Board of Directors

Agenda and papers
of a meeting to be held

2.30pm – 4.30pm
Tuesday 24th May 2011

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

Board of Directors
2.30pm – 5pm, Tuesday 24th May 2011
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   *p.1*

4. Matters Arising

Reports & Finance

5. Trust Chair's and Non-Executive Directors' Reports   *For discussion*
   Non-Executive Directors as appropriate

6. Chief Executive's Report   *(Report attached)*
   Dr Matthew Patrick, Chief Executive   *For discussion*   *p.8*

7. Finance & Performance Report   *(Report attached)*
   Mr Simon Young, Director of Finance   *For discussion*   *p.13*

8. Board Committee's Annual Reviews: Patient & Public   *(Report attached)*
   Involvement Committee   *For discussion*   *p.17*
   Dr Sally Hodges, PPI and Communications Lead

Corporate Governance

9. Corporate Governance Report   *(Report attached)*
   Miss Louise Carney, Trust Secretary   *For approval*   *p.31*

10. Trust Policies: Data Quality Policy   *(Policy attached)*
                                                  For approval   *p.38*

11. Committee Reports & Minutes *(if necessary)*   *For noting*
   Relevant Committee Chair, as appropriate

Quality & Development

12. Annual Plan 2011/12 – 2013/14   *(Report to follow)*
   Mr Simon Young, Director of Finance   *For discussion & approval*

The Tavistock and Portman **NHS**
NHS Foundation Trust

13. Quality Report   *(Report to follow)*
  Ms Louise Lyon, Trust Director   *For discussion & approval*

14. Service Line Report – Adolescent Directorate   *(Report to follow)*
  Dr Richard Graham, Clinical Director, Adolescent Directorates   *For discussion*

15. Communications Report   *(Report attached)*
  Dr Sally Hodges, PPI & Communications Lead   *For discussion*   *p.49*

16. Annual General Meeting Report   *(Report attached)*
  Dr Sally Hodges, PPI & Communications Lead   *For discussion*   *p.66*

17. Equalities Report   *(Report attached)*
  Ms Julia Smith, Director of Service Development & Strategy *For discussion*   *p.71*

Conclusion

18. Any other business

19. Notice of future meetings
  Thursday 2nd June 2011 : Ex. Board of Directors (*Time TBC*)
  Tuesday 14th June 2011 : Directors' Conference (*Board Review*)
  Tuesday 28th June 2011 : Board of Directors
  Tuesday 26th July 2011: Board of Directors
  Monday 12th September 2011: Directors' Conference (*Topic TBC*)
  Thursday 15th September 2011: Board of Governors
  Tuesday 27th September 2011: Board of Directors
  Tuesday 25th October 2011: Board of Directors
  Tuesday 8th November 2011: Directors' Conference (*Plan Review*)
  Tuesday 29th November 2011: Board of Directors
  Thursday 1st December 2011: Board of Governors
  Tuesday 31st January 2012 : Board of Directors
  Thursday 2nd February 2012 : Board of Governors
  Tuesday 28th February 2012 : Board of Directors
  Tuesday 27th March 2012 : Board of Directors
  Tuesday 24th April 2012 : Board of Directors
  Thursday 3rd May 2012 : Board of Governors
  Tuesday 29th May 2012 : Board of Directors
  Tuesday 26th June 2012 : Board of Directors
  Tuesday 31st July 2012 : Board of Directors
  Thursday 13th September 2012 : Board of Governors
  Tuesday 25th September 2012 : Board of Directors
  Tuesday 30th October 2012 : Board of Directors
  Tuesday 27th November 2012 : Board of Directors
  Thursday 6th December 2012 : 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 – 4.30pm, Thursday 28th April 2011

Present:			
Ms Angela Greatley Trust Chair	Ms Lis Jones Nurse Director	Mr Altaf Kara Non-Executive Director	Ms Trudy Klauber Dean
Ms Louise Lyon Trust Director	Dr Matthew Patrick Chief Executive	Dr Ian McPherson Non-Executive Director	Dr Rob Senior Medical Director
Mr Richard Strang Deputy Trust Chair	Mr Simon Young Director of Finance		
In Attendance:			
Miss Louise Carney Trust Secretary (minutes)	Ms Jane Chapman Governance & Risk Advisor (item 7c)		
In Attendance:			
Mr Martin Bostock Snr Independent Director	Ms Joyce Moseley Non-Executive Director	Ms J. McCarthy-Woods Quality Standards & Report Lead (item 12)	

Actions

AP	Item	Action to be taken	Resp	By
1	3	Miss Carney to amend minutes	LC	**Immed**
2	4	Dr Senior to liaise with auditors to align terminology	RSe	**Jun 11**
3	4	Dr Patrick to update Board on Big White Wall contract	MP	**May 11**
4	5	Ms Greatley to update Board on developments with London mental health chairs and CEOs groups	AG	**May 11**
5	7c	Operational Risk Register to be updated and presented to CQSG	PK	
6	7c	Mr Young to give consideration to preparing Board paper on performance management	SY	
7	10	Miss Carney to circulate letter on adjustments to financial assumptions	LC	**Immed**
8	12a	Ms Lyon to clarify when KPMG will give their final assessment on the Quality Report	LL	**Immed**
9	12a	Ms Lyon to provide quarterly updates on the Quality Report	LL	**Cont**
10	12a	Ms Lyon to liaise with Dr Hodges on communicating Quality Report to patients and public	LL	
11	12b	Ms Lyon to include target date column	LL	**Immed**

Actions	Agenda item	Future Agendas

1. Trust Chair's Opening Remarks
Ms Greatley welcomed everyone to the meeting.

2. Apologies for Absence
As above.

3. Minutes of the Previous Meeting
AP1 The minutes were approved subject to two minor amendments.

4. Matters Arising

All Action Points had either been completed already or were due to be completed by their due date.

Item 9: Clinical Quality, Safety, & Governance Committee Quarter Three Report

AP2

Dr Senior presented an updated version of this report, and noted that the language was now consistent throughout. Dr Senior to liaise with auditors to work towards aligning terminology. The report was approved.

Item 5: Trust Chair's and Non-Executive Directors' Reports

Ms Klauber noted that education commissioning had been "paused" along with the passage of the Health & Social Care Bill, and would be discussed under the Future Forum.

Item 6: Chief Executive's Report

AP3

Mr Strang queried whether the Big White Wall contract had yet been signed. Dr Patrick noted that it had not, but that there were no outstanding matters of substance in dispute. Dr Patrick to update Board of Directors in May.

5. Trust Chair's and Non-Executive Directors' Reports

Angela Greatley, Trust Chair

AP4

Ms Greatley noted that the London mental health Chair's and CEO's groups had been meeting jointly to discuss the disparity of funding between acute and mental health trusts. A meeting had been sought with NHS London, and arranged for 21st April. Ms Greatley agreed to report to the Board on developments in May.

A joint paper had been prepared by the groups. The data from this paper had fed into the Greater London Authority Health Scrutiny Committee. The group would like an opportunity to discuss the outcome of the paper with NHS London before making it public.

Ms Greatley attended a Capsticks seminar on governance under the Health & Social Care Bill. At the seminar, it had been suggested that proposed governance arrangements would not be amended during the 'pause' in the legislative process and would remain the same as in the published Bill. It was suggested that Governors would become the first line of FT regulation, although it was recognised that the notion of self-regulation was a complex one. Governors were expected to represent on only their Members' interests, but also the public interest. There were also changes to individual responsibilities of Directors. Ms Greatley and Miss Carney to update Governors as appropriate.

6. Chief Executive's Report

Dr Patrick reported that Ms Klauber had announced that she was standing down as Dean. The Trust was hoping to make an appointment this term.

The productivity and savings programme was underway. The timescale was purposefully tight. Mr Strang suggested that the programme be viewed in the context of a three-year period. Dr Patrick confirmed that this was already the case.

Monitor had issued a letter on 27th April on financial assumptions. Dr Patrick noted that the acute downside cases suggested that there might be a number of unsustainable organisations.

Dr Patrick noted that despite the Government-announced "pause" in the progress of the Health & Social Care Bill. The Board agreed that the Trust must make the case for mental health organisations during the pause. Dr Patrick noted that there were three mental health representatives in the Future Forums.

Dr McPherson noted that UCL Partners provided a good opportunity for the Trust to raise its profile. Dr Patrick confirmed that the Trust was well-involved and represented within UCLP.

7. Finance & Performance Report

7a. Finance & Performance Report

Mr Young reported a satisfactory end to the financial year. The surplus was more than the Trust had been aiming for at Month 11. Paragraph 2.1.2 listed expenditure in Month 12, and Mr Young noted that there was also some small expenditure not detailed in the report.

The surplus for the year was £145k. The cash balance was unexpectedly high, at £4.7m. This would significantly reduce the Trust's dividends in 2010/11 and 2011/12. However, this high position was not expected to continue.

The Board discussed clinical performance. Mr Young noted that waiting time data would be presented as a % in future reports. Mr Strang noted that some waiting times could be attributed to a lack of available clinicians and queried whether the Trust has enough staff to deal with its patient list. It was confirmed that it did. Mr Kara queried whether there would be a corresponding reduction of service levels with funding. Dr Patrick confirmed there would not be a reduction in quality levels, but there would be a difference in provision type.

Dr Patrick reported that a programme of staff meetings had been arranged to discuss the productivity and savings programme.

7b. Quarter Four Governance Declaration

Mr Young noted that the Quarter Four declaration was similar to the Quarter Three declaration.

Mr Young noted that Monitor had removed the requirement for marital status data, and reported that the Informatics Department were dealing with data validity, and the Trust hoped to achieve 99% completeness on the other six identifiers.

The declaration was approved.

7c. Operational Risk Register

AP5

Ms Chapman noted that a number of the target dates in the Register were incorrect, which was due to a technical error with the software which automatically inputted dates, even though these had not yet been agreed. These would be updated and presented to the next Clinical Quality, Safety, & Governance Committee.

It was agreed that the likelihood of Risk One should be three, and not four. This downgraded the total risk score to 12.

Ms Lyon noted that the Trust was actively addressing mandatory training levels. The Board agreed that the CQSG was the correct place for this work to take place.

AP6

Mr Kara raised the issue of performance management. Mr Young to give consideration to preparing a Board paper on this.

The Operational Risk Register was accepted, subject to action plan dates being addressed at the CQGS.

8. Annual Report & Accounts 2010/11

Noted.

9. Clinical Quality, Safety, & Governance Committee Terms of Reference Review

Approved.

10. Corporate Governance Report

AP7

Noted. Miss Carney to circulate letter from Stephen Hay, Chief Executive of Monitor on adjustments to financial assumptions.

11. Annual Information Governance Compliance Report

Mr Strang noted that compliance levels seemed to have dropped. Mr Young explained that the IG Toolkit had changed, and that there were more requirements to document things, but that the drop in compliance levels were not related to a drop in performance to any great extent.

Mr Strang queried whether IG plans would take into account Internal Audit recommendations. Mr Young reported that they would, but that this was the responsibility of the Clinical Quality, Safety, & Governance Committee, and that this Board report did not include plans.

12. Quality Report

12a. Quality Report

Ms Lyon noted that the Quarter Three and Quarter Four outcome monitoring data was not available in a good enough format for the Report. This was partly related to the change over to a new patient information system.

Ms Lyon noted that a decision had been made to reduce the number of indicators to three, but the Trust had subsequently decided to include mandatory training again. This was approved.

Ms Lyon noted that if the Board were happy with the content of the Report, it should be sent to the third parties whose comments were required.

AP8
Mr Strang queried when the External Auditors, KPMG, would see the Report. Ms Lyon reported that KPMG had already been sent drafts and they seemed to be satisfied with the direction of travel. The final Report must be completed by 2nd June. Ms Lyon to clarify when KPMG will give their final assessment on the Report.

AP9
Ms Lyon agreed to provide quarterly updates on the Quality Report.

AP10
Dr McPherson suggested that the Trust should take care to explain quality to its patients and the public, and queried how the content of the Report could be communicated in a clear way. Ms Lyon to liaise with Dr Sally Hodges, Patient & Public Involvement and Communications Lead.

It was clarified that final approval of the Quality Report would happen alongside the formal approval of the Annual Report.

12b. Data Assurance Overview

AP11
The Board commended the format of the report, but suggested Ms Lyon include a target date column.

Approved.

13. Academic Health Science Centre and Health Innovation and Education Cluster Updates

Nothing additional to report. This item to be removed as a standing item from the agenda.

14. Any Other Business

None.

15. Notice of Future Meetings

Noted. Miss Carney noted that dates for 2012 had already been set.

The Tavistock and Portman **NHS**
NHS Foundation Trust

No.	Originating Meeting	Agenda Item	Action Required	Director / Manager	Due Date
1	Jan-11	4. Matters Arising	Dr Senior and Ms Lyon to give further consideration to cavassing GP's knowledge of mental health	Rob Senior / Louise Lyon	Jun-11
2	Jan-11	7a. Finance & Performance Report	Ms Lyon to report back on structure of consultancy work	Louise Lyon	Jul-11
3	Mar-11	8. Health & Social Care Bill Update: Governance in NHS Foundation Trusts	Miss Carney to investigate insurance policies for Directors	Louise Carney	Jul-11
4	Mar-11	8. Health & Social Care Bill Update: Governance in NHS Foundation Trusts	Miss Carney to update Board of Directors on Governors' and Directors' responsibilities as appropriate	Louise Carney	Jul-11
5	Jan-11	10. Estates & Facilities Report	Ms Key to investigate whether the Public Services Bill affects the NHS and FTs in particular	Pat Key	As appropriate
6	Feb-11	5. Trust Chair's and Non-Executive Directors' Reports	Ms Greatley to forward any briefings on the changing role of Non-Executive Directors and Governors	Angela Greatley	As appropriate

Board of Directors : May 2011

Item : 6

Title : Chief Executive Report

Summary :

The report covers the following items:

1. Introduction

2. Training and Education

3. The Role of Dean

4. NHS Reforms

5. And Finally...

This report focuses on the following areas:
(delete where not applicable)

- Quality
- Patient / User Experience
- Patient / User Safety
- Equality
- Risk
- Finance

For : Noting

From : Chief Executive

Chief Executive Report

1. Introduction

1.1 Because of the bank holidays in April and the timing of the Board of Directors in May, a shorter time has elapsed between my last Report and this one. This short period has, however, already been a busy one. In particular work on productivity programmes is now properly underway.

1.2 The work is generating significant anxiety within the Trust. These anxieties cover a wide spectrum, from very personal worries about security of employment through to concerns that the very essence of our work and culture as an organisation will be replaced by a culture of top down managerialism fuelled by anxiety and financial necessity.

1.3 In reality, much of the work currently underway is building on work that was already well in train. I think that some anxiety is inevitable, however, when the levels of anxiety are so high within the NHS and wider public sector in general, but also when we are having look at how we organise and deliver our services.

1.4 One thing that is clear to me, however, is that however it may be expressed, everyone that I come into contact with is committed to the quality and distinctiveness of our work and wants to develop this, while at the same time recognising the need for change. Everyone is concerned that this should be done in a thoughtful and open way while recognising the constraints of time and resources that reality imposes.

1.5 In order to support this process, we have organised a series of five staff meetings; the first two general overviews and opportunities for discussion; the latter three looking in more detail at work within different domains, alongside the forward looking strategy for those areas of work.

1.6 The Voluntary Redundancy Scheme attracted a total of 47 expressions of interest, but many people have only recently received their figures so the number of definite applications remains uncertain. This will become clear over the next 2-3 weeks, however, when it will become possible to make decisions about these applications.

1.7 As an organisation, in part because of our size but also because of our history and nature, we have retained a capacity for thoughtful discussion. Although we don't always live up to this potential (and

indeed who does), for the main part we do which is a tremendous strength when going through periods of change.

2. Training and Education

2.1 The past month has seen a flurry of activity and communication with a variety of colleagues at the University of East London. The University has been going through a large process of restructuring its schools, including those to which we primarily relate. Whereas Sociology, Psychosocial Studies and Social work had been held within one school, where our own relationship was also held, these disciplines will now be separated.

2.2 Our own strongly expressed preference was that the three disciplines should not be separated, as we believe that holding them together would have supported the full potential for development in our partnership with the University.

2.3 In the end, however, Sociology and Psychosocial Studies will be joining the School of Law, while Social Work will be joining the School of Education.

2.4 This places the Tavistock and Portman in a potentially awkward position. Our largest courses are in Social Work, but we have strong relationships with the other two disciplines.

2.5 I have written to the Vice Chancellor following this outcome to express my concern, and will be meeting with him on the 25th of this month to discuss our position and how best to structure the relationship for everyone's gain.

3. The Role of Dean

3.1 At the last Board meeting Trudy Klauber announced that she would be standing down as Dean and gave a timetable for this to happen.

3.2 The Role of the Dean has changed a number of times over the period of Trudy's leadership. When Trudy was appointed the role sat alongside a Director of Academic Services. These two roles were subsequently amalgamated. A Deputy Director was appointed at the same time, to support the Dean.

3.3 More recently, two associate Deans have been appointed with responsibility for operational delivery. The Associate Deans have a line of responsibility to the Dean, but are line managed within the delivery system of service lines.

3.4 Given the number of changes that have taken place I think it makes sense to think through the shape and nature of the role that is now going to be of most use to us. In particular it is important that we ensure that we build on Trudy's very significant contribution and leadership.

3.5 I am, therefore, undertaking a process of consultation with colleagues including Trudy to gather their thoughts and ideas before we make a decision.

3.6 I anticipate that I will have concluded this process by early in June.

4. NHS Reforms

4.1 We are still in a period of "pause" in the passage of the Health Bill through parliament. You will all be aware that in acknowledgement of the widespread concerns expressed about the Bill, the Government has used this time to set up a listening exercise to gather views and ideas about how the proposed reforms could be improved. The exercise is being coordinated by a group called the NHS Future Forum, under the chairmanship of Professor Steve Field.

4.2 I received a letter from Professor Field, asking for input into the process. This was not a personal invitation, but a letter encouraging all organisation and individuals with views to contribute.

4.3 In his letter Professor Field acknowledges the cynicism that greeted the exercise, but my own judgement is that there is a real possibility, indeed a real likelihood that significant changes will be introduced into the Bill as a result of this exercise, and that NHS Future Forum's recommendations will carry real weight.

4.4 Across London the Mental Health Chief Executives will be writing, setting out our concerns about the development and delivery of mental health services within the proposed framework and during transition, subject as we are at the same time to tremendous financial pressure.

4.5 I have also encouraged staff to contribute directly if they have views, and will be writing myself.

5. And Finally…

5.1 It is with sadness that I have to report the death of Barbara Dale. Barbara Dale worked over many years to develop the clinical and training contribution of systemic psychotherapy within the Trust, and in support of the creation of the systemic psychotherapy

discipline here. She is remembered as warm, generous and humorous. Her funeral will be held on the 20th of May.

Dr Matthew Patrick
Chief Executive Officer
May 2011

Board of Directors : May 2011

Item : 7

Title : Finance and Performance Report

Summary:

The 2010/11 surplus has been reduced from £145k to £99k; the Trust's financial risk rating remains a 3.

No major variances in 2011/12 income and expenditure have been identified at this early stage.

The cash balance at 30 April was £3,376k. Cash is expected to remain at satisfactory levels both this year and next, subject to achievement of planned income and expenditure. Detailed cash projections will be presented separately as part of the Annual Plan.

This report will have been reviewed by the Management Committee on 19 May.

The Board of Directors is asked to confirm whether this paper is accepted as adequate assurance of the Trust's financial position, and where not, whether the Board of Directors is satisfied with the action plans that have been put in place.

This report focuses on the following areas:
(delete where not applicable)

- Risk
- Finance

For : Information

From : Director of Finance

Finance and Performance Report

1. **<mark>External Assessments</mark>**

1.1 **<mark>Monitor</mark>**

1.1.1 Quarter 4 returns were submitted by 30 April. The rating for governance is expected to remain green. The Financial Risk Rating is expected to remain at 3.

1.1.2 The 2011/12 Plan should lead to a Financial Risk Rating of 3.

2. **<mark>Finance</mark>**

2.1 <mark>2010/11</mark>

2.1.1 The Annual Report and Accounts are due to be presented to the Audit Committee on 26 May and then for approval at the Board meeting on 2 June.

2.1.2 The audit is almost complete. At this stage, adjustments have been made to the primary financial statements which will reduce the surplus which was reported previously as £145k to approximately £99k. The adjustment is primarily due to a duplicated journal; steps are being taken to ensure that a similar issue does not recur in future.

2.1.3 The adjustment will slightly reduce all the ratios in the financial risk rating, but the rating remains at 3.

2.2 <mark>Income and Expenditure 2011/12</mark>

2.2.1 The income and expenditure budget for 2011/12 was approved in March. We are not issuing financial statements for April, but no significant variances have been identified at this point.

2.2.2 Main income sources, and the risks in some areas, are briefly discussed later in this report.

2.2.3 Pay costs in April were within budget overall.

2.2.4 Progress on the productivity programme will be reported separately.

2.3 <mark>Cash Flow</mark>

2.3.1 The actual cash balance at 30 April was £3,376k, a reduction of £1,336k in the month. Pay costs were very close to Plan. Income was lower than normal from PCTs and general debtors, mainly due to the early receipts for two major contracts on 31 March; delays on other smaller contracts are expected to be recovered in the next two months.

2.3.2 Monthly cashflow projections to March 2013 will be presented to the meeting separately, as part of the Annual Plan.

3. <mark>Training</mark>

3.1 NHS London has confirmed the 2011/12 value of the training contract, with a 3% efficiency reduction in line with our budget.

3.2 The key area of uncertainty, as each year, is the student numbers for the new academic year starting in October.

4. **Patient Services**

4.1 <mark>Activity and Income</mark>

4.1.1 The majority of contract values have now been agreed. Total contracted income for the year is in line with budget. No major variances in other sources of clinical income are currently expected, subject to activity levels which will be closely monitored.

4.1.2 Day Unit income is higher than budget for the summer term, with 14 pupils compared to the budgeted 12.5. As 8 pupils are expected to leave at the end of term, activity levels will fall for the autumn, but action is in progress to avoid an income shortfall for the year as a whole.

5. <mark>Consultancy</mark>

5.1 TCS income in April was £43k against a budget of £53k (which allowed for Easter). The target for May is £67k but the forecast income for May is at present similar to April.

6. <mark>Research</mark>

6.1 The research income budget is £167k for 2011/12, down from £331k in 2010/11. £100k of this has been secured; there may be some shortfall on the remaining £67k.

6.2 Action to increase income for future years will continue, in order to cover current costs and fund new research projects.

Simon Young
Director of Finance
16 May 2011

Board of Directors : May 2011

Item : 8a

Title : PPI Annual Report 2010-2011

Summary:

The Annual Report summarises 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.

This report has been reviewed by the following Committees:
- Management Committee, 12th May 2011

The Board of Directors is asked to confirm whether this paper is accepted as adequate assurance of PPI activity and plans, and where not, whether the Board of Directors is satisfied with the action plans that have been put in place.

This report focuses on the following areas:
(delete where not applicable)

- Quality
- Patient / User Experience
- Patient / User Safety
- Equality

For : Discussion

From : Trust Patient and Public Involvement Lead

Patient and Public Involvement Annual Report 2010/11

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 Accounts and CQUINS (Commissioning for Quality and Innovation), 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, training and education services and research. We have four 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 675), anonymously with one reminder sent. Patients receive a stamped addressed envelope to return the survey. Typically the response rate has been between 18 and 21 percent. This year we got back 118 responses which represented a return rate of 18 percent. 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 70% felt that they were listened to and treated with respect and dignity, 79% rated the trust's facilities either very good or good, and 81% rated the appointment arrangements either very good or good. 75% found their sessions either very helpful or fairly helpful and 71% would recommend the trust to their friends or family members. There was 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 raise its public profile within the community. 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 and to set specific and measurable targets to improve the patient experience over the forthcoming year. Recommendations from the PPI Committee included:

- Therapists to discuss the annual survey with patients leaving the service as part of the moving on process.
- Revise the delivery of information for the Adolescent Department.
- Information handbook provided to parents of children beginning therapy with the Child and Family Department.
- Clarify patients' involvement in the decision making process for the direction of therapy with the Adult Department.
- Elect a member of staff at the Portman Clinic to represent their practice within Patient and Public Involvement.
- Increase public awareness of the trust through ties with local community groups and charities, and by holding public events at the trust.
- The Adult Department to provide written information for patients that complies with the NHS Litigation Authority guidelines.
- Increase the number of respondents by including current patients in the annual survey.

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 newsletter or through the governor who represents them. Our members have been asked to comment on our new website and we are in the process of collating this information, and on the refurbishment of the ground floor reception. We invited members to our AGM and this year about 70 people attended. This is an opportunity to enter into dialogue with members about what aspects of the trust's provision are important to them. The focus of the meeting was on a service which worked with young people with mental health problems in the community through engaging them

with work on a farm. Members and staff alike expressed the view that this kind of social enterprise work is effective and welcome.

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:

- Concerns and questions about the change in patient information systems at the trust
- Praise for the art work on the ground floor
- Concerns about the difficulty getting through to people on the phone system
- Praise for administration and reception staff
- Concerns about the cleanliness in the toilets
- Praise for the new system of signs in the trust

5. Complaints

5.1 The Tavistock and Portman NHS Foundation 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 10 last year). These have been about a range of issues, but the two most common are breach of confidentiality and dissatisfaction with assessment or treatment. 8 of the complaints have been dealt with in the trust and 2 remain open pending an independent review.

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 their treatment and about the condition of the vending machines.

7. Feedback to PALS Service

7.1 The PALS service operates 11 hours a week, spread over Monday, Tuesday and Thursday. There were a total of 726 emails, 138 phone

calls, 8 "drop-ins" and 4 letters (compared with 212 contacts by email and 47 via telephone or drop in last year). This represents a significant increase in contacts, primarily owing to an improved PALS contact form on the new website.

7.2   The individuals fell into the following groups:

- Current or ex-patients: 41%
- Prospective patient or family member (looking for treatment or advice): 42%
- Staff or other professionals: 14%
- Other/unknown: 3%.

7.3   The enquiries can be categorised as follows:

- Accessing therapy or related services: 52%
- Concern with current or past treatment/assessment: 20%
- Access to records: >1%
- Staff enquiry re: own patients:
- Information request: 26%
- Unknown or unreachable: 1%.

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. Questionnaires for the surveys were placed in the following services:
- Child and Family Department of the Tavistock Centre
- Fostering, Adoption and Kinship Care
- Gloucester House, the Tavistock Children's Day Unit
- South Camden Community CAMHS
- Tavistock Haringey Service for Young People in Care
- Barnet Young person's Drug and Alcohol Service

8.1.2   Over a one month period 75 surveys were completed by children between the ages of 3 and 18 with a similar number of boys and girls responding.

8.1.3   Responses were similar to previous years. 64% liked the waiting room, 60% liked their therapy rooms, and 75% felt staff listened to them and looked after them well. However 47% of the children liked the building where they attended sessions this year, compared with 51% in the previous year. 45% indicated that coming to the trust had helped them and

47% stated that coming here had helped their family and/or caregiver. Positive feedback was received on the helpfulness of our staff and therapy whilst negative comments drew attention to the lack of activities for older children in the waiting room.

8.1.4   The feedback also highlighted that many children did not have a clear understanding of why they attended the trust. We are considering the introduction of an information kiosk to the waiting room at the Tavistock Centre. This kiosk would provide the opportunity for the year-round completion of surveys, access to the Cam's Den children's website and information on events at the trust and provide information on the services available to both children and parents. A virtual tour of the building and information on some of the therapists who work in the department also could be added to the information kiosk.

8.2   Adult Department Consultation Audit

8.2.1   The Adult Department has surveyed patients to gather their views on the assessment consultation. 28 patients completed the pre-consultation questionnaire and the reputation of the trust was listed as the single most important factor why patients wanted to be referred here. At the end of the assessment process 20 of the patients returned the post-consultation questionnaire. Being heard and understood were the two most helpful features of the assessment process whilst waiting (for an assessment or between appointments) was identified as the most unhelpful feature of the assessment consultation.

8.3   Learning and Complex Disability Service Survey

8.3.1   The LCDS has piloted a patient feedback survey which was adapted from the Experience of Service Questionnaire and included photosymbols and larger font type to make it more accessible. Feedback was received from 5 adult patients (aged 17 years and older), 2 younger patients (above the age of 9 years) and 6 parents/carers. Patients, parents and carers generally reported that they were receiving good clinical care, felt they were listened to and their problems were being taken seriously. They also expressed satisfaction with the time of appointments but were a little less positive about the ease of getting to appointments.

8.4 Ground Floor Survey

8.4.1 We undertook a follow up survey of the ground floor at the Tavistock Centre. 20 patients and 4 visitors completed this survey and provided a range of views on the main reception area and waiting room. The majority of respondents liked the reception area and waiting room. Positive feedback was received on the quality of service received and the welcoming approach of the receptionists. However the absence of plants, the choice of reading material and the temperature in the waiting room during the winter months were areas of concern raised by some patients and visitors.

8.5 Experience of service questionnaire (ESQ) in the Adolescent Department

8.5.1 The ESQ is part of our outcome monitoring process, and is routinely sent to all patients after they finish treatment. Its focus is on how people experienced the treatment and environment of the service provided. The adolescent undertook a more rigorous way of obtaining adolescent feedback using this questionnaire, by phoning patients after treatment and taking the survey over the phone. This way they improved the uptake of the questionnaire dramatically (up to 80 %). Below is a chart of the ESQ results.
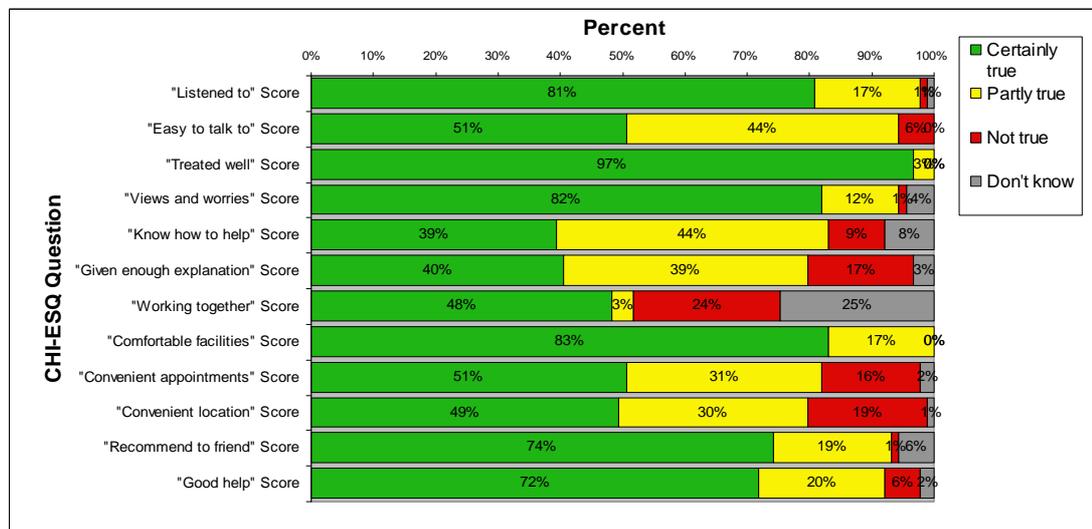
9. Improving the Quality of the Patient Experience (Linking with the Quality improvement programme in the trust).

9.1 Stakeholders Quality Consultations

9.1.1 We have undertaken a series of stakeholder engagement consultations with patient and public representatives, Non-

Executive Directors and Governors to consider issues around the quality of the clinical services offered by the trust. Patients have used data from a range of sources as well as their own experiences to bring thoughts to this group. These meetings have focused on patient experience and both the process of providing information to patients on the psychological therapies offered by the trust, and facilitating patients making informed decisions about their treatment. A key issue that has been brought up in the group is of follow up, and this has lead to a trust wide review of our follow up procedures by the clinics committee and departments.

9.2 Bid for Better

9.2.1 This year we piloted a scheme to fund membership engagement projects which would improve the patient experience. Advertised in the Members Newsletter, on the trust website and through the newsletters of both Voluntary Action Camden (VAC) and Camden Local Involvement Network (Links), we received five bids for consideration with a further six ideas for further development. All bids were considered by a review panel and three bids were awarded funding. The successful bids were:

- A play table for the Child and Family Department waiting room
- A recycled wooden questionnaire returns box for patient surveys in the entrance foyer of the Tavistock Centre
- Copies of the Mind publication 'Making sense of psychotherapy and psychoanalysis' for the Adult Department waiting room.

9.3 London Patient and Public Involvement Mental Health Forum

9.3.1 We have participated as a key member of the London Patient and Public Involvement Mental Health Forum, which represents the ten mental health trusts across London. The London PPI Mental Health Forum has a remit to ensure that the involvement of service users, carers and the wider community forms an integral part of mental health services in London, and to share good practice.

10. Main Themes across the Range of Feedback Received

10.1 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:

10.2 Questions raised about the clarity of the information we provide

10.2.1 Although this issue comes up most years, this year it was more actively expressed through the quality forum and patients survey. There was a sense that in some areas, we do not give patients enough information about treatment in order to understand the process and possible 'side effects'. This lead to dissatisfaction in the treatment.

10.3 Positive feedback about the trust and its services

10.3.1 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 pictures and refurbishment.

10.4 Feedback on the environment

10.4.1 We continue to receive both positive and negative feedback on the quality of the environment. This has been through all the mechanisms of feedback, including small scale surveys. We get feedback that the trust feels warm and welcoming but others who feel it can be too open and clinical. We have had specific feedback about the new signs in the trust and how these have been appreciated.

11. What We Have Done this Year in Response to Feedback

11.1 Launched a new children's website that 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 Launched 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 Piloted a membership projects scheme which invited members to bid for funding to improve the quality of the patient experience.

11.4 Influenced the plans for the refurbishment of the trust to take into account patients' feedback.

11.5 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.

11.6 Reviewed the patient information leaflets to ensure each includes more details of the risks, benefits and alternatives to therapy.

11.7 Created new patient information leaflets on the storage and use of patient records and the services available to patients out of hours.

11.8 Following a consultation with People First, an advocacy group run for and by people with learning disabilities, the Trust has developed information leaflets suitable for people with learning disabilities.

11.9 Undertaken a series of stakeholder engagement consultations with patient and public representatives, Non-Executive Director and Governors.

11.10 The trust has been focusing on patient experience information and we have linked 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.

12. Future Plans

12.1 Extend the Bid for Better membership projects scheme to include bids which will increase social inclusion and promote mental wellbeing as well as improve the patient experience.

12.2 We are exploring lowering the age of membership to ensure that young people are better represented in our membership and that we can better access their views about our services.

12.3 Extend the scope of Trust leaflets and on the Trust website to include information promoting relevant services to carers, and also

form links with volunteer organisations that provide support in this area.

12.4 Promote events aimed at further establishing patient inclusion and greater awareness of the trust from the general public. This will aim to include service user groups and further establishing events for members or those with an interest in mental health to attend.

12.5 Update the recorded history of the Trust to present day, including previous efforts, aiming to provide a permanent internal presentation, combined with external literature publications and content for the website.

12.6 To increase understanding, we will include a session on patient and public involvement at the staff In-Service Education and Training (INSET) day and have a dedicated section in the Members Newsletter.

12.7 Meet with community interest groups in Camden to improve links and services available to Black and Minority Ethnic (BME) people, and facilitate a Tavistock clinician to discuss mental health and the trust with relevant BME groups.

12.8 The PPI team will be developing a new series of patient information leaflets on the different models of therapy available at the trust.

12.9 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 member's newsletter and to increase the numbers of events that patients and public attend and contribute to.

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

12.11 To explore the possibility of having a patient information point in Child and Family reception to allow specific patient feedback, ask questions, and connect directly to the trust website.

12.12 Establish expanded Tavistock presence on social networking and news media sites to improve communication with the general public.

12.13 To develop a 'secret shoppers' scheme to gather feedback on the experience of visiting the Tavistock from the patient's perspective.

13. Conclusion

13.1 Patient and Public Involvement is quite rightly a key to quality improvement and the trust has increased its resources to this area of work. However the workload has also significantly increased in terms of the need to report, in increasing detail, to a range of regulators such as the Care Quality Commission and Monitor. The PPI team has needed to work very closely with a range of other structures and departments (including quality, estates governance, corporate governance, membership, the directorates), to ensure that the most helpful methodologies are developed to engage with patients and the public and to ensure that their views influence the developments that take place within the trust.

Dr Sally Hodges, Trust Patient and Public Involvement Lead
Ms Susan Blackwell, Patient and Public Involvement Projects Officer
April 2011

Appendix 1

PPI Annual Action Plan 2011/12

Area	Responsibility	Target Date
Develop Governor / Member communications		
To develop relationships between governors and members of the foundation trust	KM/LC	By June 2012
To develop a Governor's section on the website	GS	By April 2012
To develop and promote events to patients in the form of discussion groups, and also events to interest the members and the general public	KM/GS	By Dec 2011
To lower the age of membership to a similar age to other London NHS Trusts	SH/LC/KM	By Dec 2011
To develop information to support carers to access Tavistock services and improve contact with relevant voluntary organisations	KM	By Sept 2011
To improve links with BME groups and support clinicians to discuss mental health with groups	KM	By Dec 2011
To improve the online presence of the Tavistock through social media channels such as Facebook, Twitter etc.	GS/KM	By Oct 2011
To establish a permanent internal exhibition of Tavistock and Portman history, and improve web content and literature available to the public	KM	By June 2012
Improve Patient Experience		
To develop a new series of patient information leaflets on the different models of therapy available at the trust	SH/SB	By Dec 2011
Survey of the use of the patient information point in main reception	SB/GS	By Sept 2011
To explore the possibility of having a patient information point in Child and Family reception	SH	By Dec 2011

Improve friendliness of backstairs to first floor reception with staff and patient survey influencing outcome	SH/PK/LL	By April 2012
To increase patients contribution to members newsletter by 50%	SH/GS	By Summer 2011 ed.
Patients voice in media	GS	By Dec 2011
To extend the membership projects scheme	SB	By April 2012
Contribute effective outcome monitoring from a PPI perspective		
Visit all directorates to discuss the feedback from the patient survey and set targets	SH	By Feb 2012
To develop a 'secret shoppers' audit on the experience of visiting a range of Trust premises	KB	By Feb 2012
To run PPI sessions at the staff INSET days	SH/SB	By Dec 2011
Patient survey	SB	By Feb 2012
Children's survey	SB	By March 2012
Ground floor survey	SB	By Feb 2012

Board of Directors : May 2011

Item : 9

Title : Corporate Governance Report

Summary:

Register of Directors' Interests 2011/12
Attached are the Register of Directors' Interests for 2011/12,
This will be published on the Trust's website shortly.

Non-Executive Director Declarations of Independence 2011/12
Attached are the Non-Executive Director declarations of
independence for 2011/12. It is a requirement that Non-
Executive Directors complete the declaration form each year,
with the exception of the Trust Chair, who is required to
complete the form only on appointment.

Board of Directors' Annual Schedule
The schedule currently contains an item under the Corporate
Governance Report called "code of conduct compliance
review". It is proposed that this is reviewed as part of the
larger annual review of the Board of Directors, rather than as a
separate item.

This report focuses on the following areas:

- Risk

For : Noting & Approval

From : Trust Secretary

The Tavistock and Portman **NHS**

NHS Foundation Trust

Register of Directors' Interests 2011/12

Register of Directors' Interests 2011/12

1. Introduction

All existing Directors shall declare relevant and material interests forthwith and the Trust shall ensure that those interests are noted in the Register of Directors' Interests. Any Directors appointed subsequently shall declare their relevant and material interests on appointment.[1]

2. Interests

Interest	Name	Disclosure[2]
Directorships, included non-executive directorships held in private companies or PLCs (with the exception of those directorships of dormant companies)	Mr Martin Bostock, Non-Executive Director	• Director, Nelson Bostock Group Ltd., a wholly-owned subsidiary of Creston PLC
Ownership, part-ownership or directorships of private companies, businesses or consultancies likely or possibly seeking to do business with the National Health Service	Ms Lis Jones, Nurse Director	• Lis Jones Associates, Consultancy
	Mr Altaf Kara, Non-Executive Director	• Director, Ernst & Young (sit on Board of Directors) which offers advisory services to all NHS
Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the National Health Service	*No disclosures made*	

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[1] Tavistock & Portman NHS Foundation Trust, *Constitution, Election Rules, Standing Orders*, February 2010, Annex 5, 10.1
[2] A lack of disclosure from any Director indicates a nil return on the Declaration of Interest

Interest	Name	Disclosure[2]
A position of authority in a charity or voluntary organisation in the field of health and social care	Ms Angela Greatley, Trust Chair	• Board Member, "Headstrong" (Irish National Youth Mental Health Centre)
	Ms Lis Jones, Nurse Director	• Trustee, North London Hospice
	Mr Altaf Kara, Non-Executive Director	• Trustee of "Find the Time" Trust – charity promoting bone marrow donation – now dormant
	Ms Trudy Klauber, Dean	• Trustee, Phillis Trail Foundation – scholarships to child psychotherapists in hardship (non-funded)
	Ms Louise Lyon, Trust Director	• Chair, Tavistock Clinic Foundation (charity)
	Ms Joyce Moseley, Non-Executive Director	• Chief Executive, Catch22, a charity providing services to young people, some of whom may have mental health difficulties. There is a very slight chance (but unlikely) that Catch22 and the Trust could bid for the same contract • Trustee, Social Research Institute, Dartington
	Dr Ian McPherson, Non-Executive Director	• Chief Executive, Mental Health Providers Forum (Charity) • Director, Improving Health & Wellbeing UK CIC (Community Interest Company

Interest	Name	Disclosure[2]
Any connection with a voluntary or other organisation contracting for National Health Service services or commissioning National Health Service services	Ms Joyce Moseley, Non-Executive Director	• Chair of Board of Directors of HCT Group, a community social enterprise which runs the transport service for NHS organisations (St Thomas and Guys Hospital [sic])
Any connection with an organisation entity or company considering entering into or having entered into a financial arrangement with the Trust including but not limited to lenders or banks	*No disclosures made*	

Non-Executive Director Declarations of Independence 2011/12

Non-Executive Directors' Declaration of Independence 2011/12

3. Introduction

The Trust is required to identify in the Annual Report each Non-Executive Director it considers to be independent. The Board should determine whether the Director is independent in character and judgement and whether there are relationships or circumstances which are likely to affect, or could appear to affect, the Directors' judgement.[3]

4. Disclosures

Disclosure requirement	Disclosure
The Director has been an employee of the Trust within the last five years	*No disclosures made*
The Director has, or has had within the last three years, a material business relationship with the Trust either directly, or as a partner, shareholder, director, or senior employee of a body that has such a relationship with the Trust	*No disclosures made*
The Director receives, or has received additional remuneration from the Trust apart from their standard salary, or is a member of the Trust's pension scheme	*No disclosures made*
The Director has close family ties with any of the Trust's advisors, directors, or senior employees	*No disclosures made*
The Director holds cross-directorships or has significant links with other Directors through involvement in other companies or bodies	*No disclosures made*
The Director has served on the Board of Directors for more than six years from the date of their first appointment	*No disclosures made*

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[3] Monitor, *The NHS Foundation Trust Code of Governance*, March 2010, A.3.1

Board of Directors : May 2011

Item : 10a

Title : Data Quality Strategy and Policy

Summary:

This policy has been revised as directed at an earlier meeting of the Board and is presented for approval.

This report has been reviewed by the following Committees:
• Management Committee, 12th May

This report focuses on the following areas:

• Quality
• Patient / User Experience
• Patient / User Safety
• Equality
• Risk
• Finance

For : Approval

From : Rob Senior

Data Quality Strategy & Policy

Version:	1 (new)
Approved by:	Board of Directors
Date ratified:	May 2011 [TBC]
Name of originator/author:	Jane Chapman Governance and Risk Adviser
Name of responsible committee/individual:	Chair of CQSG
Date issued:	May 2011 [TBC]
Review date:	Apr 2011 [TBC]

TABLE OF CONTENTS

1	Introduction

The Trust recognises the importance of having in place systems and processes to ensure that the data on which it bases its decisions, whether clinical, managerial, or financial, is of the highest quality. It also recognises the importance of having robust data definitions and systems of validation in place to assure data quality and the financial implications of poor data quality following the introduction of Honos PBR and Care Quality Indicators (CQUINS). The Trust recognises that complete and accurate data is essential to support effective decision making across the spectrum of Trust functions, including: -

- Patient Care – in the delivery of effective, relevant and timely care, thereby minimising clinical risk.

- Good Clinical Governance –a pre-requisite for minimising clinical risk and avoiding clinical error and misjudgement.

- Disclosure –ensuring that clinical and administrative information provided to the patient and authorised health partners is of the highest quality.

- Business planning –ensuring management can rely on the information to make informed and effective business decisions.

- The measurement of activity and performance to ensure effective distribution and use of Trust resources.

- Regulatory reporting –to ensure compliance with the standards and targets as laid down in measures such as CQUIN, IG Toolkit and Monitor Assessments.

- Good corporate governance –which, as above, has data quality as a pre-requisite to ensure effective business management.

- Legal compliance –ensuring that the Trust conforms to its legal obligations as laid down in relevant legislation, such as Data Protection Act.

2	Purpose

The purpose of this policy is to provide an overarching framework to ensure that the Trust operates with accurate and complete data and can meet its various legal and regulatory responsibilities with regards the quality and accuracy of the data it holds.

3	Scope

Although data quality is relevant to all aspects of the Trust's business, this policy is primarily focussed upon systems and process to ensure the highest standards of data quality in relation to the collection, recording and reporting of clinical based activity. It applies to all staff, clinical and non-clinical, that record, collate, or handle data in the course of their work.

4	Definitions

Data quality is a measure of the difference between data collected on information systems or manually, against the true experience of the subject (eg for patient data), or the true occurrence of an event (eg for financial data). Data quality is 'high' if the data accurately portrays what actually took place.

Data validation is defined as systems and processes that are employed to verify the accuracy and completeness of data that is collected.

5.	Strategic approach –Data Quality Principles

The Trust utilises the following principles in respect of data quality:-

- a Trust-wide culture that recognises the importance of accuracy in recording data

- clear accountability for data quality across the Trust, supported by effective groups and committees specifically responsible for supporting the delivery of assurance of data quality

- established procedures that ensure that the Trust is aware of changes, developments and additions to services and standards that have an effect on data collection and data quality including Information Standards Board Notifications

- agreed active methods of data validation and a culture that responds to identified errors promptly

- effective expertise in and training for staff who are required to input, extract, or interpret data.

6 Duties and Responsibilities

6.1 Chief Executive

The Chief Executive (CE) has overall responsibility for data quality systems and processes in the Trust. The CE is responsible for signing the statement of assurance of data quality included in the annual Quality Report.

The responsibility for data quality is delegated through the Trust management structure, with specific responsibilities allocated as below.

6.2 Senior Information Risk Owner (SIRO)

The Trust's Senior Information Risk Owner (SIRO) is an executive director
appointed by the Board of Directors (BD). The SIRO reports to the BD through the Corporate Governance and Risk work stream. The SIRO is an executive who is familiar with and takes ownership of the organisation's information risk policy, acts as advocate for information risk on the Board.

6.3 Medical Director

The Trust's Medical Director, in his role as Chair of CQSG[1], is responsible to the Board for assurance that systems and processes for data quality are in place and working effectively, and alerting the Management Committee (and the Board of Directors, if appropriate) of any significant risks to data quality.

The Medical Director will be supported in this role by data quality leads as shown in the list below:

Data set	Data Quality Assurance Lead
Financial data	Director of Finance
RiO data	Director of Service Development
Paper medical records	Trust Director
HR records (paper and electronic)	Director of HR
Membership records data	Trust Secretary
Student records Visiting lecturers	The Dean

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[1] Clinical Quality, Safety, and Governance Committee

Outcome Monitoring	Medical Director
Patient Satisfaction	PPI Lead

6.4 Quality Reports Lead

Working to the Trust Director, the post holder has operational responsibility for the completion and submission for all clinical quality based reporting for the Trust.

6.5 Information Governance (IG) Manager

The IG Manager has responsibility for ensuring effective policies and procedures are in place in relation to information governance and to promote staff compliance with IG standards.

6.6 Caldicott Guardian

The Caldicott Guardian has a role, with a specific emphasis on ensuring security and confidentiality are maintained, to act as an adviser to the Trust in relation to the use and storage of patient identifiable information.

6.7 Departmental Directors

Departmental directors have an operational responsibility, often delegated within their directorate, for ensuring that their staff comply with this policy and other related policies and procedures on data handling and to take action where required to address areas of concern.

6.8 Head of Informatics

The Head of Informatics is responsible for advising on tools and processes to monitor and measure the level of data quality within electronic patient systems. This responsibility extends to providing an early warning system of potential risks and actively monitoring and commentating on performance trends.

6.9 All staff

Staff recording data either manually or electronically are responsible for ensuring that it is timely, accurate, complete, complies with legal requirements (in particular the Data Protection Act) and Trust policies

and procedures, and that any error that is identified is rectified in the correct way .

| 7. | Processes for Ensuring and Improving Data Quality |

The Trust has a number of interrelated processes to support high levels of data quality, the main ones are:-

- Setting data standards
- Undertaking data validation
- Acting on inconsistencies.

7.1 Setting of Data standards

Data standards ensure that there is consistency in data collection by having agreed and implemented data definitions for key data items. The Trust will seek to establish agreed data standards for key data items where an agreed standard is not in place.

7.2 Undertaking data validation

Trust is committed to developing and implementing data validation techniques for all key data sets where a data validation method is not already in place. Data validation will be undertaken by a variety of methods depending on the way in which the data is stored; this will include:

- **Monitoring and reviewing electronic data held on RiO via the data warehouse** -reports will be available to designated management and departmental staff on a daily basis, these will be up to date to the close of business on the previous evening

- **Local audit and sampling** for checking accuracy where data warehouse checks are not possible local sampling for accuracy should be carried out by the department/team responsible

- **Independent audit (by internal and/or external auditors)** all aspects of the Trust's business, including data quality are subject to periodic internal and external audit as detailed in the Trust's quality assurance procedures. Findings and recommendations from these audits, and subsequent action plans to address deficiencies are monitored by both the relevant Trust committee and overseen by the Audit Committee which reports directly to the BD.

7.3   Acting on data inconsistencies

In any data system inconsistencies will arise. To promote the highest data quality any member of staff identifying a data inconsistency should either correct it (if in the scope of their role/responsibility) or draw it to the attention of an appropriate administrator or manager without delay.

Any errors/ inconsistencies identified will be investigated to ascertain whether this is as a result of processing, programming, or IT issue.

8.   Management Arrangements for Assuring Data Quality

8.1   Management via the Clinical Quality, Safety, and Governance Committee (CQSG)

 Day to day management of data quality lies with the information asset owners. The information asset register is updated and held by the Information Governance Manager.

Ongoing assurance of data quality is managed via the relevant work stream lead reporting to the CQSG.   For a detailed description of the operation of the CQSG see Terms of Reference.

The CQSG reports to the Board of Directors quarterly and will flag data quality risks via this report and via the operational risk register. The CQSG will assure the quality of the final Annual Quality Report in advance of presentation to the Board for approval.

8.2   Management Committee – this is the principal operational management group; it receives updates against key targets and standards. Members are responsible for reviewing and challenging any reported data that does not reflect members' understanding of practice/outcomes.

8.3   Information Governance Tool Kit
The Trust uses the DH Information Governance Toolkit as a way of providing assurance of its management of information including assurance of data quality. Performance against the IG toolkit standards are considered by the CQSG on a quarterly basis

9   Promotion of the Policy and Training Requirements

The importance of data quality will be included in Trust INSET programme, as part of the IG presentation, and within RiO System training.

Training issues with other systems and/or other specific processes should be addressed on an individual basis as they arise

10	Monitoring Compliance

The Trust's compliance with this policy will be monitored by the CQSG on an annual basis as part of the review of the sign off process for the Annual Quality Report, and on a an ongoing basis through interrogation of data validation methods in place for data sets presented as evidence by the work streams presenting the CQSG

On a rolling basis the trust will instruct its auditors (both internal and external) to conduct reviews of different aspects of data quality and reports will be considered by the Audit Committee, and relevant action plans monitored by the CQSG

11.	Related Policies and Procedures

This policy should also be considered in conjunction with all the policies and legislation, especially those highlighted below:

- Clinical Records Standards & Audit Procedure
- Code of Conduct on Patient Identifiable Information
- Data Protection policy
- Health Records Procedure
- Information Asset Registration Procedure
- Information Governance Policy
- Privacy Impact Assessment Procedure
- Risk Strategy

12	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 (see appendix 1).

13	References

Data Protection Act http://www.legislation.gov.uk/ukpga/1998/29/contents
NHS Information Governance Toolkit
https://www.igt.connectingforhealth.nhs.uk/

Appendix A :   **EQUALITY IMPACT ASSESSMENT**

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

YES (*go to Section 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

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…….

Positive impact: Low…

Date completed 10.1.11

Jonathan McKee

Board of Directors : May 2011

Item : 15

Title : Annual Communications Report

Summary:

Over the last year there have been several changes in staffing in the communications team. The communications specialist, Kathryn Tyler left at the beginning of the year and Georgina Selby who worked in education and training was seconded into the post. In November 2010, Kate Bermingham, our e-communications officer and primary web-editor also left. Owing to the potential changes in communications activity, this post has been held vacant, with staff bank helping out to ensure that our website is kept up to date.

Media coverage has more than doubled and website hits are up by 33%. The communications team (Comms) have produced a range of printed publicity materials for a variety of audiences such as patients, staff, members and commissioners. 66 items have been produced in total including leaflets, stickers, postcards and posters.

The communications team works to a strategy which is drawn from the Annual Plan. This strategy is currently in revision in order to reflect the development of the business unit and the increase in demand for communications support within the Trust. The communications strategy lists four priority areas of activity:

1. Publicity for services

2. Communicating our values to external stakeholders and partners

3. Staff communications

4. Communicating with patients/carers and members/governors

Communications wish to develop and extend these priority areas. Communications will work to the communications strategy to ensure there is clarity for staff about what Communications can provide by way of support and service development.

This report has been reviewed by the following Committees:
- Management Committee 12.05.2011

This report focuses on the following areas:
(delete where not applicable)

- Communications Activity

For : Discussion

From : Communications/PPI Lead and Communications Specialist

Annual Communications Report

1. Introduction

1.1 During the last eighteen months it has become increasingly apparent that the communications team has been significantly under resourced. The team of 1.7 wte has been only just about able to keep up with basic communications activity and not been able to concentrate adequately on proactive communications. The management committee have recently agreed to extend communications resources.

1.1.1 Communications staff 10-11 and 11-12

2010-11		2011-12	
Post		**Post**	
Communications/PPI Lead (8d)	**0.2**	Communications Lead (8d)	**0.2**
Communications Specialist (6)	**Full time**	Communications/Stakeholder Engagement Manager(7)	**Full time**
E-communications officer (5)	**0.6**	Press Officer (5)	**Full time**
Communications Assistant (staff bank)	**0.2**	Web/print Design (5)	**Full time**

1.1.2 The communications team works very closely with the patient and public involvement team as there are several projects that span the work of both teams (for example patient information leaflets), and the business development team (for example communication strategies for new business). The communication team is located in the glass fronted office off of the main reception waiting room in an office shared with PPI.

1.2 The Communications Committee
The communications committee meets monthly and has representatives from most directorates, from HR, Estates, PPI, central services, the library and DET. The committee has a NED (Martin Bostock) and a governor (Jan Hughes) representative.
The committee keeps an overview of the communications activity and the comms projects as well as having longer slots that are bookable for comms advice and consideration (for example developing a comms strategy for a new service).

2   Communications Strategy

2.1 The communications team works to a strategy which is drawn from the annual plan. This strategy is currently being revised in order to reflect the increasing demand of communications services by staff and the Trust. The communications strategy lists four priority areas of activity:

	1. **Publicity for services**	2. **Communicating our value with ext. stakeholders & partners**	3. **Communicating with staff**	4. **Communicating with patients, members, governors**
How	Printed publicity e.g. leaflets	Same as 1.	Staff meetings	Annual Patient survey
	Website		Intranet	Member' newsletter
	PR/media relations		CEO emails	AGM
	New media		Printed material e.g. staff newsletter	Events and special projects
	Events		Presentations	Governance member interface
	Direct marketing		Notice boards	
	Advertising			
Who	Commissioners of services	New commissioners	Onsite/offsite	BME groups, orgs.
	Service users e.g Patients/students	Partner organisations	Clinical/trainers	Young people
	Local/national/ international public	Governing bodies	Non-clinical	Past/present patients and students
		Government Dept		Local/national orgs.
		Higher education/Health		High profile figures
		Professionals		

3   Communications Activity Publicity for services/Communicating our value with external stakeholders and partners

3.1   Printed Publicity

The Communications team has produced a broad range of internal and external printed material over the past twelve months in the form of leaflets, posters, newsletters, flyers, brochures, stickers and appointment cards. These publications are the product of requests received throughout the year. PPI, PALS and Comms have worked closely to produce these materials.

3.1.1 Summary of no. of printed materials (see appendix one for full list)

Format	Number
Leaflets	38
Stickers	4
Newsletters	7
Brochures	4
Flyers	3
Posters	6
Appointment Cards	1
TOTAL:	**66**

3.1.2 Three important publicity materials to highlight are:

- Easy-read leaflets for patients attending the learning disabilities service. Easy-read leaflets have significantly less text than standard leaflets and images are used instead to communicate the service.

- A multi-lingual set of leaflets were produced for the refugee team. The languages included are: Albanian, Dari, English, Farsi, French, Lingala, Pashto, Somali, Spanish and Arabic.

- A series of ''Life Issues'' leaflets were produced for visitors to our website across the age range. Titles include: *Sleeping problems, Money worries, Later life, Coping with trauma', Coping with the death of a grandparent', Parental arguments', Starting primary school and Starting secondary school''*.

3.2 **Website Key Statistics:**
Date ranges used for comparative data:
Current period: **(X)**   **1 Oct 2010 – 31 March 2011**
Comparison period **(Y)**   **1 Oct 2009 – 31 March 2010**

3.2.1 **Total visits**: The total number of all visits we have received is **186,095**. This is a significant increase of +32.68% compared with (Y).
N.B: *The figure is the total number of visits which takes into account repeat visits, and not number of people visiting the site*

3.2.2 **Unique visits:** In the last six months we have received nearly 82,000 unique visits, e.g. new visits or the number of first-time visitors.

3.2.3 **Average Time:** The average time each user spends on the site is 3minutes, 17seconds with each visitor looking at an average of 3.5 pages.

3.2.4 **Top content:** The most popular content is our home page but this is the main landing page. See below for top 10.

	Page	None ⊻	Pageviews ↓
1.	/		88,870
2.	/library		33,574
3.	/knowledge		31,335
4.	/find/course		31,271
5.	/library/e-library		22,865
6.	/aboutus		11,712
7.	/gettingtous.html		9,775
8.	/library/e-library/databases		8,984
9.	/fees/funding		8,714
10.	/library/e-library/e-journals		8,003

3.3 **Website key achievements**

3.3.1 E-commerce functionality is set-up to take fee payments for courses for 2011-12 academic year.

3.3.2   Images on the home page are currently being set-up to refresh automatically so the homepage appears new and fresh each visit. This is significant as more than half of our traffic comes from repeat visitors.

3.3.3   Website 'champions' have been identified throughout the Trust to take responsibility for notifying communications of updates.

3.3.4   Short information films have been integrated into the website to promote the Trust and its services.

3.3.5   Funding has been provided centrally which has significantly improved the back-end editing functionality for the web-editors, making updating content much quicker.

3.3.6   The ''kids zone'' section has been significantly improved by linking to the Cam's Den website.

3.3.7   A twitter account has been activated in the library called ''tapchat'' and is the only twitter account active in the Trust. We are currently exploring further social media opportunities (see 3.6).

3.4   **Media Coverage Analysis (see appendix 2 for media coverage)**

Press coverage compared to last year has more than doubled (09-10 N=29 and N = 67). This was helped significantly by the recruitment of an e-communications officer in Jan 2010 who supported this work with   the Communications Specialist. Other activities include:

- Logging media requests and ensuring that wherever possible there is a timely clinical response.

- Logging media coverage and ensuring good news stories are reported on the website and other communications vehicles for example, the staff and members' newsletters.

- Keeping track of events in the media that the Trust could engage with, and ensuring that these are circulated to the relevant staff.

- Writing press releases and pursing proactive media to promote the good work of the Trust.

3.5   New Media (see appendix 3 for new media strategy)

The Trust's current new media presence includes YouTube, Twitter and Wikipedia (the latter refers more traffic to our website than any other website). Comms set up a Trust facebook page but it was removed because although Comms invested a lot of time in staff sign-up to bolster membership there was very little take up both internally and externally. Comms developed a new media strategy n 2010 which we will implement as a priority in 2011 but this time with carefully selected services. Where new media is deemed an appropriate communications vehicle (e.g. Barnet Young People's Drug and Alcohol Service) Comms will work with the service to plan a specific new media campaign or support set-up. Comms are currently researching other mental health trust's new media presence to find what works well.

3.6   Events

Name	Description	Date	Attendance	Location
Grow-to-Grow	Annual General meeting	14 Oct 2010	56	Tavistock Centre
Cam's Den Launch Party	Launch new children's website	21 Oct 2010	300	Carlton Primary School
YPDAS launch Party	Promote re-brand of service and new premises	14 Dec 2010	46	YPDAS, Crescent Rd, Barnet, London
Quiz Night	Xmas party for internal staff	17 Dec 2010	60	Tavistock Centre

4.   Communicating with Staff
This includes:
- Producing the quarterly staff newsletter
- Sending all-staff emails on a variety of topics e.g press coverage
- Conducting surveys and seeking staff feedback on a variety of issues such as the postcard project

5.   Communicating with patients, members and governors
This includes:
- Producing the quarterly members' newsletter with the Trust Secretary and governor representative.
- Promoting the AGM and event managing with the Trust Secretary
- Working with PPI/PALS to promote stakeholder engagement for example the bid for better scheme.

6. **Projects relating to each priority category**

1. Publicity for services
2. Communicating our value with external stakeholders and partners
3. Staff communications
4. Communicating with patients/carers and members/governors

Name	Description	Key Priority
Post Card Project	Comms ran a 'postcard project' in February and March of this year in order to promote the Trust and its services and raise the profile of our unique art collection. A staff and student survey was carried out via email and asked voters to choose their favorite image from a choice of 11 images. Half of the images were from the Trust website (corporate images) and the other half were from the art collection. A total of 392 votes were cast which helped the communications committee narrow it down to six 'winning images'.	1,2,3 &4
Bid for Better	The bid for better scheme is a member engagement campaign which offered members the opportunity to bid for up to £250 of funding for a project that would improve the patient/service user experience, enhance the physical environment or make our services more accessible. The communications department promoted the scheme in the members' newsletter and the winners (announced in March 2011) will be featured on the website in the news section.	4
Write to life	The project is led by Kate Daniels with support from PPI/Communications. We will invite writers, poets and filmmakers to participate with ideas and autobigraphical exercises for service users interested in story-telling their life experiences and their experiences in therapy.	1,2 & 4
Tavistock Consulting re-branding/ website	The project is led by TC and supported by communications. The activities we have been involved in were the selecting process of an external design/website company, acting as key liaison with the company on updates and progress, arranging and directing the photography session to supply visual images for the website and publicity material, developing site map and information architecture and editing content..	1 &2
Barnet Young People's Drug & Alcohol Service (YPDAS)	A communications strategy was developed to re-brand this new clinical outreach service. The key tasks involved changing the name in consultation with service users, designing a new visual style including logo design, developing printed material in the form of leaflets, posters and appointment cards, developing content for the website including a film about the service, developing local and national media links promoting the service and securing an article in the local paper, and producing a YPDAS branded USB for promotional purposes designed to engage young people. YPDAS has recently set up a facebook page and want to extend their social media presence further engaging with Twitter and YouTube.	1,2 & 4
Family Drug &	The communications department worked closely with partner communications teams at Coram and Westminster, Islington and Camden	1 &2

Alcohol Court (FDAC)	Councils to develop a communications strategy for the new Family Drug and Alcohol Court (FDAC). Key tasks were developing a media strategy and developing printed material in the form of information leaflets about the service. FDAC has had a good presence in the media including *The Guardian* and *The Observer* newspapers. Recently we have set up a guest blog spot for Judge Nicolas Creighton with the London School of Economics to promote the service.	
Cam's Den	Cam's Den will continue to be promoted through our main website, YouTube and by entering the website into various awards schemes in 2011. The website has a rate of 500 unique visits per week, totalling more than 10,000 hits since the launch on 21 October 2010. The YouTube campaign which was targeted specifically to Camden primary schools and selected media received 300 views between Oct-Nov 2010, In the short-medium term we would like to develop a more comprehensive social media presence through facebook and twitter as well as utilise the extensive promotional materials we have developed already e.g films, DVDs, photographs.	**1,2 & 4**

7.   Plans for 2011 to 2012

7.1   to develop the job plans of the team members to ensure that new resources are best deployed to make up the gaps in communications activity and recruiting to the new and vacant posts.

7.2   to work with the business development team to ensure that clear pathways exist between the two work areas. This will include developing and extending the resources for staff to ensure there is clarity about what the communications department can provide by way of support and service development. This will also include the development of an online 'communications   handbook' that staff can access for support/guidance about   service development and communications.

7.3   to extend the remit of the communications committee to include marketing, with the marketing lead being a co-chair.

7.4   To ensure that, when agreed, the comms role within education and training is clarified and   that systems   are developed   to   ensure   that   DET   communications   and marketing activity is provided that is consistent with the overall trust strategy.

7.5 to focus on website development. The website is now fully functional but remains rather static. Comms intend to develop media (e.g. streaming, links with social media and, automatic refreshing of imagery, short information films about services,

blogging) that ensures the website is engaging and draws traffic back to the site on a regular basis.

7.6 to build on the proactive and targeted approach to media relationships, with media spokespeople who are able to raise the Trust's profile We now have a 'press pack' but it needs further work to promote the Trusts media 'experts'.

7.7 To develop an internal strategy to influence policy development, through a focus on improving strategic relationships with policy makers. This includes running a 'key messages' workshop with senior managers to ensure that all staff understand the Trust's aims and presents its vision cohesively.

7.8 To develop internal communications, through a mapping of existing structures with a review of the effectiveness of such structures.

7.9 To implement the new media strategy including developing a system for staff engagement with social media in-line with communications strategic objectives

Printed publicity material

Date	Name of publication	Department	Format	Audience	Internal	External
Jan 2010	FDAC for families	FDAC	Leaflet	Families		•
	Life issues - Later-Life Wellbeing	Trust	Leaflet	General		•
	Life issues - Money Worries	Trust	Leaflet	General		•
	Leaflet payslips	RiO	Leaflet	Professionals	•	
	Life issues – Sleeping	Trust	Leaflet	General		•
	Life issues –Starting Secondary School	Trust	Leaflet	General		•
	Top Tips for Good Mental Health	Trust	Leaflet	Patients		•
Feb 2010	Please Turn Me Off stickers	SHED	Stickers	General	•	
	Please Turn Off the Lights stickers	SHED	Stickers	General	•	
	Life issues – starting primary school	Trust	Leaflet	General		•
March 2010	Members' Newsletter – Spring	Trust	Newsletter	Members		•
	C&H Aims and Approaches	City & Hackney	Leaflet	Patients		•
	C&H Treatments	City & Hackney	Leaflet	Patients		•
	Green Group design ideas	SHED	Brochure	General	•	
	Please set me to double-sided stickers	SHED	Stickers	General	•	
April 2010	Adult Dept. Brochure	Adult Department	Brochure	Patients		•
	Staff Newsletter	Trust	Newsletter	Staff	•	
	Bring your mug sticker	SHED	Stickers	General	•	
	Life issues – Coping with Trauma	Trust	Leaflet	General		•
	Critical Incidents in the Workplace	Adult	Poster	General		•
	Green A3 posters	SHED	Poster	General	•	
	Membership Welcome Pack	Trust	Brochure	Members	•	
	Life issues - Parental Arguments	Child & Family	Leaflet	Parents		•
	Parenting with an emotional health problem	Child & Family	Leaflet	Parents		•
	RiO Newsletter	RiO	Newsletter	Professionals	•	
	Short Course Intervention flyer	Adult	Flyer	Professionals	•	
	Strengthening Families flyer	Child & Family	Flyer	Referrers		•
	Strengthening Families flyer	Child & Family	Flyer	Parents		•
	Trauma Service	Adult	Leaflet	Patients		•
May 2010	C&H PCS	City & Hackney	Leaflet	Professionals		•
	Couples' Therapy Service	Adult	Leaflet	Professionals		•

	Members' Newsletter - Summer	Trust	Newsletter	Members		•
July 2010	Service User Leaflet	Trust	Leaflet	Carers		•
Sept 2010	YPDAS Appointment Card	Barnet	Card	Barnet		•
	Barnet Drug and Alcohol Service Leaflet	Barnet	Leaflet	Professionals		•
	Complaints easy-read 2010	Learning disabilities	Leaflet	General		•
Oct 2010	Fitzjohn's Unit	Adult	Leaflet	Professionals		•
	YPDAS Restart Drop-in poster	Barnet	Poster	Patients		•
Nov 2010	YPDAS Drop-in poster, Hendon	Barnet	Poster	Patients		•
	Refugee Service Leaflets (Albanian, Dari, English, Farsi, French, Lingala, Pashto, Somali, Spain, Arabic)	Refugee Service	Leaflet	Patients		•
	Adolescent Information (update)	Adolescent	Leaflet	Patients		•
	Staff Newsletter	Trust	Newsletter	Staff	•	
Dec 2010	C&F Information for Children	Child & Family	Leaflet	Patients		•
	C&F Information for Patients	Child & Family	Leaflet	Patients		•
	Life issues – Coping with the Death of a Grandparent	Trust	Leaflet	General		•
	Couples' Unit Leaflet	Couples Unit	Leaflet	Patients		•
	General Trust Information (update)	Trust	Leaflet	General		•
	Information for Patients (update)	Portman Clinic	Leaflet	Patients		•
	Trauma Service	Adult	Leaflet	Professionals		•
	YPDAS Poster, Hendon	Barnet	Poster	Patients		•
	Members' Newsletter - Winter	Trust	Newsletter	Members		•
	Learning Disabilities Poster	Child & Family	Poster	General	•	
Jan 2011	Fostering Adoption and Kinship Care (update)	Child & Family	Brochure	Professionals	•	
March 2011	Members' Newsletter - Spring	Trust	Newsletter	Members	•	

Media Coverage Log 2010-2011
Appendix 2

Date	Day	Media outlet	Type of media	Headline/title	Quote	Journalist	Web link
07/01/10	Thurs	Ham and High	website	Parents left brokenhearted over death of autistic son	-	Tan Parsons	http://www.hamhigh.co.uk/c
09/01/10	Sat	Guardian Unlimited	website	Mothers who breastfeed beyond babyhood	Louise Emanuel	Emma Cook	http://www.guardian.co.uk/li
12/01/10	Tues	Children and Young People	magazine/website	Social Care: the family drug court	Sophie Kershaw	Tom de Castella	http://www.cypnow.co.uk/Arc
20/01/10	Weds	The Asian Parent	website	Preschools are robbing kids of their childhood	Biddy Yeoell	Janki Mahadevan	http://in.theasianparent.com
24/01/10		Mumsnet	webinar	CAMHS and Cam's Den	Sally Hodges		http://www.mumsnet.com/on
24/01/10	Sun	Mail Online	website	Boy, 16, to become Britain's youngest sex change patient after NHS agrees to pay for £10k operation	-	Fay Schlesinger	http://www.dailymail.co.uk/n
24/01/10	Sun	News of the World Online	website	I'm not too young to have a sex change, I've known since I was 12	-	Matthew Acton	http://www.newsoftheworld.c
27/01/10	Weds	eGov Monitor	website	Further FDAC funding welcomed by charities and local councils	Joint statement by C	-	http://www.egovmonitor.com
03/02/10	Weds	Elaine Hanzak's blog	blog	Developing skills in collaborative work with parental mental illness		Elaine Hanzak	http://elainehanzak.blogspo
11/02/10	Thurs	Sidewaysnews.com	website	What's in a gender?	Polly Carmichael	Janie Lawrence	http://www.sidewaysnews.co
11/03/10		BBC Radio 4	radio	Woman's Hour - Mothers and Daughters	Laverne Antrobus		
17/03/10	Weds	Evening Standard	newspaper/website	Internet rehab for 12-year-olds: London clinic is first to treat computer addicts	Richard Graham	Sophie Goodchild	http://www.thisislondon.co.u
18/03/10	Thurs	Metro	newspaper/website	First rehab service for gaming addicts aged 12	Richard Graham	Joel Taylor	http://www.metro.co.uk/news
18/03/10	Thurs	Community Care	website	Reflective practice: luxury or necessity for social workers?	Andrew Cooper	Judy Cooper	http://www.communitycare.c
19/03/10	Fri	BBC News	website	28 day programme for young technology addicts	Richard Graham	Zoe Kleinman	http://news.bbc.co.uk/1/hi/te
19/03/10	Fri	Times Educational Supplen	website	Why would a teacher jeopardise their career to watch pornography	Carlos Fishman	Adi Bloom	http://www.tes.co.uk/article.a
22/03/10	Mon	BBC News	website	Are you addicted to technology? (BBC feedback form)	Richard Graham	N/A	http://news.bbc.co.uk/1/hi/te
22/03/10	Mon	Guardian Unlimited	website	Investigation of healthcare at Yarl's Wood	Sarah Wynick	Karen McVeigh	http://www.guardian.co.uk/u
29/03/10	Mon	Where The Client Is	website	Interview with marketing exec-turned-psychotherapist: Tavistock mentioned as example of psychoanalytic tradition	-	N/A	http://www.wheretheclientis.
April	-	This Morning (ITV)	television	Gaming addiction	Richard Graham	Philip Schofield/Holly	N/A
13/04/10	Tues	eHealth Insider	website	BT deal means Rio for those who want it	-	Fiona Barr	http://www.ehiprimarycare.c
16/04/10	Fri	Community Care	website	Social worker devises workload allocation tool	Carolyn Cousins	-	http://www.communitycare.c
21/04/10	Weds	Guardian Unlimited: society	website	Leaving babies to cry could damage brain development	Penelope Leach	Sarah Boseley	http://www.guardian.co.uk/s
21/04/10	Weds	Telegraph	website	Zac Goldsmith and climate change	anonymous (user co	James Delingpole	http://blogs.telegraph.co.uk/
22/04/10	Thurs	Telegraph	website	Could leaving babies to cry really damage brain development? (critique)	Penelope Leach	Andrew M Brown	http://blogs.telegraph.co.uk/
Apr edition	N/A	Young Minds	magazine	Detained and damaged: treatment of asylum-seeking children at Yarl's Wood	Sarah Wynick	Amy Taylor	N/A
Apr/May edition	N/A	Government Gazette	magazine	Use of technology and addiction to it	Richard Graham	Richard Graham	N/A
04/05/10	Tues	The Norton View (political l	blog	Perils of the Internet	Richard Graham	Lord Norton	http://nortonview.wordpress.
June	N/A	Kids Company newsletter	e-newsletter	Kids Company developing a specialist training programme in partnership with the Tavistock & Portman NHS Foundation Trust	-	Camila Batmangheli	N/A
June	N/A	Young Minds	magazine	Emotional wellbeing in schools - what about the staff?	Emil Jackson	Emil Jackson	N/A
01/07/10	Thurs	Guardian Unlimited	website	Transgender teens: Hollyoaks storyline	Victoria Holt	Viv Groskop	http://www.guardian.co.uk/li
03/07/10	Sat	Blog: Live Journal	blog	Transgender teens: Hollyoaks storyline	Victoria Holt	kingsuperman' - unk	http://community.livejournal.

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Appendix 2

Date	Day	Media outlet	Type of media	Headline/title	Quote	Journalist	Web link
02/08/10	Mon	BBC Newsbeat	radio/online	Gender Identity Disorder sufferers need better care - link to Hollyoaks storyline	Victoria Holt	Brandice Alexander	http://www.bbc.co.uk/newsb
03/08/10	Tues	Radio Times	magazine	Hollyoaks transgender identity storyline	Victoria Holt	Gareth McLean	
05/08/10	Thurs	Christian Institute	website	TV soap launches 15-year-old transsexual story	Victoria Holt		http://www.christian.org.uk/r
07/08/10	Sat	Guardian Unlimited	website	A better response to depression (reader letter)	Andrew Cooper	N/A	http://www.guardian.co.uk/lif
31/08/10	Tues	Health Service Journal	website	How to use social networking to help people with mental health problems			
09/09/10		Blog: Three Dead Worlds	blog	Red British Queen Rules			
31/09/10		Network	e-newsletter	Families affected by substance use: an overview		Sophie Kershaw	
Oct		Local barnet Paper	newspaper	YPDAS			
Oct		Twitter	Twitter/research dig	New website teaches kids about emotional issues & problems - Journalist from The Psychologist		The Psychologist, journalist	
Oct		Health Matters	website	Leading mental health Trust launches emotional wellbeing website for primary school children	Sally Hodges		
14/10/10		Community Care	e-newsletter	Drug misuse special: Child Protection	Nicolas Crighton		
14/10/10		Community Care	magazine	A joint apporoach to parental drug misuse	Nicolas Crighton		
18/10/10	Mon	Daily Mirror	newspaper	Gender identity: 'girl trapped in boy's body…at 3'			
26/10/10		BBC Breakfast	television, online	Online Help for London's mental health sufferers - Big White Wall	Alessandra lemma		
Oct/Nov edition		Young Minds	magazine	ASBO's - Is it surprising that the new Government has moved to scrap them?	Yael Witkon		
Oct/Nov edition		Young Minds	magazine	Gender identity drugs trial	Polly Carmichael		
Oct/Nov edition		Young Minds	magazine	Tavistock bid for controversial drugs trial rejected by NHS on technicality	Polly Carmichael		
02/11/10	Tues	Design Week	magazine	Elmwood creates Cam's Den website for children			(JPEG)
03/11/10	Wed	Guardian Unlimited	newspaper	Comment piece - Welfare state	David Bell		
03/11/10		Healthcare Today	website	Children's emotional well-being site launched	Sally Hodges		http://www.hc2d.co.uk/conte
03/11/10		Nursing Times	website	Emtional well-being site for children launched	Sally Hodges		http://www.nursingtimes.net
05/11/10	Tues	Radio 4	radio	'You and Yours' Radio 4 show	Laverne Antrobus		
14/11/10	Thurs	BBC Radio 4	radio	Psychoanalysis: Cathartic or useless?	Peter Hobson	John Humphreys	
15/11/10		Mail on Sunday	website	Anxious child? Tru the sock-puppet cure			http://www.dailymail.co.uk/h
18/11/10		Evening Standard	newspaper	Boy, three, thinks he is a girl			http://www.thisislondon.co.u
23/11/10	Tues	The register	website	New charity – 'safermedia' – launched to sex-down society	John Woods		
25/11/10		Mail on Sunday	newspaper	Children accessing internet porn	John Woods		
29/11/10	Mon	Outsource offshore	website	Finalists of the e-government national awards			
Nov		Kid's Company	facebook page	facebook post - Cam's Den link			
Nov		The Sunday Telegraph	newspaper	Online forums a haven for people to get it out of their system - Big White Wall			
Nov		Ham & High	newspaper	Understanding mental health through a sock - Cam's Den	Sally Hodges	Sanchez Manning	
Nov		The Guardian	newspaper/website	A safe place to talk online - Big White Wall wins public service award			
Nov		Mumsnet	website	Cam's Den: Looking After Kids' Emotional Wellbeing			http://www.netmums.com/su
Nov		Parentline Plus	website	Cam's Den			http://www.parentlineplus.or
06/12/11	Mon	Panorama	television	Gaming addiction	Richard Graham		http://www.mcvuk.com/new
07/12/11		Spong	website	Gaming addiction	Richard Graham		

New Media Strategy 2010

Our new media strategy has the same core objectives as our overall media strategy:
- Boost the trust's media profile
- Engage with local communities
- Challenge mental health discrimination
- Promote our research and courses

There are sub-divisions within these core objectives, including but not limited to:

Boost the trust's media profile:
- Challenge misconceptions about the trust: e.g. we are a private clinic, we predominantly treat adults, etc.
- Positively promote our research and publications in the specialist and popular media.
- React in a positive, timely and confident way to requests for expert opinion.

Engage with local communities:
- Increase our membership, focussing on under-represented demographics such as men, young people and C2DEs.
- Improve communication between governors, members and the wider community.

Challenge mental health discrimination:
- Stimulate debate around mental health issues: e.g. medication, employment, stigma, etc.

Promote our research and courses:
- Target potential students with information about our research, postgrad courses, seminars, conferences and CPDs.

How can we use new media to meet these goals? There are a number of tools we can use:
- The trust website
- The trust facebook group
- Cam's Den
- Twitter
- Bebo
- Big White Wall
- Time to Change
- Mental health charities

- NHS Choices
- Patient Opinion
- A trust blog

We can also use traditional media such as the staff newsletter, members' newsletter and patient information leaflets to communicate our key messages and direct traffic towards our new media projects.

Plan of action:

Trust Website
- Complete the initial QC.
- Update the research section of the site.
- Populate the members' only sign-in area.
- Carry out quarterly QC's (next one end-March 2010).
- Monitor traffic using google analytics on a quarterly basis.

Trust Facebook Group
- Send all-staff email to encourage staff to participate.
- Use group to post regular links to promote Tavistock news, courses, events and book launches.
- Encourage debate with regular mental health discussions.
- Promote facebook group on members' only area.

Cam's Den
- Launch site with promotional campaign in springtime (see separate strategy document).
- Promote Cam's Den via the trust website, facebook group, bebo page and twitter.

Twitter
- Follow other relevant mental health feeds.
- Post links to conferences, seminars, blog posts and trust news.

Bebo
- Promote Cam's Den and child and family services.

Trust Blog
- Promote Tavistock news, conferences, seminars, book launches, etc.
- Publish posts on mental health issues e.g. medication, employment, stigma, etc.
- Link to mental health bloggers.
- Monitor/review mental health news.
- Publicise services/support offered by mental health charities/support groups, etc.
- Send all-staff email encouraging staff to follow and participate in the blog.

Board of Directors : May 2011

Item : 16

Title : Annual General Meeting Review and Plans

Summary:

The October 2010 AGM had a good turnout, with staff, Governors, Directors and key external partners. Verbal feedback from attendees was excellent.

The 2010 format worked well because the keynote presentation was topical and accessible to a wide audience. It generated a lot of interest externally (and with staff) and this reflected well on external perceptions of the Trust.

The proposed date for the next AGM is Thursday 13 October 2011, 5.30-8.00pm.

The proposed project for the next AGM is from an organisation called Participle on the ''Life project''.

This report has been reviewed by the following Committees:
* Management Committee 12.05.2011

The Board of Directors is asked to confirm whether this paper is accepted as adequate assurance, and where not, whether the Board of Directors is satisfied with the action plans that have been put in place.

This report focuses on the following areas:

* Patient / User Experience

For : Discussion and Approval

From : Patient & Public Involvement and Communications Lead
Communications Specialist

For : Discussion and Approval

Annual General Meeting Review 2010 and Plans for 2011

1. Introduction

1.1 Our annual general meeting was held on Thursday14 October 2010 and was a great success, with a strong turnout from Trust staff, governors, directors and external guests.

2. Description

2.1 Clinical psychologist and Trust colleague (on sabbatical), Paula Conway presented her new mental health initiative 'Grow2Grow', which offers therapeutically-supported work placements to vulnerable and disadvantaged young people aged 16-25 years on a working farm in Kent.

2.2 Following Paula's talk there was an open discussion on mental health innovation and social enterprise, and a summary of the year by our Trust Chair Angela Greatley and CEO Matthew Patrick, where the implications of the new coalition government and public spending review were discussed, followed by an open discussion exploring points made in these talks.

2.3 A two-month targeted promotional campaign was undertaken to attract key stakeholders. These included; members, interest groups in higher education, health, social care, secondary schools, NHS trusts, local community groups, green groups, voluntary organisations, innovative charities, service users and organisations working with 16-25 year olds and the press.

2.4 Organisations and individuals in these categories were identified and personally invited to attend by email, phone or mail. This was a time-intensive approach but an effective way to capture the attention of stakeholders in a more personal way and generate interest, not just in the AGM, but in the Trust and its activities. The event was promoted internally with posters, emails and the student online network Moodle. The response from groups, individuals and organisations was positive. This approach will be adopted on a larger scale for 2011 and aligned closely with PPI.

3. Findings

3.1 The number of registered attendees was 59, though not all attendees registered. The actual number, based on the full capacity of the lecture theatre is believed to be closer to 70. Of the 59 that

registered 38 people were internal staff, 6 governors and 12 external.

3.2 There was a small but significant presence from key external partners targeted in the promotional campaign, including NHS London, West London Mental Health Trust, Camden Friends of the Earth (FOE) and a journalist from Young Minds magazine; all targets from our engagement strategy.

3.3 There was no formal feedback in the form of a survey collected at this AGM, owing to the reduced resources in comms/PPI though verbal feedback from attendees was excellent. Most importantly, the details of new external links that were collected during the promotional phase will support future stakeholder engagement activity. External attendees were identified at registration and made a priority by the organising team, as the AGM is still overwhelmingly attended by internal staff.

4. Conclusion

4.1 The 2010 format worked well because the keynote presentation was topical and accessible to a wide audience. It generated a lot of interest and this reflected well on external perceptions of the Trust.

4.2 The 2011 speaker should reflect the Trust's mission statement and key messages e.g. Patient – centered, emotional well-being, heritage, developmental, innovate from core theory, flexible, apply ideas and quality.

4.3 The business-end of the AGM worked very well for 2010 and should be kept the same for 2011.

4.4 The promotional campaign for the 2011 AGM should align with the stakeholder engagement campaign to maximise external networking opportunities and present a cohesive external message about the Trust.

4.5 Increase key stakeholder attendance at the AGM, in particular, member representation.

5. Recommendations

5.1 We would like the Board to agree the presentation topic and confirm the proposed date.

5.2 The Trust is working closely with an organisation called Participle on the ''Life project'', and we have tentatively approached them to see if they would consider presenting their work, which aligns with our

bottom up, community based approach to CAMHS in particular, but also services such as the Hackney project. Please see the Life project website for details: http://www.alifewewant.com/display/HOME/Home or a recent article in the Guardian: http://www.guardian.co.uk/society/2011/feb/09/tough-love_troubled-families-swindon-participle

Suggested date: **Thursday 13 October 2011 5.30-8.00pm**

Sally Hodges and Georgina Selby
PPI & Communications Lead and Communication Specialist
13th May 2011

Board of Directors: May 2011

Item : 17

Title : Equalities Annual Report

Summary :
The Single Equality Scheme was agreed in January 2011. The priorities were

- Governance and Culture
- Ethnicity
- Disability
- Sexual Orientation
- Socio economic status

Good progress has been made in all areas, highlights include

- Success in raising the issue of sexual orientation within the organisation and eliciting views and experiences. This will continue to be a central element

- Initial work looking at the lack of black and minority in senior positions.

- Analysis of our staff survey in relation to equalities.

- Implementation of a new mechanism to routinely collect information about disability from patients, albeit with some teething problems.

- Steps have been taken to encourage staff with disabilities to declare their disability so that the Trust can ensure the appropriate support is in place.

- An analysis of Camden patient data revealed that 53% of our patients are in the 40% most deprived section of the borough's population. For our CAMHS, the difference is even more pronounced.

Equality data for staff, students and patients has been updated.

- The Equalities Committee will develop a communications strategy to ensure key issues and the good work that is being undertaken is more thoroughly disseminated.

For : Discussion

From : Director of Service Development (Chair Equalities Committee)

Introduction

The Board of Directors approved the Trust's Single Equality Scheme (SES) in January 2010. The scheme prioritised the following areas:

- Governance and Culture
- Ethnicity
- Disability
- Sexual Orientation
- Socio economic status

Action was also proposed in the domain of religion, age and gender.

The aim of this report is to provide an update on initiatives and progress in the equality arena since January 2010 and current issues.

1.0 Progress Report, Issues and Plans

2.1 Governance

> Governance and Culture (extract from SES)
>
> To ensure that our leadership consider and are fully informed of their role in equalities, that equality issues are effectively integrated into existing planning and review processes and to examine equalities in relation to our adult and specialist services. We also aim to increase the diversity of those in leadership positions. The Equalities Committee will also consider how best to take forward debates on equalities within the Trust e.g. at Scientific meetings and with directorates.

Members of the Trust Board of Directors and Management Committee attended an equality training event in May 2010 The aim was to ensure that members are aware of their role. The group concluded that they wished to take a human rights approach to equalities as opposed to solely focusing on specific groups, i.e. an ethos that everyone should be treated fairly and with respect, whilst recognising that some groups can be disadvantaged and this needs to addressed. This not only fits with our objective of being an ethnical organisation, but also benefits the organisation as a fairer organisation should deliver better quality services.

Management Committee members will attend a training event on the new equalities legislation and the implication for managers in the next 6 months.

Discussions with adult services about their approach to equalities has begun. The adult department are prioritising work with refugees and forming a partnership with the Red Cross to provide therapy for refugees who are not entitled to NHS services, with a view to securing income for this service in the longer term. Further discussion with the Portman Clinic is planned.

Equalities continue to feature prominently in Trust events. Equalities is always included in Trust INSET days and feedback is consistently very good. At the last event there was animated discussion about sexual orientation and concern expressed about attitudes to sexual orientation among some staff and negative experiences of gay and lesbian trainees or applicants. We were able to make it very clear that someone's sexual orientation does affect their application for training and that the Dean is working with course tutors to ensure that they are clearer about the criteria and feedback re non/acceptance and that the Trust does not tolerate discrimination and does not view gay, lesbian or bisexual sexual orientation as a 'perversion'.

A trust wide event organised jointly with staff side was also organised to provide information and an opportunity for discussion about updated and new human resource policies on equalities and the single equality scheme. The event was not very well attended, with xx people, but generated useful discussion.

2.2 Ethnicity

> Ethnicity (extract from SES)
> To increase the number of black and minority ethnic groups in leadership positions and representation in senior grades.

The sub-group collected data about the composition of the workforce from central directorates and from clinical disciplines. Overall the composition of the staff group reflected the local patient and student population but there are more white staff in AFC Bands 7 and above. Feedback from the directorates showed significant variation across the constituent parts of the trust. Findings were presented for discussion at trust INSET days where staff have made it clear that the trust's aim should not be simply to increase diversity in the workforce but to counteract any harmful discrimination where there is evidence that that exists.
The sub group explored some likely explanations for the underrepresentation of staff form black and minority ethnic groups in leadership positions and in senior grades.

1. There were differences in proportions of staff from black and ethnic minorities at different agenda for change bands and in different professional groups. i.e. the picture was not consistent across the trust.

2. In the central directorates there was evidence that black and minority ethnic staff had achieved career development and promotion.

3. One difficulty the group identified was that in some of the clinical disciplines,(such as clinical psychology) the proportion of black and minority ethnic clinicians was very small nationally and therefore proportions of staff from minority groups, eligible for promotion was a national problem, reflected in the trust.

4. This drew attention to the importance of ensuring equality impact statements and other measures would ensure more inclusive basic trainings in the clinical professions. In the professional trainings we deliver, such as social work and child and adolescent psychotherapy, positive action had been effective and the numbers of clinicians from black and ethnic minorities has increased.

5. Tavistock and Portman course marketing materials are subject to equality impact assessments.

The report is to be presented to the trust for discussion and the development of a further action plan.

2.3 Religion

> Religion (extract from SES)
> To examine alternatives for our existing, less than ideal, multi-faith prayer facilities for staff and students.

The Trust has been trying to locate a space which could be used solely as a prayer facility but to date this has not proved possible. The multi-faith prayer room is therefore currently co-located with the medical room and an audit of the room usage is currently underway. The key to this room is readily accessible from the reception staff. The Trust accepts that this is not ideal, but space in the Trust is at a premium and we occasionally have to 'double-up' a number of functions. On the rare occasion that the room is being used for a medical reason, when it is also requested for prayer purposes, then front of house staff will make every effort to find a suitable alternative. This might be in one of our meeting rooms or in vacant office. We are continuing to look for a dedicated multi-faith prayer room.

2.4 Disability

> Disability (extract from SES)
> To improve data collection in patient services and to create an environment where all staff with a disability feel able to declare this and receive appropriate support.

From November 2010 systems were put in place to routinely collect information about whether or not patients have a disability and if so what type of disability this is. Unfortunately by March 2011, no data had been put onto RiO for any new patients. Work has commenced with directorates to explore why this is the case and to improve data capture.

In relation to staff disability, progress has been made under the Single Equality Scheme to create an environment where the Trust and disabled employees are able

to engage in a meaningful way throughout their employment cycle. In line with the Equalities Act 2010, our employment policies including recruitment and equal opportunities have been updated to reflect the legislative intent around the various protected characteristics including Disability. The Trust successfully completed the annual validation and compliance requirements for the use of the ''Two Ticks'' symbol by Job Centre Plus. As part of the wider engagement with staff who have disclosed their disability, annual meetings will be organised by the HR Manager to discuss any emergent access and support needs. (This will be over and above any meeting with Human Resources or the line manager throughout the year and have been completed for this year). A Trust wide campaign has also been launched to encourage staff who may not have disclosed their disability, for various reasons, to feel able to do so in a confidential manner. Staff have been made aware of the current support systems, facilities & provisions for reasonable adjustment via email, at the INSET day, Trust wide Single Equality Scheme – update event & through the relevant employment policy briefing sessions. Risk Assessments are conducted to evaluate building access and reports are taken to the Clinical Quality, safety and Governance committee. HR Manager is the designated Trust Disability Officer as part of the commitment under the Single Equality Scheme. As on 2nd February 2011, 12 members of staff have disclosed their disability. The figure reported in the Single Equality Scheme was 9. The increase may indicate that our work in this area is having an impact.

2.5 Gender

Gender (extract from SES)
Gender will not be an initial priority. The equalities committee will revisit gender profiles in the second year of the scheme.

The Equalities Committee is due to discuss gender in 2011.

2.6 Sexual Orientation

Sexual Orientation (extract from SES)
Our priority is to gain more information about how people perceive our patient services, training and working at the Trust in relation to sexual orientation.

The Trust has begun to offer interested staff a series of opportunities to discuss the external perception of our patient services, education and training services and about working at the trust.

In June 2010, all staff were invited to a facilitated discussion on sexual orientation in order to publicise this new initiative, to understand why there had been so little discussion of sexual orientation amongst trainees, students and staff. A number of members of staff felt comfortable with their experiences as LGBT staff members, while others felt constrained because of a fear of discrimination. Further opportunities include INSET days , trust wide annual update sessions on the Single

Equality Scheme and a seminar on clinical work with lesbian and gay parents promoted a lively discussion on patient experience.

A small discussion seminar has been set up for psychoanalytically trained staff to explore questions related to psychoanalytic theory and attitudes towards homosexuality and bisexuality in particular. The Trust's position is that we welcome diversity and do not accept discrimination or on any grounds including with regard to sexual orientation. it is very important to establish means of addressing common misperceptions that sexual orientation might be a barrier to entry to training programmes.   British psychoanalytic theory in relation to sexuality remains underdeveloped and confused. Several members of our staff are engaged in work with the British Psychoanalytic Council to promote the development of greater understanding of these issues, and in organising a major conference to promote further thinking amongst the organisations at the BPC organised *Psychotherapy Now* conferences about theory, student selection and work with LGBT service users.

The equalities committee has been very successful in bringing a key area of concern to the forefront of discussion across the Trust, which is in contrast to the silence about this issue which has been evident in some areas of the Trust.

2.7 Age

Age (extract from SES)
To increase the number of young members of our Foundation Trust.

The number of members under 21yrs has been in steady and steep decline over the last 4 years.   In discussion with other Foundation Trusts, PPI have identified that this is a common problem across the board and no successful strategy as yet has been identified for increasing membership of young people

Year	Number of members 0 – 21 yrs from public membership
2007/8	66 (performance report)
2008/9	55 (Performance Report)
2009/10	41 (Performance Report)
20010/11	12 (Capita Website)

The PPI Group had hoped to develop a category of 'family membership' in order to encourage younger members who are not eligible for membership in their own right (because of their age) to have a relationship with the trust. However, Monitor rules do not allow for group memberships. Given over half of our patient population is under the age of 18, we consider that it is essential to find a way to engage with this group. The trust has appointed an assistant psychologist with dedicated time for stakeholder engagement and one of their priorities will be to develop mechanisms to engage with young people, to increase the numbers of younger members and to revisit the governors about allowing the age of membership to be reduced from 18 to 16.

2.8 Socio- economic status

Socio-economic status (extract from SES)
To analyse the socio economic profile of our patients.

The Trust supplied postcode data for 2010/11 Camden patients to the NHS Camden Health Intelligence Unit, who have used their software to derive deprivation indices and send us some analysis. Analysis of Camden patients in 2010/11, using postcodes to find the Index of Multiple Deprivation (IMD 2007) for each patient's locality, has shown that 53% of our patients are in the 40% most deprived section of the borough's population, whereas only 29% come from the least deprived 40%. For our child and adolescent services, the difference is even more pronounced, with 69% of patients coming from the most deprived 40%, and only 17% from the least deprived. Similar results are obtained using the Income Deprivation Affecting Children Index (IDACI). We are very grateful to the NHS Camden Health Intelligence unit for their help with this analysis.

3 What do the figures say?

The Trust compares the ethnicity profile of its patients, students and staff against the ethnic make up of London. In most cases the profile is not significantly different. The striking difference is the Asian population which is under represented in all groups, the Equalities Committee will discuss how to interpret this and what action should follow. Black Africans are also under represented in patient services.

All Clinical Directorates will be asked to consider the equality profile of their patients and to identify what the key issue are and action they will take.

3.1 Workforce Report - 2010-11

From 2010, the workforce statistics have been reported over a 12 month period, as we have now moved to a system of annual reporting. The figures appearing in the Single Equality Scheme are for 2009, when workforce reporting was carried out on a six monthly basis and do not cover a full 12 month period. For the Purposes of this report, the comparisons have therefore been made between the workforce figures for 2009-10 & 2010 -11.

Gender, Band & Discipline Data

Table 1

Staff Breakdown by Gender and Discipline Headcount as at 31ˢᵗ March 2011

Staff	Male	Female	Total
Clinical	92	267	359
Non-Clinical	57	132	189
Total	149 (27%)	399 (73%)	548

Table 2

Breakdown of staff by Band at 31st March 2011

	Band 1-3	Band 4-5	Band 6-7	Band 8	Band 9	Medical	NED	Teacher	Grand Total
Male	11 7%	24 16%	30 20%	52 35%	3 2%	25 17%	4 3%		149
Female	10 2.5%	88 22%	116 29%	140 35%	7 2%	32 8%	2 0.5%	4 1%	399
Grand Total	21 4%	112 20%	146 27%	192 35%	10 2%	57 10%	6 1%	4 1%	548

Our headcount has increased 4% over the past year, from 527 to 548 staff (Table 1). This is third year in a row that we have grown, although by less than last year where the increase was 6.7%. Our equivalent WTE is 426.

Staff headcount by gender (Table 1) as at March 2011, indicates majority of our workforce is female for both clinical and non clinical staff groups. The figures as at 31ˢᵗ March 2011, are 149 (27%) males and 399 (73%) females & Total males as of 31ˢᵗ March 2010, were 137 (26%) and the number of females was 390 (74%).

If we look at the breakdown of staff by band (Table 2) the representation of female group is higher for bands 4-5, 6-7 and 8, 9, medical staff & teachers. The representation of men is slightly higher for bands 1-3 (11 men as opposed to 10 females) and NED'S (4 men as opposed to 2 females). As at 31ˢᵗ March 2010, the representation of women was higher across all bands.

This should be interpreted within the wider NHS context where higher numbers of females are employed in different roles as opposed to males. Trust's recruitment practices are agreed with staff side and articulated in Trusts Policy and Procedure for recruitment & selection. Equal access to employment and development opportunities is afforded to both men and women by adhering to Trusts Equal Opportunities Policy.

This year, the Equalities Committee requested an analysis of the staff survey results by equality areas. The results are attached as appendix I. The Equality Committee have asked for further analysis and inference.

Ethnicity Data: Table 3 - Ethnic Breakdown of Staff in Post on 31st March 2011

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	6 2%	55 18%	71 24%	124 41%	10 3%	27 9%	5 2%	3 1%	301
B	White - Irish	2 12%	4 23.5%	1 6%	5 29%		4 23.5%		1 6%)	17
C	Any other White background	1 1%	21 20%	32 30%	35 33%		17 16%			106
D	White & Black Caribbean	1 17%	1 17%	4 67%						6
E	White & Black African			2 67%	1 33%					3
F	White and Asian			2 100%						2
G	Any other Mixed background		1 17%	4 67%	1 17%					6
H	Asian - Indian	1 6%	5 31%	5 31%	4 25%		1 6%			16
J	Asian - Pakistani			3 43%			3 43%	1 14%		7
K	Asian - Bangladeshi			1 50%	1 50%					2
L	Any other Asian background	1 11%	2 22%	2 22%	3 33%		1 11%			9
M	Black - Caribbean		10 43%	5 22%	8 35%					23
N	Black -African	4 19%	7 33%	7 33%	3 14%					21
P	Any other Black background		1 100%							1
R	Chinese			3 60%	1 20%		1 20%			5
S	Any other Ethnic group	3 25%	2 17%	2 17%	4 33%		1 8%			12
U	Not known	1 17%	1 17%	2 33%	2 33%					6
Z	Not Stated	1 20%	2 40%				2 40%			5
	Total	21 4%	112 20%	146 27%	192 35%	10 2%	57 10%	6 1%	4 1%	548

Ethnicity Data cont.

Table 4

Ethnicity of Staff in Post on 31st March 2010 shown in comparison to the ethnicity of London (Census of 2001)			
Ethnic Code	**Ethnic Description**	**Trust %**	**London %**
A	White - British	54.9	59.8
B	White - Irish	3.1	3.1
C	Any other White background	19.3	8.3
D	White & Black Caribbean	1.1	1
E	White & Black African	0.5	0.5
F	White and Asian	0.4	0.8
G	Any other Mixed background	1.1	0.9
H	Asian - Indian	2.9	6.1
J	Asian - Pakistani	1.3	2
K	Asian - Bangladeshi	0.4	2.1
L	Any other Asian background	1.6	1.9
M	Black - Caribbean	4.2	4.8
N	Black -African	3.8	5.3
P	Any other Black background	0.2	0.8
R	Chinese	0.9	1.1
S	Any other Ethnic group	2.2	1.6
Z	Not Stated	1.1	0
	Not Known	0.9	0
	Total	100.0	**100**

Table 5

Reason for Leaving	Total
End of Fixed Term Contract	18
End of Fixed Term Contract - End of Work Requirement	1
End of Fixed Term Contract - External Rotation	2
Redundancy - Compulsory	1
Retirement Age	8
Voluntary Early Retirement - no Actuarial Reduction	1
Voluntary Resignation - Better Reward Package	6
Voluntary Resignation - Child Dependants	1
Voluntary Resignation - Health	1
Voluntary Resignation - Lack of Opportunities	4
Voluntary Resignation - Other/Not Known	3
Voluntary Resignation - Promotion	8
Voluntary Resignation - Relocation	6
Voluntary Resignation - Work Life Balance	7
Grand Total	**67**

The staff data of March 2011 (Table 5) for ethnicity of leavers indicates the Trusts turnover for April 2010 to March 2011 as 10.9% as a percentage of total employed personnel. Out of the 67 leavers for this period 21 people gave their reason as being the end of a fixed term contract. 6 people resigned voluntarily for better reward package, 8 for promotion and 6 relocated. The Ethnicity of leavers for the period April 2009 – March 2010, gives a percentage figure of 10.7 % percentage of total employed personnel.

The report from the Trust Director on the work of the Sub group on Equalities in employment, examines the data in detail in relation to recruitment, training and career opportunities, management of employee relations, responding to management concerns about under representation of black and minority ethnic groups in senior management and leadership positions.

Age Profile of Trust

Table 6

Age Group	Band 1-3	Band 4-5	Band 6-7	Band 8	Band 9	Medical	NED	Teacher	Total
Age Profile of Trust staff by grade, as at 31ˢᵗ March 2011									
<20									
20-29	2 5%	24 65%	9 24%	1 3%		1 3%			37
30-39	5 3%	36 23%	64 41%	19 12%		29 19%		3 2%	156
40-49	5 3.5%	26 18%	41 29%	53 38%	1 1%	13 9%	1 1%	1 1%	141
50-59	5 3%	19 13%	26 18%	79 54%	8 5.5%	7 5%	2 1%		146
60+	4 6%	7 10%	6 9%	40 59%	1 1.5%	7 10%	3 4%		68
Total	21 4%	112 20%	146 27%	192 35%	10 2%	57 10%	6 1%	4 1%	548

The Trust has a balanced workforce profile across all age groups. The majority of our workforce is within the age group of 30 -39 (156) (28.5%) as at 31ˢᵗ March 2011 (Table 6) out of the total of 548 across all age ranges. (Table 9). The majority of the workforce was in the 40- 49 age group as at 31ˢᵗ March 2010 (147) (28%) out of the total 527, across all age ranges.

The Trust has adopted Agenda for Change system of evaluating & banding majority of the jobs which means emphasis is on skills and competencies and eliminating any bias related to age.

Disability

In relation to staff disability, progress has been made under the Single Equality Scheme to create an environment where the Trust and disabled employees are able to engage in a meaningful way throughout their employment cycle. As on 2ⁿᵈ February 2011, 12 members of staff have disclosed their disability. The figure reported in the Single Equality Scheme was 9. It is hoped that initiatives and current support systems in place will influence staff to further engage with the Trust in a confidential manner and feel able to disclose their disability. It is hoped this approach will enable staff to recognize the range of support systems available to them and for the Trust to enhance the functional experience of the disabled staff whilst at work.

3.2 Patients

It should be noted that this report only covers those services which are on RiO, therefore a number of new services which are using different information systems e.g. City and Hackney, Barnet Drugs and Alcohol are not included. The aim will be to report on all of our services over time.

3.2.1 How did we construct the Ethnicity comparators?

As with previous years, we have used the 2001 census data to develop 'comparators' for different ethnic groups. The comparators represent the percentage of people from each particular ethnic group who are resident in that particular catchment area, which can then be used as a baseline to look at ethnic breakdown of our patient population.

The comparators used in the analysis shown below have used North Central London (NCL) weighted figures. For the **Trust** as a whole, and also for the Portman Clinic, we used all the NCL figures for all age groups. The comparators for the **Adolescent** and **Child and Family** Departments however are based upon the NCL data for those aged 0-17 in each ethnic group, with the N&S Camden comparator based on 0-17 for Camden. The comparator for the **Adult** Department uses the cohort of people over 18 in each ethnic group whilst the **Gender Identity Development Service** used the London + South East figures, under 18s.

3.2.2 Trust

How does the ethnicity of our patients (all services) compare to our catchment Population ?

Since 2004/05 the Trust has managed to reduce the proportion of white patients from 76% to 72%, thus increasing the inclusion of those from black and other minority ethnic backgrounds. The level of Mixed race patients continues to be significantly higher than our catchment population (+5.9%) whereas our Asian representation (-5.3%) is considerably less, although both continue in the right direction towards the ir respective comparative %. The percentage of black patients (-1.6%) on the other hand has reduced over the last 2 years although still relatively representative of the catchment population. Representation of other Ethnic groups remains relatively stable and is broadly in line with the catchment population.

		White	Mixed	Asian or Asian British	Black or Black British	Other Ethnic Group
Trust	Comparator	71.2%	3.2%	12.1%	10.9%	2.7%
	2004/05	76.0%	7.5%	5.6%	8.1%	2.8%
	2005/06	74.7%	6.9%	6.1%	9.5%	2.8%
	2006/07	74.9%	7.3%	6.1%	9.2%	2.5%
	2007/08	72.1%	8.4%	6.7%	10.1%	2.7%
	2008/09	72.0%	9.5%	6.2%	9.6%	2.8%
	2009/10	72.0%	9.3%	6.8%	9.4%	2.4%
	Average	73.6%	8.2%	6.3%	9.3%	2.7%

Looking at departments and the ethnic sub categories in detail, other facts emerge. The issue that stands out for all departments, continues to be the over representation of White and mixed patients and the under representation of **Asians**, particularly **Indian** and **Pakistani**. In **Black and Black British** the % of **Black Caribbean** and **Black Other** continues to increase whereas the % of **Black Africans** fell last year from 4.0% to 3.4%.

Age Breakdown
The cohort for age breakdown is calculated as the caseload, or all patients whose case was open in the period. For Non-Adult services there has been a slight shift last year with an increase from 11% to 14% seen in the 0-5 band and a fall from 36% to 29% in the 5-10 bands. The % aged 10-15 rose by 2% to 31% whereas the numbers of 16-21 year olds fell 3% to 17%. The numbers over 21 fell slightly from 7 to 6%. Adult services showed a similar trend with a rise from 4 to 6% in under 21's and a fall in those 21-40 from 50% to 47%, The 41-60 band rose 2% to 43% whilst the number of over 60's fell 1% to 4%. For detailed data see the sheet in Appendix ??

Gender Breakdown
The cohort for Gender breakdown is calculated as the caseload, or all patients who case was open in the period. Interestingly, For the Trust as a whole the split of male to female is almost exactly 50/50. However for non adult services there are more male (down 4% to 52%) than female (up 4% to 48%), and for adult it is the opposite with less male (up 2% to 47%) and more female (down 2% from 53%). However the figures do show that both adult and non-adult services are moving towards the 50/50 split.

3.2.3 Departments

Child and Family Department (C&F)

<u>**Ethnicity**</u>
The level of white patients is some 9% (down from 11% last year) above comparator. The % of Asian patients in C&F is 8% below the comparator (improved by 1% since last year). The proportion of Black patients is close to the comparator with 12.9% of patients compared to a comparator of 16.3%. This could at least partly be attributed to the additional outreach services run by the Trust in the last few years. The shortfall seems to be in the number of Black African patients compared to the relevant population. The higher representation of mixed ethnicity patients (11.9% compared to a comparator of 8.5%, although down from 12.6% last year) can still be explained in part by the CAMHs outreach teams as the CAMHS Mapping revealed that more patients from black and minority ethnic groups are seen in the outreach services than at the Tavistock Clinic.

<u>**Age**</u>
There was a big shift in C&F services last year with an increase from 11% to 17 % aged 0-5 and a decrease from 55% to 47% aged 5-10. There was also a small rise (3% to 6%) in the 16-21 age range.

Gender
The split in Child and Family shows there are more male patients although this has shown a decrease of 6% to 58% male and an increase of 6% to 42% female in the last year.

Adolescent

Ethnicity
The level of white patients in Adolescent is similar to CAMHS, showing 7% above the comparator (down from 7.5% last year), whilst the number of Asian patients has improved by 1.2% to just 5.7% below the comparator. The proportion of Black or Black British patients in Adolescent, as with CAMHS, (13.4%) is closer to the comparator here than other services, although still some 3% below the comparative population. There is still an under representation of Black African patients, however the proportion of Black Caribbean is in Adolescent is almost half as much again as in CAMHS. The numbers of mixed ethnicity patients is again higher than the comparator population.

Gender
The split in Adolescent services shows more females and is unchanged from last year with 41% male and 59% female.

North & South CAMHS

Ethnicity
These teams deliver around 25% of their services in outreach settings such as schools and, as mentioned above, outreach work attracts more black and other ethnic patients than fixed clinics at the Tavistock. As a consequence the % of white patients is much lower here than in other services although it is still some 4% higher than the comparator. Black patients show a higher representation than most other services but are still some 5.5% lower than the comparator whereas the level of Mixed patients is almost double the expected %, showing 15.7% compared to an expected 8.5%. The Asian community, although again better represented than most other services, is still some 7% below that expected based upon the comparative population.

Age
There was again a big shift in N & S Camden services last year with an increase from 18% to 23 % aged 0-5 and a decrease from 37% to 30% aged 5-10. There was also a small rise (33% to 36%) in the 10-15 age range.

Gender
The Service generally has more male than female although this has shown a drop from 56% to 53% for male and increase from 44% to 47% for female

Adult Department

Ethnicity
The ethnic profile of the patient population compared to the catchment population continues to be closer than that of other services. The percentage of white patients increased 2.5% last year to 81.9%, as did the % of Asian from 5.1% to 5.8%, whereas Mixed, Black and Others fell slightly.

Age
The age breakdown for Adult Department has remained static over the last year with the number of patient in the 21-40 age range rising slightly from 50 to 51% and the number of 41-60year olds rising 2% to 44%. Consequently the number of over 60's fell from 7% to 5%

Gender
The Service has significantly more female patients with 68% compared to 32% male, and showed no change in this split in the last year.

Portman Clinic

Ethnicity
The service continues to see significantly more white patients (87%) than the census comparison suggests (71%). The numbers involved for the other categories are small so small changes in numbers could show large % changes. Regardless, the picture for Asian & Asian British and Black & Black British shows they are the most 'under represented' groups being around 9% and 5% below their comparator respectively.

Age
The age breakdown for the Portman showed some shift last year with the number of patient in the 0-21 age range rising from 14% to 21% and the number of 21-41-year olds falling 7% to 38%. There was also a small dip in the number of over 60's from 3% to 2%

Gender
The Service has significantly more male patients with 83% compared to 17% female, and showed no change in this split in the last year.

GIDU
The introduction of the national contract has seen a significant increase in activity.

Ethnicity
GIDU continue to see a predominantly white patient base, up 5% in the last year to 90%. it also continues to see a higher % of clients from a mixed race background, down 1.5% to 7.8%. As a consequence, the number s of Black, Asian and Other are

very small and fall well short of the comparator percentages. It is worth noting however that the numbers involved are small in comparison to other departments and consequently 1 or 2 patients would have a disproportionate effect in the % breakdown.

Age
GIDU has seen an increase from 1% to 5% for patients under 5years old and a 2% increase to 21% for 5-10year olds. However, the biggest shift has seen an 11% increase in the 10-15 age band and a resultant 12% fall in the 16-21 age band.

Gender
The Service is relatively evenly split with 55% (up 2%) male and 45% (down 2%) female.

LCDS & Monroe
The numbers involved here are very small, with the combined services making up less than 3% of Trust activity. This makes any meaningful analysis difficult at best and irrelevant at worst.

3.2.4 What is the Scale of Not Known/Not Given within the Trust?

The Trust continues to have some significant issues around the level of ethnicity coding of its patients with the level of unknown records rising from 22.2% to 23.9% . The table below shows the position for the last financial year.

Ethnic Analysis 2008/09 - All patients who attended (Ethnicity Not Recorded)																	
	Adolescent		Adult		Child & Family		Portman		GIDU		N&S Camden		LDS		MYFC		Trust Totals	
Ethnic Category	Nos.	%	Nos.	%	Nos.	%	Nos.	%	Nos.	%	Nos.	%	Nos.	%	Nos.	%	Nos.	%
ETHNIC GROUP UNKNOWN	106	21.7%	155	18.6%	183	24.5%	70	22.1%	37	19.4%	223	28.0%	46	65.7%	8	53.3%	828	23.9%
Not Collected	4	0.8%	0	0.0%	1	0.1%	0	0.0%	0	0.0%	3	0.4%	0	0.0%	0	0.0%	8	0.2%
Not Given	3	0.6%	19	2.3%	22	2.9%	1	0.3%	0	0.0%	25	3.1%	1	1.4%	0	0.0%	71	2.1%
Null (Blank)	98	20.1%	134	16.1%	160	21.4%	61	19.2%	37	19.4%	194	24.3%	45	64.3%	8	53.3%	737	21.3%
Patient Refused	1	0.2%	2	0.2%	0	0.0%	8	2.5%	0	0.0%	1	0.1%	0	0.0%	0	0.0%	12	0.3%
Trust Total (Including Missing)	488		833		747		317		191		797		70		15		3458	

All departments have a greater than 10% rate of incomplete ethnic coding, with the rate for the Trust overall showing a concerning 23.9%. Although LDS and Monroe show by far the highest % their results must be seen in context of the amount of activity which amounts to less than 3% of Trust total. More significant and therefore more worrying are the Adult figures which continue to rise going from 15.2% last year to 18.6% this year .

The greatest concern is around the total of blank entries where no action has been taken which stands at around 21.3% of all patients, up from 19.7 last year.

		White	Mixed	Asian or Asian British	Black or Black British	Other Ethnic Group
Trust	Comparator	71.2%	3.2%	12.1%	10.9%	2.7%
	2004/05	76.0%	7.5%	5.6%	8.1%	2.8%
	2005/06	74.7%	6.9%	6.1%	9.5%	2.8%
	2006/07	74.9%	7.3%	6.1%	9.2%	2.5%
	2007/08	72.1%	8.4%	6.7%	10.1%	2.7%
	2008/09	72.0%	9.5%	6.2%	9.6%	2.8%
	2009/10	72.0%	9.3%	6.8%	9.4%	2.4%
	Average	73.6%	8.2%	6.3%	9.3%	2.7%
Adult	Comparator	76.7%	2.6%	8.3%	8.2%	4.2%
	2004/05	80.3%	5.1%	5.0%	7.4%	2.2%
	2005/06	81.4%	4.6%	5.5%	5.8%	2.6%
	2006/07	82.0%	4.9%	4.3%	6.3%	2.5%
	2007/08	79.5%	4.5%	5.9%	7.0%	3.1%
	2008/09	79.5%	4.7%	5.1%	6.6%	4.2%
	2009/10	81.9%	3.8%	5.8%	5.9%	2.7%
	Average	80.8%	4.6%	5.3%	6.5%	2.9%
Adolescent	Comparator	57.8%	8.5%	14.1%	16.3%	3.4%
	2004/05	72.3%	9.6%	4.1%	9.6%	4.6%
	2005/06	69.5%	8.2%	5.9%	13.3%	3.6%
	2006/07	70.1%	11.8%	5.8%	14.1%	2.0%
	2007/08	66.1%	9.7%	6.7%	14.9%	2.6%
	2008/09	65.5%	10.1%	7.2%	14.9%	2.4%
	2009/10	64.9%	10.5%	8.4%	13.4%	2.9%
	Average	68.1%	10.0%	6.4%	13.4%	3.0%
Child & Family	Comparator	57.8%	8.5%	14.1%	16.3%	3.4%
	2004/05	72.3%	9.0%	7.8%	9.2%	1.7%
	2005/06	69.5%	8.8%	7.5%	12.0%	2.2%
	2006/07	70.1%	7.9%	8.9%	11.3%	1.9%
	2007/08	70.4%	10.6%	6.1%	11.1%	1.8%
	2008/09	69.7%	12.6%	5.1%	10.2%	2.5%
	2009/10	67.0%	11.9%	5.9%	12.9%	2.3%
	Average	69.8%	10.1%	6.9%	11.1%	2.1%
Portman	Comparator	71.2%	3.2%	12.1%	10.9%	2.7%
	2004/05	80.3%	4.9%	2.7%	4.9%	7.2%
	2005/06	79.2%	4.3%	4.3%	7.1%	5.1%
	2006/07	84.9%	4.6%	2.9%	2.5%	5.0%
	2007/08	87.0%	2.4%	4.5%	2.8%	3.3%
	2008/09	85.4%	4.0%	4.0%	4.0%	2.4%
	2009/10	87.0%	3.6%	2.8%	5.3%	1.2%
	Average	84.0%	4.0%	3.5%	4.4%	4.0%
GIDU	Comparator	76.9%	4.7%	9.1%	7.6%	1.6%
	2004/05	83.8%	10.8%	2.7%	2.7%	0.0%
	2005/06	82.7%	9.9%	2.5%	4.9%	0.0%
	2006/07	82.1%	7.5%	1.5%	9.0%	0.0%
	2007/08	83.1%	9.6%	1.2%	6.0%	0.0%
	2008/09	85.8%	9.4%	1.9%	2.8%	0.0%
	2009/10	90.3%	7.8%	0.0%	1.9%	0.0%
	Average	84.6%	9.2%	1.6%	4.6%	0.0%
N & S Camden	Comparator	54.5%	8.5%	18.4%	15.3%	3.2%
	2004/05					
	2005/06					
	2006/07					
	2007/08	53.3%	16.1%	13.0%	13.6%	4.0%
	2008/09	58.6%	15.4%	11.3%	12.2%	2.5%
	2009/10	58.5%	15.7%	11.8%	10.8%	3.1%
	Average	56.8%	15.7%	12.0%	12.2%	3.2%

Patient Services

Ethnic Analysis 2009/10 - All patients who attended (Ethnicity Recorded)

Ethnic Category	Adolescent			Adult			Child & Family			Portman			GIDU			N&S Camden			LDS			MYFC			Trust Totals		
	Nos.	%	Comp	Nos.	%	Comp	Nos.	%	Comp	Nos.	%	Comp	Nos.	%	Comp	Nos.	%	Comp	Nos.	%	Comp	Nos.	%	Comp	Nos.	%	Comp
WHITE	**248**	**64.9%**	**57.8%**	**555**	**81.9%**	**76.7%**	**378**	**67.0%**	**57.8%**	**215**	**87.0%**	**71.2%**	**139**	**90.3%**	**76.9%**	**336**	**58.5%**	**57.8%**	**18**	**75.0%**	**71.2%**	**5**	**71.4%**	**57.8%**	**1894**	**72.0%**	**71.2%**
White - British	198	51.8%	46.2%	366	54.0%	55.9%	272	48.2%	46.2%	182	73.7%	59.8%	127	82.5%	72.6%	244	42.5%	46.2%	14	58.3%	59.8%	5	71.4%	46.2%	1408	53.5%	59.8%
White - Irish	5	1.3%	1.7%	24	3.5%	5.2%	13	2.3%	1.7%	7	2.8%	3.1%	3	1.9%	0.7%	7	1.2%	1.7%	0	0.0%	3.1%	0	0.0%	1.7%	59	2.2%	3.1%
White - Any other white background	45	11.8%	10.0%	165	24.3%	15.6%	93	16.5%	10.0%	26	10.5%	8.3%	9	5.8%	3.7%	85	14.8%	10.0%	4	16.7%	8.3%	0	0.0%	10.0%	427	16.2%	8.3%
MIXED	**40**	**10.5%**	**8.5%**	**26**	**3.8%**	**2.6%**	**67**	**11.9%**	**8.5%**	**9**	**3.6%**	**3.2%**	**12**	**7.8%**	**4.7%**	**90**	**15.7%**	**8.5%**	**1**	**4.2%**	**3.2%**	**0**	**0.0%**	**8.5%**	**245**	**9.3%**	**3.2%**
Mixed - White and Asian	2	0.5%	1.9%	7	1.0%	0.7%	9	1.6%	1.9%	1	0.4%	0.8%	4	2.6%	1.3%	13	2.3%	1.9%	1	4.2%	0.8%	0	0.0%	1.9%	37	1.4%	0.8%
Mixed - White and Black African	6	1.6%	1.4%	2	0.3%	0.4%	12	2.1%	1.4%	1	0.4%	0.5%	0	0.0%	0.6%	7	1.2%	1.4%	0	0.0%	0.5%	0	0.0%	1.4%	28	1.1%	0.5%
Mixed - White and Black Caribbean	16	4.2%	2.6%	6	0.9%	0.5%	20	3.5%	2.6%	4	1.6%	1.0%	3	1.9%	1.7%	30	5.2%	2.6%	0	0.0%	1.0%	0	0.0%	2.6%	79	3.0%	1.0%
Mixed - Any other mixed background	16	4.2%	2.5%	11	1.6%	0.9%	26	4.6%	2.5%	3	1.2%	0.9%	5	3.2%	1.1%	40	7.0%	2.5%	0	0.0%	0.9%	0	0.0%	2.5%	101	3.8%	0.9%
ASIAN OR ASIAN BRITISH	**32**	**8.4%**	**14.1%**	**39**	**5.8%**	**8.3%**	**33**	**5.9%**	**14.1%**	**7**	**2.8%**	**12.1%**	**0**	**0.0%**	**9.1%**	**68**	**11.8%**	**14.1%**	**1**	**4.2%**	**12.1%**	**0**	**0.0%**	**14.1%**	**180**	**6.8%**	**12.1%**
Asian - Indian	7	1.8%	2.9%	16	2.4%	3.5%	7	1.2%	2.9%	1	0.4%	6.1%	0	0.0%	3.8%	4	0.7%	2.9%	1	4.2%	6.1%	0	0.0%	2.9%	36	1.4%	6.1%
Asian - Pakistani	5	1.3%	0.9%	4	0.6%	0.7%	2	0.4%	0.9%	1	0.4%	2.0%	0	0.0%	2.1%	4	0.7%	0.9%	0	0.0%	2.0%	0	0.0%	0.9%	16	0.6%	2.0%
Asian - Bangladeshi	8	2.1%	8.8%	3	0.4%	2.9%	11	2.0%	8.8%	1	0.4%	2.1%	0	0.0%	2.1%	47	8.2%	8.8%	0	0.0%	2.1%	0	0.0%	8.8%	70	2.7%	2.1%
Asian - Any other Asian background	12	3.1%	1.4%	16	2.4%	1.2%	13	2.3%	1.4%	4	1.6%	1.9%	0	0.0%	1.2%	13	2.3%	1.4%	0	0.0%	1.9%	0	0.0%	1.4%	58	2.2%	1.9%
BLACK OR BLACK BRITISH	**51**	**13.4%**	**16.3%**	**40**	**5.9%**	**8.2%**	**73**	**12.9%**	**16.3%**	**13**	**5.3%**	**10.9%**	**3**	**1.9%**	**7.6%**	**62**	**10.8%**	**16.3%**	**4**	**16.7%**	**10.9%**	**2**	**28.6%**	**16.3%**	**248**	**9.4%**	**10.9%**
Black - Caribbean	24	6.3%	3.7%	18	2.7%	3.0%	24	4.3%	3.7%	5	2.0%	4.8%	0	0.0%	2.7%	21	3.7%	3.7%	3	12.5%	4.8%	1	14.3%	3.7%	96	3.7%	4.8%
Black - African	19	5.0%	11.2%	11	1.6%	4.7%	28	5.0%	11.2%	3	1.2%	5.3%	0	0.0%	4.1%	26	4.5%	11.2%	1	4.2%	5.3%	1	14.3%	11.2%	89	3.4%	5.3%
Black - Other Black background	8	2.1%	1.4%	11	1.6%	0.4%	21	3.7%	1.4%	5	2.0%	0.8%	3	1.9%	0.9%	15	2.6%	1.4%	0	0.0%	0.8%	0	0.0%	1.4%	63	2.4%	0.8%
OTHER ETHNIC GROUP	**11**	**2.9%**	**3.4%**	**18**	**2.7%**	**4.2%**	**13**	**2.3%**	**3.4%**	**3**	**1.2%**	**2.7%**	**0**	**0.0%**	**1.6%**	**18**	**3.1%**	**3.4%**	**0**	**0.0%**	**2.7%**	**0**	**0.0%**	**3.4%**	**63**	**2.4%**	**2.7%**
Chinese	1	0.3%	1.3%	3	0.4%	1.8%	3	0.5%	1.3%	1	0.4%	1.1%	0	0.0%	0.7%	3	0.5%	1.3%	0	0.0%	1.1%	0	0.0%	1.3%	11	0.4%	1.1%
Other Ethnic Group	10	2.6%	2.1%	15	2.2%	2.4%	10	1.8%	2.1%	2	0.8%	1.6%	0	0.0%	0.9%	15	2.6%	2.1%	0	0.0%	1.6%	0	0.0%	2.1%	52	2.0%	1.6%
Trust Total (Excluding Missing)	**382**			**678**			**564**			**247**			**154**			**574**			**24**			**7**			**2630**		

Patient figures are based upon a unique count of attended patients (patients only counted once) for the Financial year 2009/10
Comp (Comparator) - is based upon the 2001 Census and uses the following for each department: -
- Adolescent & Child & Family based on North Central London under 18s
- Adult based on North Central London 18 and over
- GIDU used London + S.East figures for under 18s
- Portman, LCDS and Monroe based on London figures for all ages
- The Trust as a whole is based on London figures for all ages

Ethnic Analysis 2008/09 - All patients who attended (Ethnicity Not Recorded)

Ethnic Category	Adolescent		Adult		Child & Family		Portman		GIDU		N&S Camden		LDS		MYFC		Trust Totals	
	Nos.	%	Nos.	%	Nos.	%	Nos.	%	Nos.	%	Nos.	%	Nos.	%	Nos.	%	Nos.	%
ETHNIC GROUP UNKNOWN	**106**	**21.7%**	**155**	**18.6%**	**183**	**24.5%**	**70**	**22.1%**	**37**	**19.4%**	**223**	**28.0%**	**46**	**65.7%**	**8**	**53.3%**	**828**	**23.9%**
Not Collected	4	0.8%	0	0.0%	1	0.1%	0	0.0%	0	0.0%	3	0.4%	0	0.0%	0	0.0%	8	0.2%
Not Given	3	0.6%	19	2.3%	22	2.9%	1	0.3%	0	0.0%	25	3.1%	1	1.4%	0	0.0%	71	2.1%
Null (Blank)	98	20.1%	134	16.1%	160	21.4%	61	19.2%	37	19.4%	194	24.3%	45	64.3%	8	53.3%	737	21.3%
Patient Refused	1	0.2%	2	0.2%	0	0.0%	8	2.5%	0	0.0%	1	0.1%	0	0.0%	0	0.0%	12	0.3%
Trust Total (Including Missing)	**488**		**833**		**747**		**317**		**191**		**797**		**70**		**15**		**3458**	

Trust Open Caseload as at November 2010 - Age Breakdown

Service	Department	Age Breakdown										Total
		0 - 5	%	5 - 10	%	10 - 15	%	16 - 21	%	21 Plus	%	
Non-Adult Services	Adolescent	13	3%	32	6%	116	22%	271	53%	84	16%	516
	Child & Family	134	17%	366	47%	210	27%	49	6%	22	3%	781
	N. Camden	98	26%	106	29%	131	35%	28	8%	7	2%	370
	S. Camden	75	20%	116	31%	141	37%	37	10%	8	2%	377
	Gender Identity	12	5%	45	19%	108	47%	67	29%	0	0%	232
	Learning Disabilities	2	3%	11	16%	15	21%	17	24%	25	36%	70
	Monroe	8	47%	6	35%	3	18%	0	0%	0	0%	17
	Sub-Total	*342*	*14%*	*682*	*29%*	*724*	*31%*	*469*	*20%*	*146*	*6%*	*2363*
		0 - 21	%	21 - 40	%	41 - 60	%	61 plus	%			Total
Adult Services	Adult	4	0%	453	50%	399	44%	42	5%			898
	Portman	75	21%	137	38%	135	38%	9	3%			356
	Sub-Total	*79*	*6%*	*590*	*47%*	*534*	*43%*	*51*	*4%*			*1254*

Trust Caseload Nov 09-Oct 10 - Gender Split

Service	Department	Male	%	Female	%	Total
Non-Adult Services	Adolescent	211	41%	305	59%	516
	Child & Family	453	58%	328	42%	781
	N. Camden	211	57%	159	43%	370
	S. Camden	188	50%	189	50%	377
	Gender Identity*	126	55%	105	45%	231
	Learning Disabilities	38	54%	32	46%	70
	Monroe	6	35%	11	65%	17
	Sub-Total	**1233**	52%	**1129**	48%	**2362**
Adult Services	Adult	291	32%	607	68%	898
	Portman	296	83%	60	17%	356
	Sub Total	**587**	47%	**667**	53%	**1254**
Trust Total		**1820**	50%	**1796**	50%	**3616**

Gender Identity Unit has 1 patient unassigned

3.3 Education and Training

Criteria for acceptance on course programmes
During 2010-11 new processes have been discussed at staff development events, to ensure that all course teams have discussed their criteria for accepting students on to non clinical and clinical training programmes. This process has required that all course teams develop clear information about their selection criteria. It is particularly important in terms of equity of access to training programmes which legitimately consider the personal suitability of applicants, who seek to qualify as psychotherapists or counsellors, that these criteria are understood by all staff who conduct interviews with applicants, and who make decisions about whether or not to offer places.

3.3.1 Student ethnicity

Tavistock and Portman data on student ethnicity has been benchmarked against the London census returns for 2001 – the latest available comparison data. The data shows a broadly similar profile to the London data, although the percentages minority ethnic groups are proportionately a little lower than London for Black and Asian students, although mixed and other groups are slightly higher.

We have noted an upward trend in the proportion of Asian students, and hopes to build on this year on year with increased interest and inquiries from students who have not heard of the Trust before and who are learning about our long courses and CPD programmes from the internet. Our most recent open evening included over 50% of attendees who had not heard of the Trust before finding information online.

It is important to note that our figures for minority groups do not include the student numbers for our richly diverse joint MA for Social Work qualification, simply because the data are held at the University of UEL, our partner in this programme. This course now includes 70 students in two year groups at least 40% of whom are from ethnic minority groups.   It should also be noted that a number of the students who attend a 20 week Advanced Diploma Programme for mental health nurses or our Promoting Health Teams programme of CPD are enrolled through a separate commissioning process where we have not been able to collect ethnicity data. It is particularly important that students with specific needs are confident that, with their permission, course teams understand their needs and can adapt learning materials, and staff can offer the right level of academic support and inform academic assessors of their disability. We are also able to access resources at UEL for Tavistock students with specific needs. The Trust already has facilities for visually and hearing impaired students, for wheelchair users. We provide information about financial support and how to apply.

### 3.3.2 Disability

Student Disability
Students with a known disability remain a relatively small group within the overall student population in the Trust. A number of students declare specific learning disability, mainly dyslexia with some declaring dyslexia and dyspraxia. We always ask students their access needs in relation to applying for courses, interview access needs and, if they accept a place, they are given the name of our Student Disability Liaison Officer, with whom access needs in relation to the course are discussed.

3.3.3 Gender

The trust demonstrates, in its student population a large majority of female students, which is reflected in the mental health and caring professions across the UK and in London. Proportions change slightly year on year, but we note an increase in child psychotherapists in training and in the qualifying MA in social work.

Breakdown by Ethnicity of Tavistock and Portman Student Body
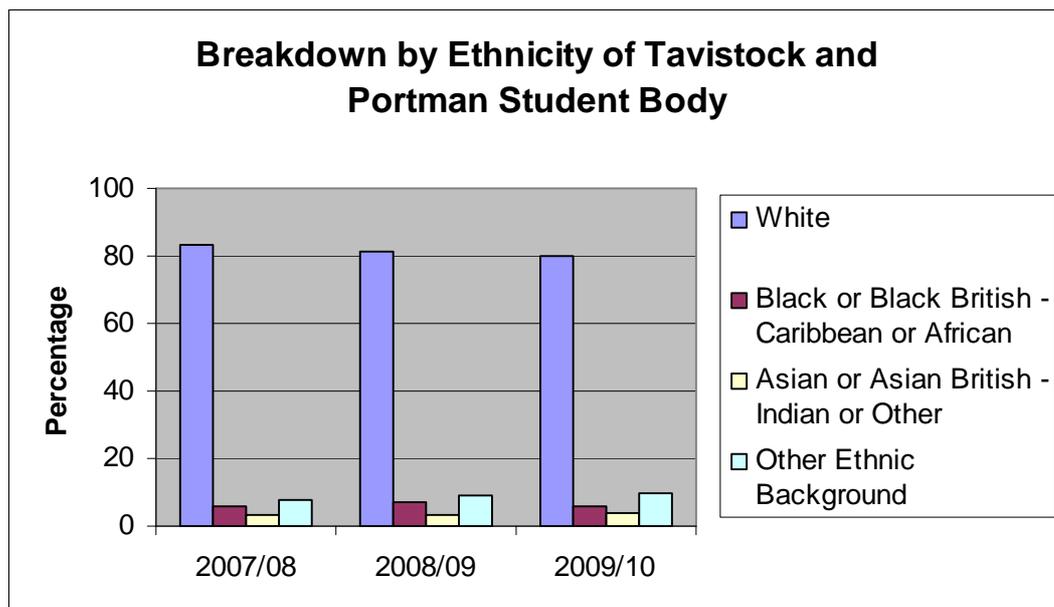
Comparative ethnicity data for Tavistock and Portman student profile and London population
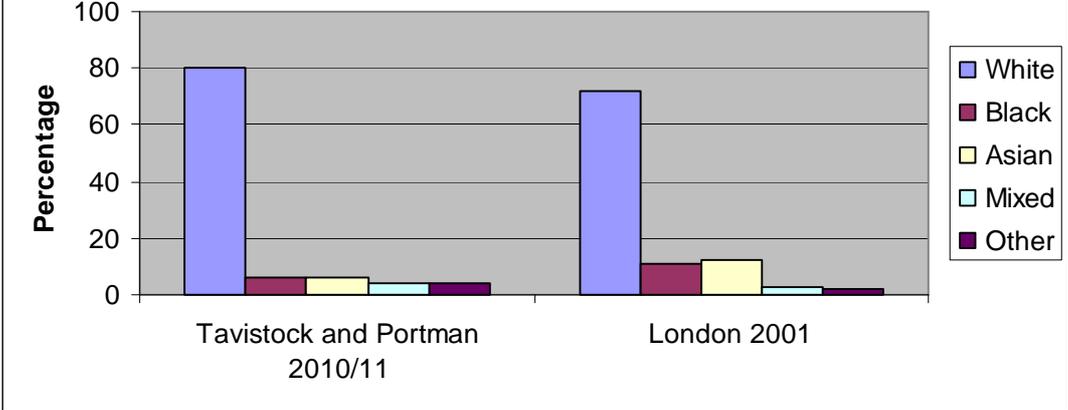
APPENDIX 1

2009 Annual Staff Survey

Summary Results and Findings
Equalities Report

February 2011

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Introduction

This document focuses on relevant equalities areas identified from the 2009 NHS annual staff survey results. These issues have already been reported upon briefly, in the 2009 survey summary results and findings document, which has been presented to the Trust Board in 2010 (reference should be made to this document if necessary).

This equalities report however, provides a more detailed analysis of these findings, with the information being presented diagrammatically as charts, to aid for further discussion at the equalities committee.

The data is broken down into 8 distinct groupings as follows –

BME	43
White	211
Disabled	31
Non-disabled	223
Men	72
Women	192
Trust	264
National	

The data on the right hand side in the above table shows the number of respondents from each particular grouping.

It should be noted that the Trust did extremely well in the 2009 survey and showed 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. Therefore, for most questions, the Trusts scores shown will be better than National averages.

2. Pledges, Themes and Findings

The 2009 survey was structured around the four pledges contained in the NHS constitution with the inclusion of two additional themes.

The four pledges and two additional themes are shown below and this report will focus on the equalities findings related to those:

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 Themes

Theme 1: *Staff Satisfaction*

Theme 2: *Equalities and Diversity*

The findings from each of these pledges are shown in the charts below and data is expressed in percentages.

2.1 Pledge 1 – Findings

Staff Working Extra Hours
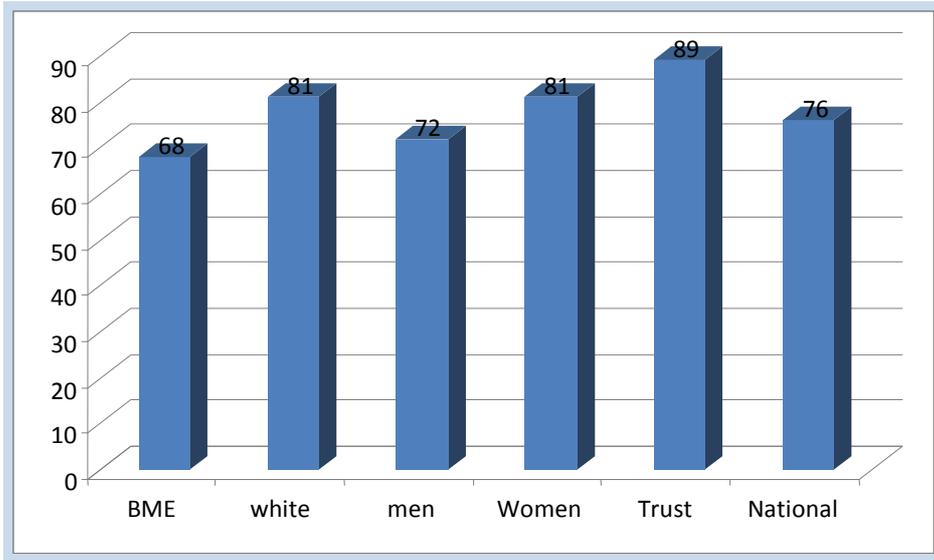
Staff using flexible working options
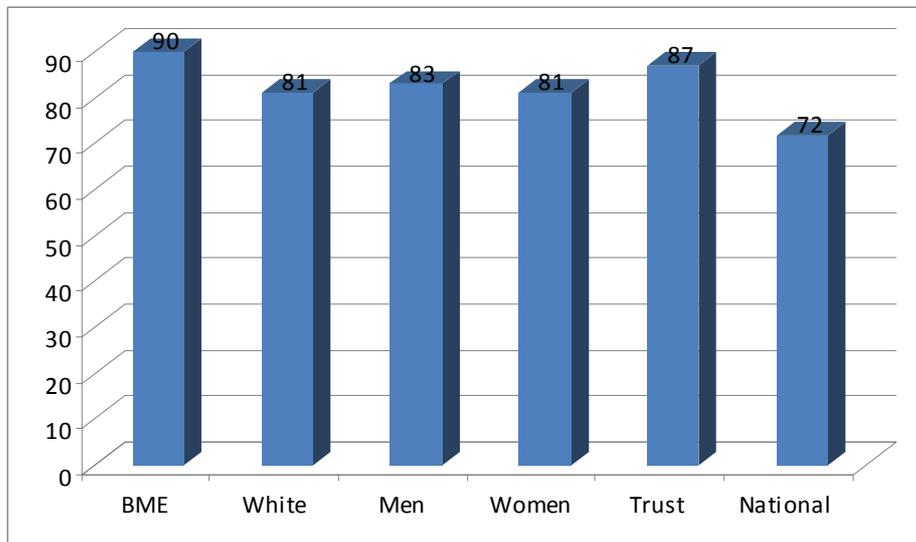
2.2   Pledge 2 – Findings

Staff feeling there are good opportunities to develop their potential
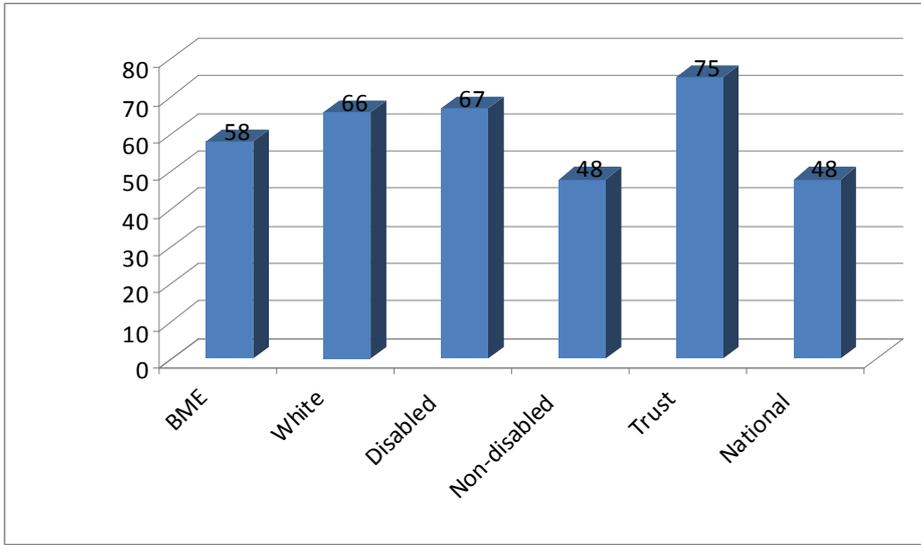
Staff having well-structured appraisals
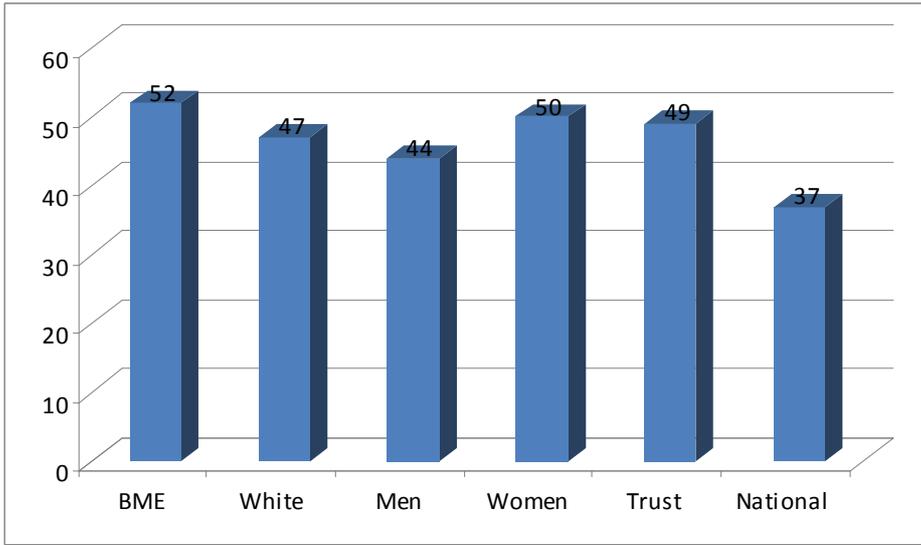
Staff receiving job relevant training
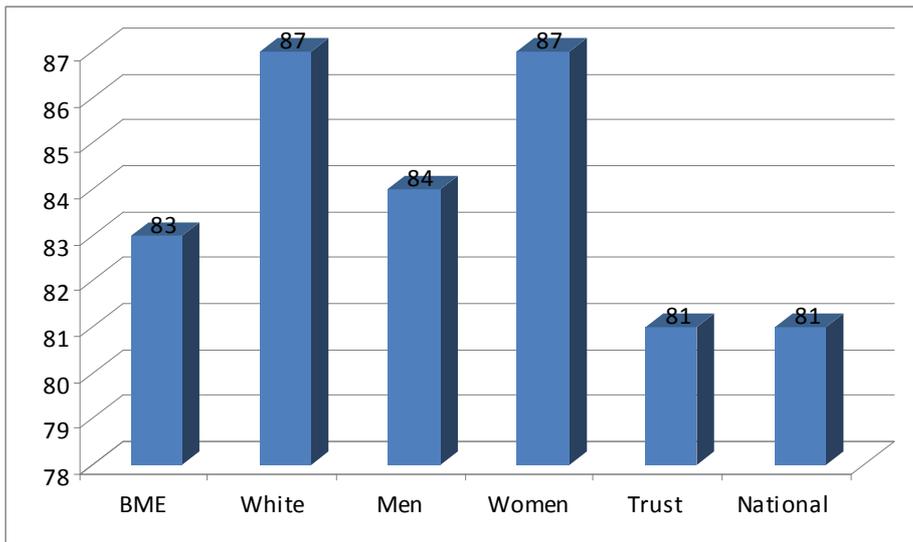
2.3   Pledge 3 – Findings

Staff suffering work related stress
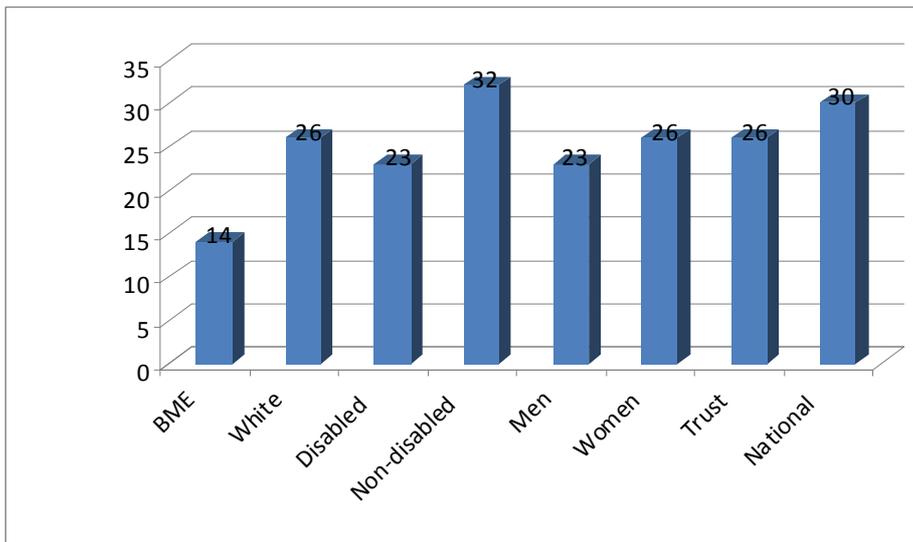
Staff experiencing bullying and harassment from other staff
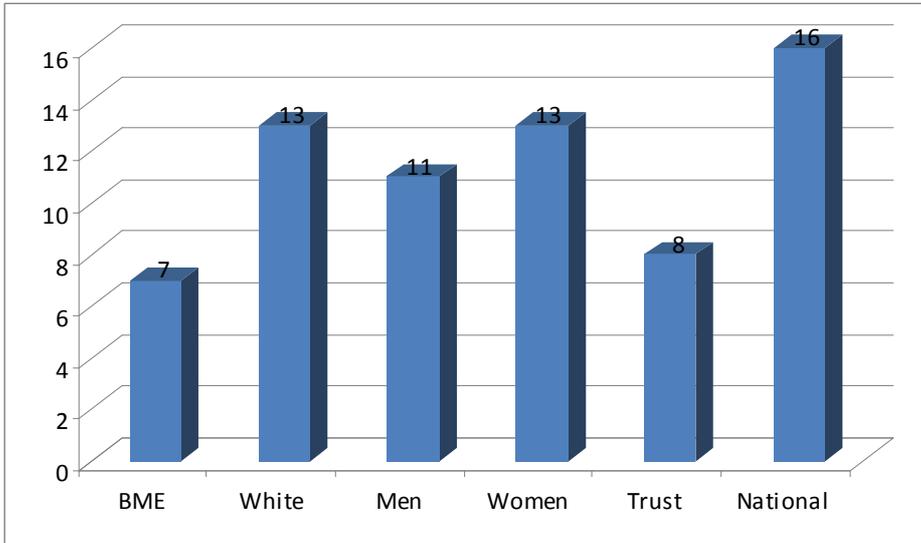
2.4   Pledge 4 – Findings

Staff being able to contribute to work improvements
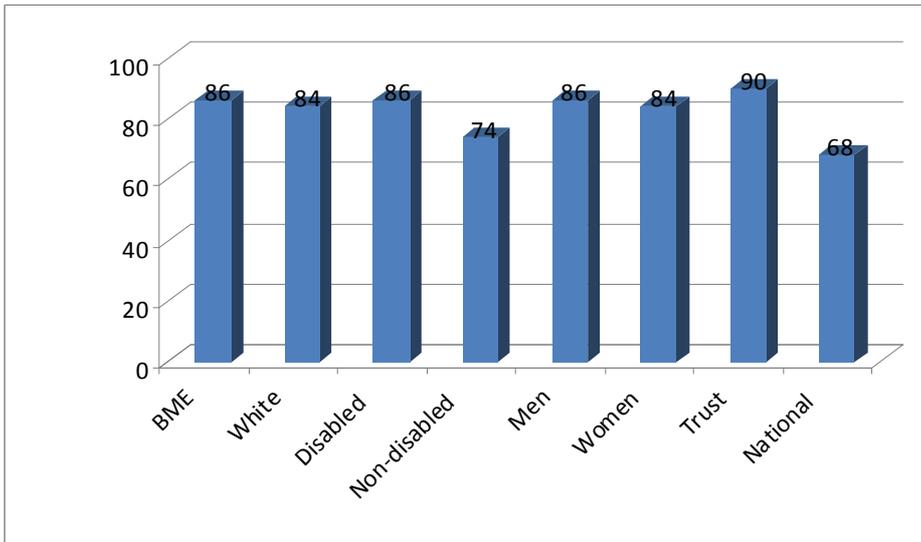

Staff reporting good communication between senior management and staff
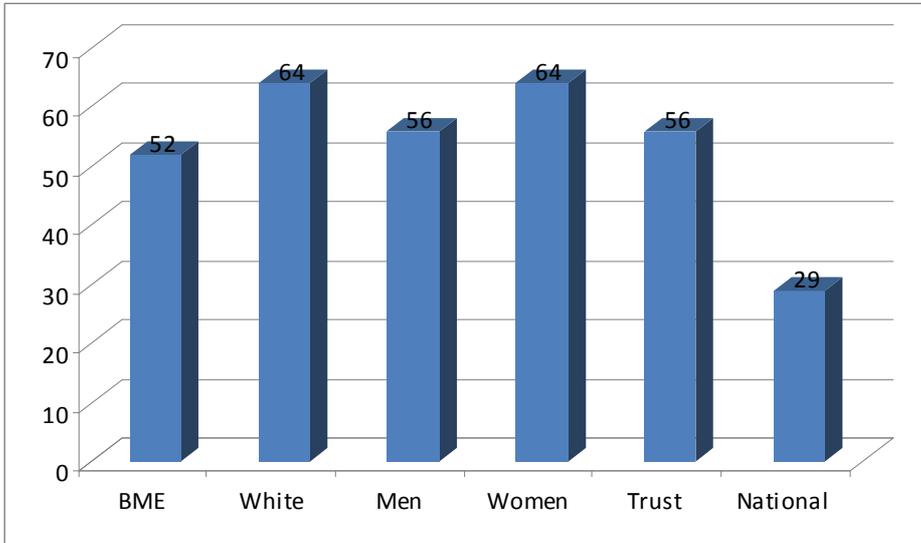
## 2.5   Additional Theme 1: Staff Satisfaction Findings

Staff reporting job satisfaction

The findings from this question are ranked from 1-5, with 5 being the highest score.

	BME	White	Disabled	Non-disabled	Men	Women	Trust	National
Value	3.97	3.91	3.68	3.95	3.93	3.91	3.98	3.56
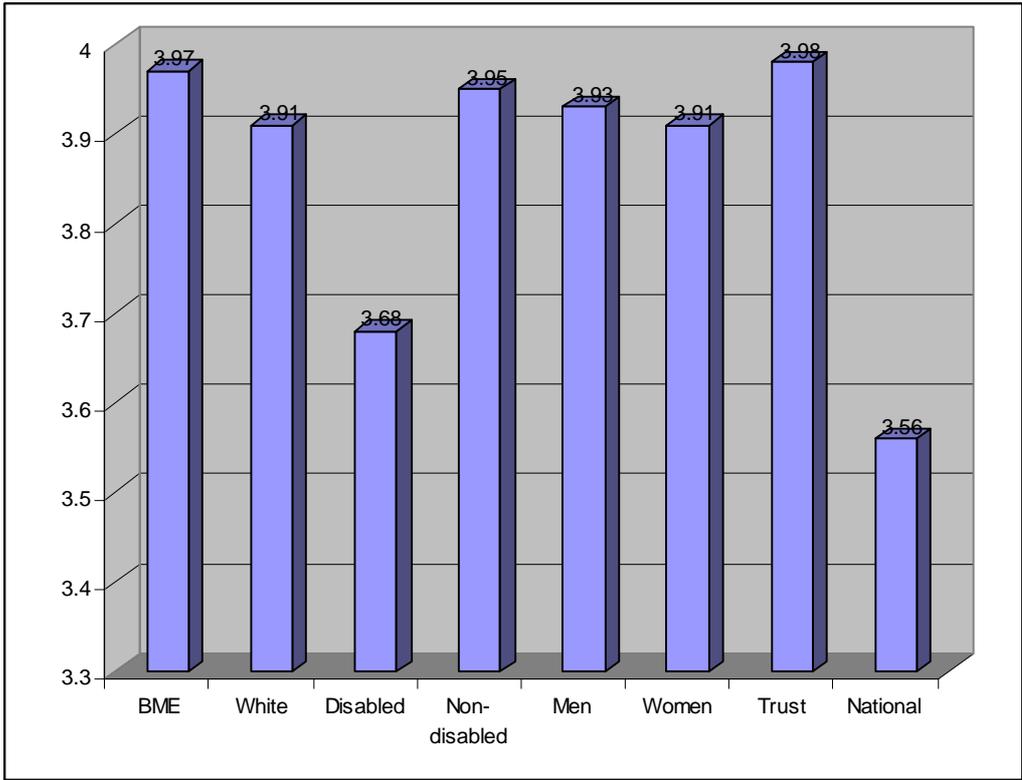
2.6   Additional Theme 2: Equalities and Diversity Findings

Staff feeling the Trust provides equal opportunities for career progression

	BME	White	Disabled	Non-disabled	Men	Women	Trust	National
Value	82	96	90	93	97	92	94	90
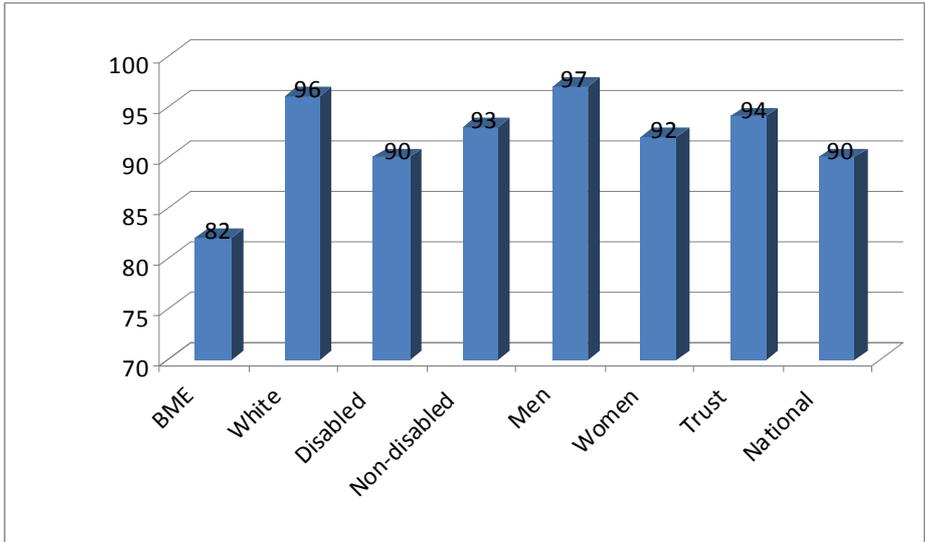
3.   Summary of key groups

BME   Women   Disabled

	(%)	(%)	(%)
Good Opportunities to develop	58	63	48
working extra hours	68	81	73
flexible working	90	81	87
structured appraisals	52	50	42
Job relevant training	83	87	81
Staff experiencing work related stress	14	26	23
Staff experiencing bullying from staff	7	13	10
Able to contribute to work	86	84	86
good communication with management	52	64	43
Equal Opportunities for career progression	82	92	90

Groupings	Worse	Better
BME	Equal opportunities career	Flexible working Structured Appraisals Work related stress Experience of bullying Working extra hours
Women	Work related stress Bullying from staff Working extra hours Flexible working Able to contribute to work	Good opportunities Job relevant training Good communication Equal opportunities
Disabled	Good opportunities Structured appraisals Job relevant training Good communication	Able to contribute

4.   Conclusion

This report does not provide a full detailed analysis of each of the areas in the survey, but merely highlights the Trust's scores for particular groupings, where they are deemed relevant.

No attempt is being made to infer or make assumptions regarding the data provided, as it is expected that the data should be discussed at the equalities committee in the first instance. Following these discussions, the committee may wish to request further information or more in-depth analysis if necessary. However, on the other hand, the committee may decide that the information provided is sufficient in order to draw conclusions and identify further actions across the Trust.

Human Resources
February 2011