing therapy. Some of these examples included:

- "Be brave and have fun missing school" (girl, 8 years)
- "Don't worry. It's not as scary as it looks" (girl, 11 years)
- "Don't feel scared or embarrassed. Just speak what's on your mind" (boy, 12 years)
- "Don't be shy and tell them everything, after all that is why you're coming here" (girl, 12 years)
- "Give it a chance and you might like it" (girl, 7 years)
- "This is a nice place and you will make friends" (boy, 6 years)

### 7.3 Qualitative Responses on Improving the Tavistock Experience

In addition, several children suggested asking for a tour of the building perhaps to alleviate some of the anxiety associated with coming here and starting therapy, such as:

- "I would show them around and let them help you manage your anger" (boy, 10 years)
- "[Show them] where rooms are" (boy, 7 years)
- "Give them a tour round the building" (boy, 7 years)

## 8. Conclusion

### 8.1 Satisfaction Rates

In terms of the Tavistock environment, a similar number of children indicated that they liked the building and their therapy room this year as did last year. However this only equates to around half the children liking these two areas

of the Tavistock Centre. In addition, two-fifths of the children suggested that they liked the departmental waiting room but this satisfaction rate is lower than the levels recorded in previous surveys.

Regarding their interactions with staff, the majority of the children felt that the people working here listened to them and looked after them well. Qualitative examples offered by the children further support the quality of the relationships between the children who attend the Tavistock Centre and the Tavistock Children's Day Unit and our staff. Similar to previous years, the children's comments provide a valuable insight into the therapeutic work that takes place at the Trust from the perspective of our youngest patients.

Finally, although more than two-thirds of the children understood why they visited the Tavistock, only around half felt that attending the Tavistock had been helpful to either them or their family/carer. Indeed, a greater number of children answered that therapy had not helped them or the members of their support networks this year than in the previous two years.

## **8.2 Indications for Further Work**

As noted, this year saw an increase in the number of children who felt that coming to the Tavistock had not helped them or their family/caregiver. One possible reason for this may have been due to the expansion of the Children's Survey to include children from the Day Unit where more negative views were gathered than positive views. Given that some sections of the questionnaire were not applicable to the pupils at the Tavistock Children's Day Unit and no questionnaires were completed by children in the waiting room at the South Camden Community CAMHS, it may be necessary to redesign the questionnaire so that it is more relevant to the children in these two outreach services of the Trust.

In addition, adapting the questionnaire may improve the sample size and allow for more detailed data analysis. This year 39 questionnaires were completed equating to a response rate of 49%, but in future years it may be worthwhile to consider alternative methods of engaging with our youngest patients whose views we wish to hear. Each year children tell us that one of the aspects of coming here they dislike most is waiting for their appointment. One possible solution could be to introduce an information kiosk into the Child and Family Department's waiting room, similar to the one already in use in the Adult Department's waiting room. This information kiosk would include access to the Trust's new children's website but also support a range of online activities and questionnaires including the Children's Survey.

As highlighted, the children who completed this year's questionnaire provided a rich source of qualitative data. The feedback continues to indicate that many children initially find coming here daunting but gradually find that visiting the Trust is not such a fearful experience. Indeed this year, several

children suggested the same idea to reduce the anxiety of starting therapy at the Tavistock by offering a tour of the building and the therapy rooms. It may be possible to include a virtual tour of the Trust on the children's website for children and their parents/carers to see what they can expect before coming here for the first time. Another option may be to include photographs of the waiting room and therapy rooms in the departmental patient information leaflets to illustrate what it looks like inside the Child and Family Department.

**Dr Sally Hodges, Patient and Public Involvement Lead**

**Ms Susan Blackwell, Executive Assistant, Patient and Public Involvement**

**April 2010**



## Have Your Say About the Tavistock: Some questions for young people

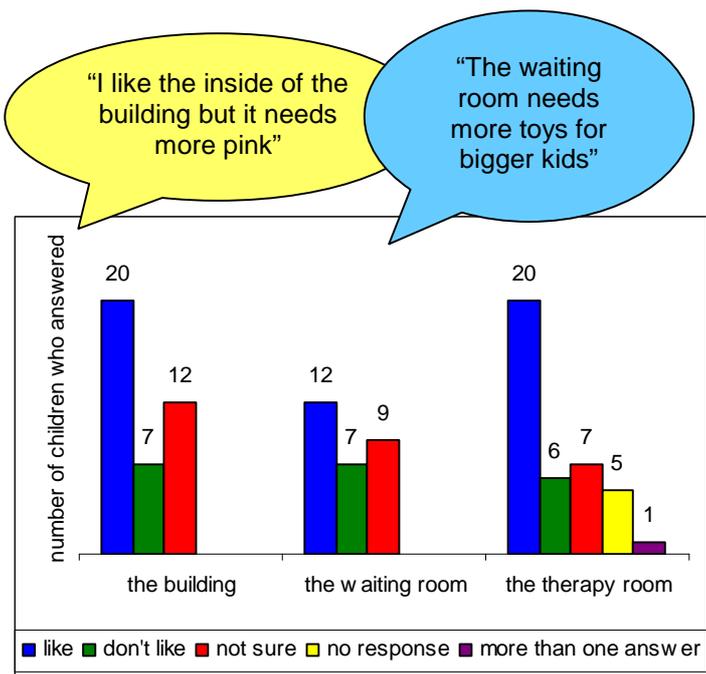


### What is this?

In February 2010 we put a survey in the Child and Family waiting room and the Children's Day Unit to find out what children thought about coming here. 39 surveys were filled in by children between the ages of 5 and 12 with more than twice as many boys responding than girls and this is what you told us.

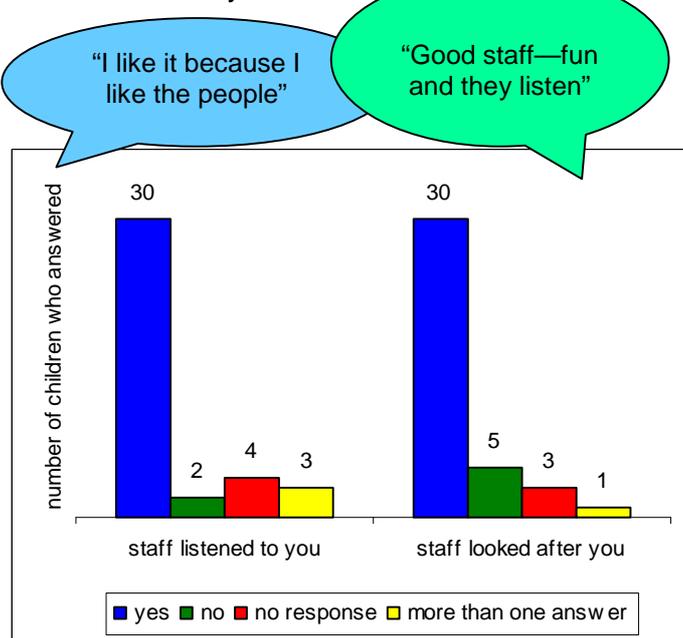
### What do you think of the building and rooms?

Just over half of you told us that you liked the building and your therapy room. Nearly half of you said that you liked the waiting room.



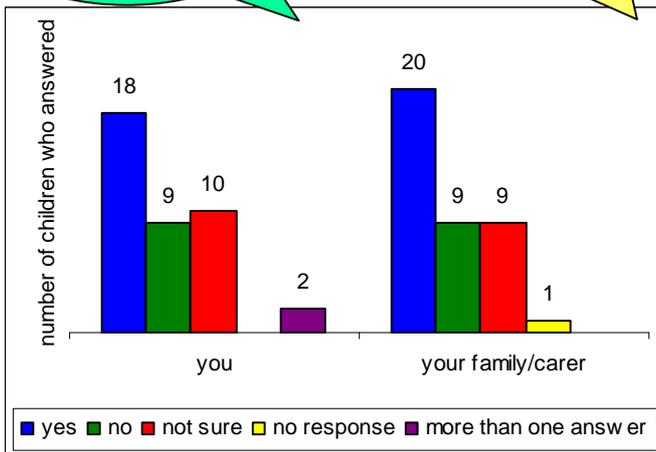
### What do you think of the people that work here?

Most of you told us that our staff had listened to you and looked after you well.



### Do you think coming here helps?

Nearly half of you said that coming here had helped you. Just over half of you told us that coming here had helped your family/carer.



### What advice would you give to another child?

We asked you to tell us what advice you would give to another child coming here for the first time and you said:



### What have we done with your feedback?

We have listened to your feedback on the building and have **painted bright colours** on the walls of the corridors and redecorated the **ground floor entrance**. We have also nearly finished designing a new **children's website** where you will be able to play, create things and learn about lots of different feelings in a safe space. Look out for its launch later on in the year!

“If you have any other ideas, let us know”

## Board of Directors : June 2010

**Item :** 12

**Title :** Service Line Report – Portman Clinic

**Summary :**

This report is split into two parts, the first giving an overall view of the Clinic, and the second providing some details of the three areas of activity of the Clinic – clinical, teaching / consultancy and research – and addresses both the threats and the opportunities which the Clinic is faced with currently.

**For :** Discussion

**From :** Clinical Director, Portman Clinic

# The Portman Clinic

## Part 1: Overview

### 1 History

- 1.1 The Portman Clinic was set up as the clinical arm of the Institute for the Scientific Treatment of Delinquency, established in 1931, and later called the Institute for the Study and Treatment of Delinquency (ISTD), and became operational when its first patient was seen in 1933. In 1948, with the coming into being of the National Health Service, the Clinic separated from the ISTD and became part of the NHS. In 1970 the Clinic moved to its current location in Fitzjohns Avenue, London, adjacent to the Tavistock Centre which houses the Tavistock Clinic.
- 1.2 During the 1980's a major review of the role of psychotherapy in the NHS was undertaken and the specialist work of the two clinics was recognised and subsequently organised under a special sub-committee of the Hampstead Health Authority. It was partly due to the standard of clinical work in both clinics that the Seymour Report (1985) concluded, despite opposition, that psychotherapy had a continuing role to play in the NHS. The two clinics, whilst maintaining their separate identities, increasingly joined forces and as part of the structural changes in NHS organisation jointly became an NHS Trust in 1994 and then a Foundation Trust in 2006.

### 2 The Work of the Portman Clinic

- 2.1 The range of work of the Portman Clinic, whilst continuing to be substantially rooted in its clinical work, has developed significantly. This following brief overview will be discussed in more detail later in this report.
- 2.2 The fundamental and core activity of the Portman Clinic continues to be the assessment and psychoanalytic treatment of patients who are disturbed and distressed by their delinquent, criminal and violent behaviours or as a result of their sexual activities causing hurt and damage to others and/or to themselves. By definition, these patients and offenders act out their disturbance and in doing so have an emotional impact on those around them including the clinicians and services charged with their care. This factor has to be taken into account in the delivery of services to these patients.

- 2.3 The Portman’s clinical service is offered to children and adolescents, and their families, and to adults, and the mode of treatment is individual or group treatment with some couple work. Frequency of sessions is mostly once weekly with some patients being seen twice weekly and a very few patients seen intermittently. Treatment tends to be medium to long term.
- 2.4 In addition to this clinical service, the Portman Clinic undertakes the writing of ‘expert witness’ reports for both the family and criminal courts and also risk assessment reports; and, based on the accumulated experience of trying to understand the relationship between patients’ emotional states and the use of the body, the Clinic also provides a clinical service to those members of the transgender community, transvestites and pre- and post-operative transsexuals, who approach the clinic for help and advice.
- 2.5 Rooted in this in-depth clinical experience with patients, the Portman Clinic provides a range of teaching, training and CPD activities and organisational and clinical consultancy to colleagues in community or institutional settings working with similar patients and offenders. This includes front line practitioners of all disciplines, their supervisors, service leads and managers, working in community mental health teams, in hostels and day care provision, in low, medium and high secure hospital and in prisons.
- 2.6 The Clinic’s third substantial area of activity is audit and research and the publications that emerge from this. This is a growing activity and essential to the development of the clinic.

### 3 Clinical staff group

- 3.1 The Portman’s clinical staff group is made up as in Table 1.

Table 1: Portman Clinical Staff Group

Clinical Staff	Whole Time Equivalents (WTE)
Consultant Adult Psychotherapists	6.20
Consultant Child and Adolescent Psychotherapists	2.60
Consultant Psychiatrists in Psychotherapy	3.45
<b>Total Clinical Staff</b>	<b>12.25</b>

- 3.2 In addition the Clinic hosts two full-time medical Forensic Psychotherapists SpRs who are training in a scheme jointly run with the

West London Mental Health Trust, and also a number of (very) part time Honoraries, currently three.

- 3.3 The Clinic employs two full time Assistant Psychologists whose primary responsibilities are to support the audit and research functions of the Clinic and to provide other support to clinical staff i.e. literature searches. They do not have clinical responsibilities but do meet patients to administer research / audit instruments as appropriate.
- 3.4 Among the Portman clinical staff group three, in addition to their Portman work, have Trust-wide roles, these being:
  - 3.4.1 the Lead for Personality Disorder
  - 3.4.2 the Caldecott Guardian
  - 3.4.3 the Assistant Medical Director
  - 3.4.4 the Director of Medical Education (the latter 2 roles being held by one person)
- 3.5 For this current financial year the Trust Wide Personality Disorders Lead post is paid for out of the Portman budget.
- 3.6 At the time of writing, within the clinical staff group referred to above, the Clinic has one long term medical locum, providing a specific clinical service, and another short term medical locum covering 2 sessions from a medical colleague who is staging her return back to work following maternity leave. Also at the time of writing, one colleague is on long term sick leave (absent since mid March 2010 with no return date set). At the present time the Clinic has a 0.4 WTE clinical vacancy.
- 3.7 The 12.25 WTE clinical staff group is made up of 20 people (including the short term locum). Of these 7 are on 3 sessions each or less (including the short term locum) with 5 on 1 or 2 sessions and though all are fully engaged on specific projects / in specialist areas of work but it is not possible for them to also play a fuller part in the organisation and life of the Clinic. It is planned to reduce this number when possible and to rationalise the sessions to two or three more substantial posts.
- 3.8 The Administrative and secretarial staff of the Portman Clinic is made up of:

- 3.8.1 a full-time Clinic Manager (who shares the work of PA to the Clinical Director with the full-time Administrative Manager)
  - 3.8.2 a full time Administrative Manager
  - 3.8.3 a full-time court report secretary who also acts as PA to the court reports service leads within the clinic and
  - 3.8.4 3.95 secretarial staff.
- 3.9 The current administrative and secretarial staff group is made up of 7 persons, and at present the Clinic has a 0.4 WTE secretarial vacancy.
- 3.10 The proposed pay and non-pay budget for the Portman Clinic for 2010/11 is £1,644,782 a 4.49% increase on last year's budget.
- 3.11 The introduction of Service Line Reporting, though not without its substantial difficulties, partly related to as yet incomplete systems for information sharing, has been very welcome and, once refined, will aid the management of the Portman Clinic. However, the introduction of this report has also raised some questions in relation to the nature of the relationship between the operational units and central services and, unless it is carefully managed, could contribute to competition and rivalry between service lines.
- 3.12 The Clinic's organisational structure and line of authority is very simple. There is a shallow hierarchy with the Director of the Clinic being (internally) supported in his role by an Executive group made up of the Clinic Manager and the clinical staff who have a function lead responsibility, i.e. the heads of clinical services, training services, research and clinical governance. A medical colleague and the Administrative Manager are co-opted onto the Executive. Medical staff are answerable to the Trust's Medical Director, and members of the nursing and psychology disciplines have professional contact with these disciplines across the Trust, but the line of authority for all Portman staff is to the Portman Clinic Director. The Director is supported by other Service Line Directors in the Trust and by colleagues in central Trust directorates, and is supported and managed by, and answerable to the Trust Clinics' Director.

## 4 Maintaining quality of practice

- 4.1 Given the toxicity and disturbing nature of most of patients dealt with in the Clinic, robust professional structures are in place to support and develop the staff and maintain high quality practice.
- 4.2 All the clinical staff are trained and experienced in one of the core disciplines, nursing, social / probation work, psychology and psychiatry, and all have further specialist training as child and adolescent psychotherapists, adult psychoanalytic psychotherapists or psychoanalysts (with a number having trained both as child and as adult psychotherapists).
- 4.3 The clinical work is supported by two obligatory weekly clinical meetings, one for all staff where on-going individual clinical work is discussed and one for those running therapy groups where on-going group work is discussed; and by a fortnightly meeting where assessments and appropriate disposal of patients following assessment is discussed. There is an obligatory termly extended clinical staff meeting where specific clinical issues are discussed, with staff bringing clinical vignettes for consideration, audit details if they exist of the issue being discussed are made available and there is encouragement to read agreed relevant literature. There is also a voluntary monthly reading seminar.
- 4.4 These systems which support and develop the standard of practice in the clinic are always very well attended but, when in the recent past the clinic's establishment was temporarily reduced due to sick leave, a maternity leave and a delay in re-appointing staff, staff tended to absent themselves from these meetings to make time available to cover the work of absent colleagues. This was perhaps acceptable as a short term measure but it would be of major concern if increased work loads continually put such pressure on staff so that the 'quality controls' in the clinic were not maintained.
- 4.5 The whole Portman staff group meets at least once a term to discuss and decide on policy matters and has an annual whole day Away Day to more fully consider and debate policy issues and the establishment of new projects. The Administrative staff have regular meetings to discuss the nature of the Clinic's work and the sometimes very disturbing material they are typing or reading.

## Part 2: Activities of the Portman Clinic

### 1 Clinical

- 1.1 As stated earlier, the core activity of the Portman is the assessment and psychoanalytic treatment of patients. The vast majority of patients seen, adolescents and adults, have actually enacted their criminality, violence or sexual perversion and hence have this emotional and material fact to contend with in addition to the often profound deficits and conflicts of their original developmental history. Such patients and offenders are often broadly referred to as 'forensic' or as 'anti-social personality disordered' and are often known to acute and forensic psychiatry services, to social care services and to the criminal justice system.
- 1.2 The Clinic receives approximately 250 referrals per year, approximately 200 adults and 50 children / adolescents (mostly adolescents (see below)).
- 1.3 Did Not Attend (DNA) levels for Portman patients are good and falling:

**Table 2: Portman Clinic DNA Levels**

	June 04 / Dec 06	Jan 07 / Sept 09
DNA first appointment	5.8%	3.1%
DNA subsequent appointments	10.9%	9.4%

- 1.4 These are remarkably low figures for a patient population recognised as having complex and ambivalent relationships with professionals, in part due to profound anxieties and conflict in their interpersonal relationships.
- 1.5 The Clinic is reported (June 2010) to have 53 Dormant cases and this is currently being investigated to differentiate out patients who are in treatment and being seen intermittently, those which are court reports, those patients being seen for assessments and those being seen for follow up/review.
- 1.6 The following figures, giving some details of **adult referrals**, are taken from the last audit carried out of adult referrals, in 2008.
  - 1.6.1 Adult referrals come mostly from secondary care (50%) and primary care (25%). Only 5% of referrals are self referrals. The

vast majority of those referred have had a number of previous interventions from mental health services and the criminal justice system.

- 1.6.2 The Portman Clinic has three broad 'tickets of entry' for treatment: criminality, violence and sexual perversions. 48% of all referrals come with two or three 'tickets of entry'. 21% of all referrals have all three tickets (examples of these are rape, paedophilia, incest, sexual assault, i.e. criminal, and violent and sexual).
- 1.6.3 85% of Portman patients are men: men tend to act out their distress and disturbance in anti-social ways, and so gain a 'ticket of entry' for Portman Clinic services, whilst women tend to express their distress by harming themselves and occasionally those closest to them such as their children or partners.
- 1.6.4 Paedophilia, compulsive use of internet pornography (usually paedophilic), sexual and nonsexual violence, and transvestism / transsexualism are the most frequent factors, in that order, in referrals. The largest increase in the last few years in reasons for referral is compulsive use of internet pornography.
- 1.6.5 Recent audits show that 76% of patients stay in treatment for at least two years, 51% stay in treatment for up to 4 years, and 25% stay in treatment for up to 6 years. The remainder stay in treatment long term, a number becoming intermittent patients. The 2009 NICE Guidelines on Anti-Social Personality Disorder state that such patients require long term treatment.
- 1.6.6 The Clinic is seeing approximately 200 patients at any one time of which approximately 85% come from within London under the Specialist Commissioned Contract. About half of these patients are seen individually and half in groups, either symptom specific groups (there is currently a group for patients suffering from paedophile, an anti-social personality disordered group, and two groups for pre- and post-operative transsexual patients) or in generic groups. The first two of the symptom specific groups are being researched – see below.

- 1.7 The following figures, giving some details of **child and adolescent referrals**, are taken from the last audit carried out of child and adolescent referrals, in 2010.
- 1.7.1 86% of child and adolescent referrals are adolescents, i.e. over 11 years of age.
  - 1.7.2 80% of those referred are boys, but there is a very noticeable increase in the referral rate for girls, having doubled in the last few years.
  - 1.7.3 41% of referrals come from Social Services
  - 1.7.4 33% come from medical consultants and secondary care
  - 1.7.5 8% come from GPs
  - 1.7.6 Just under half of the referrals were 'looked after' children.
  - 1.7.7 86% of the children / adolescents referred have had previous contact with mental health services
  - 1.7.8 37% of the children / adolescents referred have had previous contact with the criminal justice system
  - 1.7.9 40% of referrals involve self harming behaviours.
- 1.8 Just under 75% of referrals have presenting problems of a sexual nature with the most common cited being that of inappropriate sexual behaviour and assault (33%) and sexual abuse (27%). 50% presented with problems of criminality. 30% presented with all three Portman Tickets of entry. The most striking increase in reasons for referral was addiction to internet pornography, now specified in 22% of referrals, but which did not even register in the 2004 Audit.
- 1.9 The Clinic has a steady flow of referrals requesting court reports for both family and criminal courts and for risk assessments. There is regular collaboration over court reports with the Tavistock Clinic's Monroe Family Centre. Based on this court work the Clinic is designing and establishing a new service – see below.
- 1.10 Income from clinical activity (including court reports) is forecast for 2010/11 as being £1,498,866. This represents an increase of 13.22% on last year's actual clinical income (£1,323,827). Just over £1.1m of this

comes from clinical contracts, the largest being the London Specialist Contract, worth £978,325 in 2010/11 compared to £723k in 2005/06 an increase in that period of 35%. The income from court reports has grown very steadily, achieving £106k in 2009/10, compared to £62,241 in 2006 /07, an increase in that period of 72%.

## **2 Teaching, Training and Consultancy**

- 2.1 Starting from a low baseline, the Portman Clinic is successfully developing its training, teaching and CPD activities, and its organisational and clinical consultancy. Most activity in this area is delivered through consultancy rather than more traditional teaching.
- 2.2 Many forensic / personality disordered patients and offenders are cared for in institutional settings, in low / medium / high secure hospitals or prisons or, if managed in the community, are often known to a multidisciplinary team. The fact of this institutional and team treatment setting for these patients, together with the emotional impact they have on those around them, results in the 'training of choice' often being that of clinical consultancy with the multi-disciplinary team. Through reflective practice group sessions, the team can build up their shared knowledge and integrated understanding of their patient, whose fragment mental state can result in partial and differentiated relationships to different members of the staff team. In addition, consulting to the managers and service leads (i.e. organisational consultancy) can protect the institution and the managerial functions from being similarly affected by the emotional impact of the management and care of these patients/offenders, as well as ensuring that resources are made available for the practitioners to be able to access the reflective practice sessions.
- 2.3 Currently, such organisational and clinical consultancy is taking place in medium and low secure, and prison settings, as well as in Community Mental Health Teams, in a number of services in London, and across the UK most intensively in Nottingham, Wakefield and Leeds.
- 2.4 The income for this consultative activity in 2009/10 was £106k, compared to £70,200 in 2006/07, an increase in that period of 51%. The target for the current year is £115k and in addition there is a very recently secured SLA worth £60k from a small psychotherapy service in Holloway Prison and funding of approximately £55k from the Department of Health for specific projects in south London.

- 2.5 Two years ago, the Portman Clinic shut down a course it had offered for number of years because it was no longer meeting the needs of colleagues in the forensic and personality disorder services and was proving to be very labour intensive and expensive to run. In its place other learning opportunities have been successfully established and are the beginnings of a new training 'escalator' towards a more substantial course. The Clinic participates in a number of Tavistock Clinic courses and trainings as well as offering supervision and consultancy to Tavistock Clinic colleagues. There is no payment received for this activity. In addition, the Clinic runs a number of reasonably successful CPD lecture series and seminars. The latter includes a very well received course on Risk Assessment and Management which has also been delivered in an adapted form in Birmingham and Nottingham (twice), and a regularly oversubscribed Seminar on Enactment. A new Seminar on Technique will be offered as from September 2010. A year long course for senior Probation Officers, run in collaboration with senior colleagues from two community settings, will commence in September. The Clinic responds regularly to short interventions requested by colleagues in forensic / PD services.
- 2.6 Jointly with the West London Mental Health Trust, the Clinic runs a medical training in forensic psychotherapy. Psychiatrists undertake a 'dual' training in forensic psychiatry and medical psychotherapy and graduate as Consultant Forensic Psychiatrists.
- 2.7 The income from these training activities is growing and has probably doubled in the last two to three years. According to the Service Line Budget Report, the training income for 2009/10 was £154,044 and is targeted to be £173,890 for the current year, an increase of 12.9% Further refining of these figures is required and the final outcome for last year might be found to be higher.
- 2.8 With the likely reduction in clinical activity as a result of the cut in the London Specialist Commissioned Contract, resources will be freed up to further develop these and other teaching, training and consultancy projects.

### 3 Research

- 3.1 The Portman Clinic employs two staff members with posts specifically designated as consultant adult psychotherapists / researchers. One of the two has the lead role and together with other colleagues and two Assistant Psychologists they have significantly developed the research mindedness of the clinic resulting in regular audits and a growing number of research projects.
- 3.2 Regular audits are carried out of both child and adolescent referrals and adult referrals. Other recent audits include recidivism amongst patients in treatment; the nature of requests for advice and consultation from potential referrers as opposed to referral for treatment; looking at referred patients who had major drug and alcohol addictions and were, for this reason, not taken into treatment but encouraged to access addiction services and then be re-referred; an audit in relation to referrals and treatment of female patients; and, at the request of the Department of Health, an outcome audit with multidisciplinary staff teams participating in ward based reflective practice groups, conducted by Portman staff, on five wards in two medium secure hospitals in south London.
- 3.3 There are a number of active current research projects:
  - 3.3.1 an evaluation of a therapy group for people who have convictions for sexual offences against children has now been running for four years and will provide data about changes in personality functioning, symptoms, and indices of risk coinciding with the receipt of psychoanalytic psychotherapy. In addition, all participants completed Adult Attachment Interviews at the outset, and a small grant was received to enable these to be professionally rated, allowing comparisons with other forensic and mental health populations; this is a collaboration with Broadmoor Hospital and should add to the knowledge-base about paedophilia.
  - 3.3.2 the Clinic is piloting a new treatment approach for antisocial personality disorder, Mentalisation Based Treatment (MBT), and this group intervention, and parallel groups on other pilot sites, are being evaluated (by Anthony Bateman) using an extensive range of measures.
  - 3.3.3 a qualitative study exploring patient's perceptions of the changes affected by forensic psychotherapy and the processes

instrumental in these changes, has been completed and submitted for publication.

- 3.4 Further research projects are in development:
  - 3.4.1 an evaluation of psychotherapeutic treatments for paraphilias
  - 3.4.2 an exploration of the role of excitement in violent offending using the Implicit Association Test.
- 3.5 In addition, two clinical psychology doctoral projects have been undertaken under the supervision of the Research Lead in the Portman Clinic:
  - 3.5.1 an Implicit Association Test (IAT) comparison of child sex offenders and child pornography internet offenders
  - 3.5.2 a study examining reported childhood trauma in those with sex addictions compared with those with substance and gambling addictions.
- 3.6 There is no external funding for this audit and research activity apart, from the small grant recently obtained for the joint project with Broadmoor Hospital (mentioned above). However, the Portman Clinic believes that the research function is very important and it plans to continue to fund it from its clinical and teaching/consultancy income. The research direction within the Clinic prioritises evaluative and outcome studies and the value of providing such audits and research outlines to commissioners to demonstrate aspects of the Clinic's work has been enormous.
- 3.7 All major research developments involve collaborations with academic and/or health colleagues, currently those from BEH MHT, the Anna Freud Clinic / UCL, Broadmoor Hospital / St George's and Cardiff University, as well as support and advice from colleagues in the Tavistock Clinic.
- 3.8 The Clinic is developing its writing activity. Recent projects include a book on violence written by a Portman staff member published in January 2010 and another book jointly co-edited by a Portman staff member is with publishers and will appear at the end of the year. A number of papers in professional journals and chapters in books have been published recently and two papers originally given at a conference in York will be published in a professional journal in the

next few months. A research paper describing the impact of one year of weekly consultancy to a multidisciplinary ward staff group in a high secure hospital is with a journal and currently being revised for publication. A qualitative study exploring patient's perceptions of the changes affected by forensic psychotherapy and the processes instrumental in these changes, has been completed and submitted for publication.

## **4 Conclusions**

4.1 There are major threats to the work and morale of the Clinic, and the Trust, over the next four or five years. Whilst addressing these, it is crucial that pursuing realistic new developments can also be attended to. Sustaining such a stance will allow for seeing what opportunities may become available in the changes brought about by a turbulent environment and, in addition, will, perhaps crucially, contribute to underpinning and nurturing staff morale which is already affected by the anxieties brought about by the impending financial cuts to the NHS.

4.2 There are a number of both threats and a number of opportunities which the Clinic is facing

### **4.3 Threats**

4.3.1 The major threat is in relation to the Portman Clinic's (to date) robust London Specialist Commissioned Contract which is to be being substantially reduced over the next few years. At a very recent meeting with the Lead Commissioner (on 14<sup>th</sup> June), she repeated what she had told us a few months ago, that the London Contract value is to be cut "by 20% over the next 4 years and possibly more". The current value of the London Contract to the Portman Clinic (2010/11) is £978,325 so a 20% cut over the next few years suggests an accumulating loss of an amount in the region of £50k per year.

4.3.2 The likely reduction in the funding of all mental health providers in the next few years will have an impact on their ability to access training and consultancy. This would obviously have a negative impact on the growing teaching, training and consultancy activities of the Clinic.

- 4.3.3 The loss of clinically minded colleagues in the Department of Health Personality Disorders Unit leaves civil servants and Ministers less well informed about practice matters and at risk of developing policies and promoting practice driven solely by financial considerations rather than by the needs of PD patients and the staff groups working with them.
- 4.3.4 The current financial and political climate will inevitably impact on management and staff morale. The relentlessness of the pressure on costs which the Trust has already addressed in the last two or three years, together with a seemingly constant increase in demands for reporting to external scrutinising bodies, has the danger of eroding the clinical, educational and research function of the Trust as senior and middle managers become increasingly occupied by meeting these bureaucratic / political demands.

#### 4.4 Opportunities

- 4.4.1 Though they are not immune from the planned cuts in public services, it is likely that there may a less drastic cut in forensic and personality disorder services and the criminal justice system, than in generic mental health services.
- 4.4.2 The Clinic's growing reputation in relation to its clinical and organisational consultancy work meets the needs of community and especially institutional forensic and anti-social PD services as they increasingly take on the care of acting out and disturbing patients who previously would have been contained in services offering higher levels of security or in prisons. This has resulted in a steady flow of requests from different services to provide such consultancy.
- 4.4.3 Physical security and procedural security do not sufficiently take care of the risks and dangerousness of forensic patients and offenders, and relational security is increasingly being recognised as necessary. Regular, mandatory, team reflective practice sessions for the often multidisciplinary teams who are managing and working with these difficult patients enables them to develop a more integrated picture of the nature of the patient/offender and how he functions, including the pressures and stresses he is put under which may result in disturbing or dangerous acting out. The creation of a more mindful milieu within which the patient/offender is cared for results in

patients/offenders being better contained and feeling better understood by those charged with their care. This is a central part of the Clinics 'teaching' activities as described above.

4.4.4 The Clinic has a number of new projects in development which adds to the morale of the Clinic staff as well as proving the possibility of income from new activities and funding sources. These include:

4.4.4.1 A new project based on the court report writing activity. This involves the development of teaching, CPD and training activities aimed at the legal profession and at mental health, social care and criminal justice colleagues engaged in the interface between patients / offenders and the courts; it involves the development of brief clinical interventions with families engaged in legal / child care proceedings, a service requested on a regular basis by solicitors and socials service departments; and also audit and research projects, including the investigation of the outcomes of court decisions.

4.4.4.2 In collaboration with colleagues running the Tavistock Clinic's M1 psychoanalytic psychotherapy training, there are very active discussions taking place about the establishment of a Portman Clinic based M1 'student' (likely to be a trained and experienced clinical psychologist, nurse or social worker) who would undertake a forensic specialism of the M1 training. The Portman Clinic can reallocate funds in its current budget to employ one such 'student', who would cover the costs of this post by clinical work and the writing of court reports. Such a development has been an aspiration long held in the clinic and complements the training of medical colleagues in forensic psychotherapy.

4.4.4.3 The newly established service for anti-social personality disordered patients (as referred to above), together with a current internal review of the Portman Clinic's threshold for accepting for assessment and possibly into treatment patients with serious alcohol and drug misuse problems (carefully assessed) is already requiring the Clinic to review its

knowledge base and refine, in detail, its application of psychoanalytic principles to the development of services for these particularly demanding and disruptive patients.

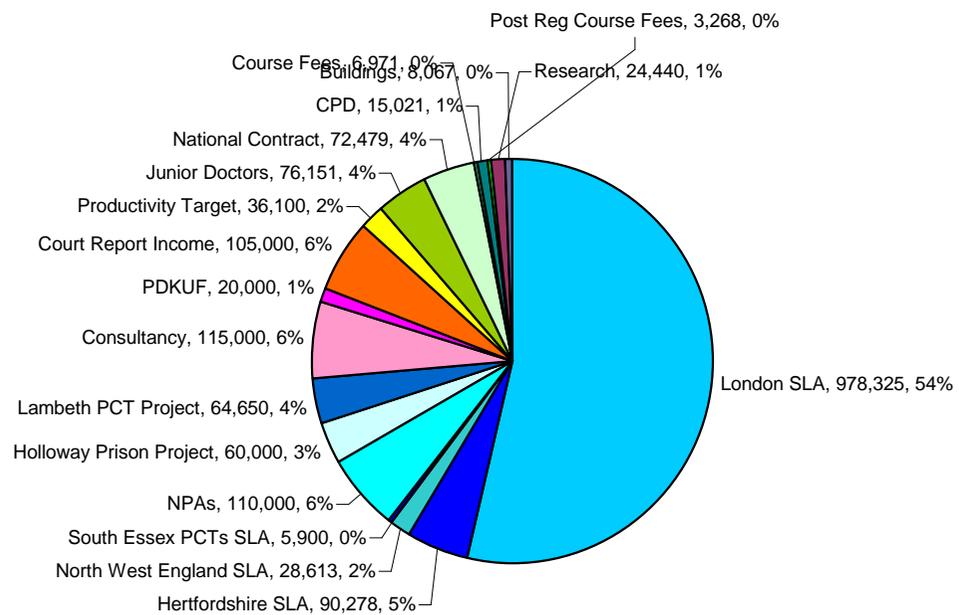
- 4.4.4.4 The Clinic has a growing wealth of knowledge about the compulsive use of internet pornography, which as stated above, is a fast growing problem presented in referrals or discovered during assessment for treatment. There has been some thinking about whether this could be developed into a specific clinical service and also be used in teaching programmes, beyond the lectures and seminars which have already been offered.

Stanley Ruszczynski  
Director, Portman Clinic  
June 2010

**Portman Clinic  
Service Line Report**

	<b>Budget 2009/10</b>	<b>Actuals 2009/10</b>	<b>Budget 2010/11</b>
<b>INCOME</b>			
<u>DIRECT:</u>			
Portman Central:			
NPA	173,910	125,440	110,000
Court Report	80,000	106,220	105,000
Holloway Prison Project			60,000
Lambeth PCT Project			64,650
Productivity Target			36,100
Other	75,000	28,039	
PDKUF	20,000	0	20,000
<u>CLINICAL:</u>			
SLA	1,094,353	1,064,128	1,103,116
<u>TRAINING:</u>			
Junior Doctors	53,476	100,465	76,151
National Contract	75,828	76,257	72,479
Course Fees	0	19,864	6,971
CPD	20,448	18,892	15,021
Post Reg Course Fees	4,292	13,899	3,268
<u>CONSULTANCY</u>			
Consultancy	100,000	108,894	115,000
<u>RESEARCH</u>			
Research	12,238	9,010	24,440
<u>BUILDINGS</u>			
Buildings	9,395	8,668	8,067
	<b>1,718,940</b>	<b>1,679,777</b>	<b>1,820,263</b>
<b>OPERATING EXPENDITURE</b>			
<u>CLINICAL DIRECTORATES</u>			
Portman Central	-1,573,086	-1,357,982	-1,643,784
PDKUF	-10,177	-8,228	0
<u>OTHER TRAINING COSTS</u>			
Junior Doctors	-9,537	-8,101	-8,340
Visiting Lecturers	-1,373	-1,985	0
<u>RESEARCH</u>			
Research	-31,131	-22,884	-33,476
<u>BUILDINGS</u>			
Buildings	-188,639	-183,605	-195,690
	<b>-1,813,944</b>	<b>-1,582,785</b>	<b>-1,881,290</b>
<b>CONTRIBUTION</b>			
	<b>-95,003</b>	<b>96,992</b>	<b>-61,027</b>
<u>DET</u>			
Income	0	0	11,870
Expenditure	0	0	-34,682
<u>CENTRAL FUNCTIONS</u>			
Income	54,751	42,208	30,444
Expenditure	-317,202	-258,528	-301,691
<b>RETAINED SURPLUS</b>			
	<b>-357,455</b>	<b>-119,328</b>	<b>-355,086</b>
SURPLUS as % of income	-20%	-7%	-19%
CONTRIBUTION as % of income	-6%	6%	-3%

# Portman Income Budget 2010/11



## Board of Directors : June 2010

**Item :** 13

**Title :** Staff Survey Report

**Summary:**

Summary results, findings and action plan from the 2009 staff survey.

This summary paper also includes a section on the areas highlighted as requiring improvement in the 2008 survey and whether action plans implemented in 2009, have secured desired improvements.

**For :** Discussion

**From :** Director of Human Resources

# 2009 Annual Staff Survey

## Summary Results, Findings, & Action Plan

### 1 Introduction

- 1.1 This document contains a summary of the 2009 NHS annual staff survey results, for the Tavistock and Portman NHS Foundation Trust.
- 1.2 The Trust has done extremely well in this year's survey and shown better than average scores for a large number of survey questions especially those relating to staff job satisfaction, intention to leave, and staff recommending the Trust as a place to work and receive treatment. The results show that the 'Tavi' is still one of the best employers in its sector.
- 1.3 There has also been an increase in the number of staff taking part in the survey as compared with previous years, with the Trust having a response rate of 57% this year, compared with a national response rate of 55. The Trust's response rate in 2008 was 55% and 53% in 2007. This year's results also show improvements in nearly all areas with a higher number of positive responses overall, than in 2008.
- 1.4 The first part of this report focuses on the areas identified as requiring improvement from the 2008 survey, for which action plans were drawn up and monitored during 2009. The 2008 survey results are compared with this year's survey outcomes, to assess whether the actions taken have secured improvements.
- 1.5 The second section summarises the results from this year's survey. Relevant, results for specific work or demographic groups, e.g. managerial or female staff are also discussed. Action plans are proposed for areas where it is identified that the Trust needs to improve.
- 1.6 The action plans proposed in this document include timescales for completion. These plans will link into Trust requirements to meet Care Quality standards and NHS Litigation Authority requirements and inform training and development needs for staff.
- 1.7 It is also important to mention that for this survey, as in previous years, the Tavistock is classified as a mental health/learning disability (MHL) trust, and therefore is compared with other MHL Trusts across the country. The term 'MHL trust' is used throughout this report when making comparisons.

## **2 Key areas of concern from the 2008 survey**

2.1 The responses highlighted as areas of concern in the 2008 survey and therefore requiring improvement, have been compared with the 2009 survey outcomes for those areas and these are discussed below.

### **2.2 Areas showing marked Improvements**

#### **2.2.1 Percentage of staff working extra hours**

2.2.1.1 Responses in the 2008 survey indicated that a large proportion of staff felt that they had to work extra hours to fulfil their job roles. One measure taken this past year to improve on this, has been to make staff aware of the link between long hours working and stress. This has been achieved by providing staff with stress briefings, time management training sessions and stress awareness e-mail notifications. Discussions around stress have also taken place at CEO Forums.

2.2.1.2 In this year's survey, improvements have been noticed, with a drop in the number of staff stating that they work extra hours to meet deadlines, a fall from 84% in 2008 to 75% this year. It seems that measures taken by the Trust have secured improvements. However, this year's figure of 75% is still higher than the average figure of 63% for MHL D trusts. Further work is still required to improve on this.

#### **2.2.2 Staff Appraisals**

2.2.2.1 In the 2008 survey, while the number of staff stating that they had received a well-structured appraisal was high, the 2008 results for this question had not changed as significantly as other areas had in comparison with 2007 outcomes. It was decided that further work should be undertaken to improve on this.

2.2.2.2 In order to secure even further improvements, appraiser and appraisee training was put in place, focusing on staff feedback and objective setting. Managers were encouraged throughout the year to ensure that training plans and PDPs were reviewed regularly and any agreed outcomes implemented.

2.2.2.3 The 2009 survey results showed an increase in the number of staff stating that they were now having well structured appraisals. This figure had increased from 34% in 2008 to 49% this year. This year's score was also higher than the 37% average score for MHL D trusts.

### 2.2.3 Work related stress

2.2.3.1 The 2008 survey results showed a higher than average number of staff (46%) reporting that they had experienced work related stress in the past 12 months, compared with the overall figure of 30% for MHL D trusts. Actions taken to address this over the past year have included providing staff with stress briefings, stress alerts and information leaflets, as well as providing policy briefing sessions covering how to raise and deal with concerns at work.

2.2.3.2 In this years survey, the number of staff indicating that they experienced work related stress, dropped significantly from 46% to 26%. This reduction indicates that measures taken have had a positive effect on staff.

### 2.2.4 Availability of hand washing materials

2.2.4.1 The Trust's didn't score well in 2008, regarding availability of hand washing materials. Measures taken to improve on this have included ensuring soap dispensers and hand sanitizers are available in kitchens, toilets and various other locations including entry and exit points and at lift doors. Posters encouraging hand washing and sanitizing have also been regularly displayed across the Trust.

2.2.4.2 The Trust showed improvements this year, with 79% of staff stating that hand washing materials were available across the Trust, compared with 53% in 2008. The Trust's score in this area is also higher than the MHL D average of 59%.

### 2.2.5 Reporting of Errors and Near Misses

2.2.5.1 In 2008, it was identified that while the Trust's scores in respect of error reporting improved

slightly from 91% in 2007 to 92%, further work was still required as the Trust's overall score was lower than the 97% average for MHL D trusts. Regular training on incident reporting procedures and risk management were put in place in 2009, as well as promotion of incident reporting at INSET sessions, Induction, at the Trust's managers forums and through Trust clinical governance leads and Health and safety representatives.

2.2.5.2 This year the Trust achieved a score of 99%, which is also higher than the MHL D average of 97%.

### 2.3 Area/s showing no improvement

2.3.1 One area highlighted as requiring improvement from the 2008 survey, has shown little improvement in 2009 and this is discussed below.

2.3.2 Staff Receiving Health and Safety Training in the last 12 months

2.3.2.1 From the 2008 survey, it was identified that the number of staff stating that they had received health and safety training, was below the average for MHL D trusts. Measures taken to improve on this, have included making managers and staff aware of the importance of attending mandatory training events where health and safety topics are covered, as well as introducing improved reporting processes, to identify which staff need to attend, ensuring staff and managers can be targeted appropriately.

2.3.2.2 While attendance at mandatory events has improved, this year, the number of staff stating that they have undertaken health and safety training in the past year has actually reduced from 73% in 2008 to 59%. After further investigation, it has been identified that this lower response rate, is as a direct result of staff now only being required to attend health and safety training once every two years. It would therefore, be expected that around 50% of staff would state that they had been trained in the past 12 months. This response rate should therefore not cause concern, however work should continue to ensure that staff regularly attend mandatory Training.

### **3 Findings and Action Plans (2009 survey)**

3.1 The staff survey this year (2009) has been structured around the four pledges contained in the NHS constitution with the inclusion of two additional themes. This is the same format as last year, meaning it is easier to compare results.

3.2 The four pledges and two additional themes are summarised below:

**Pledge 1:** *clear roles and responsibilities and rewarding jobs*

**Pledge 2:** *personal development, access to appropriate training*

**Pledge 3:** *maintaining staff health, well-being and safety*

**Pledge 4:** *staff involvement and engagement*

**Additional Theme 1:** *Staff Satisfaction*

**Additional Theme 2:** *Equalities and Diversity*

3.3 The main findings from the 2009 survey are summarised on the next page, while Appendix 1 provides a graphical representation of pledge findings including comparisons with the 2008 survey results where relevant.

#### **3.4 Pledge 1 – Clear roles, responsibilities and rewarding jobs**

3.4.1 The Trust scores in nine out of ten elements for this pledge were in the best 20% of MHL D trusts in England. This is a similar survey outcome to last year.

##### **3.4.2 Positive findings**

3.4.2.1 The Trust had higher than average scores in all nine areas, with extremely good scores in comparison with the average for MHL D trusts in areas such as staff feeling valued by their colleagues and staff using flexible working options. The trust also showed improvements in comparison with 2008 scores in the following areas:

3.4.2.1.1 Staff stating that they felt their jobs were well designed

3.4.2.1.2 The number of staff stating that they felt pressurised by work

3.4.2.1.3 Staff feeling that the Trust is committed to their work-life balance and having access to flexible working options

3.4.2.1.4 Importantly staff working extra hours

3.4.2.2 When analysing demographic and ethnic statistics for this pledge, no disparities were identified and results appeared positive for all groups. A few positive points to mention include a higher proportion of black and minority ethnic (BME) staff stating that they were taking advantage of flexible working options as well as a lower number indicating that they were working additional hours to meet deadlines. Additionally, a high proportion of women and disabled staff indicated that they have interesting jobs and that they took advantage of flexible working options.

### 3.4.3 Negative Findings

3.4.3.1 The Trust showed a negative result in only one area, which is in relation to the number of staff stating that they are working extra hours in order to fulfil their roles. This is an area, which seems to be regularly identified as an issue for the Trust. While improvements in this area have been noticed this year, the Trust's score was still below the average for MHL D trusts (see section 2.1.1).

3.4.3.2 As in previous years, indications this year are also that a higher proportion of clinical staff work additional hours to fulfil their jobs (90% of clinical staff questioned, indicated they work additional hours as compared to 60% of administrative staff).

### 3.4.4 Action

3.4.4.1 Historically staff turnover at the Trust has always been low; additionally the findings from this year's survey show that staff are highly committed and dedicated to the Trust. Work should however continue to ensure that staff and managers understand the harmful effects of working additional hours and its link to work place stress. Staff and Managers should continue to be encouraged to attend stress briefings, including

the time and workload management training sessions, which take place at regular intervals throughout the year.

3.4.4.2 *Responsibility for Action: HR Director, & Health and Safety Manager*

3.4.4.3 *Completion Date: April 2011*

### **3.5 Pledge 2 – Personal development and access to training**

3.5.1 In 2008, The Trust's scores for all six elements of this pledge were in the best 20% of MHL D trusts, this year however, the Trust was rated as in the best 20% for five out of six areas for this pledge. The findings are summarised below.

#### **3.5.2 Positive findings**

3.5.2.1 The Trust received high scores in five areas for this pledge, with the two areas below identified as having improved significantly from 2008:

3.5.2.1.1 the number of staff stating the Trust offered good opportunities for development

3.5.2.1.2 the number of staff stating that they had well structured appraisals in the past twelve months

3.5.2.2 Other areas where the Trust excelled this year include increases in the number of staff having appraisals and PDPs, as well as a higher number of staff stating that they receive support from their immediate managers. Other positive findings include a higher proportion of women and BME staff stating that they were having well-structured appraisals.

3.5.2.3 Some areas which were good but may require further improvement include the slightly lower numbers of staff in Central Services, Support and Library functions stating that they felt there were good opportunities to develop their potential.

### 3.5.3 Negative Findings

3.5.3.1 One area that the Trust did not do so well is in relation to the number of staff stating that they had received job relevant training, learning or development in the past 12 months. The Trust's score of 81% was seen as significantly lower than the 87% achieved in 2008. This year's score was also identified as an average score in comparison with other MHL D trusts.

### 3.5.4 Action

3.5.4.1 Further work will need to be undertaken by the Staff Training Committee, to ensure that Trust-wide training needs are clearly identified from individual departments and from the Trust's Annual plan.

3.5.4.2 Further appraisal training will need to be rolled out to managers, with an emphasis on objective setting and SMART training needs ensuring that any training identified as part of the appraisal process is relevant and can be realistically achieved.

3.5.4.3 This year, where possible training funds from NHS London will be allocated via departments and through bursaries to ensure staff have the opportunity to access funds to meet training identified in PDPs.

3.5.4.4 Extension of the Management Development Program for middle and senior managers in 2010/11 should also ensure that managers are equipped with appropriate skills to effectively appraise and identify training for their staff.

3.5.4.5 *Responsibility for Action: Staff Training Committee and HR Director*

3.5.4.6 *Completion Date: January 2011*

## 3.6 Pledge 3 – Maintaining staff health and wellbeing

3.6.1 The Trust showed good scores in thirteen out of the fourteen areas of this pledge. This is an improvement on last year where the Trust had nine good scores out of a possible

twelve. The areas where the Trust displayed high scores, are discussed below, including the one area the Trust is listed as not performing so well in.

### **3.6.2 Positive findings**

3.6.2.1 Positive findings include extremely low numbers of staff stating that they had suffered work related stress and very low numbers experiencing bullying and abuse from staff and patients. The Trust was rated as being in the best 20% of all MHLA trusts for all thirteen areas it performed well in, with ten areas showing improvements when compared with 2008 scores. Some of the areas where the Trust has improved in comparison with 2008 include:

3.6.2.1.1 A decrease in the number of staff stating that they had experienced work related stress

3.6.2.1.2 An increase in the numbers stating that there were better hand washing facilities

3.6.2.1.3 An increase in the numbers stating that incident-reporting procedures were effective and that their employer took action against violence and harassment.

3.6.2.1.4 An increase in the numbers stating that the Trust took action in relation to violence and harassment. A good response to this question was also noticed in support and IT functions.

### **3.6.3 Area where the Trust is listed as not performing so well**

3.6.3.1 This refers to the low numbers of staff stating that they had undertaken health and safety training in the past year. As already mentioned (see 2.2.1) this is as a result of the requirement to attend mandatory training events biennially, meaning only 50% of staff are required to attend Health and Safety training in any one year. The Trust's score of 59% does not therefore constitute a negative finding in this instance, however work will still need to be undertaken to ensure the figure does not reduce further.

### 3.6.4 Action

3.6.4.1 As formal Health and Safety training will continue to take place biennially as part of the Trust's INSET day, consideration should be given to the introduction of new innovative ways of providing Mandatory training updates such as alerts, briefing handouts, flyers and e-learning material. Providing regular training material to staff such as regular online or email briefings and newsletter updates should ensure staff are continuously aware of health and safety procedures. As well as formal attendance at INSET sessions, these regular briefings will encourage staff to undertake learning updates throughout the year.

3.6.4.2 *Responsibility for Action: HR Director, Risk Management Lead, & Health and Safety Manager*

3.6.4.3 *Completion Date: March 2011*

### 3.7 Pledge 4 – Staff involvement and engagement

3.7.1 Similar to last year's results, the Trust had extremely good scores in all three areas of this pledge and has been rated as being in the best 20% of MHL D trusts for all three areas this year.

#### 3.7.2 Positive findings

3.7.2.1 Positive findings include a high number of staff, 56%, as compared with the 29% average for MHL D trusts stating that good communication existed between senior management and staff. While a figure of 56% is quite good, the Trust does need to consider undertaking further work in this area. 72% stated that they understood their role and where it fits in, this compared with a figure of 45% in other MHL D trusts shows very good scores for this question. A higher proportion of staff as compared to last year (90% this year compared to 78% in 2008) stated that they were able to contribute towards improvements at work.

3.7.2.2 Increased communication with staff it seems has been key to achieving these excellent results with staff feeling much more involved in decision

making processes, through staff meetings, team briefings, open forums, staff news letters, mail outs and the use of internal consultation surveys.

3.7.2.3 Some areas where the Trust could improve further include evidence that while a high proportion of staff reported good communication between senior management and staff, this figure was slightly lower for BME staff when compared with non-BME staff. The scores for staff in central services, support and library functions was also slightly lower for this question.

3.7.2.4 Further communication mechanisms being devised will therefore need to bear this in mind and ensure that emphasis is placed on ensuring communication needs of the staff group mentioned above are addressed.

### **3.8 Additional Theme 1: Staff Satisfaction**

3.8.1 The Trust's scores in this section were also in the highest best for all four areas. However the number of staff indicating their intention to leave had increased slightly from 2.21 in 2008 to 2.40 this year (on a scale of 1- 5, 5 being most likely to leave). This result was still better than the average of 2.58 for MHL D trusts.

3.8.2 The Trust ranked high for job satisfaction and staff recommending the Trust as a good place to work, however slightly lower scores were noticed for staff in administrative and Central Services functions, while BME staff ranked highest for satisfaction and motivation at work.

### **3.9 Additional Theme 2: Equalities and Diversity**

3.9.1 The Trust had good scores in all three areas of this pledge and was rated in the best 20% of MHL D trust in two areas:

3.9.1.1 The number stating that the Trust provides equal opportunities for career progression or promotion;

3.9.1.2 The number experiencing discrimination at work.

3.9.2 Additionally, the Trust improved on its 2008 score regarding the numbers of staff stating that they believe the Trust

provides equal opportunities in career progression. The number of BME staff stating this had also increased from 76% in 2008 to 82% this year.

- 3.9.3 The Trust was listed as above average for the numbers of staff having equalities training in the past year. The Trust's score of 52% this year was actually higher than the MHL D trust average of 42%. However, the Trust score had decreased in comparison with the score of 63% in 2008. This year's reduced score can also be attributed to the requirement to train staff every two years rather than every year, as Equalities is covered at Mandatory INSET Training sessions.

## 4 Conclusion

- 4.1 This year's survey shows considerable improvements in comparison with 2008 and once again, the Trust scores are clearly one of the best within its sector.
- 4.2 All areas identified in 2008 as needing to be improved, have shown improvements this year. This is clearly attributable to the work, undertaken throughout the year to secure improvements in these areas. The overall response rate in terms of the numbers completing the survey has also increased this year. This increase, is mainly due to the promotional work undertaken in this round, which has not only encouraged staff to take ownership of the survey, but also increased staff participation, by clearly identifying to staff areas where their views and responses in previous surveys have made changes and improvements possible.
- 4.3 However, further work is still needed to address areas such as the number of staff working extra hours and the numbers experiencing stress at work. Ensuring job relevant training takes place and improving staff attendance at mandatory training events will still remain key priorities this year, as well as improving communication further and equipping junior, middle and senior managers with the skills to effectively appraise and develop their staff.
- 4.4 Finally, it is also important to mention that this year, the survey results were provided to NHS trusts without the raw data. Therefore, unlike previous years, unadjusted (unweighted)\* scores have not

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\* For survey purposes, the Trust is classified as a MHL D Trust. Each classification is assumed to have a normal mix of occupations, where a Trust's actual mix differs from the norm (such as the Tavistock), figures are adjusted up and down to account for this difference. Nursing is given quite a high weighting in this process, with a significantly

been used in this report when making comparisons. From previous reports, using raw unadjusted scores to analyse this Trust's data has usually improved the Trust's outcomes for most questions. Notwithstanding this, our results this year, without unweighted scores, still show that the Trust continues to improve and outperform many other Trusts in its sector. The Trust's overall engagement rating of 4.09 (on a scale of 1-5), compared with a MHL D Trusts rating of 3.63 further emphasises this.

- 4.5 Overall, the Trust's staff survey results for 2009 are extremely good and show a much better outcome than in 2008.

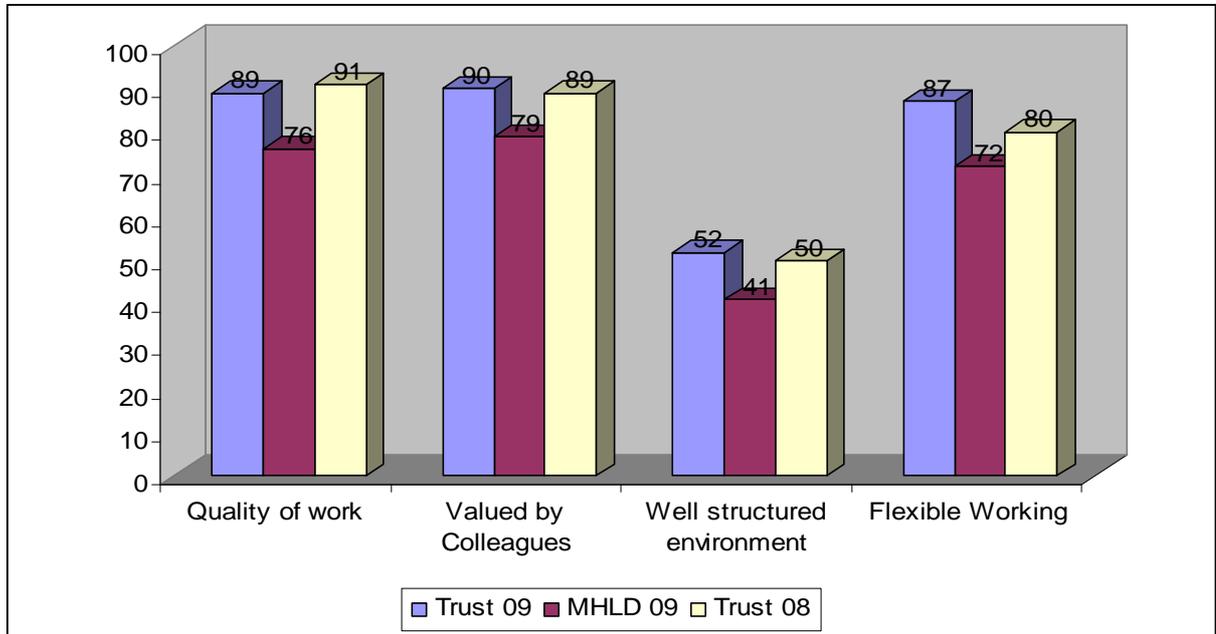
Susan Thomas  
Human Resources Director  
June 2010

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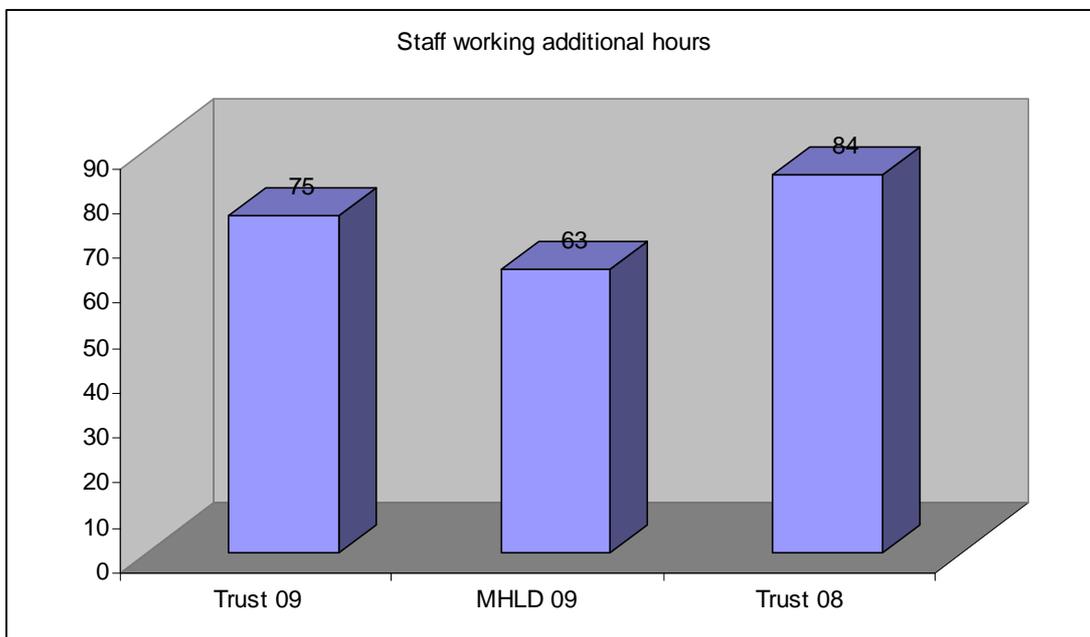
low number of nurses at the Trust, the nationally reported results have sometimes been less reliable in analyzing survey outcomes.

Pledge 1 – Clear roles, responsibilities and rewarding jobs

Positive Findings

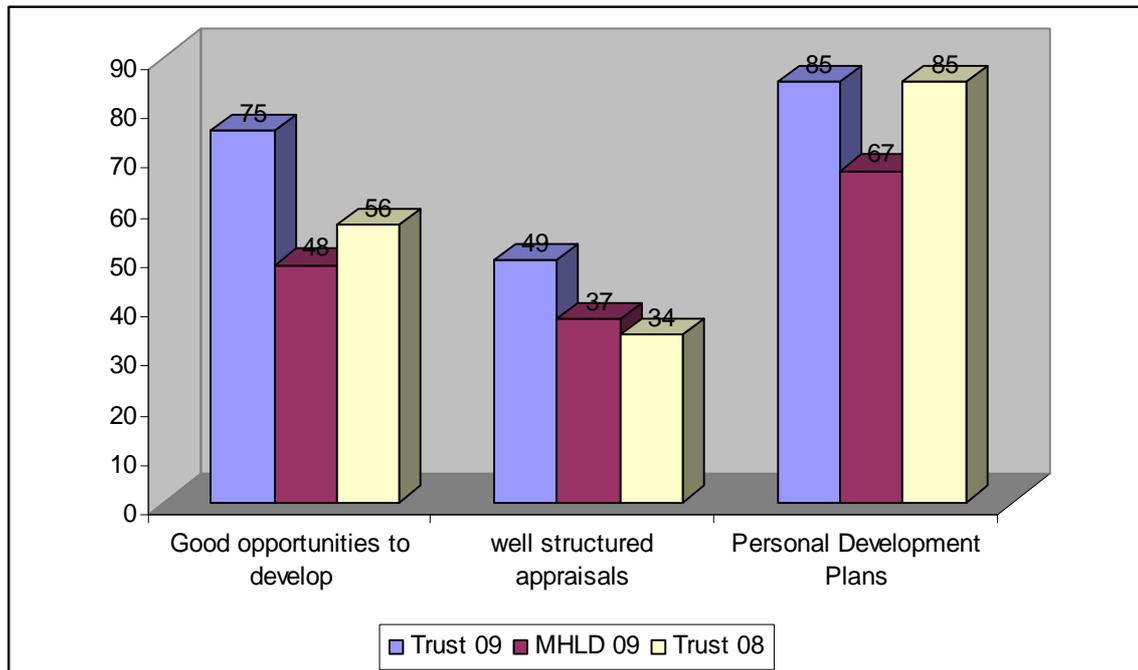


Negative findings

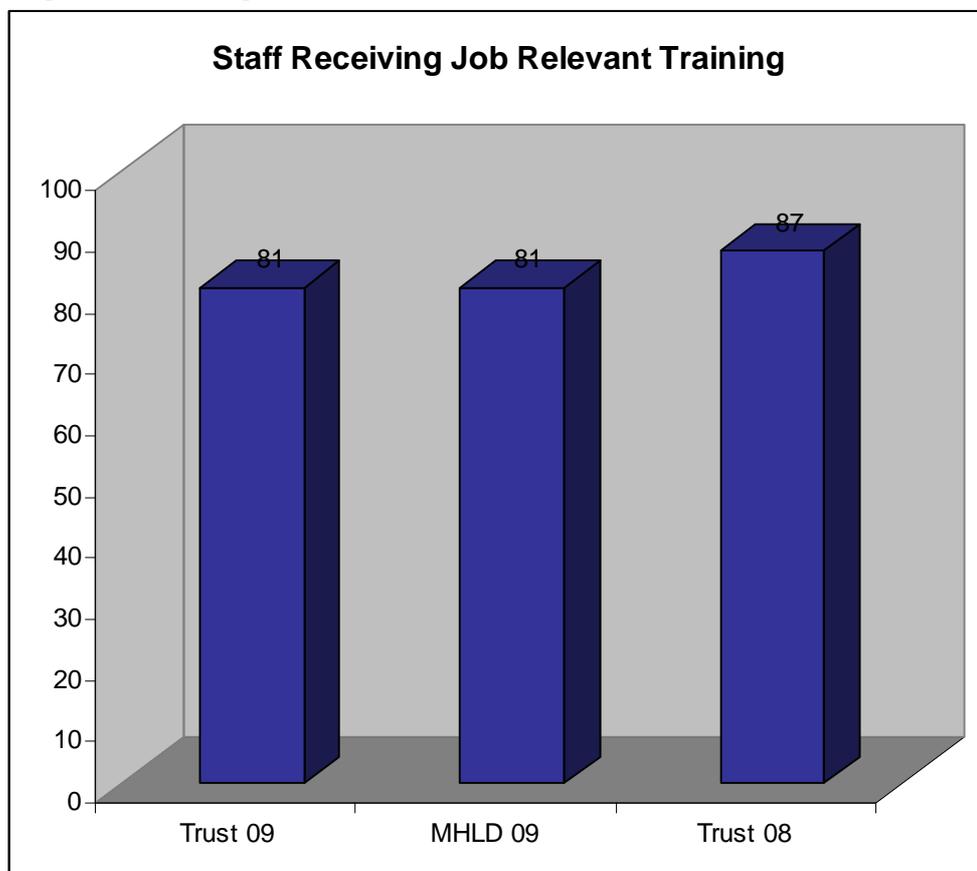


## Pledge 2 – Personal development and access to training

### Positive Findings

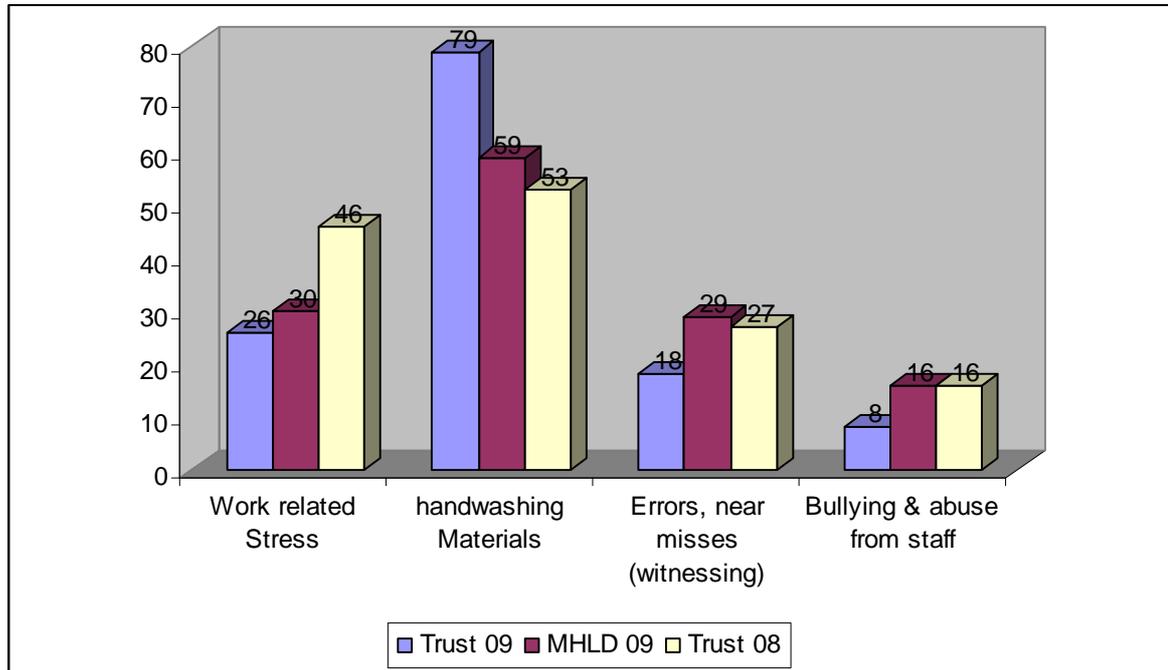


### Negative Findings



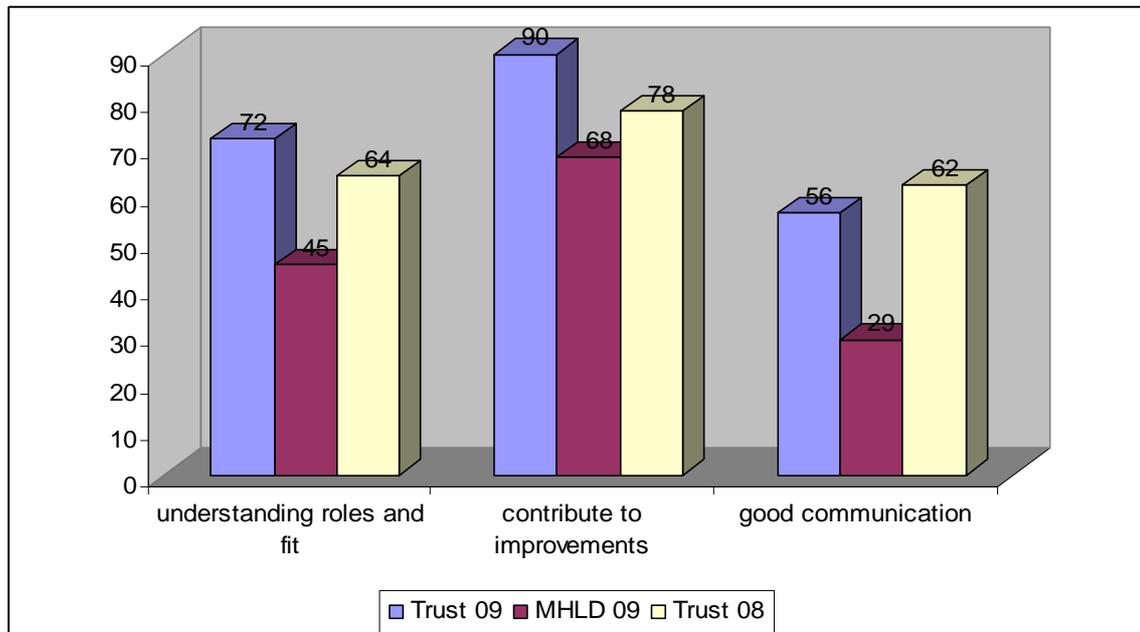
## Pledge 3 – Maintaining staff health and wellbeing

### Findings



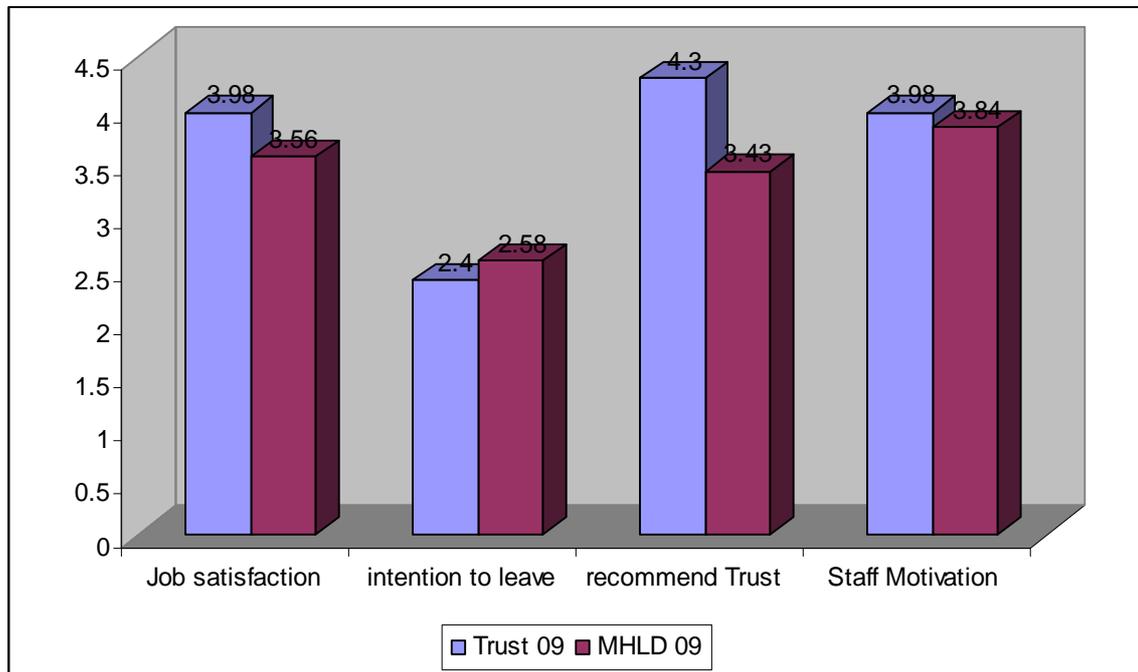
## Pledge 4 – Staff involvement and engagement

### Findings



## Additional Theme 1 – Staff Satisfaction

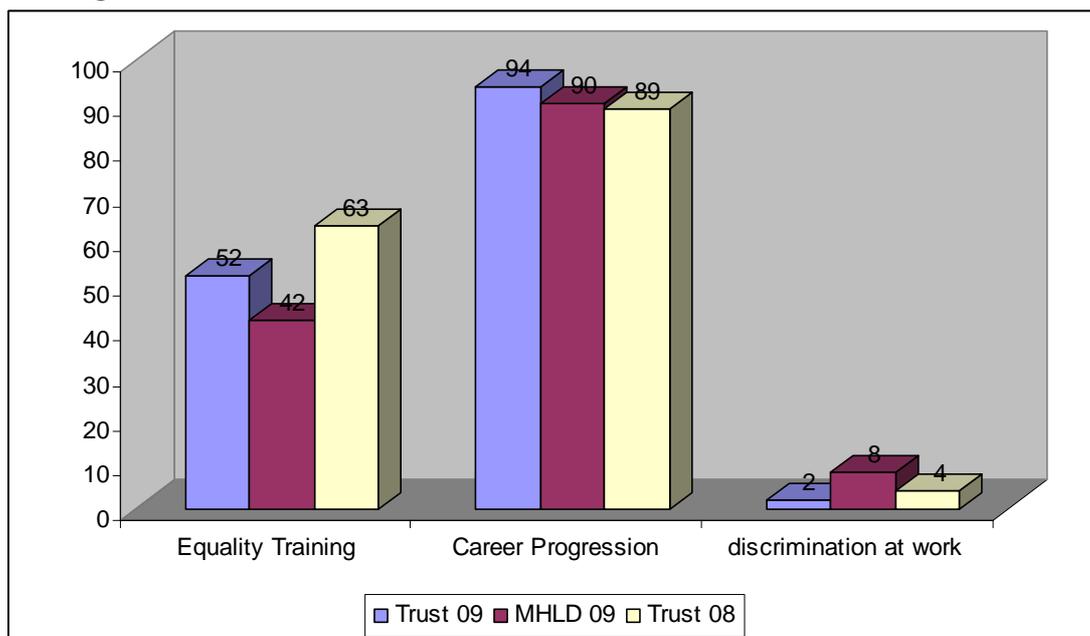
### Findings



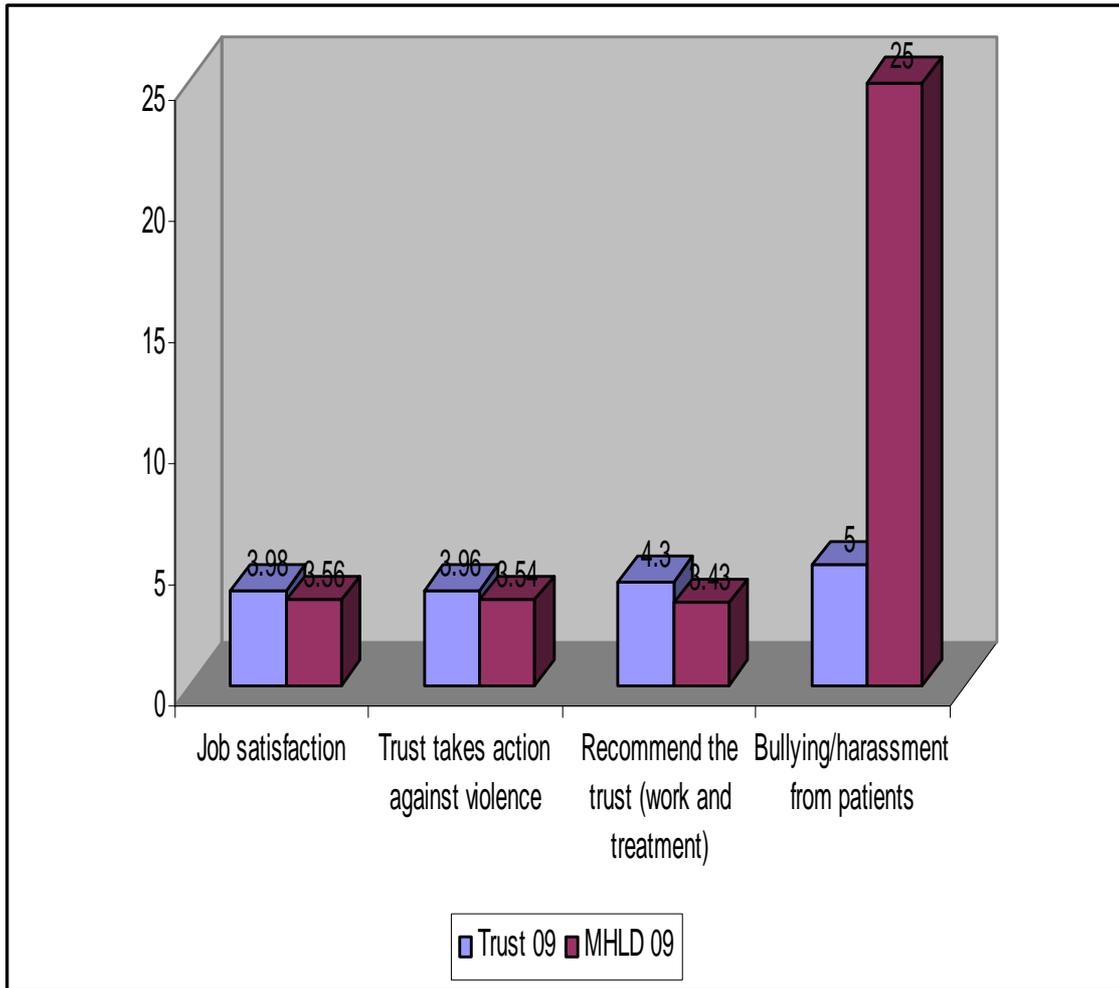
**Note:** Scale is from 1-5. A lower score in terms of intention to leave is positive, while higher scores for the others are positive.

## Additional Theme 2 – Equalities and diversity

### Findings



## Summary of Trust's highest ranking scores



## Board of Directors : June 2010

**Item :** 14

**Title :** Workforce Statistics

**Summary:**

This is the first time the workforce statistics have been reported over a 12 month period, as we have now moved to annual reporting.

The Trust has again grown over the past 12 months, from 494 to 527 staff, an increase of 7%.

We would welcome any comments or suggestions as to what should be covered in this report and any changes you would like to see.

The information covers data extracted from the Electronic Staff Record payroll / HR system for 1<sup>st</sup> April 2009 to 31<sup>st</sup> March 2010.

**For :** Discussion

**From :** Director of Human Resources

# Workforce Statistics

## 1 Staff Breakdown

Table 1: Staff breakdown by Gender and Discipline (headcount as of 31 March 2010)

Staff	Male	Female	Total
Clinical	87	257	344
Non-Clinical	50	133	183
<b>Total</b>	<b>137</b>	<b>390</b>	<b>527</b>

1.1 The Trust has grown by 6.7% in the past year from 494 to 527 staff.

Image 1: Comparison of Staff Breakdown

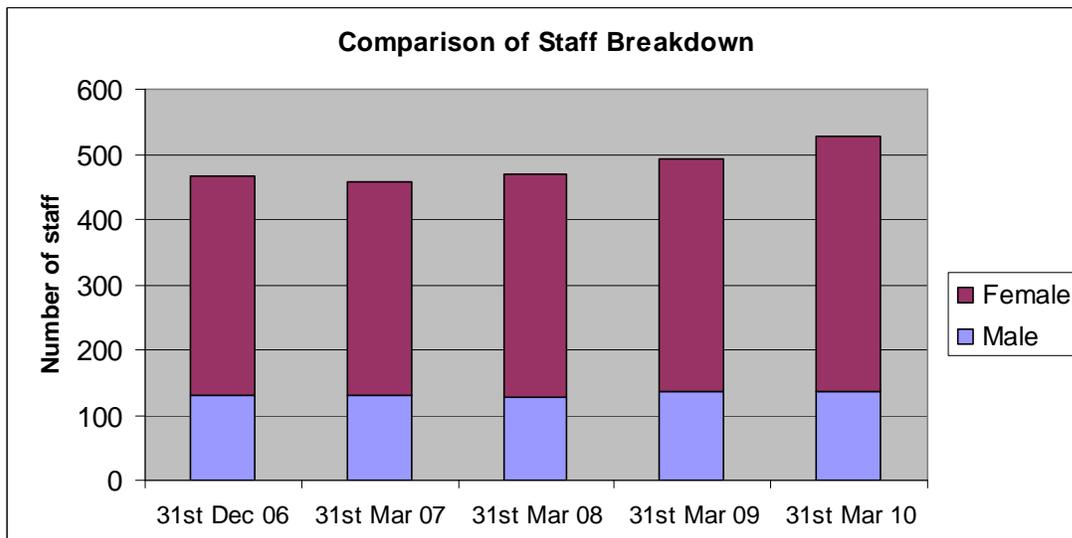
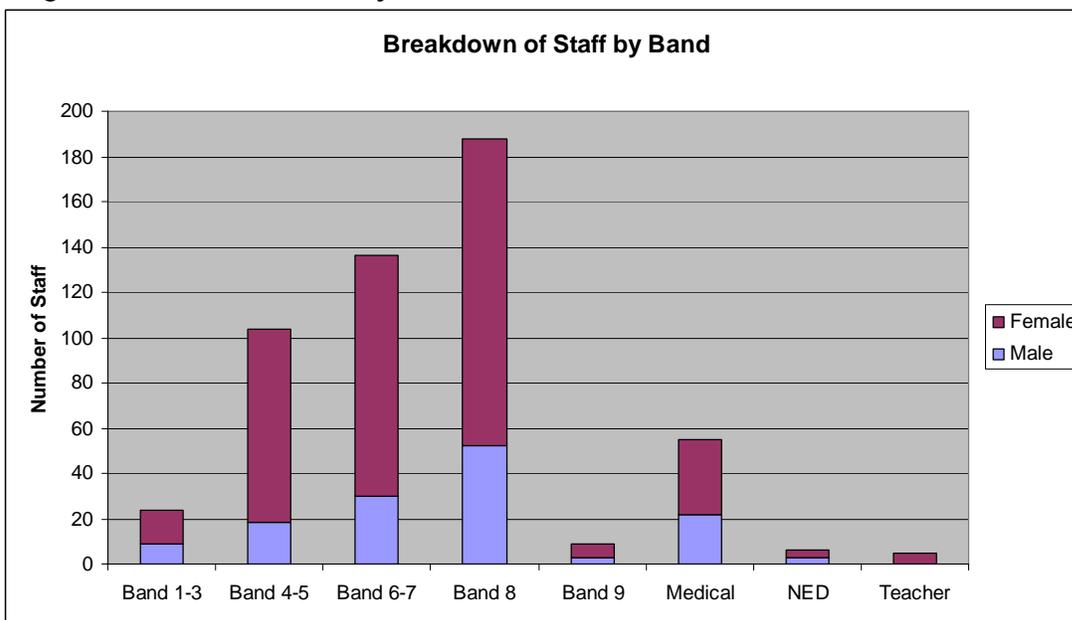


Image 2: Breakdown of staff by band as at 31 March 2010



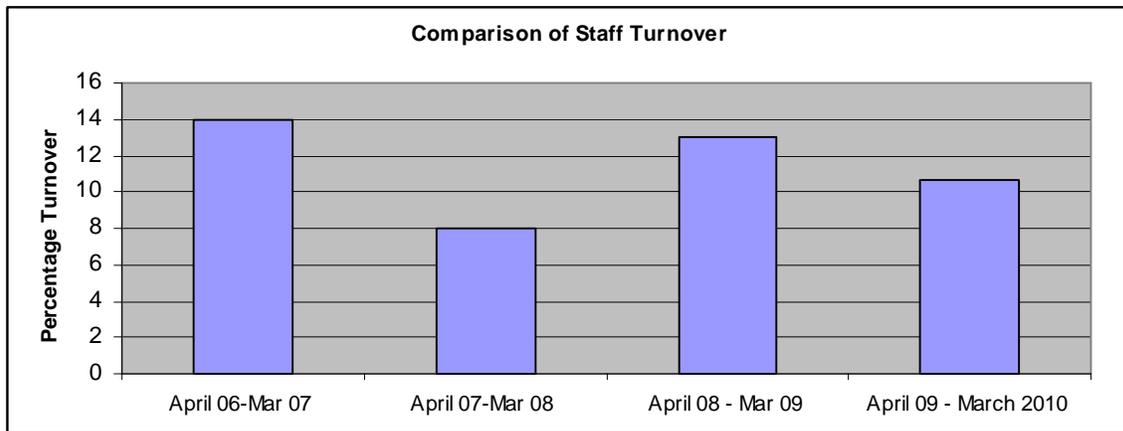
## 2 Turnover Data

Table 2: Turnover data by Department April 2009 – March 2010

Department	No. of Leavers	Total No. of Staff Employed	% Turnover by Department
Adolescent	6	52	11.5
Adult	4	78	5.1
Chair and Non-Executive Directors	1	7	14.3
Chief Executive Office	1	5	20.0
Child and Family	28	239	11.7
Clinical Governance		4	0.0
Corporate Governance and Facilities	4	28	14.3
Day Unit	2	19	10.5
DET	5	32	15.6
Finance	1	12	8.3
Human Resources	2	13	15.4
ICT	2	11	18.2
Library		13	0.0
MFAS	2	17	11.8
Portman	1	32	3.1
PPI/Comms		4	0.0
Research and Development	1	5	20.0
Service Development	1	11	9.1
TCS	2	8	25.0
<b>Total</b>	<b>63</b>	<b>590</b>	<b>10.7</b>

2.1 The most recent turnover available figures for the NHS as a whole for non-medical staff is 8.5% (2007/08 data).

**Image 3: Comparison of Staff Turnover**



2.2 Please note that the April 2007 to March 2008 figure is not a full 12 month period as we switched over to ESR in the middle of it, and so it is the data for only 10 months, and this is why it is unusually low.

**Table 3: Turnover Data by Discipline October 2008 – March 2009**

Staff Groups	No. of Leavers	Total No. of Staff Employed	Turnover %
Clinical	37	381	9.7
Non Clinical	26	209	12.4

### 3 Ethnicity Data

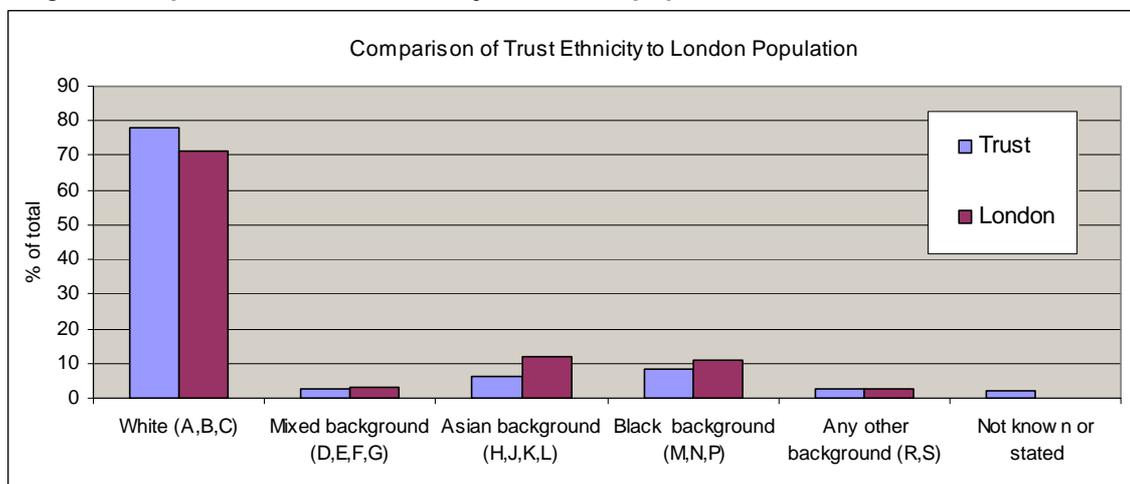
Table 4: Ethnic breakdown of staff in post 31 March 2010

Ethnic Code	Ethnic Description	Band 1-3	Band 4-5	Band 6-7	Band 8	Band 9	Medical	Non-Executive Directors	Teacher	Total
A	White - British	7	52	68	121	9	25	4	4	290
B	White - Irish	1	5	2	4		4		1	17
C	Any other White background	1	20	33	37		14			105
D	White & Black Caribbean	1		3						4
E	White & Black African				1					1
F	White and Asian			2				1		3
G	Any other Mixed background	1		4			1			6
H	Asian - Indian	2	3	3	4		4			16
J	Asian - Pakistani	1		3			2	1		7
K	Asian - Bangladeshi		1		1					2
L	Any other Asian background	1	2	1	3		1			8
M	Black - Caribbean		11	5	7					23
N	Black -African	5	5	7	2					19
P	Any other Black background		2							2
R	Chinese			2	1		1			4
S	Any other Ethnic group	2	2	1	4		1			10
U	Not known	1		2	3					6
Z	Not Stated	1	1				2			4
	<b>Total</b>	<b>24</b>	<b>104</b>	<b>136</b>	<b>188</b>	<b>9</b>	<b>55</b>	<b>6</b>	<b>5</b>	<b>527</b>

**Table 5: Ethnicity of staff in post 31 March 2009 shown in comparison to ethnicity of London (Census 2001)**

Ethnic Code	Ethnic Description	Trust %	London %
A	White - British	55.0	59.8
B	White - Irish	3.2	3.1
C	Any other White background	19.9	8.3
D	White & Black Caribbean	0.8	1
E	White & Black African	0.2	0.5
F	White and Asian	0.6	0.8
G	Any other Mixed background	1.1	0.9
H	Asian - Indian	3.0	6.1
J	Asian - Pakistani	1.3	2
K	Asian - Bangladeshi	0.4	2.1
L	Any other Asian background	1.5	1.9
M	Black - Caribbean	4.4	4.8
N	Black -African	3.6	5.3
P	Any other Black background	0.4	0.8
R	Chinese	0.8	1.1
S	Any other Ethnic group	1.9	1.6
Z	Not Stated	1.1	0
	Not Known	0.8	0
	<b>Total</b>	<b>100.0</b>	<b>100</b>

**Image 4: Comparison of Trust ethnicity to London population**



**Table 6: Ethnicity of leavers April 2009 – March 2010**

<b>Ethnic Code</b>	<b>Ethnic Description</b>	<b>Number of leavers</b>	<b>Total employed over period</b>	<b>Leavers as % of total employed</b>
A	White - British	34	324	10.5
B	White - Irish	1	18	5.6
C	Any other White background	5	110	4.5
D	White & Black Caribbean	1	5	20.0
E	White & Black African		1	0.0
F	White and Asian	1	4	25.0
G	Any other Mixed background	1	7	14.3
H	Asian - Indian	3	19	15.8
J	Asian - Pakistani		7	0.0
K	Asian - Bangladeshi	1	3	33.3
L	Any other Asian background	2	10	20.0
M	Black - Caribbean	4	27	14.8
N	Black -African	6	25	24.0
P	Any other Black background		2	0.0
R	Chinese		4	0.0
S	Any other Ethnic group	1	11	9.1
Z	Not stated	3	9	33.3
	Undefined		4	0.0
	<b>Total</b>	<b>63</b>	<b>590</b>	<b>10.7</b>

**Table 7: Ethnic origin of staff involved in grievance of disciplinary procedures April 2009 – March 2010**

<b>Procedure</b>	<b>Number of Occurrences</b>	<b>Ethnic Origin of staff</b>
Disciplinary or Grievances	3	1 x Black – African 1 x White – Irish 1 x Any other Mixed background

## 4 Absence Data

**Table 8: Absence (sickness) statistics April 2009 – March 2010**

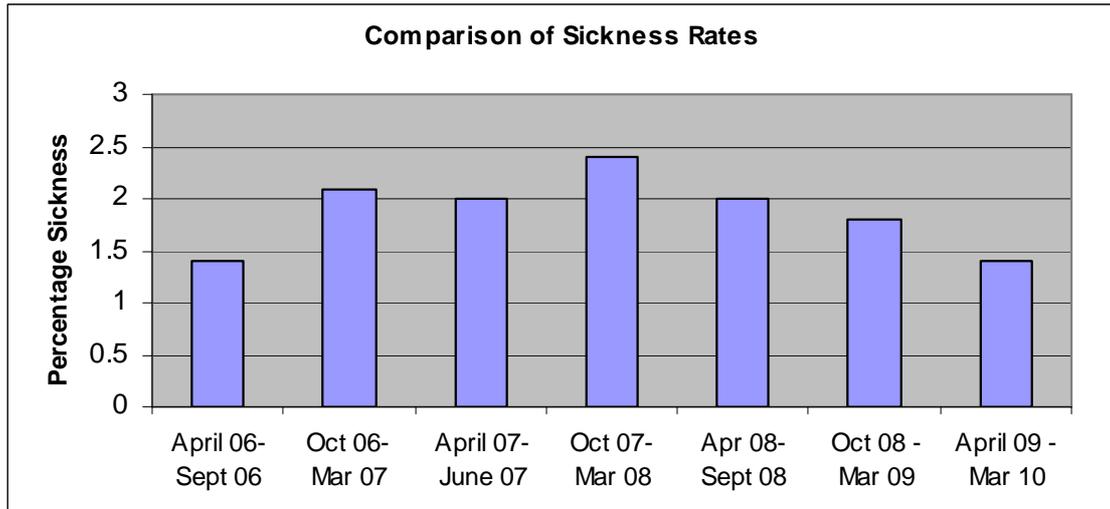
Department	No. of Staff in post 31 <sup>st</sup> March	No. of Staff off sick	No. of days lost to sickness	% Sickness
Adolescent	46	21	347	2.1
Adult	74	28	265	1.0
Chair and Non-Executive Directors	6	0	0	0.0
Chief Executive Office	4	2	15	1.0
Child and Family	211	76	721	0.9
Clinical Governance	4	0	0	0.0
Corporate Governance and Facilities	24	19	129	1.5
Day Unit	17	18	127	2.0
DET	27	23	136	1.4
Finance	11	8	91	2.3
Human Resources	11	9	51	1.3
ICT	9	8	348	10.6
Library	13	10	140	3.0
MFAS	15	7	18	0.3
Portman	31	15	245	2.2
PPI/Comms	4	3	6	0.4
Research and Development	4	1	14	1.0
Service Development	10	6	45	1.2
TCS	6	2	60	2.7
<b>Total</b>	<b>527</b>	<b>256</b>	<b>2758</b>	<b>1.4</b>

**Table 9: Clinical and Non-Clinical Absence April 2009 – March 2010**

Staff	No. of staff in group 31 <sup>st</sup> March	Total days lost to sickness	% sickness
Clinical Staff	344	868	0.7
Non-Clinical Staff	183	1890	2.8

4.1 Trust total sickness percentage for period is 1.4%  
[=days lost / (365 days\* no of staff)]

Image 5: Comparison of sickness rates



4.2 Our sickness rate continues to be well below the NHS average. Figures for December 2009 published by the Information Centre showed the average for the NHS in London was 3.9%, whilst across the country the average for Mental Health Trusts was 5.55%.

## 5 Age Profile of Trust

Table 10: Age profile of Trust staff by grade as at 31<sup>st</sup> March 2010

Age Group	Band 1-3	Band 4-5	Band 6-7	Band 8	Band 9	Medical	NED	Teacher	Total
<20									
20-29	3	22	12			1			38
30-39	7	32	53	18		25	1	3	139
40-49	5	27	39	57	1	16	1	1	147
50-59	3	16	27	78	7	7	2	1	141
60+	6	7	5	35	1	6	2		62
<b>Total</b>	<b>24</b>	<b>104</b>	<b>136</b>	<b>188</b>	<b>9</b>	<b>55</b>	<b>6</b>	<b>5</b>	<b>527</b>

Table 11: Length of service of staff by band and discipline as at 31<sup>st</sup> March 2010<sup>1</sup>

Staff	Band 1-3	Band 4-5	Band 6-7	Band 8	Band 9	Medical	Teacher
Clinical		1.1	2.3	7.4	13.9	4.4	
Non-Clinical	8.1	6.1	7.1	7.9	14.9		1.3
<b>Total</b>	<b>8.1</b>	<b>5.4</b>	<b>3.8</b>	<b>7.5</b>	<b>14.3</b>	<b>4.4</b>	<b>1.3</b>

<sup>1</sup> Average length of service for Trust is 5.9 years

## 6 Recruitment Data

**Table 12: Recruitment: Equal Opportunities Information for Non-Clinical Posts April 2009 – March 2010**

Number of Posts: 44				
APPLICATIONS		RECEIVED	SHORTLISTED	APPOINTED
	Total	3522	279	41
SEX	Male	1247	68	11
	Female	2262	209	30
	Undisclosed	13	2	0
AGE	16-19	41	1	0
	20-29	1714	134	15
	30-39	965	74	15
	40-49	537	43	6
	50-59	237	21	3
	60+	14	1	0
	Not stated	14	5	2
<b>CULTURAL ORIGIN</b>				
A	White - British	837	103	12
B	White - Irish	49	7	2
C	Any other White background	359	33	10
D	White & Black Caribbean	36	6	1
E	White & Black African	20	4	1
F	White and Asian	16	4	0
G	Any other Mixed background	63	5	0
H	Asian - Indian	493	26	3
J	Asian - Pakistani	164	11	1
K	Asian - Bangladeshi	143	4	0
L	Any other Asian background	157	10	1
M	Black - Caribbean	269	18	1
N	Black -African	667	27	5
P	Any other Black background	31	2	0
R	Chinese	37	3	1
S	Any other Ethnic group	85	7	1
	Not stated	96	9	2
DISABILITY	Yes	108	10	4
	No	3391	266	36
	Undisclosed	23	3	1

**Table 13: Recruitment: Equal Opportunities Information for Clinical Posts April 2009 – March 2010**

<b>Number of Posts: 108</b>				
<b>APPLICATIONS</b>		<b>RECEIVED</b>	<b>SHORTLISTED</b>	<b>APPOINTED</b>
	Total	3256	426	121
<b>SEX</b>	Male	634	91	27
	Female	2602	324	92
	Undisclosed	20	11	2
<b>AGE</b>	16-19	10	0	0
	20-29	2006	108	20
	30-39	645	114	40
	40-49	354	95	33
	50-59	151	54	13
	60+	25	7	3
	Not stated	65	48	12
<b>CULTURAL ORIGIN</b>				
A	White - British	1374	203	63
B	White - Irish	96	9	2
C	Any other White background	771	96	28
D	White & Black Caribbean	31	5	1
E	White & Black African	13	2	0
F	White and Asian	20	1	1
G	Any other Mixed background	62	12	3
H	Asian - Indian	260	22	5
J	Asian - Pakistani	67	3	0
K	Asian - Bangladeshi	43	3	1
L	Any other Asian background	60	5	2
M	Black - Caribbean	94	15	5
N	Black -African	172	13	2
P	Any other Black background	27	2	1
R	Chinese	18	2	0
S	Any other Ethnic group	81	15	3
	Not stated	67	18	4
<b>DISABILITY</b>	Yes	117	19	4
	No	3108	403	117
	Undisclosed	31	4	0

## Board of Directors : June 2010

**Item :** 15

**Title :** Tavistock Centre Roof Project Proposal

**Summary:**

In January 2010, the Board of Directors agreed this proposal in principle and subsequently funding was approved. This paper sets out progress to date, sets out the plans to implement the proposed design, and asks for final approval to proceed.

**For :** Approval

**From :** Director of Corporate Governance and Facilities

## Proposal for a Tavistock Centre roof terrace

### **1 Introduction**

- 1.1 In January 2010 the Board of Directors agreed in principle that a capital project relating to part of the roof space at the Tavistock Centre should be developed beyond initial design stage. A survey was then conducted amongst Trust staff, via e-mail, asking whether they were in favour of the proposal and if they had any specific concerns. A large majority responded favourably. Some concerns regarding safety were addressed after the risk assessment was undertaken. The survey results are at Appendix A.
- 1.2 In March 2010, the Board of Directors agreed capital budget of £350k for the project. Further details were requested prior to final approval.

### **2 Project Outline**

- 2.1 It is proposed to develop the roof space at the far end of the Fitzjohn's wing of the building to the left of the main staircase. The space will be a facility to be used by staff, students and conference delegates as an outside area for relaxation, refreshments and meeting colleagues.
- 2.2 The toilet provisions and coat storage areas for those using the fifth floor will be increased and improved, as part of the overall project, which will enhance the facilities available for conferences.
- 2.3 A design for the area is attached at Appendix B.

### **3 Costs for delivery**

- 3.1 Initial drawings were submitted to WT Partnership (Quantity Surveyor) in order to obtain indicative costs. These are shown at Appendix C. There are exclusions to these budget costs (e.g. furniture and security system) and were requested in order to assess feasibility. Based on these costs and subsequent assessments for the exclusions, the Board of Directors agreed funding of £350k to be made available in the 2010/11 capital budget.

## 4 Project Objectives

4.1 The project will address both the Sustainability and the Health and Well Being agendas, both of which the Trust is actively pursuing. The objectives are:

4.1.1 To provide additional space for staff and students to meet in a communal area. Currently the only similar area available is the café, which is understandably busy during term time and during conferences leaving little space for staff to take breaks away from their desks. As the numbers of students and staff increase, so does the need for more communal areas, particularly as the Trust employs a growing number of staff working in the community who are required to spend some of their time at the Tavistock Centre.

4.1.2 To improve facilities for conferences – the outside space, the improved and increased toilet provision and coat storage areas all address this objective.

4.1.3 To increase the amount of outside space available to staff and students - increasing available outside space in an urban environment is thought to improve mental well being. The therapeutic benefits will be enhanced by the planned planted areas.

4.1.4 To provide opportunities and support to staff (both in groups and individually) to thrive and engage in activities that will promote well being and improve interaction in the workplace.

4.1.5 To improve on and replace the space allocated to the 5<sup>th</sup> Floor seminar room which has previously been a space accessible to staff. This space has become essential space for seminars.

4.1.6 To enable the Trust to reach informed decisions about possible uses for other areas of the roof in the future.

4.1.7 To provide a facility which is fully Disability Discrimination Act (DDA) compliant.

## 5 Next Steps

5.1 A planning application for the development is currently with Camden planners. The planners have asked the Trust to amend the initial design to inset the screen wall. An amended drawing

(Appendix D) was submitted which has enabled the Trust to increase the planting area on the outside of the screen. This will grow to cover the screen creating a greener aspect. Indications from the planners are positive and planning permission is expected shortly.

- 5.2 Expressions of interest, to take this project forward, were sought from three firms of architects. Two architects subsequently presented their ideas to the Director of Corporate Governance and Facilities and the Estates Manager and they were questioned regarding their methods of working, their proposed resources for the duration of the project and their health service experience.
- 5.3 The architect will be asked to provide a design that will be displayed on the 5<sup>th</sup> floor as part of the consultation process. The Design Advisory Group will also be consulted. Feedback will inform the final design.
- 5.4 The timetable for the project (Appendix E) will be agreed between the Trust and the architect and contractors appointed based on the schedule.

## 6 Project Management roles

Role	Person
Project Director	Pat Key
Project Manager	Paul Waterman
Administrative Support	Diana Bissett
Product Manager: Quantity Surveyor	Andrew Slee
Product Manager: Architect	Mark Herbert

## 7 Risk

- 7.1 These will be managed by the project; to date those identified are listed in Appendix F.

Pat Key  
 Director of Corporate Governance and Facilities  
 June 2010

## Appendix A

### Survey Results

#### 1 Good idea

- = 99% yes
- Mostly staff responded

#### 2 Suggestions

- Garden space ++
- More toilets ++
- WiFi
- Eating area, esp when conferences use canteen

#### 3 Concerns

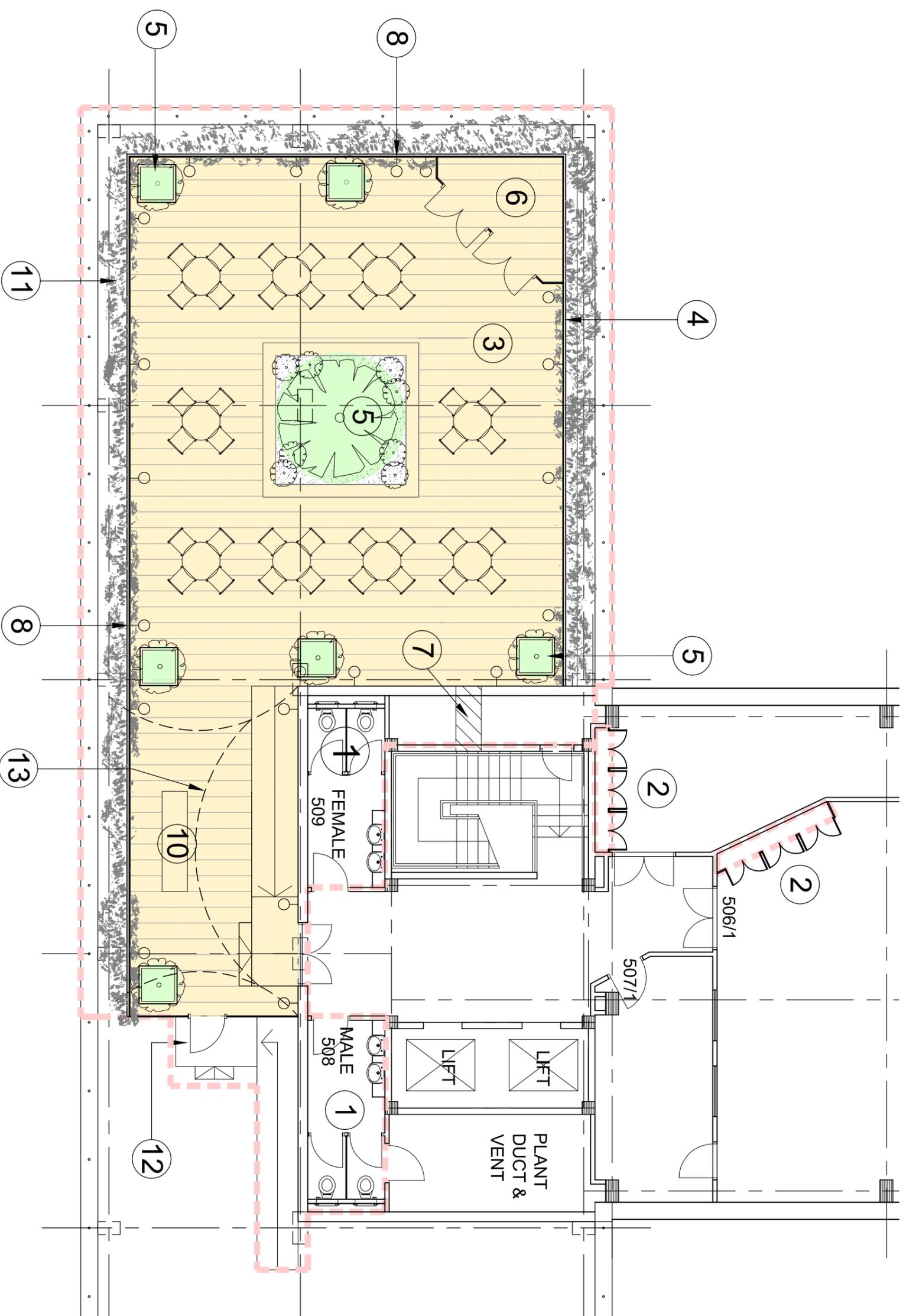
- Quality of maintenance over time
- Poor design
- Disruption
- Unavailability due to other uses
- Apparent extravagance
- Swipe card administration
- Waste collection

Rev	Date	Description
A	2010-05-25	HARDWOOD FENCE AMENDED

LEGEND:



- 1 ENLARGED WCS
- 2 NEW COAT STORAGE
- 3 NEW TIMBER DECK ON STEEL FRAME
- 4 HORIZONTAL HARDWOOD SCREEN WITH METAL MESH ON THE TOP
- 5 HARWOOD FACED PLANTERS
- 6 FURNITURE STORAGE
- 7 MIRRORED SUN PIPE
- 8 EXTERNAL LIGHTING AT LOW LEVEL
- 9 PROPOSED FIRE ESCAPE STAIR EXTENSION TO ROOF LEVEL HARDWOOD CLAD, FELT ROOF
- 10 PROPOSED DEMOUNTABLE SERVERY
- 11 PLANTER BOX
- 12 FIRE ALARM CONTROLLED DOOR
- 13 FABRIC SAIL



TAVISTOCK AND PORTMAN  
BUILDING USAGE SURVEY

Proposed 5th Floor Plan  
Break out space for staff and students

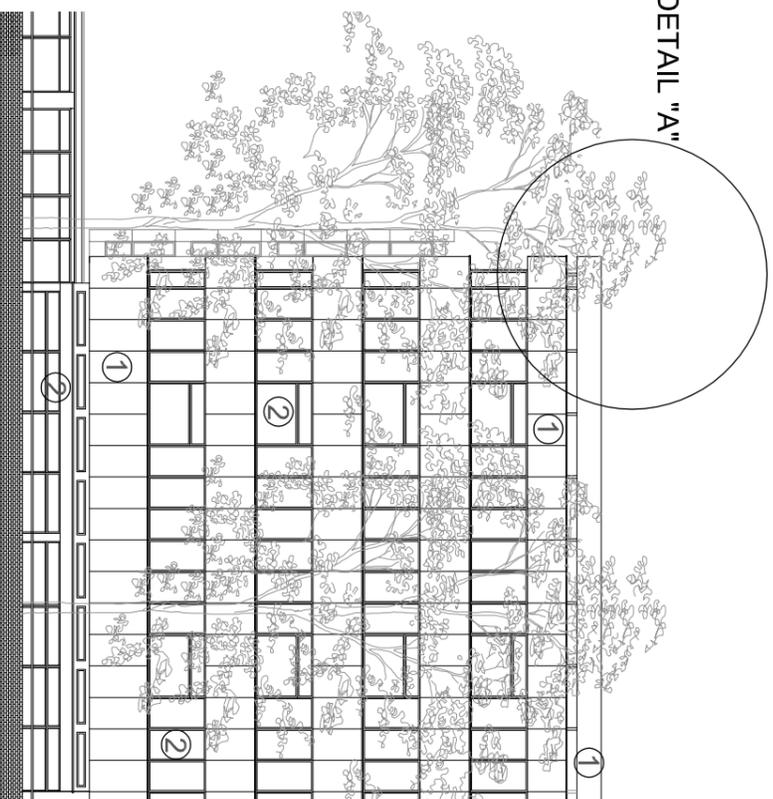


## Appendix C

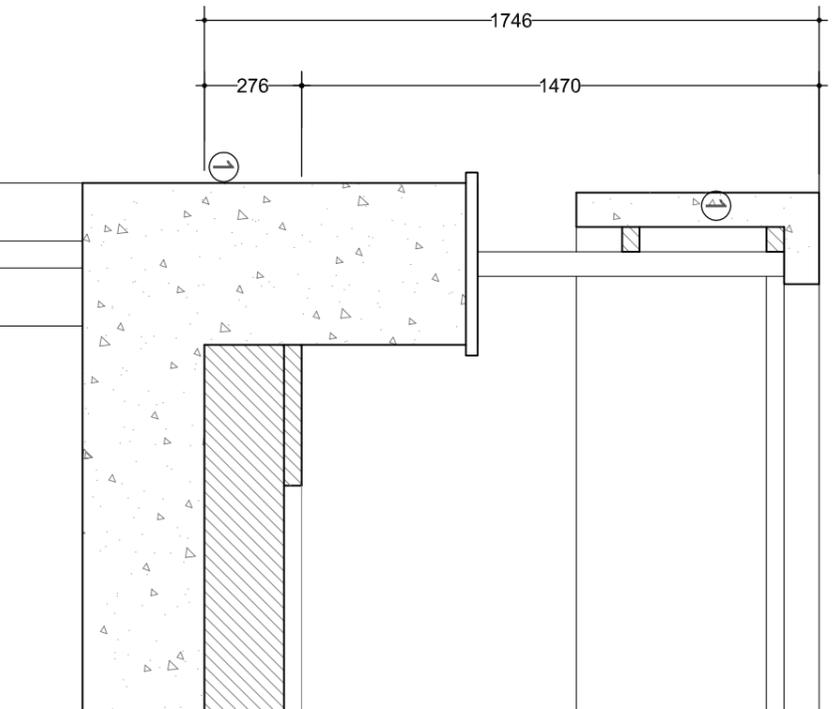
### Building Costs

2.1	Enlarge and refit WCs		30,500
2.2	Coat cupboards		10,600
2.3	New decking on steel frame		55,000
2.4	Perimeter screen		4,800
2.5	Planters		12,600
2.6	Furniture store		9,400
2.7	Glazed lobby and stair link		33,100
2.8	Sun pipes		4,000
2.9	Perimeter lighting and fire alarm		6,900
			<u>166,900</u>
	Allowance for Preliminaries		33,400
			<u>200,300</u>
	Allowance for Contingencies	7.5%	14,700
			<u>215,000</u>
	<b>INDICATIVE CONSTRUCTION COST</b> at current rates 1Q10		<b>215,000</b>
	Addition for inflation due to assumed tender in 3Q10	2%	4,000
			<u>219,000</u>
	<b>INDICATIVE CONSTRUCTION COST</b> at rates anticipated 3Q10		<b>219,000</b>
	Allowance for Professional and Statutory Fees (15%)		33,000
	Allowance for VAT @ 17.5% (excluding fees)		38,000
			<u>290,000</u>
	<b>INDICATIVE CONSTRUCTION BUDGET</b> at rates anticipated 3Q10		<b>290,000</b>
	Allowance for Groups 2 & 3 Furniture, Fixtures and Fittings		To be added
	Allowance for Decanting and Commissioning Costs		To be added
	Allowance for Contract Reserve		To be added
	<b>TOTAL INDICATIVE CONSTRUCTION COST</b>		<b>290,000</b>

DETAIL "A"

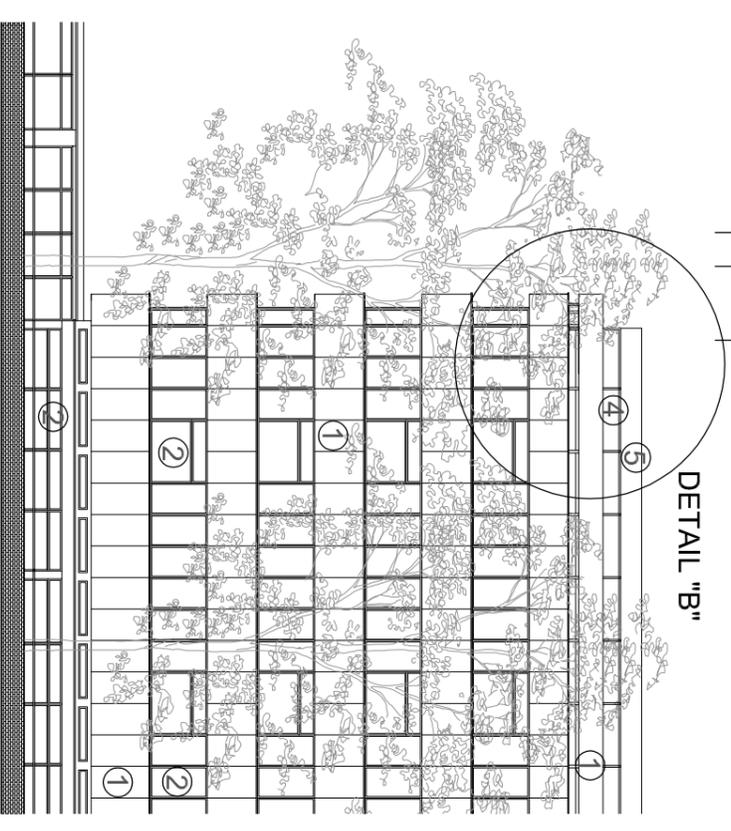


EXISTING ELEVATION 1:200

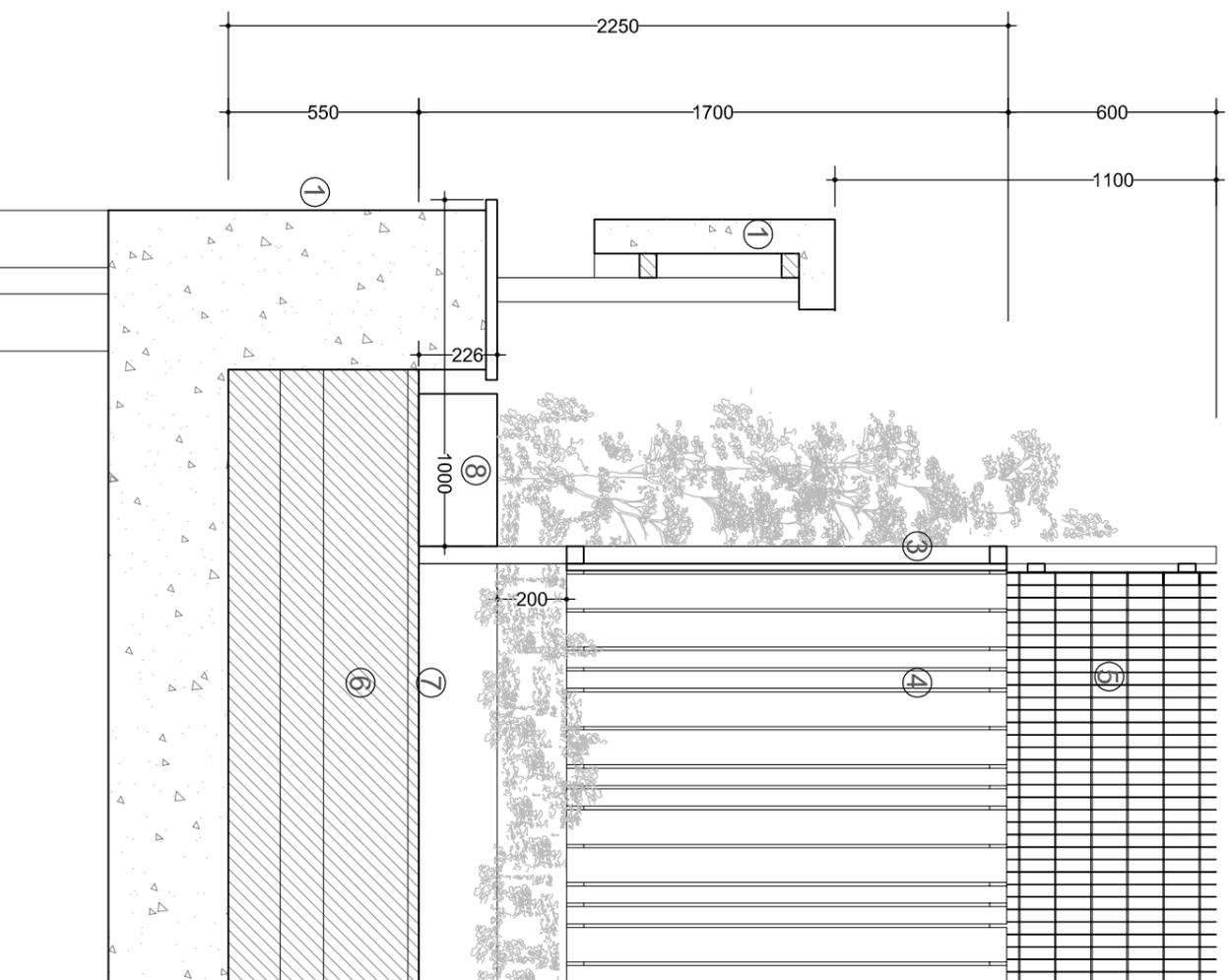


DETAIL "A" 1:20

DETAIL "B"



PROPOSED ELEVATION 1:200



DETAIL "B" 1:20

KEY MATERIALS:

1. PRECAST CONCRETE PANELS
2. WINDOWS
3. GALVANIZED 50mm RHS FRAME
4. HARDWOOD FENCE
5. GALVANIZED METAL MESH
6. STEEL FRAME AND TANALISED SOFTWOOD JOISTS TO ENGINEERS DETAILS
7. 32 mm DECKING
8. PLANTER BOX

TAVISTOCK AND PORTMAN  
BUILDING USAGE SURVEY

Existing and Proposed Elevations/  
Sections  
Break Out Space



ANSSELL & BAILEY

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CHARTERED ARCHITECTS

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SCALE: 1:100@A3	DATE: Mar 2010	JOB NUMBER: 09062	PROJECT NUMBER: (02)001	REV: A
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## Appendix E

### Timetable of remaining work

ITEM	JUNE				JULY				AUG				SEPT				OCT	
	7	14	21	28	5	12	19	26	2	9	16	23	30	6	13	20	27	4
TENDER																		
REVIEW/APPROVAL																		
APPOINT CONTRACTOR																		
MOBILISE																		
CONSTRUCTION																		

## Appendix F

### Project Risks

Objective	Principal Risk	Controls	Assurance	Gaps	consequence	likelihood	Residual risk	Actions/ Treatment plans	Is the risk tolerated?	Lead	Time Scale	Review/ change
To complete a breakout space on the Tavistock Centre roof	Staff or student could fall from the roof	A high fence, which is curved inwards, will be erected	A health and safety risk assessment was undertaken	None	5	1	5		Yes	Director of Corporate Governance and Facilities	ongoing	
	Patients could access the area with the intention of behaving in an unsafe way	Only staff and students will be given access	Access will be by electronic cards issued to named staff and students	People could follow staff/ students before door closes	5	1	5		Yes	Director of Corporate Governance and Facilities	ongoing	

Objective	Principal Risk	Controls	Assurance	Gaps	consequence	likelihood	Residual risk	Actions/ Treatment plans	Is the risk tolerated?	Lead	Time Scale	Review/ change
	Expenditure may be perceived by staff in time of cost savings as inappropriate	Staff were consulted about this plan	The survey results were positive	Uncertainty about the future economic situation	3	2	6		Yes	Director of Human Resources	until end of recession	
	Expenditure may be perceived by public, in tight financial climate, as excessive	The scheme provides improvements needed as part of the sustainability and health and well being programmes	The proposal was scrutinised by the Board of Directors to ensure strategic and operational benefits would be realised	Uncertainty about the future economic situation	3	2	6		Yes	Chief Executive	until end of recession	

Objective	Principal Risk	Controls	Assurance	Gaps	consequence	likelihood	Residual risk	Actions/ Treatment plans	Is the risk tolerated?	Lead	Time Scale	Review/ change
	There may be noise affecting patients and staff on the 4th floor	Current insulation will stay and more will be added	The architect was made aware of the importance of insulation in initial briefing	None	3	1	3		Yes	Director of Corporate Governance and Facilities	ongoing	