The Tavistock and Portman
NHS Foundation Trust

Annual Report and Accounts 2024/25

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

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1 Trust Chair's Statement

Welcome and thank you for taking the time to read our Annual Report for 2024/2025. In this report, you will find a summary of our performance and achievements over the last year, and information about how we run the Trust in a way that aspires to meet our vision and mission:

Our vision
Our vision is to be a leader in mental health care and education, using talking and relational therapies to make a meaningful difference to people's lives

Our mission
Our mission is to work in partnership with people, families and communities to provide high-quality specialist mental healthcare, alleviate emotional distress and pioneer innovative education and research

As Chair of the Board, my focus for the last year has been to lead the process to continue to explore a merger by finding a merger partner who will help us to retain and grow our pioneering clinical, educational and research offerings. We have been clear that a merger is necessary to make sustainable these offerings and address our significant financial challenges to set us on a more sustainable footing for the future.

We have continued to work closely with potential merger partners, with NHS England, with North Central London Integrated Care Board and our staff, students, patients and governors to ensure any partnership will benefit those who use and interact with our services. We are clear that a merger should allow us to continue to be a leader in mental health care and education and make a meaningful difference to people's lives through the work we do, and we are confident that we can confirm a merger partner and timeline in the coming year.

There is a genuine commitment from the Board to making sure we get this right and to secure a strong future for the unique and leading work we do.

The unique and leading work we do has been explored this year through a strengthening of the relationship with the UK Department for Trade and Investment including round table discussions with international partners focusing on collaboration and shared learning to promote UK healthcare education. This work is supporting the Trust to deliver our Education and Training offer internationally. I look forward to this relationship continuing to grow.

As an NHS Foundation Trust our members and the Governors who represent them, drawn from staff, patients and service users, student and the public inform and test our decision making and help hold the Chair and our Non-Executive Directors to account.

We have appointed and developed an excellent team of Non-Executive Directors and executive team members to enable us to continuously improve and address the governance challenges we identified in earlier years, and I am delighted to be able to say that over the past year we've made significant progress in further strengthening our leadership and governance, particularly around quality and safety and education and training.

We have also invested in our leaders and managers, our Board, and our Governors, and a focus has been strengthening the oversight of the Board by our Council of Governors, which is statutorily responsible for holding the chair and our Non-Executive Directors to account for the performance of the Board. Our Governors observe five of six of our Board Committees, and we hold regular informal sessions where Governors can ask questions or discuss issues for which there may not be enough time in formal meetings. We also hold joint workshops

between the Council of Governors and the Board of Directors. Governors also have regular 1-1 meetings with me as Chair and with Michael Holland, our Chief Executive.

Also, this year we welcomed new Governors Roswitha Dharampal, Susie Lendrum, Chidinma Uwakaneme, Annecy Lax and re-elected Governors Michael Arhin-Acquaah and Sheena Bolland. Staff governor Paru Jeram was re-elected for a second term and Pauline Williams was elected as a new Staff Governor. We also bade farewell to the following Governors: Michael Rustin, Julian Lousada, Michelle Morais, Kenyah Nyameche, Jessica Anglin d'Christian, and Jocelyn Cornwell. On behalf of the Trust, I wish to thank them for their diligent years of service.

I want to make special mention of and thanks to Kathy Elliott, our Lead Governor, for her commitment and support to further strengthening the role of the Council of Governors this year.

Finally, I want to thank to our Staff, Patients and Service Users, Students, Governors and all the other stakeholders who have supported us this year, I look forward to continuing to work with you all in the year ahead.

Signature:

John Lawlor OBE Date: 19 June 2025
Trust Chair

2 Performance Report

Annual Performance Statement from the Chief Executive Officer

The past year has seen a focus on continuous and continued improvement - further strengthening our services for patients and students, identifying how to address and improve our clinical and educational quality and financial position and making progress in improving staff experience, working together cohesively and collaboratively as a single organisation.

Improving patient experience

We have embedded the Kaizen model for quality improvement and seen real results in addressing our autism assessment waiting times and work is underway to address trauma service delays. We have also started to roll out our patient portal to help improve patient's access to their health information and care. We recognise that performance needs to improve, as some of our patients are still waiting too long to be seen, and that continues to be an area of focus.

Values and behaviours

It is important for me that The Tavistock and Portman is a place where we live our organisational values – respect, compassion, inclusivity and excellence – every day.

Following on from our refresh of our vision, mission and values in 2023/24, with extensive engagement with staff, patients, students, Governors, and board members, the focus for the past year has been embedding our values through the development of a co-designed behaviours framework. This has been rolled out throughout the organisation, encouraging staff to live and model the values and behaviours every day at work.

Improving staff experience

Around 55% of eligible staff responded to the 2024 NHS Staff Survey, an improvement on 2023, and the results show we are on an upwards trajectory, with improved results in seven out of the nine survey areas, which is positive. Our results also showed we were the most improved Trust, with an improvement of 9.7%. We have heard that more people feel the organisation is acting fairly with regards career progression / promotion, that people are being kind, polite and respectful to each other, that staff have opportunities to show initiative and make suggestions, would recommend the organisation to family and friends, and report incidents when they occur. We want to build on these areas, and we are committed to continuing to work with staff to collectively improve our organisational culture, embed our values and behaviours, and work through the key areas of improvement. The results also show there are still areas we need to address around the experiences of global majority staff and those with disabilities and long-term health conditions.

We have begun the rollout of the Patient and Carer Race Equality Framework (PCREF), our anti-racism framework, which will support us to become an actively anti-racist organisation by making sure that we co-produce and implement real actions to reduce racial inequalities and inequities, working with people who use our services (and those who don’t), their carers, community leaders, students and staff to improve experience in our workforce and in our services.

Celebrating success

Our consulting arm, Tavistock Consulting celebrated thirty years in operation. Tavistock Consulting provides organisational development and change consulting with a systems-psychodynamic approach. It has developed the Tavistock model – a unique and very successful tool for considering and addressing a wide range of organisational challenges and has supported a range of clients from the NHS and further afield, including Matthew Trainer, a recent Health Service Journal 'CEO of the year'.

Congratulations to the Fitzjohn's Unit's team which won the Innovative Excellence Award at the British Psychoanalytic Council's Psychoanalytic Psychotherapy NOW conference. The team provide care to adult patients who often suffer from life-long mood instability such as chronic and refractory depression. The team have worked to find an approach to work with their patients without causing further distress based on psychoanalytic thinking and understanding.

Education and training

Professor Mark Freestone joined our Trust as new Chief Education and Training Officer and Dean of Postgraduate Studies. He brings a wealth of clinical and research expertise to the role, as well as extensive experience in the development of education and training programmes.

We are proud to have been at the cutting edge of clinical practice, education and research in mental health and wellbeing for over a century. That tradition continues today with many articles, chapters and books published by our staff, students and alumni over the last year, spanning a wide range of themes and multiple languages, each making a powerful contribution to their discipline knowledge base.

Our latest student survey found an overall satisfaction rating of 80%, which compares well against recent postgraduate survey results from the wider Higher Education sector. Learning and teaching continue to be well-reviewed, with an overall satisfaction rating of 82%. 94% of survey respondents found their course intellectually stimulating, while 92% felt they were encouraged to ask questions and make contributions in class.

A pioneering new course launched this year – Child sexual abuse disclosure: how to support adult survivors. This vital online training aims to support professionals and volunteers in their understanding of the impact of child sexual abuse and the barriers that may prevent disclosure. Co-produced in collaboration with our Trauma Service, a Lived Experience Advisory Panel of survivors (LEAP) and the Network for the Promotion of Change: NRSCA, the course represents a significant step forward in understanding the impact of child sexual abuse on survivors, families, organisations and society.

Looking ahead

The year ahead looks to be one of the most challenging years on record for the NHS and we must be focused on delivering better patient care and education further and faster, improving the experience for our staff, all while acting with financial rigour to make stringent efficiency savings.

2024 marked thirty years since the Tavistock Clinic and the Portman Clinic merged to become the Tavistock and Portman NHS Foundation Clinic and another proposed merger is on the horizon with the focus being on ensuring we maintain our legacy of specialist mental healthcare and education. We are clear that an organisational merger is the best way to secure our future - it's not sustainable for us to continue as we are. Over the past year we've been

working closely with potential merger partners, NHS England and North Central London Integrated Care Board to ensure we are in the best possible position for a merger.

Despite these challenges, I'm optimistic that by remaining committed and working together, we can all make big strides in cutting our waiting lists and improving access to mental health services for all, continuing to make a meaningful difference to people's lives and improving outcomes for patients and students. Thank you for to all our staff, service users, students and wider partners for your ongoing support and help to continually improve our services.

Financial performance

At the end of the full year result for 2024/25, the Trust incurred a net deficit of £2.196m, against a planned deficit of £2.200m, a slight positive variance of £4k. The Trust also delivered its forecast capital expenditure plan of £2.3m.

Signature:

Michael Holland
Chief Executive and Accounting Officer **Date:** 19 June 2025

Our Trust in Numbers

Trust Overview

This section of the Annual Report provides a short summary about our organisation, its history, our purpose and how we have performed against our strategic ambition and the risks to achieving these.

Who we are

We are a specialist NHS Mental Health Trust with a focus on training and education as well as providing a full range of mental health services and therapies for children and their families, young people and adults. We are also a global centre of excellence in clinical practice, training and education, and innovation in the fields of mental health and emotional wellbeing. Our distinctive approach to mental and emotional wellbeing focusses on the importance we attach to developmental, psychological and social experience at all stages of people's lives across three key areas:

1. **Education**: the Trust is a pioneer in mental health, social work and leadership education. We train clinicians, social workers, nurses, teachers and many other professionals. Our clinician-tutor model and multidisciplinary approach ensures our courses are relevant, transformative and empowering.

2. **Clinical services**: for children and adults: we provide over 30 specialist and community services in Camden, across London and nationally.

3. **Research**: Pioneering research has been part of our history for many years. Since their inception, both the Tavistock Centre and the Portman Clinic have independently built a reputation as a testing ground for fundamental new ideas and practices. We run and collaborate on applied research projects that take place within and outside of the NHS, with national and international collaborators. Most of our work is focused on children and young people's mental health and development, although we are interested in mental health and wellbeing across the life-course. Increasingly, our research takes a systematic approach towards the prevention of mental ill-health and looks at ways that we can better tailor or personalise interventions to improve and promote psychological wellbeing. We have a strong inter-disciplinary focus that allows us to integrate insights from a range of perspectives and build on this knowledge to inform innovation in practice.

Our history

We have been at the forefront of exploring mental health and wellbeing since 1920 when we saw our first service user, a young person. For over 100 years, The Tavistock and Portman clinics have embodied a distinctive way of thinking about and understanding mental distress, mental health, and emotional wellbeing. Working with children, families and adults, our approach brings together a range of approaches to understand the unconscious as well as conscious aspects of a person's experience, and places the person, their relationships and social context at the centre of our practice.

The Tavistock Clinic, founded in 1920, and the Portman Clinic, founded in 1933, merged into a single NHS Trust in 1994. In 2006 we became an NHS Foundation Trust.

Last year, we undertook an engagement programme with internal and external stakeholders to refresh our vision, mission and values. Across dozens of online and in-person events, and with submissions through online forms, we created a new direction relevant to our current circumstances.

Our vision

Our vision is to be a leader in mental health care and education, using talking and relational therapies to make a meaningful difference to people's lives.

Our mission

Our mission is to work in partnership with people, families and communities to provide high-quality specialist mental healthcare, alleviate emotional distress and pioneer innovative education and research

Our values

- We strive for excellence
- We champion inclusivity
- We place compassion at our core
- We have respect for each other

This year our focus was to embed the vision, missions and values throughout the organisation, and build on them by running an extensive engagement exercise with staff to develop a 'behaviours framework' which brings our values to life and sets out the standard of behaviour expected of us all at work.

Our behaviours framework
Our behaviours are summarised as, every day I:

- never miss an opportunity to learn from others and act on feedback to improve the quality of my work
- create an environment and culture where everyone feels welcomed, valued and included
- listen, support and value patients, students, staff and colleagues and treat them with respect
- think about others and show I care

The impact of this has been demonstrated in our latest (2024) staff survey results, where we asked staff:

How familiar are you with the new Trust values that have been introduced to guide our organisation's culture and practices?

85% of staff were very or somewhat familiar with our values

I put the Trust values into practice in my daily work?

85% of staff said they did this always or often.

How we operate

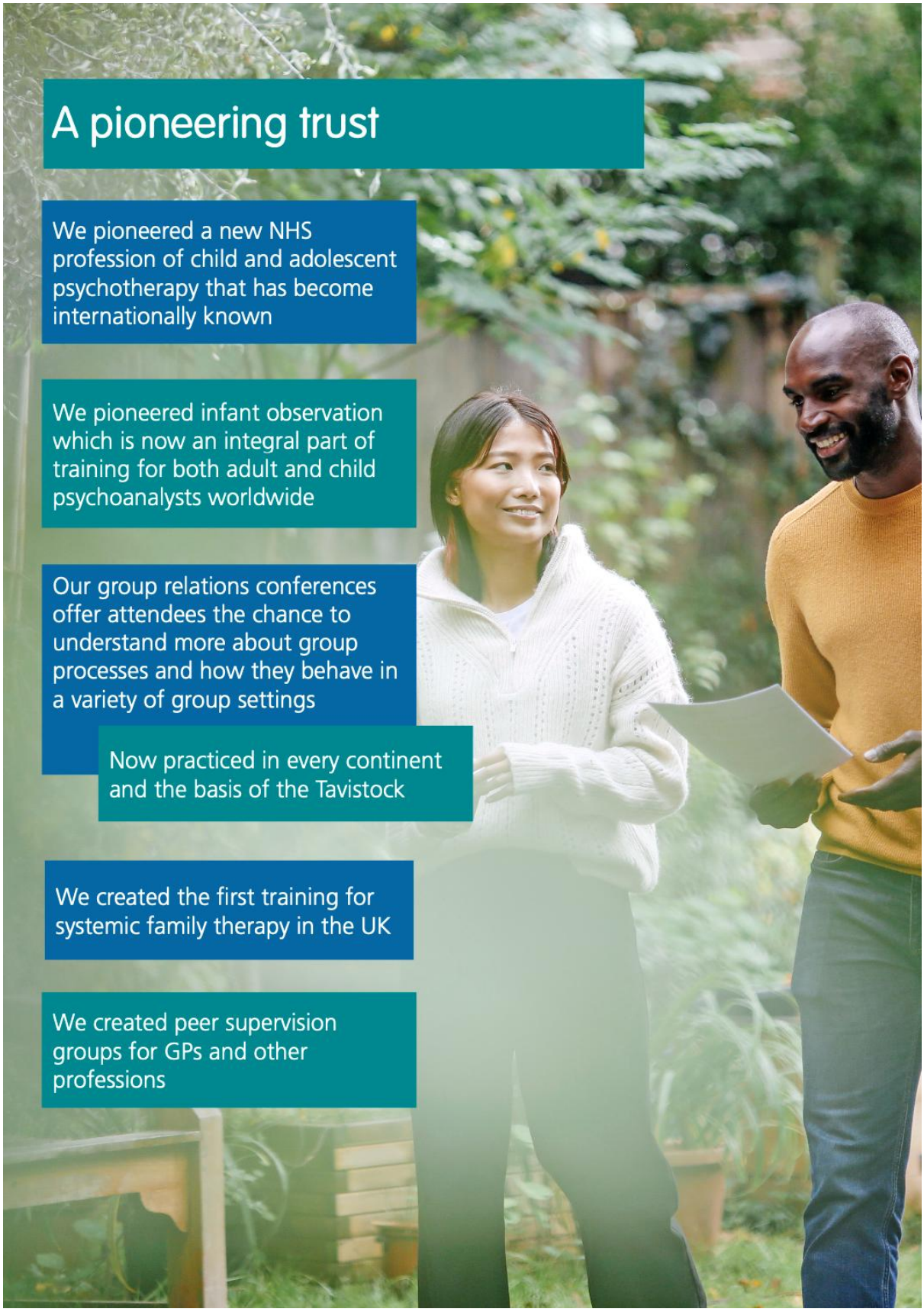
As a Foundation Trust, we are accountable to Parliament and regulated by the Care Quality Commission (CQC). As part of the NHS, we must meet national standards and targets. Our Governors and members ensure that we are accountable and listen to the needs and views of our patients and students. Our school, Gloucester House, is regulated by Ofsted. We deliver postgraduate long courses and are the only NHS Trust registered with the regulator The Office for Students.

As a specialist provider trust, we have several roles across health and care systems, including:

- Providing mental health services to our local population in Camden
- Delivering several specialist services which can be accessed by any individual across England and Wales
- Providing education and training in a range of health and care subject areas
- Leading on research and innovation in both formally commissioned studies and locally driven innovation path finding.

To deliver the above services, we have a Clinical division and a Department of Education and Training, which are supported by corporate and other enabling functions.

Our work is increasingly more closely coordinated and integrated with that of North Central London Integrated Care System, and we are committed to continued system working.


A pioneering trust
We pioneered a new NHS profession of child and adolescent psychotherapy that has become internationally known
We pioneered infant observation which is now an integral part of training for both adult and child psychoanalysts worldwide
Our group relations conferences offer attendees the chance to understand more about group processes and how they behave in a variety of group settings
Now practiced in every continent and the basis of the Tavistock
We created the first training for systemic family therapy in the UK
We created peer supervision groups for GPs and other professions

Delivering a Sustainable Future for the Tavistock and Portman

During 2024-25 we continued to work closely in partnership with NHS England and the North Central London Integrated Care System to deliver sustainability and secure the long-term future of the Trust's clinical, training and education services by seeking a merger partner that would materially benefit our service user and student offer.

In March 2025, the Trust commenced exploring a merger with the North London NHS Foundation Trust to significantly enhance and strengthen children and adult mental health services in North London and wider. This merger will also end uncertainty and increase opportunities for valued service users, staff and students at the Tavistock and Portman.

Both Trusts intend to complete the merger process by 1 April 2026 and focus on creating improved care quality and stability for patients, students and staff.

The Trust Board is committed to ensuring that the views of staff, patients, service users and students are at the centre of decision-making in how we consider future options for the Trust. In line with this commitment, we will be using feedback from our comprehensive engagement process caried out during 2023-25, and ongoing, to shape the merger outcomes. We are working closely with our clinical, education and research leadership teams in this process. An outline of the areas considered is set out below:

Delivery of the Trust Strategic Ambitions

The Trust strategy signals our values and sets out a plan to support all of us in coming together to deliver its ambition via a consistent way of working on quality improvement over the next three years. At its core is strengthening our relationship with service users, carers, students, all our partners and each other. This is our plan to ensure services, education, training and research are contemporary and fit for future as we enter a merger process.

The Annual Plan for 2024/25 was developed to support delivery of our strategy ambitions:

- 18-week referral to treatment
  Our aim is that no service user waits longer than 18 weeks for access to first treatment.
- User experience
  Our aim is for 90% performance in service user satisfaction / experience scores.
- Student intake
  To grow our international student intake by 15% annually and increase our national reach.
- Sustainable partnerships
  To have in place income generating international partnerships that support innovation and care improvements on a global scale.

- Prevention centre for children and young people
  To have established a prevention centre for children and young people's mental health to support service users, carers and families in Camden and beyond.
- Host an annual thought leadership conference
  To position ourselves as thought leaders in thinking about how best to meet the mental health and wellbeing needs of Londoners.
- Improve equality, diversity and inclusion (EDI) scores
  To improve our EDI score by the end of March 2025.
- Reduction of bullying, harassment and abuse
  Our aim is for a reduction of bullying, harassment and abuse by 5% per annum.
- A financially balanced plan
  To have a financially balanced plan for each year of the strategy and medium-term financial strategy in place.
- Enhanced budgetary controls
  To have enhanced budgetary controls and monthly reconciliation of activity, finance and workforce.

Our strategy is underpinned by our vision, mission and values.

Key issues and Strategic and Operational Risks

The Trust has a well-defined approach to managing both its strategic and operational risks. The principal risks to the achievement of the organisation's strategic objectives are captured within our Board Assurance Framework (BAF) and reported to the Board of Directors four times a year. The BAF process, by targeting the key risks most likely to impact the achievement of the organisation's strategic objectives provides the Board with a baseline for seeking assurance that control measures in place to manage these risks are effective.

The strategic risks contained within the BAF were updated throughout 2024/25 to reflect the changes in the control environment. These risks were discussed and agreed with the Executive leads for each strategic area and then through the Board committees with the understanding that a review of the full framework would be carried out during Quarter 1 of 2025/26. The BAF reporting structure has been enhanced in year to provide greater emphasis on the linkage between key controls, assurances received, and actions required to address gaps in control identified. In addition, the Board committees carried out deep dives of key strategic risks as part of their work.

During 2024/25, a programme of risk development work continued to enhance the risk management process within the Trust. This process will continue through 2025/26 and include an enhanced process around the reporting of corporate and directorate risks and include the escalation of risk through to the ELT and Board committees.

The electronic, integrated risk management process system ("Radar") was rolled out across the Trust in 2024/25. The system captures information about activity in the following areas: incidents, complaints, claims, inquests, patient liaison services and the organisation's risk register. The risk register component supports a process of dynamic risk management i.e., staff highlight and record risks in real time and ensure records and responses are kept up to date. The system supports the organisation to map risks back to their source and provide thematic analyses of risks. This information is then used to undertake aggregated reviews of risks with the emphasis on proactive risk management, through reviews of systems and processes and related corrective activities.

Strategic Risks

A key part of a risk assessment process is the assignment of a risk score to each risk. This enables risks to be ranked in terms of priority for action and review. Risk scores are determined by the likelihood of the risk occurring and the impact of that risk on the Trust.

There are some key strategic risks that continue to be managed by the Trust at a high-risk level (score of 15+) these include the following:

- A failure to consistently provide high-quality care across clinical services. This could result in poor patient out outcomes, contractual non-compliance, regulatory scrutiny and reputational harm.

- Non-delivery of a sustainable future for the organisation through the Board agreed merger process. This remains an existential risk to the Trust.

- A failure to deliver a medium / long term financial plan that includes the delivery of a recurrent efficiency program bringing the Trust into a balanced position in future periods. This may lead to enhanced ICB/NHSE scrutiny, additional control measures and restrictions on autonomy to act.

- The result of changes in the commissioning environment and not achieving contracted activity levels could put some baseline income at risk, impacting on financial sustainability. This could also prevent the Trust establishing sustainable new income streams and adapt the current Trust service configuration.

Operational Risks

The waiting list challenges across several services account for some of the high scoring operational risks. These risks are recorded on the Radar system and are monitored actively via the workstreams. These include:

- Risk of growing waitlists in the Gender Identity Clinic (GIC) and Autism Assessment may result in patient harm and non-compliance with regulatory and contract requirements.

- Risk of Clinical Correspondence Delays may result in patient harm, poor patient experience and delays in treatment.

- Cybersecurity resource constraints leading to increased vulnerability.

- Risk of reduction in clinical staff resources in GIC through sickness may impact on overall service delivery.

EQUALITY OF SERVICE DELIVERY

Department of Education and Training

The Trust work to understand the experience of students and those with Protected Characteristics under the Equality Act has continued over the past year via the annual reporting cycle for data which focuses on equality, diversity, and inclusion across the student experience from application through to graduation. This also includes analysing data regarding student complaints, appeals and cases of academic misconduct to identify if any group is overrepresented. Any patterns or themes which indicate areas of concern and good practice are addressed in the Equality, Diversity and Inclusion (EDI) action plan at portfolio level.

We continue to monitor gaps in the experience between different groups of students. For non-white students applying to the Tavistock, the rate of offers to application was 69%, relative to 72% for white students: a gap of 3%, up from 2% in 2022/23 but down from 10% in 2018/19. For students identifying as having a disability, the gap in offer rate was somewhat larger at 6.5%. Considering award gaps, we note that the proportion of non-white students awarded a Distinction or Merit grade for 2023/24 was 62%, against 76% for white students, considering all awards made (i.e. not accounting for fails), or a gap of 14%, up from 9% in 2022/23 but still down on 2021/22's high of 22%. This award gap was of a very similar size between disabled and non-disabled students (13%). We continue to monitor all of these metrics through our Student Experience Committee and annual Student Survey.

In November 2024, we conducted a review of our Bursary programme, which is supported by the Tavistock and Portman Charity and intended to increase access to psychotherapy training among those groups who are not typically represented in the profession. The bursaries provide a mix of full and 50% fee waivers, as well as providing mentor support on entry-level programmes. Since 2021/22, 34 bursaries have been awarded across leadership, child and adolescent, psychodynamic and systemic training programmes, with the majority (25) to trainees from Black Caribbean or Black African backgrounds. Of these 16 students have completed their programme, only one failed to complete, and five (15%) have gone on to further Trust training. Student feedback is overwhelmingly positive, with particular enthusiasm for the mentoring process. The Trust and the Charity are working together to ensure a sustainable future for the bursary programme.

We continue to review and improve our support for students who face challenges with their learning due to learning difficulties or other wellbeing issues. In the 2024/25 academic year, our student support team is working with over 258 students and trainees, or 19.2% of the student population: an increase from 13.9% in the previous year. As seen elsewhere in Higher Education, the complexity of the students' needs is increasing, with an increasing need for adjustments for neurodiversity as well as support arranging assessments for learning differences, ADHD, and ASD. Additionally, there are more complex Long Term Health Condition (LTHC) cases, more students who are d/Deaf or have hearing impairments, and more conversations around support for those with menopause.

Clinical Services

The Trust specialises in psychological therapies and the provision of Child and Adolescent Mental Health Services (CAMHS). It also hosts the largest adult gender service in the country. This year has seen significant changes within the trust's clinical services following a leadership consultation resulting in the development of a new management structure linking the clinical and operational needs of the clinical services. This has resulted in the creation of three clinical units:

The Camden unit provides CAMHS services to the London Borough of Camden. It consists of 12 clinical teams and aligns with the THRIVE Framework for system change, offering integrated, person-centred mental health services for children, young people, and families through both self-referrals and traditional pathways through GPs, schools, and community services. The Clinical Intake Team manages referrals, ensuring children are seen based on their needs, which reduces waiting times and enhances care experiences. Camden's Mental Health Support Teams (MHST) in schools and Camden Wellbeing Service (CWS) provide quick access to CBT for mild to moderate needs. The Camden MHST, established in 2019, supports most local schools with both whole-school strategies and individual treatment. The community teams, divided by locality, provide multi-disciplinary care for more complex cases. Specialist teams like Camden Adolescent Intensive Support Service and Early Intervention in Psychosis work alongside these services for young people with enduring conditions. A few teams are co-located with Camden local authorities enhancing integrated care for children facing adversity.

The Child and Family Unit consists of 14 generic and specialist CAMHS services to various London Boroughs, primarily within the NCL ICS, focusing on the "Getting Help" and "Getting More Help" THRIVE Framework needs-based groupings. Some teams also offer treatment for mild to moderate conditions. The Family Mental Health Team (FMHT) serves children in Barnet and provides long-term interventions in Haringey and Islington. The Fostering, Adoption, and Kinship Care Team offers therapeutic interventions to children placed outside their birth families and works with young people over 18 when necessary. The Autism Spectrum Disorder (ASD) and Learning Disabilities (LD) service provides assessments and therapeutic support for 12–18-year-olds in Haringey. The Adolescent and Young Adult Service offers evidence-based psychotherapy for 14–25-year-olds, focusing on those with adverse childhood experiences. The Child and Family Unit also includes a specialist school, home office funded services, Family Drug and Alcohol Court, the NCL wide Eating Difficulties Assessment Service, and the NCEL Forensic CAMHS consultation service.

The Adult Unit includes both national specialist commissioned services such as the renowned forensic psychotherapy service at the Portman Clinic and The Gender Identity Clinic, which is the oldest and largest in the UK, offers comprehensive gender care for adults over 18. Locally commissioned services include the adult psychotherapy and trauma services. The Adult Psychotherapy service offers Dynamic Interpersonal Therapy (DIT), group therapy, and psychoanalytic psychotherapy, with the Fitzjohn's unit specializing in outpatient care for those with complex needs, including personality disorders. The Adult Trauma service provides trauma-informed therapy for individuals with Complex Post-Traumatic Stress Disorder (CPTSD).

The Trust strives to provide outstanding patient care, which in 24/25 has involved the strengthening of the patient voice in clinical spaces and setting the scene for a new outcome monitoring structure to evidence the impact of clinical interventions. There has been a significant focus on waiting times to treatment in several services in the trust which attracted Elective Recovery Funding (ERF). Kaizen and A3 Quality improvement methodology has contributed to the Trusts culture of continuous improvement.

Although the NHS landscape continues to be challenging the trust is proud to report several successes this year. The Camden MHST service received a visit from Dr Adrian James, National Medical Director for Mental Health, who met students, teachers and CAMHS clinicians at Regents High School. He was told about the impact the MHST has in schools and its role in improving access to treatment of mild to moderate mental health symptoms and about their whole school approach to mental health and wellbeing.

Experts by Experience worked with clinicians to rename the Camden Looked after children service to “Growing with You” through co-production. GWY responded to Camden’s recognition of care experience as a protective characteristic by increasing their reach to include care experienced young adults up to the age of 25 and are now accepting referrals for this age group.

The Camden Wellbeing service carried on their fantastic work engaging with their families to understand more about their experiences of the service. This has included exploring the obstacles to implementing parenting programs for separated parents and how to enable fathers to engage in the service through interviews with parents. They have evaluated the experience of parents and professionals working with children who experience emotionally based school avoidance focusing on improvements suggested by parents and carers, and on improvements to their multiagency approach, as well as holding focus groups, staff training and parent workshops to ensure the patient voice is at the heart of all that they do.

GIC service users supported the NHSE national review of Gender services and met with the Board of Directors to feedback their experiences. More recently they have supported the service to develop communications with young people referred to the service.

The Adult Trauma service has been tackling a long waiting list through ongoing quality improvement work, support from their patient panel with a Kaizen event alongside to work towards improving patient experience. The Adult psychotherapy service implemented new systems to ensure a more streamlined approach to arranging psychotherapy assessments resulting in a reduction in waiting times from around six months to three.

The ASD Assessment team made good use of their ERF funding to reduce the waiting time for Autism assessments and applied a Kaizen methodology to improve efficiency and throughput. Additional funding deployed in May 2024 allowed for the development of an intensive assessment pathway and to pilot new ways of working, resulting in over 193 autism assessments being completed over the year against a target of 185. They have also seen a reduction in the average waiting time for Haringey ASC assessments down to 31.9 weeks and have no one waiting more than 52 weeks in this borough.

Over 2024/25 clinical services undertook a comprehensive review of the routine use of outcome measures across the trust using A3 quality improvement (QI) methodology. The project aimed to improve the quality of our clinical outcome data to both facilitate patient understanding of their therapeutic needs and progress, and to ensure our teams and services can effectively demonstrate impact and the quality-of-service delivery. Having good quality clinical outcome measures (OMs) across all our services is vital for many reasons, not least in building our capacity to identify inequalities, highlight areas for further improvement, and to support our internal compliance monitoring for national benchmarking aligned with the NHSE mental health services waiting time metrics. Co-designed with staff, trainees and patients from across clinical services, this QI project resulted in the implementation of five key improvements.

A new minimum standard was introduced across all clinical services for OM collection, ensuring our mental health services collect at least one Patient Reported Outcome Measure (PROM) and one Clinician Reported Outcome Measure (CROM). The initial OMs are now expected to be completed at a patients’ first appointment to align with the new NHSE Waiting Time Metrics. This new standard includes the rollout of the DIALOG measure across all adult mental health services. Additionally, a standardised Carenotes logic (the “rules” that support

the collection within the electronic patient record (EPR)), has been implemented to ensure clarity of expectation regarding OM data collection for all staff, students and trainees delivering patient care. The EPR system enhancements include 13 changes to Carenotes, which include significant improvements to navigation, enhancing the reminders and prompts to support the collation of any missing data, and enabling CYP service users to be able to access their OM data via Care plans. In addition, new and improved OM reports are being developed for the Integrated Quality and Performance Report (IQPR), alongside operational reports to enable staff and teams to self-monitor their OM compliance more effectively.

Work implementing The THRIVE Framework for system change across NCL has continued over the past year. We have a thriving i-THRIVE Community of Practice across NCL that has gone from strength to strength. Here practitioners from education, health, children's services, and the voluntary and community sector across the 5 boroughs come together to share THRIVE-aligned practice and discuss ideas. Parents, carers and CYP voices are brought into these events.

We have also been leading an NCL systems MH co-production group bringing people from across the system together to develop resources to ensure services include the CYP voice in shaping services. In addition, work has taken place in partnership with NCL Waiting Room to develop CYP friendly THRIVE Framework information and co-production pages.
There is now i-THRIVE representation in each of the local Mental Health and Emotional Wellbeing boards and we continue to facilitate yearly events to assess system THRIVE Framework alignment and develop co-produced implementation plans to work on joint targets.

In addition to these successes there have been a reduction in the number of overall services available in the Trust meaning the following services were decommissioned. The City & Hackney Psychotherapy Consultation Service (PCPCS) closed its doors in March 2025; the team provided treatment within primary care for those presenting with medical unexplained symptoms, who are frequent users of GP or A&E or who have difficulties engaging with traditional mental health services. It was not replaced with an equivalent service. In the Child and Family Unit, the First Step Service for Haringey Looked After Children was developed to ensure all Haringey Looked after children received psychological health and wellbeing screening and initial assessments, provide consultation to the network and enhance multi-agency working. The service closed on 31st March 2024. Looked after children from Haringey continue to have access to the First Step Plus service provided by the Trust, working with young people with more complex needs requiring assessment and treatment.

GOING CONCERN DISCLOSURE

The Trust had an agreed deficit plan of £2.2m for 2024/25 and has met that plan. In 2025/26, the Trust has agreed a breakeven plan that requires efficiency savings of 6.4% of turnover to deliver. In the context of having an agreed plan, it is recognised that there is sufficient financial resource to continue providing services in 2025/26.

The Trust is currently going through a formal merger by acquisition process, in line with NHSE guidance and agreed by the Board as the best way to secure the future of the Trust's services. The anticipated merger date is 1st April 2026, with all assets and services transferring to another NHS Trust, the acquiring organisation, from that date. The expected savings in the financial case for the merger will predominantly come from reductions in corporate services and board costs, as well as synergies in clinical services which will help to address loss making services and growing income generating services such as the training and education and consultancy offerings. All clinical services will continue to be provided in the merged organisation.

The Directors, therefore, have a reasonable expectation that the services provided by the trust will continue to be provided by the public sector for the foreseeable future. For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual.

Signature:

Michael Holland
Chief Executive and Accounting Officer **Date:** 19 June 2025

3 Accountability Report

The accountability report is made up of the following sections.

Within the accountability report the following sections or tables have been subject to external audit:

Directors' Report

The Tavistock and Portman NHS Foundation Trust experienced a challenging year both operationally and financially. Our staff continue to provide high levels of care and education, as demonstrated through our performance in what has been a challenging financial context.

DELIVERING HIGH QUALITY CARE

We are a specialist organisation providing mental health and educational services. Our commitment to delivering high quality and safe care is described in our mission and values and demonstrated through strong operational performance and staff experience.

QUALITY STANDARDS AND QUALITY IMPROVEMENT

Quality Improvement Framework

A detailed review and summary of the work undertaken during the year in respect of delivering high quality care can be found in the Trust's Quality Account 2024/25.

Patient Safety Incident Response Framework (PSIRF)

The Trust formally launched the new Patient Safety Incident Response Framework (PSIRF) in April 2024. During the launch week, a series of lunch and learn sessions were held over the course of four days themed under the four PSIRF pillars.

Key areas of improvement following implementation include:

- The recruitment and introduction of two Patient Safety Partners who have been with the Trust since February 2024
- A refreshed and approved Trust PSIRF policy and plan (PSIRP) which outlines the Trust's approach to implementing, embedding and continuing the new framework
- Ongoing training and communication about the new framework and ways of working across the Trust
- Training and information sessions Trust-wide and for individual teams on incident reporting and safety culture
- New incident reports and data for corporate and clinical governance meetings which improve oversight and accountability
- A reviewed and refreshed Clinical Incident & Safety Group that is accountable to ensure that all incidents with learning are investigated and actions evidenced
- Training for Trust staff on the new learning response methods available e.g. After Action Reviews. Further training in compassionate engagement is planned for 2025/26

To ensure that the actions taken in implementation are thoroughly embedded, an A3 Quality Improvement plan focusing on PSIRF has been developed. This approach has helped us to formally document progress against the framework, monitor progress and clearly articulate the success criteria that will be met.

Local Risk Management System

During 2024/25 the Trust went live with the new Local Risk Management System (LRMS) which was procured the previous year following a tendering process. The Trust's new LRMS, Radar, ensures that a robust reporting, monitoring and auditable system to record key quality and safety data including incidents, complaints, audit and risk.

The project to monitor the implementation of the new system has been successful with a staged approach to introducing each element. The project will formally move into business as usual in 2025/26 with a clear set of expectations about roles and responsibilities, alongside a continued training programme, going forward.

Complaints Management Improvement Project

The Trust has continued to address and improve our complaints management process and we have undertaken consistent effort to reduce the number of open and overdue complaints. The Quality & Safety Committee approved a new complaints process in January 2024. The Trust's Complaints Management policy was updated in the year to reflect the new elements of the process.

To continue to improve the process, the Trust implemented a Quality Improvement project to improve patient experience of making complaints and compliance with our investigation and response timeframes in January 2025.

Further details on the Complaints work undertaken during the year, including the number of complaints received, is contained in the Trust's Quality Account 2024/25.

Patient and Public Involvement (PPI) Team

The Patient and Public Involvement (PPI) team works collaboratively across the Trust departments and with community colleagues to embed involvement in clinical and educational work and in the business as usual of all departments. The team works with patients, family members, carers, local community partners and members of the public in various aspects of our work to help develop and improve the services we offer, in a meaningful and informed way. It is about empowering patients and the public to have a say and for professionals in the NHS, listening and responding to these views, creating actionable outcomes. We believe this promotes a cultural change that will improve patients' experiences of the NHS.

Over the past year the team has been focussed on engaging with clinical and education leads to develop shared understanding of the benefit of working in partnership with service users and experts by experience to develop and improve services. Underpinning this is new PPI policy, documentation and leaflets. These have been developed through partnership with service users, consultation with service user forums and approved though our Service User Involvement Group (SUEG).

Key areas of improvement

Service User involvement work can be seen at various levels across the Trust e.g. Recruitment, Governance Groups, Patient Safety, Patient-led forums. We have been working on ensuring service user involvement is valued and respected. Feedback from service users on interview panels has highlighted the shift to a more inclusive and collaborative process embedded into the principle of shared decision-making.

We have maintained and developed the Patient Safety Partners role and Experts by Experience for the Service User Experience Group, a sub-group of the Quality and Safety Committee. There are also service users involved in each strategic priority Quality Improvement groups.

We are increasing the number of service users' representatives from a range of services across the Trust by 100%. This allows us to ensure we have a wider more diverse group to support our continued efforts to ensure service user voice is central to the development of our services.

Under the Trust Strategic Pillar of 'outstanding patient care' sits the service users experience annual priority. We have made improvements in the way that service users and carers can

provide feedback by expanding the ways in which this can be done, through QR codes and hyperlinks, allowing service users to give feedback on their experience at any time during their care. The feedback we receive from service users, carers and families allows us to broaden the way that we hear their voices, and how we respond to what we hear to make continuous improvements.

We have continued the development of our external relationships through the Art Board by further defining how it relates to the work of the Trust. The aim of this is to support greater community engagement, making art at the Tavistock more accessible to the wider community. Our relationship with Camden HealthWatch is now embedded into our work through Service User Experience Group and allows us to identify opportunities to involve them more in work across the Trust.

The team will continue to build on the foundations set over the past year. We have identified an annual plan of work which clearly sets out our priorities and how we will achieve these. These are:

- Increase service user / carer engagement and involvement across the Trust by 50% – to improve service delivery and design.
- Service User Voice to be captured at all levels. Develop a culture that proactively seeks patient experience feedback to support the Trust to develop and improve services based on service user feedback.
- Develop the Art Board and community engagement work through this forum.
- Support merger.
- Work across the Trust to ensure Service Users, carers and local networks are fully informed and engaged in the process.
- Patient and Carer Race Equality Framework (PCREF) Involvement – support engagement of service user/expert by experience and local service user/carer groups.

Our Improvement Model

Our frontline teams, patients and carers are closest to complex problems and therefore best placed to find solutions. Our quality improvement approach is about giving the people closest to issues affecting care quality the time, permission, skills and resources they need to solve them. It involves a systematic and coordinated approach to solving a problem using specific methods and tools with the aim of bringing about a measurable improvement.

Our improvement approach for 2024-25 delivered the Trust's commitment to embedding continuous quality improvement (QI) across all services, ensuring alignment with our strategic ambitions and the NHS IMPACT framework. It provides a structured approach to delivering better care, improving patient outcomes, and enabling teams to drive meaningful change at every level.

Key Achievements in 2024/25

Over the past year, the Trust has made significant strides in embedding Quality Improvement (QI) across all services. Key achievements include:

Kaizen Success – Completion of successful Kaizen events for ASD and Trauma, leading to measurable improvements in patient pathways and waiting times.

Trust-Wide Engagement Model – Implementation of a rolling programme of quarterly QI engagement visits to every clinical team and DET unit, ensuring sustained participation.

Single Reporting Framework – Introduction of a Trust-wide QI reporting system, providing clear visibility of all ongoing projects, ensuring alignment with organisational priorities.

Scaling Up QI Impact – Growth from supporting no formal QI projects to over 30 active projects, embedding QI as an everyday practice.

Conference Recognition – Acceptance of a poster presentation at a national conference, showcasing the Trust's innovative approach to quality improvement.

QI Dashboard Implementation – Integration of QI reporting into multiple Trust committees and clinical governance meetings, ensuring QI progress is more visible

These successes lay a strong foundation for continued growth and deeper integration of QI into daily operations.

The NHS IMPACT Framework

The NHS IMPACT (Improving Patient Care Together) is a national approach to continuous improvement, providing a shared methodology for embedding high performance, innovation, and measurable outcomes. It ensures the NHS can respond to evolving challenges while maintaining excellence in patient care.

The five components of NHS IMPACT form the foundation of our approach to improvement:

1. **Building a shared purpose and vision** – Ensuring every team aligns with the Trust's improvement goals.
2. **Investing in people and culture** – Developing staff capabilities and fostering a learning environment.
3. **Developing leadership behaviours** – Empowering leaders to drive and sustain QI initiatives.
4. **Building improvement capability and capacity** – Equipping teams with the tools and knowledge to improve services.
5. **Embedding improvement into management systems and processes** – Integrating QI into daily operations and governance.

Supporting Staff

The Trust is committed to ensuring that every staff member has the skills, support, and opportunity to contribute to improving patient care, student experience, operational efficiency, and service effectiveness. The Trust now actively supports over 30 QI projects, embedding QI as an essential part of our culture.

A Lean, Structured Approach to Improvement

During 2024-25, the Trust embedded Lean methodology as the foundation of its QI work. Lean focuses on reducing waste, improving efficiency, and enhancing value for service users and students. Within this framework, three key pillars drive our efforts:

1. The A3 Problem-Solving Method

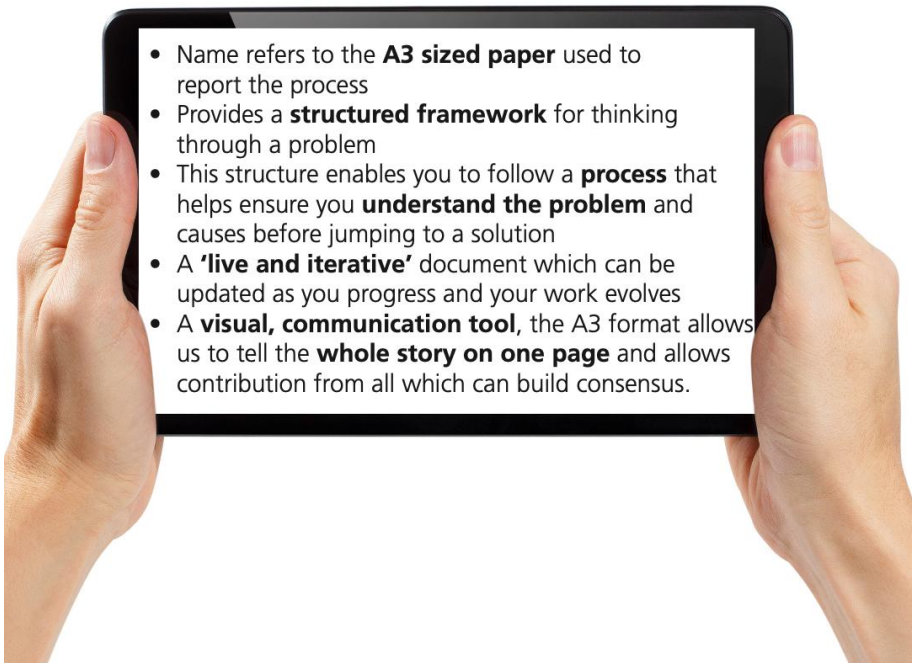
The A3 approach is a structured framework for tackling challenges in a systematic way. Named after the A3-sized paper used to document projects, it ensures teams identify root causes before implementing solutions.

The A3 process follows six key steps:

1. **Problem Statement** – Clearly defining the issue.
2. **Current Situation** – Understanding the existing process.
3. **Vision and Goals** – Setting measurable improvement targets.

4. **Root Cause / Gap Analysis** – Identifying the underlying causes of problems.
5. **Countermeasures** – Developing and testing potential solutions.
6. **Impact** – Measuring success and sustaining improvements.

By standardising this approach, teams can visualise their improvement journey, communicate effectively, and ensure data-driven decision-making.



2. Kaizen Events – Accelerating Change

Kaizen, meaning "continuous improvement," is used to rapidly identify, test, and implement solutions through structured improvement events. These involve intensive collaboration over several days, bringing together staff to diagnose issues, create improvement plans, and establish 30-, 60-, and 90-day action steps.

Kaizen Events are particularly effective in:

- **Reducing waiting times** and improving patient flow.
- **Streamlining processes** to enhance service efficiency.
- **Empowering staff** to take ownership of improvement work.

These events, which have so far covered GIC, ASD and Trauma, are fully supported by the Trust's Strategy and Transformation team, and have already led to streamlined processes and performance improvements. We will build on this momentum with additional service-wide improvement events, ensuring that progress is sustained and celebrated.

3. Improvement Team Huddles – Embedding Continuous Learning

To maintain momentum and foster collaboration, the Trust re-introduced monthly Quality Improvement Forums and Huddles across all clinical units and DET. These structured, problem-solving meetings enable groups to:

- Share improvement progress and lessons learned.
- Identify and address operational challenges in real time.
- Strengthen collaboration between frontline staff and leadership.

Huddles and Forums ensure that QI is not just a one-time project but a continuous, embedded practice across the Trust.

NHS STAFF SURVEY

The staff survey is the Trust's current primary method by which organisational culture is measured. This includes how well-led staff feel and whether they feel sufficiently supported to enable them to fulfil their potential. This can be best described as staff experience. We therefore use the results to inform improvements in working conditions and practices. The survey is conducted annually between October and the end of November.

The 2024 Staff Survey is again aligned to the NHS People Promise. It balances the need to keep modernising with the need to maintain comparability of survey results which ensures that results are of the highest value; aligning the survey with the NHS People Promise enables progress to be tracked against the ambition to make the NHS the workplace we all want it to be.

The results of the NHS Staff Survey are measured against the seven People Promise elements and against two of the themes reported in previous years (Staff Engagement and Morale). Where comparisons with previous years and the results as compared to our benchmark group (Mental Health (MH) and Learning Disability (LD) and MH & LD Community Trusts) can be made, these are presented below.

The People Promise elements are:

The national survey was conducted online and 55% of the Trust's staff responded, this is an increase on last year and we have a higher response rate than our benchmarked average (54%).

The Trust's results for 2024 showed that the experience of our people at The Tavistock and Portman has improved and we are no longer scoring below staff in the Trusts we were compared against. In 2023 we held the lowest score in seven of the nine themes. This year we are above the bottom of our benchmarked peers in eight of the nine areas; this shows the progress we are making. The results place us as the most improved trust in England for recommending the organisation as a place to work – a 9.7% increase on 2023, and we made tangible improvements in acting fairly with regard to career progression and promotion, and reporting incidents of bullying, harassment, and abuse.

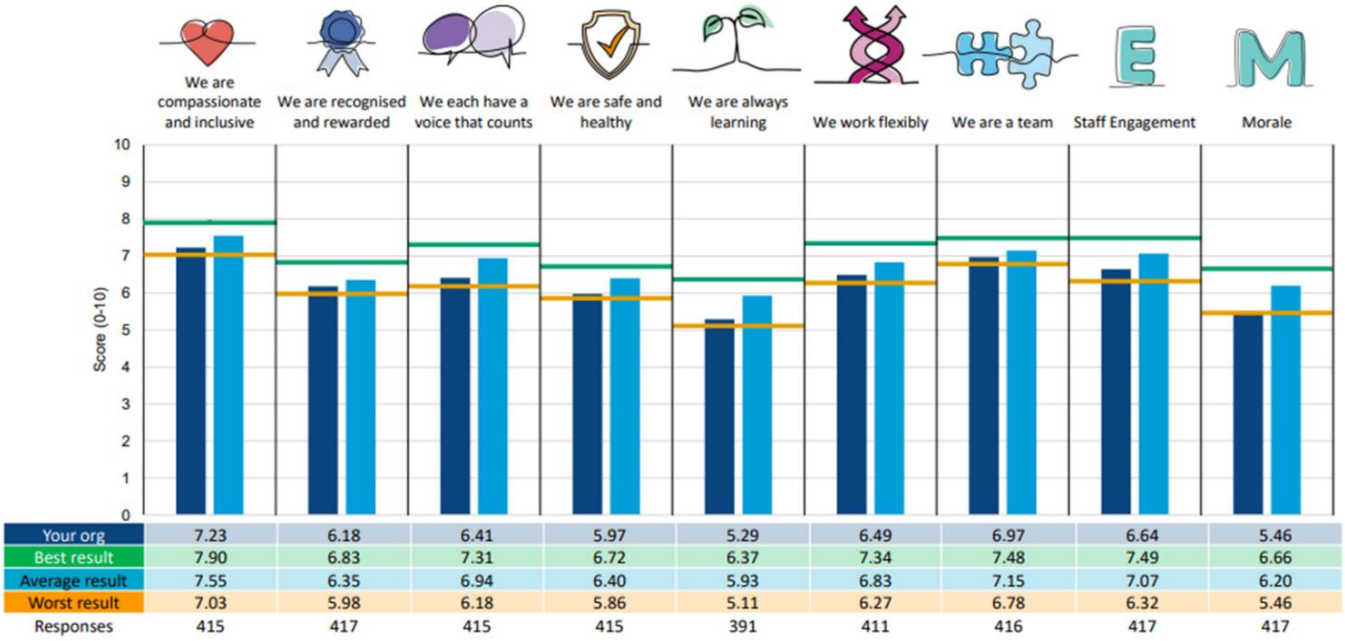
However, we acknowledge we need to make significant further improvements for our people. The areas of greatest concern are in relation to people with long term health conditions and those from global majority feeling bullied by colleagues, managers not caring about concerns, and colleagues with long term health conditions feeling pressured to come to work

A summary taken directly from the national benchmark report is below:

People Promise elements and themes: Overview

Survey Coordination Centre NHS

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.



Your org	7.23	6.18	6.41	5.97	5.29	6.49	6.97	6.64	5.46
Best result	7.90	6.83	7.31	6.72	6.37	7.34	7.48	7.49	6.66
Average result	7.55	6.35	6.94	6.40	5.93	6.83	7.15	7.07	6.20
Worst result	7.03	5.98	6.18	5.86	5.11	6.27	6.78	6.32	5.46
Responses	415	417	415	415	391	411	416	417	417

Each themed area incorporates a number of individual questions. These can be reviewed in the Staff Survey Benchmark and Directorate reports on a more granular level to enable specific issues to be identified.

Statistical significance helps quantify whether a result is likely due to chance or to some factor of interest. The table below presents the results of significance testing conducted on the theme scores calculated in both 2023 and 2024*. For more details, please see the technical document.

People Promise elements	2023 score	2023 respondents	2024 score	2024 respondents	Statistically significant change?
We are compassionate and inclusive	7.14	435	7.23	415	Not significant
We are recognised and rewarded	6.05	434	6.18	417	Not significant
We each have a voice that counts	6.23	429	6.41	415	Not significant
We are safe and healthy	5.84	424	5.97	415	Not significant
We are always learning	5.18	413	5.29	391	Not significant
We work flexibly	6.38	433	6.49	411	Not significant
We are a team	7.05	434	6.97	416	Not significant
Themes					
Staff Engagement	6.46	435	6.64	417	Not significant
Morale	5.21	435	5.46	417	Not significant

* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.
Note: 2023 results for 'We are safe and healthy' are now reported using corrected data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

As this is the second year that the results have been aligned to the People Promise we are able to review comparisons in line with each theme, and whilst the numbers are still lower than we would want to be, we have again improved in every area except we are a team (and this is not a significant deterioration). We are proud of these improvements and confident that these are directly linked to positive actions and interventions we have implemented. However, we fully recognise we still have work to do to improve employee experience further.

Prior to formal publication of the Staff Survey, the results were shared with the ELT, had dedicated time at a Board Seminar, and an overview was provided to the senior leadership forum. We have also since provided an overview at the all staff meeting along with our WRES and WDES results.

It is acknowledged that there is still work to be done to make the Trust a great place to work and learn and this will be the focus of our plans for the next year. There is an inordinate amount of positive work being undertaken throughout teams and the Trust and there have been several initiatives that have been launched to seek to address staff engagement and to improve the experience of staff in the organisation.

We have new values and behaviours to ground our work and set clear expectations throughout the organisation on how we work together as colleagues for each other and for our students and service users. Deep dives with each department on their own staff survey results will be led by senior leaders with full input from team members and an A3 approach at team level for EDI and staff experience issues. Our staff engagement plan will be refreshed this year with oversight from Staff Networks, the Staff Engagement Group and opportunities for additional input from all our people.

Payment Practice

Better payment practice code				
Measure of compliance	Year ended 31 March 2024		Year ended 31 March 2025	
	Number	Value £000	Number	Value £000
Total bills paid in the year	6,295	34,541	3,879	19,118
- Of which were NHS invoices	146	2,047	110	984
- Of which were non-NHS invoices	6,149	32,494	3,769	18,135
Total bills paid within target	5,906	33,056	3,077	14,427
- Of which were NHS invoices	98	1,154	50	295
- Of which were non-NHS invoices	5,808	31,902	3,027	14,132
Percentage of bills paid within target	94%	96%	79%	75%
Percentage of NHS invoices paid within 30 days	67%	56%	45%	30%
Percentage of non-NHS invoices paid within 30 days	94%	98%	80%	78%

The Trust complies with the requirement of the better payment practice code to pay all valid invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later. Performance against the code is set out in the table above.

Statutory Disclosures

The Trust meets the requirement of Section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) which requires that the income from the provision of goods and services for the purposes of the health service in England must be greater than its income from the provision of goods and services for other purposes. For full details see Note 3.1 to the Annual Accounts.

Surpluses from other income that the Trust has received have been used to support the provision of goods and services for the purposes of the health service in England.

The Directors confirm that the Trust complies with the cost allocation and charging guidance issued by HM Treasury.

The Directors are responsible for the preparation of the annual report and accounts. The Directors also consider the annual report and accounts, taken as a whole, is fair, balanced and understandable, and provides the information necessary for service users, regulators and stakeholders to assess our performance, business model and strategy.

Signature:

Michael Holland
Chief Executive and Accounting Officer **Date:** 19 June 2025

Remuneration Report

Trust Chair's Annual Statement on Remuneration

As the Chair of the Executive Appointments and Remuneration Committee (the EARC), I am pleased to present our remuneration report for 2024/25.

Each year the relevant pay review bodies make recommendations to government on the pay of health service-related public sector staff, including increases to reflect the cost of living. Very Senior Manager (VSM) and Executive Senior Manager (ESM) staff groups have for the last two years come under the remit of the Senior Salaries Review Body (SSRB).

The SSRB was asked to make recommendations for VSMs and ESMs working in provider Trusts, ICBs and arm's length bodies, and government has accepted these in full. These pay awards, accepted by the national review bodies in relation to the 2024-25 pay award, were subsequently agreed by the EARC. One additional discretionary payment was applied to ensure that a VSM employee was not paid less than their Band 9 direct reports.

Having undertaken appropriate benchmarking using comprehensive data from NHS Providers, EARC agreed that there should be no further changes to Executive Director salaries or remuneration arrangements.

Signature:

John Lawlor OBE
Trust Chair and Chair of the Executive Appointments and Remuneration Committee

Date: 19 June 2025

Remuneration Policy Report – 2024/25

SENIOR MANAGERS' REMUNERATION POLICY

Remuneration for the Trust's most senior managers (Executive Directors who are members and regular attendees of the Board of Directors) is determined by the Executive Appointment and Remuneration Committee (EARC), which consists of the Trust Chair and all Non-Executive Directors. Senior managers who do not attend meetings of the Board of Directors have their remuneration determined by the Chief Executive Officer.

The (EARC) is also responsible for ratifying any performance related pay scheme for all senior managers.

Salaries for Senior managers are established and maintained taking the following factors in to account: the role requirements, experience of the individual; actual performance in post; and benchmarking data from the NHS Providers annual salary survey.

Senior managers are employed both on substantive, open ended contracts of employment and fixed-term contracts timed to end at the point of merger, and all are employees of the Trust. The open-ended contracts may be terminated by either party giving six months' notice.

The Trust's normal employment procedures apply to Directors, including the sanction of instant dismissal for gross misconduct. The Trust's redundancy policy is consistent with the NHS redundancy terms for all staff.

There have been no circumstances in the financial year where senior manager remuneration has been withdrawn or withheld.

FUTURE POLICY TABLE FOR SENIOR MANAGERS

	Salary
Purpose and link to strategy	Executive directors are set annual performance objectives aligned to our trust strategy and priorities and lead on the delivery of divisional business plans structured around the same priorities.
Operation	Executive directors are on spot salaries, which are agreed upon appointment, and which consider the market rate for the position, complexity of scope and existing salary of the individual. Salaries are reviewed annually by the remuneration committee; the SSRB recommendations are considered as well as the performance of the individual as assessed in their appraisal.
Opportunity	Executive directors are paid a flat salary that is not linked to performance outcomes. Based on performance and benchmarking decisions are made by members of the Remuneration Committee in respect of the potential for annual pay awards.
Performance measures	Executive directors along with all staff are assessed against both what they achieve (objectives) and how they achieve it (values and behaviours) as part of their annual appraisal.

DIFFERENCES BETWEEN REMUNERATION FOR SENIOR MANAGERS AND OTHER STAFF

The key difference between the remuneration of Executive Directors and other staff is that salaries for senior staff are a fixed personal salary determined by conducting cross market and skills benchmarking. All other staff are employed on terms and conditions determined nationally and which have a salary scale assigned to it.

Another difference is that Senior managers' fixed salaries are inclusive of a high-cost area supplement, ordinarily payable to staff based in inner London. All other staff receive this as a separate pay element.

The EARC references national cost of living awards when considering its annual pay awards to directors.

STATEMENT OF CONSIDERATION OF EMPLOYMENT CONDITIONS ELSEWHERE IN THE TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST

The EARC references national cost of living awards when considering its annual pay awards to Directors.

The Trust does not consult with its wider workforce on Senior manager remuneration.

Remuneration comparisons of similar Trusts as well as the specific complexity of roles being undertaken were considered when setting the remuneration policy for Senior managers.

ANNUAL REPORT ON NON-EXECUTIVE DIRECTORS' REMUNERATION

The remuneration and expenses of the Trust Chair and Non-Executive Directors are determined by the Council of Governors' Nominations Committee. The Committee takes account of guidance issued by NHS Providers when determining Non-Executive remuneration and expenses.

Remuneration of the Non-Executive Directors comprises of the following fee elements.

The policy for determining the level of fee is described in the table below.

	Fee	Responsibility fees
Purpose and link to strategy	To provide core reward for the role.	The fee is applied to office holders who: – Chair the audit committee; and, – Act as the senior independent director.
Operation	The fee levels are a set rate for all of the non-executive directors. There are two types of fee in operation, one for the Trust chair and another for the non-executive directors. Non-executive director fees are aligned to the NHSE framework fees structure.	The Trust chair nominates office holders to fulfil the two roles where fees are applicable. The council of governors is responsible for ratifying the appointments.
Opportunity	The fees are reviewed annually by the nominations committee. These are set against the role requirements and not the office holder fulfilling the appointment.	The fees are reviewed annually by the nominations committee. These are set against the role requirements and not the office holder fulfilling the appointment.
Performance measures	There are no performance measures set against the fees.	There are no performance measures set against the fees.

EXECUTIVE APPOINTMENTS AND REMUNERATION COMMITTEE

The Executive Appointments and Remuneration Committee is responsible for determining the remuneration, terms and conditions of all Executive Directors. The Committee is chaired by the Trust Chair and all Non-Executive Directors are members. During the period 1 April 2024 to 31 March 2025 the Committee met five times, each meeting being quorate.

Executive Appointments and Remuneration Committee Membership and Attendance 2024/25	
Member	**Actual / possible**
John Lawlor	5/5
Aruna Mehta	2/5
David Levenson	2/5
Shalini Sequeira	3/5
Janusz Jankowski	3/5
Sal Jarvis	4/5
Claire Johnston	5/5
Ken Batty	4/5

The Chief Executive Officer, Chief People Officer and Director of Corporate Governance and other officers may be required to attend Committee meetings by invitation to provide advice or services that materially assist the Committee in the operation of its functions. Executive Directors and other Committee attendees are not involved in any decisions and are not present at any discussions regarding their own remuneration.

MEDIAN REMUNERATION AND FAIR MULTIPLE (Information subject to audit)

NHS Foundation Trusts are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the lower quartile, median and upper quartile remuneration of the organisation's workforce.

The banded remuneration of the highest-paid director in the organisation in the financial year 2024/25 was £213,885 (2023/24, £203,700). This is a change between years of 5%. Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

For employees of the Trust as a whole, the range of remuneration in 2024/25 was from £3,648 to £213,885 (2023/24: £127 to £203,700). The percentage change in average employee remuneration (based on total for all employees on an annualised basis divided by full time equivalent number of employees) between years is -1%. No employees received remuneration more than the highest-paid director in 2024-25.

The remuneration of the employee at the 25th percentile, median and 75th percentile is set out below. The pay ratio shows the relationship between the total pay and benefits of the highest paid director (excluding pension benefits) and each point in the remuneration range for the organisation's workforce.

Median and 25th/75th percentile remuneration and fair pay multiple			
	31-Mar-24	31-Mar-25	% change
Salary component of pay	£44,824,300	£44,409,350	-1%
Mid-banded Highest paid director's total remuneration	£203,700	£213,885	5%
25th Salary component of pay	£35,392	£36,483	3%
25th percentile total remuneration	£35,392	£36,483	3%
25th percentile ratio	5.76	5.86	2%
Median Salary component of pay	£50,056	£48,526	-3%
Median total remuneration	£50,056	£48,526	-3%
Median ratio	4.07	4.41	8%
75th Salary component of pay	£58,972	£62,215	6%
75th percentile total remuneration	£58,972	£62,215	6%
75th percentile ratio	3.45	3.44	0%

Median and 25th/75th percentile remuneration and fair pay multiple			
	31-Mar-23	31-Mar-24	% change
Salary component of pay	£40,332,500	£44,824,300	11%
Mid-banded Highest paid director's total remuneration	£192,500	£203,700	6%
25th Salary component of pay	£35,572	£35,392	0%
25th percentile total remuneration	£35,572	£35,392	0%
25th percentile ratio	5.41	5.76	6%
Median Salary component of pay	£49,898	£50,056	0%
Median total remuneration	£49,898	£50,056	0%
Median ratio	3.86	4.07	5%
75th Salary component of pay	£58,919	£58,972	0%
75th percentile total remuneration	£58,919	£58,972	0%
75th percentile ratio	3.27	3.45	6%

SERVICE CONTRACTS

The following table contains details of the service contracts in place during 2024/25 for Senior managers:

Service contracts – Senior Managers			
Senior manager	**Date of service appointment**	**Unexpired term**	**Notice period**
Michael Holland	Nov 2022	Open ended	Six months
Sally Hodges	Nov 2015	Retired Jan 2025	Six months
Gemma Davies	Feb 2023	Open ended	Six months
Rod Booth	Jun 2023	Open ended	Six months

Clare Scott	Jul 2023	Open ended	Six months
Adewale Kadiri	Aug 2023	Left February 2025	Six months
Chris Abbott	Aug 2023	Open ended	Six months
Peter O'Neill	Dec 2023	One month (to 30/04/25)	One month
Dorothy Otite	Feb 2025	One year (to 31/03/2026	Three months
Mark Freestone	Jun 2024	Open ended	Six months
Elisa Reyes-Simpson	Jun 2022	Returned to substantive role on 09/06/24	N/A

Appointment contracts – Non-Executive Directors			
Senior manager	**Date of service appointment**	**Unexpired term**	**Notice period**
John Lawlor	June 2022	One year (to 31/03/26)	Three months
David Levenson	Sep 2019	Five months (to 31/08/25)	Three months
Aruna Mehta	Nov 2021	Two years and seven months (to 31/10/27)	Three months
Shalini Sequeira	Nov 2021	Two years and seven months (to 31/10/27)	Three months
Janusz Jankowski	Nov 2022	Seven months (to 31/10/25)	Three months
Claire Johnston	Nov 2022	Seven months (to 31/10/25)	Three months
Sal Jarvis	Nov 2022	Seven months (to 31/10/25)	Three months
Ken Batty	Apr 2024	Two years to 31/03/27	Three months
Sabrina Phillips	Nov 2022	Seven months (to 31/10/25)	Three months

EXPENSES

The following table outlines the details of travel and subsistence expenses claimed by our Council of Governor members and Senior managers.

Expenses claims	**2023/24**		**2024/25**	
	Number claimed	**value**	**Number claimed**	**Value**
Council of Governors	3	£4,540.43	3	£2,082
Senior managers	1	£52.99	4	£24,431

SALARY AND BENEFITS OF SENIOR MANAGERS

The following tables contain details of the salary and benefits of the Trust's Senior managers in 2025/26.

The calculation is based on full-time equivalent staff working for the Trust on 31 March 2025. Where staff joined part way during the year, their salaries have been annualised for the purposes of the median ratio calculation.

Information subject to audit
SINGLE TOTAL REMUNERATION FIGURE 2024/25

		Salary and fees	Taxable Benefits	Annual performance-related bonuses	Long-term performance-related bonuses	Pension-related benefits	Total Remuneration
Name	Title	£000, bands of £5k	£s, to the nearest £100	£000, bands of £5k	£000, bands of £5k	£000, bands of £2.5k	£000, bands of £5k
Michael Holland (from Nov 2022)	Chief Executive Officer	210-215	0	0	0	32.5-35	245-250
Sally Hodges (left Jan 2025)	Chief Clinical Operating Officer	100-105	0	0	0	20-22.5	120-125
Elisa Reyes-Simpson (from Jun 2022)	Interim Chief Education and Training Officer (i)	80-85	0	0	0	0	80-85
Mark Freestone (from Jun 2024)	Interim Chief Education and Training Officer (i)	85-90	0	0	0	20-22.5	105-110
Clare Scott (from Jul 2023)	Chief Nursing Officer	130-135	0	0	0	37.5-40	170-175
Bryan (Chris) Abbott (from Aug 2023)	Chief Medical Officer	125-130	0	0	0	107.5-110	235-240
Peter O'Neill (from Dec 2023)	Chief Finance Officer	140-145	0	0	0	35-37.5	180-185
Rodney Booth (from Jul 2023)	Dir.of Strategy, Transformation, Bus. Development & Planning	130-135	0	0	0	37.5-40	165-170
Gemma Davies (from Jan 2023)	Chief People Officer	105-110	0	0	0	20-22.5	125-130
Adewale Kadiri (left Feb 2025)	Director of Corporate Governance (ii)	85-90	0	0	0	57.5-60	145-150
Dorothy Otite (from Feb 2025)	Interim Director of Corporate Governance (ii)	15-20	0	0	0	2.5-5	20-25
John Lawlor (from Jun 2022)	Non-Executive Director	40-55	0	0	0	0	40-55
David Levenson (from Sep 2019)	Non-Executive Director	10-15	0	0	0	0	10-15
Aruna Mehta (from Nov 2021)	Non-Executive Director	10-15	0	0	0	0	10-15
Shalini Sequeira (from Nov 2021)	Non-Executive Director	10-15	0	0	0	0	10-15
Sally Jarvis (from Nov 2022)	Non-Executive Director	10-15	0	0	0	0	10-15
Claire Johnston (from Nov 2022)	Non-Executive Director	10-15	0	0	0	0	10-15
Janusz Jankowski (from Nov 2022)	Non-Executive Director	10-15	0	0	0	0	10-15
Kenneth Batty, (from Apr 2024)	Non-Executive Director	10-15	0	0	0	0	10-15
Sabrina Phillip (from Nov 2022)	Non-Executive Director	5-10	0	0	0	0	5-10

Notes:
(i) Elisa Reyes-Simpson returned to her substantive role in the Trust on 9 June 2024 and Mark Freestone joined the Trust as Chief Education and Training Officer on 14 June 2024.
(ii) Adewale Kadiri left the Trust on 2 February 2025 and Dorothy Otite was appointed as the Interim Director of Corporate Governance on 3 February 2025.

Definitions

Salary and fees: all amounts paid or payable by the trust, including recharges from any other health body.

Taxable benefits: this is the gross value of taxable benefits before tax.

Annual performance related bonuses: These comprise money or other assets received or receivable for the financial year as a result of achieving performance measures and targets relating to a period ending in the relevant financial year.

Long-term performance-related bonuses: These comprise money or other assets received or receivable for periods of more than one year where final vesting is determined as a result of achieving performance measures or targets relating to a period ending in the relevant financial year and is not subject to the achievement of performance measures or targets in a future financial year.

Pension related benefits: The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights. This value derived does not represent an amount that will be received by the individual. It is a calculation that is intended to provide an estimation of the benefit being a member of the pension scheme could provide. The pension benefit table provides further information on the pension benefits accruing to the individual. Factors determining the variation in the values recorded between individuals include but is not limited to:

- a change in role with a resulting change in pay and impact on pension benefits
- a change in the pension scheme itself
- changes in the contribution rates
- changes in the wider remuneration package of an individual Total: This is the total of all the above columns and does not necessarily represent the total the individual personally received from the trust

SINGLE TOTAL REMUNERATION FIGURE 2023/24

		Salary and fees	Taxable Benefits	Annual performance-related bonuses	Long-term performance-related bonuses	Pension-related benefits	Total Remuneration
Name	Title	£000, bands of £5k	£s, to the nearest £100	£000, bands of £5k	£000, bands of £5k	£000, bands of £2.5k	£000, bands of £5k
Michael Holland (from Nov 2022)	Chief Executive Officer	200-205	0	0	0	0	200-205
Sally Hodges (from Nov 2015)	Deputy CEO and CCOO	135-140	0	0	0	102.5-105	240-245
Elisa Reyes-Simpson (from Jun 2022)	Interim Chief Education and Training Officer	125-130	0	0	0	0	125-130
Clare Scott (from Jul 2023)	Chief Nursing Officer	80-85	0	0	0	30-32.5	110-115
Bryan Abbott (from Aug 2023)	Chief Medical Officer	60-65	0	0	0	0	60-65
Peter O'Neill (from Dec 2023)	Chief Finance Officer	45-50	0	0	0	5-7.5	50-55
Rodney Booth (from Jul 2023)	Director of Strategy, Transformation, Bus. Development & Planning	90-95	0	0	0	12.5-15	105-110
Gemma Davies (from Jan 2023)	Chief People Officer	95-100	0	0	0	0	95-100
Adewale Kadiri (from Aug 2023)	Director of Corporate Governance	60-65	0	0	0	292.5-295	355-360
John Lawlor (from Jun 2022)	Non-Executive Director	50-55	0	0	0	0	50-55
Deborah Colson (from Oct 2017)	Non-Executive Director	10-15	0	0	0	0	10-15
David Levenson (from Sep 2019)	Non-Executive Director	10-15	0	0	0	0	10-15
Aruna Mehta (from Nov 2021)	Non-Executive Director	10-15	0	0	0	0	10-15
Shalini Sequeira (from Nov 2021)	Non-Executive Director	10-15	0	0	0	0	10-15
Sally Jarvis (from Nov 2022)	Non-Executive Director	10-15	0	0	0	0	10-15
Claire Johnston (from Nov 2022)	Non-Executive Director	10-15	0	0	0	0	10-15
Janusz Jankowski (from Nov 2022)	Non-Executive Director	10-15	0	0	0	0	10-15
Sabrina Phillip (from Nov 2022)	Non-Executive Director	5-10	0	0	0	0	5-10
Terry Noys (left Jul 2023)	Former Director	40-45	0	0	0	0	40-45
Caroline McKenna (left Aug 2023)	Former Director	45-50	0	0	0	0	45-50
Sheila Murphy (left Jul 2023)	Former Director	40-45	0	0	0	0	40-45

Note: Jenny Goodridge who acted as Interim CNO until July 2023 is not included on the Single Total Remuneration table as she was on secondment and paid by the ICB.

Information subject to audit
SALARY AND PENSION ENTITLEMENT 2024/2025

Name	Title	Real Increase in Pension at Pension age (bands of £2500)	Real Increase in pension lump sum at Pension age (bands of £2500)	Total accrued pension at pension age 31 March 2025 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2025 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2024	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2025
		£000	£000	£000	£000	£000	£000	£000
Michael Holland	**Chief Executive Officer**	2.5-5	0	80-82.5	207.5-210	1,681	41	1,862
Sally Hodges	**Deputy CEO and CCOO**	0-2.5	0	60-62.5	157.5-160	1,317	0	148
Elisa Reyes-Simpson	**Interim Chief Education and Training Officer**	0	0	2.5-5	0	231	0	75
Mark Freestone (from Jun 2024)	**Chief Education and Training Officer**	2.5-5	0-2.5	5-7.5	0-2.5	78	0	30
Clare Scott	**Chief Nursing Officer**	2.5-5	0-2.5	35-37.5	87.5-90	702	37	803
Bryan (Chris) Abbott	**Chief Medical Officer**	5-7.5	7.5-10	32.5-35	75-77.5	456	85	587
Peter O'Neill	**Interim Chief Finance Officer**	2.5-5	0-2.5	37.5-40	102.5-105	819	39	930
Rodney Booth	**Dir.of Strategy, Transformation, Bus. Development & Planning**	2.5-5	0-2.5	27.5-30	0-2.5	346	29	414
Gemma Davies	**Chief People Officer**	0-2.5	0	32.5-35	82.5-85	608	18	680
Dorothy Otite (from Feb 2025)	**Interim Director of Corporate Governance**	0-2.5	0-2.5	0-2.5	0-2.5	0	0	6
Adewale Kadiri	**Director of Corporate Governance**	5-7.5	2.5-5	22.5-25	55-57.5	473	65	578

Note: Non-Executive Directors do not receive pensionable remuneration so there are no entries in respect of pension-related benefits.

Pension Benefits of Executive Directors

Cash equivalent transfer value (CETV) figures are calculated using the guidance on discount rates for calculating unfunded public service contribution rates that was extant on 31 March 2025. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2024/25 CETV figures.

A cash equivalent transfer value is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost.

Real increase in CETV: This reflects the increase in CETV that is funded by the employer. It does not include the increase in accrued pension due to inflation or contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement).

NHS Pensions are still assessing the impact of the McCloud judgement in relation to changes to benefits in the NHS 2015 Scheme. The benefits and related CETVs disclosed do not allow for any potential future adjustments that may arise from this judgement.

SALARY AND PENSION ENTITLEMENT 2023/2024

Name	Title	Real Increase in Pension at Pension age (bands of £2500)	Real Increase in pension lump sum at Pension age (bands of £2500)	Total accrued pension at pension age 31 March 2024 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2024 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2023	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2024
		£000	£000	£000	£000	£000	£000	£000
Michael Holland	**Chief Executive Officer**	0	45-47.5	70-75	195-200	1261	266	1681
Sally Hodges	**Deputy CEO and CCOO**	2.5-5	40-42.5	55-60	150-155	909	298	1317
Elisa Reyes-Simpson	**Interim Chief Education and Training Officer**	0	0	35-40	95-100	69	137	231
Clare Scott	**Chief Nursing Officer**	0-2.5	27.5-30	30-35	80-85	539	98	702
Bryan Abbott	**Chief Medical Officer**	0	25-27.5	25-30	60-65	383	26	456
Peter O'Neill	**Chief Finance Officer**	0-2.5	0	30-35	95-100	721	19	819
Rodney Booth	**Director of Strategy, Transformation, Bus. Development & Planning**	0-2.5	0-2.5	20-25	0-5	291	12	346
Gemma Davies	**Chief People Officer**	0	25-27.5	30-35	75-80	416	135	608
Adewale Kadiri	**Director of Corporate Governance**	17.5-20	47.5-50	15-20	45-50	0	463	473

Note: Non-Executive Directors do not receive pensionable remuneration so there are no entries in respect of pension-related benefits.

PAYMENTS FOR LOSS OF OFFICE AND PAST SENIOR MANAGERS

There were no payments for loss of office to any Senior manager nor were there any payments to any past Senior managers in this financial year.

Signature:

Michael Holland
Chief Executive and Accounting Officer **Date: 19 June 2025**

Staff Report

STAFF NUMBERS AND COSTS (Information subject to audit)

The following tables present an overview of our workforce composition.

Average number of employees
(WTE basis)

	Permanent Number	Other Number	2024/25 Total Number	2023/24 Total Number
Medical and dental	45.15	0.36	**45.51**	58.00
Ambulance	0.00	0.00	**0.00**	0.00
Administration and estates	324.00	25.44	**349.44**	328.00
Healthcare assistants and other support	33.70	0.00	**33.70**	0.00
Nursing, midwifery and health visiting	16.23	0.98	**17.21**	14.00
Nursing, midwifery and health visiting learners	0.00	0.00	**0.00**	0.00
Scientific, therapeutic and technical	171.00	1.17	**172.17**	285.00
Healthcare science	0.00	0.00	**0.00**	0.00
Social care	0.00	0.00	**0.00**	32.00
Other	96.00	0.10	**96.10**	0.00
Total average numbers	686.08	28.05	**714.13**	717.00

Of which:

Number of employees (WTE) engaged on capital projects

Headcount by sex (Not subject to audit)				
Sex	**Directors**	**Other senior managers**	**All other staff**	**Total**
Female	3	26	589	**618**
Male	5	15	193	**213**
Total	**8**	**41**	**782**	**831**

Staff costs

	Permanent £000	Other £000	2024/25 Total £000	2023/24 Total £000
Salaries and wages	39,230	0	39,230	41,089
Social security costs	4,644	0	4,644	4,741
Apprenticeship levy	195	0	195	180
Employer's contributions to NHS pension scheme	4,976	0	4,976	4,916
Employer's contributions paid by NHSE	3,240	0	3,240	2,134
Pension cost - other	14	0	14	22
Temporary staff	0	1,992	1,992	3,939
Total gross staff costs	**52,300**	**1,992**	**54,292**	**57,021**
Recoveries in respect of seconded staff	-	-	-	-
Total staff costs	**52,300**	**1,992**	**54,292**	**57,021**

Sickness absence data	Q1	Q2	Q3	Q4
Sickness absence – average monthly data	1.82%	2.33%	3.06%	2.97%
Sickness absence – average 12-month period	1.82%	1.99%	2.94%	3.12%

Staff Policies

We have a recruitment and selection procedure in place, which is available on the Trust intranet and can be accessed by both managers and employees. During the 2024/25 year we were awarded Disability Confident Employer Status (Level 2) and we operate the guaranteed interview scheme as part of our recruitment process. We are also veteran aware. We have accommodated reasonable adjustments in interviews where candidates have indicated that these would be helpful to allow them to perform well at interview. We have also trained a number of inclusive recruitment advisors with the aim that they should sit on all interview panels.

The staff training and development procedure is in place, which is available on the Trust intranet and can be accessed by both managers and employees. We are also supporting employees with reasonable adjustments, where practicable, and recommending that employees make an Access to Work application where appropriate. The Trust has a joint staff consultative committee (JSCC) and local negotiating committee (LNC) in place, both of which meet on a regular basis. Staffside representatives are members of both of these committees. In addition, job evaluation is carried out in partnership as are all our organisational change processes. Change processes are subjected to an equality impact assessment to ensure that employees with protected characteristics are not unfairly disadvantaged.

Information on occupational health processes is included in the supporting health and wellbeing policy and procedure and we also provide occupational health data as part of our workforce information. The Trust's Supporting Health and Well-being policy applies to matters relating to staff disability. As part of this, new starters are required to confirm during their Occupational Health screening prior to commencing in post, if they consider themselves to have a disability that requires a reasonable adjustment. The Trust wants to foster an environment where employees feel comfortable disclosing details of their disability or ongoing health conditions. A new reasonable adjustment policy was published to ensure the Trust continues to give full and fair considerations to disabled persons abilities. Both policies together ensure the Trust supports those who apply for employment and who are in the Trust's employment; and have due regard for their aptitudes and abilities.

The Trust has a disability and long-term health conditions staff network (the Purple Circle). The Purple Circle was established as a forum for staff from all areas of the organisation who consider themselves to have a disability and for staff living with long term health conditions. The network ensures that staff wellbeing remains at the heart of our work and remains high on the agenda.

Communication with Staff

The Trust is committed to ensuring that all staff are informed and can contribute to key developments, performance and change across the organisation.

The Trust places a lot of importance on communicating and consulting with staff. In 2024/35 we have undertaken extensive engagement work around the refresh of our Values and associated behaviours and launched a major programme of engagement as we seek to undertake a merger with an appropriate partner.

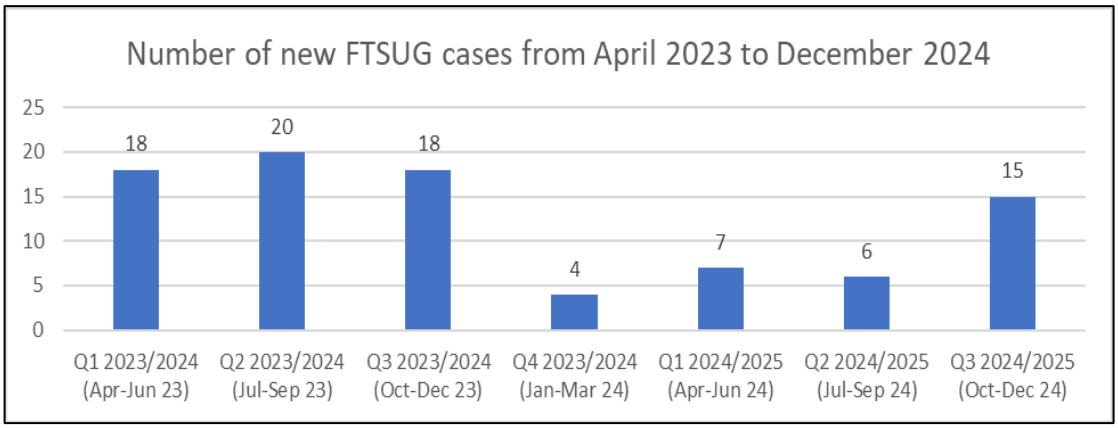
We circulate weekly email bulletins to all staff; a regular update from the CEO, monthly all-staff meetings and Senior Leadership Forums; and we have an extensive intranet where staff can find policies, procedures, guidance, and useful online tools.

We work in partnership with our staff side representatives to ensure that employees' voices are heard.

Freedom to Speak-up Guardian

The Trust is committed to a working culture where staff, students and patients can speak up about concerns about the way the Trust is run or its services and do so without fear of detriment. The Trust has two Freedom to Speak up Guardians (FTSUGs): Sarah Stenlake, who is a senior psychologist at the GIC, and Sophia Shepherd, who is Service Manager for Surrey Mindworks, contributing a total of 0.6 WTE to the role They are supported by Professor Mark Freestone, Chief Education and Training Officer, who is the Executive FTSU lead. The FTSU team meet regularly with the Chief Executive to ensure that there is ongoing dialogue about the concerns staff are raising and to enable appropriate actions to be taken to address the concerns.

FTSUG work is promoted across the Trust in a number of ways: the new Intranet features a prominent 'speaking up' link; re-introduced monthly speaking up drop-in sessions for all staff; FTSU



presence at new staff inductions; a Board training and reflection session led by the ED for FTSU to discuss preventing detriment and improving speaking up culture; and refreshed posters around the Tavistock building advertising the work of the team, and they are featured regularly in all-staff meetings and announcements.

The average number of instances of individuals seeking confidential support, advice or guidance from a FTSUG about something per quarter was 13, with fewer cases between January and September 2024. The four most common reasons for people seeking FTSUG support were Bullying and/or Harassment (27%), Worker Safety or Wellbeing (26%); Inappropriate Attitudes or Behaviours (25%) and Patient Quality/Safety (18%).

In progress initiatives for the year ahead include: recruitment, training and supervision of FTSU champions (staff members who work as a first point of contact); a review of FTSU policy and procedure; an anonymous reporting box introduced at the Tavistock Centre; introduction of FTSU training workshops for managers/leaders; increased "you said, we did" communication to all staff about FTSU feedback/learning; improvements in FTSU procedures and register monitoring; the completion of a FTSU self-reflection tool by the Board/ED for FTSU (to meet NGO and NHSE compliance targets).

Equality, Diversity and Inclusion

The Trust has constituted a specialist Board Committee to oversee and seek assurance on our Equality, Diversity and Inclusion (EDI) agenda. Throughout the year the committee has overseen several activities and programmes of work.

Reporting to the Chief People Officer, our Head of Culture and Inclusion (People Team) plays an integral part in reviewing, developing and implementing the Trust EDI strategy, workforce equality strategy and related streams, including the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standards (WDES), Gender Pay Gap (GPG), annual equality report (workforce) and other equality benchmarking / improvement frameworks.

Three key deliverable outcomes have been identified as central to achieving the desired culture change:

- Workforce Composition and Career Progression
- Bullying, Harassment and Abuse
- Non-Inclusive Culture and Discrimination

The Trust currently delivers a Leadership and Management Development Programme as well as Inclusive Recruitment training. We have revamped and reimplemented our CPD and ECP processes to the benefit of all protected characteristics. We aim to develop an inclusive Talent Management pipeline in the near future.

The Trust continues to support and value the role of staff networks. All staff networks have been allocated an Executive Sponsor to raise their profile and ensure connection to the Board. The staff network maturity framework has been introduced; all staff networks now have elected chairs.

Safe Working Environment

Health and Safety of our staff is of paramount importance, and we continue to invest time and consideration in this area, not just in terms of statutory duties but much more widely, focusing on the mental health and wellbeing of our staff.

We have a number of trained and registered mental health first aiders whose role is to provide staff with a contact point when they need to discuss what support is available to them. The individuals' details are held on our Trust intranet and staff can access support from the best placed person.

We use new staff engagement mechanisms to further understand what we can do to help staff feel safe and supported at work.

Trade Union Facility Time

We have excellent working relationships with our trade union colleagues and collaborate on many work programmes. This approach has been longstanding, and we continue to develop our working arrangements so that we can respond to change quickly and ensure that staff are supported. The tables below fulfil our disclosure as per the Trade Union (Facility Time Publication Requirements) Regulations 2017.

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
4	3.09

Percentage of time spent on facility time	Number of employees
0%	0
1-50%	4
51%-99%	0
100%	0

Percentage of pay bill spent on facility time	***Figures***
Total cost of facility time	£22,440
Total pay bill	£54,292,000
Percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.04%

Paid trade union activities	
Total hours spent on trade union activities by relevant union officials during the relevant period	70
Total paid facility time hours	886
Total hours spent on paid tea paid trade union activities by relevant trade union officials (%)	8%

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: 8%
(total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100

Occupational Health and Wellbeing

Throughout the year, we continued our focus on health and wellbeing and have taken a number of steps to implement a range of programmes that aim to support our staff to make healthy lifestyle choices. Following a large amount of work in previous years we continue to offer:

- A cycle to work scheme.
- Healthier food options in our canteen.
- Access to an NHS discounts on gyms and fitness centres.
- Fast track physiotherapy services.
- Free yoga sessions.
- A wellbeing room.

In addition to all of the above, we have a number of other channels through which staff seek support when needed, these include through our HR team; our internal staff consultation service; the occupational health and wellbeing service which is provided by the TP Health; and our confidential employee assistance programme provided by CareFirst.

Staff Exit Packages (Information subject to audit)

During 2024/25, all exit packages paid to staff were the result of a compulsory redundancy. These were made in line with the individual's terms and conditions of service. Compared to 2023/24, we saw a decrease (from 63 to 3) in the total number of exit packages. The table below provides comparative data for 2023/24 and 2024/25.

Staff Exit Packages Comparative Information:

Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number	Number	Number	Number
	2023/24			2024/25		
<£10,000	10	-	10	-	-	-
£10,000 - £25,000	21	-	21	-	-	-
£25,001 - 50,000	15	-	15	1	-	1
£50,001 - £100,000	12	-	12	1	-	1
£100,001 - £150,000	3	-	3	1	-	1
£150,001 - £200,000	1	-	1	-	-	-
>£200,000	1	-	1	-	-	-
Total number of exit packages by type	**63**	**-**	**63**	**3**	-	**3**
Total cost (£)	**£2,543K**	**-**	**£2,543K**	**£229k**	**-**	**£229k**

Staff Turnover

Information on staff turnover for The Tavistock and Portman NHS Foundation Trust can be found by following this link to NHS workforce statistics.

Staff Agency Expenditure

The Trust has a temporary staffing procedure which sets controls on how and when agency staff can be engaged within the organisation.

In 2021/22 and 2022/23 the expenditure ceiling set by NHSE was suspended. During 2024/25, total agency spend was £1,064k (2023/24: £3,939k).

OFF-PAYROLL ENGAGEMENTS

The Trust has a policy that all substantive staff are paid through the payroll. No Board member or senior officials with significant financial responsibility were engaged on an off-payroll basis in 2024/25.

The Trust has needed to engage a number of contractors to support specialist assignments. The number of contractors engaged is shown in the tables below where daily rates exceed £245 per day and the engagement has lasted longer than six months.

On 6 April 2017, public bodies became responsible for collecting tax from those contractors subject to HMRC's IR35 rules. All contractors are subject to a review to determine whether they are affected by the new rules. All the existing engagements outlined have been subject to an assessment and consequently no further assurance was sought.

HIGH PAID OFF-PAYROLL ENGAGEMENTS

During the reporting period, there were no board members or senior officials with significant financial responsibility paid via off-payroll arrangements.

The following tables outline all other off payroll paid arrangements.

For all off-payroll engagements as of 31 March 2025, for more than £245 per day and that last for longer than 6 months:	
No. of existing engagements as of 31st March 2025	6
Of which:	
No. of new engagements	1
No. that have existed for less than one year at time of reporting.	1
No. that have existed for between one and two years at time of reporting.	4
No. that have existed for between two and three years at time of reporting.	1
No. that have existed for between three and four years at time of reporting.	0
No. that have existed for four or more years at time of reporting.	0

For all new off-payroll new engagements, or those that reached six months in duration, between 1 April 2024 and 31 March 2025, for more than £245 per day and lasted longer than 6 months:	
Of which:	
No. assessed as within the scope of IR35	0

Number assessed as not within the scope of IR35	4
Number engaged directly (via PSC contracted to trust) and are on the trust's payroll	0
Number of engagements reassessed for consistency/assurance purposes during the year	0
Number of engagements that saw a change to IR35 status following the consistency review	0

For any off-payroll engagements of board members, and/or senior officials with significant financial responsibility, between 1 April 2024 and 31 March 2025	
Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
Number of individuals that have been deemed 'board members and/or senior officials with significant financial responsibility' during the financial year. This figure must include both off-payroll and on-payroll engagements.	0

EXPENDITURE ON CONSULTANCY

The Trust's expenditure on consultancy in 2024/25 was £1,107k. This was a reduction of £131k from £1,238k in 2023/24. The 2024/25 expenditure included costs incurred as part of Project Management, Estates Strategy and supporting the merger.

Governance Disclosures

Our Governors play an important and active role in our work. We also benefit from a strong Board of Directors, whose wide-ranging experience underpins the Trust's improvement trajectory.

Council of Governors

The Council of Governors (Council) continue to play a vital part in the work of the Trust. In 2024/25 a brief extension to the terms of office of 5 Governors were approved as a temporary amendment to the constitution by the Council of Governors' and ratified at the Annual Members' Meeting.

During 2024/25, we welcomed 5 New Governors to the Council of Governors.

The Council has a number of statutory duties including canvassing the opinions of members; appointing the Trust Chair and Non-Executive Directors; ratifying the appointment of the Chief Executive; and appointing the external auditors. The Council holds Non-Executive Directors to account individually and collectively for the performance of the Board of Directors. The Council also receives the Trust's annual report and accounts and the auditor's report at the annual general meeting.

We actively involve our Council members in several ways, including allowing them to observe some of the Board committees and operational groups. We also ensure that they are consulted and can contribute to our strategic ambitions and plans which is achieved through information sharing and discussions within public and private council meetings.

During 2024/25, the Council approved the extension of the Term of office of the Trust Chair through the Nominations Committee, chaired by the Senior Independent Director (SID); and the extension of three NED terms of office. The Council, also approved the appointment of Aruna Mehta as Vice-Chair of the Trust.

The Trust's constitution requires a Council of Governors composition of 23 Governors in total. The Council of Governors held four meetings in total during 2024/25.

Governors are required to disclose details of any material interests which may conflict with their role as Governors at each Council of Governors meeting.

A register of Governors interests is available on the Trust's public website.

There are several ways for members and the public to communicate with the Governors:

Post: Council of Governors, c/o Committee Secretary, Corporate Governance, The Tavistock & Portman NHS Foundation Trust, 120 Belsize Lane, London, NW3 5BA
Email: TMembership@Tavi-Port.nhs.uk
Telephone: Our main switchboard number is 020 7435 7111

Membership and Attendance at Council of Governors' Meetings 2024/25

The table below sets out Governor Attendance at Council of Governor meetings during the period 1 April 2024 to 31 March 2025:

Council attendance records – Public governors		
Name	**Elected from**	**Actual / possible attendance**
Sheena Bolland	Dec 2021 (2nd Term)	4/4
Michael Arhin-Acquaah	Oct 2021 (2nd Term)	4/4
Natalia Barry	May 2022	3/4
Ffyona Dawber	May 2022	2/4
Jocelyn Cornwell	Dec 2022	2/4
Stephen Frosh	Dec 2022	4/4
Sebastian Kraemer	Dec 2022	4/4

Council attendance records – Public governors		
Name	**Elected from**	**Actual / possible attendance**
Susan Lendrum	Dec 2024	1/1
Chidinma Uwakaneme	Dec 2024	1/1
Roswitha Dharampal	Dec 2024	1/1
Julian Lousada	Oct 2021 (to Dec 2024)	1/3
Michelle Morais	Oct 2021 (to Dec 2024)	2/3
Kenyah Nyameche	Oct 2021 (to Dec 2024)	3/3
Michael Rustin	Oct 2021 (to Dec 2024)	3/3

Council attendance records – Staff and student governors		
Name	**Elected from**	**Actual / possible attendance**
Jessica Anglin d'Christian	Nov 2021(to Jul 2024)	0/1
Maisam Datoo	Dec 2022	0/4
Paru Jeram	Dec 2021 (2nd Term)	4/4
Katherine Knight	May 2022	2/4
Pauline Williams	Dec 2024	1/1

Council attendance records – Appointed governors		
Name	**Appointed from**	**Actual / possible attendance**
Local Authority*		
Peter Ptashko (London Borough of Camden)	Mar 2022 (to Mar 2025)	2/3
Partnership Organisations		
Kathy Elliott (Voluntary Action Camden)	Dec 2020 (re-nominated for 2nd Term of office)	4/4
Prof David O'Mahony (University of Essex)	May 2021 (to May 2024)	0/4
Dr Annecy Lax (University of Essex)	Mar 2025	1/1
Robert Waterson (University of East London)	Dec 2022	0/4
Trade Union	1 vacancy	
Commissioners	2 vacancies	

During the reporting period, Kathy Elliott held office as the Lead Governor.

Nominations Committee

The Nominations Committee makes recommendations to the Council of Governors on the appointment, remuneration and appraisal of the Trust Chair and Non-Executive Directors.

The Trust's constitution details the organisation's policy for Non-Executive Director terms of office. A Non-Executive Director may hold office for no more than seven years in total. The Nominations Committee's approach to awards of terms of office are ordinarily to offer an initial three-year term of office, which may be extended for a further term of three years, subject to satisfactory performance measured through the annual appraisal process for Non-Executive Directors. The Committee reserves the right to award a third and final term of office for one year if needed.

All Non-Executive Director appointments are made through a competitive recruitment process. The Committee does not have a policy to appoint directly outside of open competition.

Name	Role
John Lawlor	Chair
David Levenson	Senior Independent Director
Kathy Elliot	Stakeholder Governor

Peter Ptashko	Stakeholder Governor
Stephen Frosh	Public Governor
Sheena Bolland	Public Governor

Note: The Chief People Officer and Director of Corporate Governance attend and support the Nominations Committee in an advisory capacity.

Our Membership

The Trust's membership is an essential and valuable asset. It helps guide our work, decision making and adherence to NHS values. It also provides one of the ways in which the Trust communicates with service users, the public and staff. There are four categories of members, as described below.

Public – Any resident within England or Wales is eligible to register as a member in this constituency. There are three sub-classes which are for members whose residence is within any ward within the London Borough of Camden, the rest of London and the rest of England and Wales.

Service Users and Service User Carers – Anyone who is aged 14 or over who has been a service user within the last five years. Carers who are not eligible for other categories are also offered membership in this class.

Staff – Employees whose contract means they can work for the Trust for at least a year.

Students – Any individual enrolled on to a course or programme that is set to last two years or longer.

The table below sets out our membership data:

Constituency	31 March 2022	31 March 2023	31 March 2024	31 March 2025
Public	6218	3783	3387	4874
Service user and service user carers	-	-	-	-
Staff	1494	774	843	831
Students	2186	1973	3583	1583
Total	**9,898**	**6530**	**7813**	**7288**

Members receive mailings; are invited to the Trust's Annual Members' Meeting (AMM); and may attend public meetings of the Board of Directors and Council of Governors.

Should a member wish to get in contact with a Council or Board member, details are provided on our public website on how to get in touch.

Board of Directors

Our Board of Directors comprises of the Trust Chair, seven Non-Executive directors and seven voting Executive Directors. We have also engaged with NHSE's Non-Executive training (NExT) programme and host an Associate Non-Executive director on the Board.

The Board's role is to:

- Set our overall strategic direction.
- Monitor performance against our strategic objectives.
- Provide effective financial stewardship.
- Ensure the Trust provides effective patient and student focused services.
- Ensure high standards of corporate governance and personal conduct.
- Promote effective dialogue between the Trust and the communities we serve.

Every three to four years the Board commissions an external effectiveness review. The last external review was undertaken in 2021/22 and reported to the Board in January 2022. Due to Merger discussions throughout 2024/25, the Trust has not commissioned an external effectiveness review.

A Fit and Proper Persons Test (FPPT) annual review was conducted during 2024/25, and it confirmed the Board of Directors met the requirements of the FPPT. The outcome was reported to the Trust Board in May 2025 and will be reported to NHSE by end June 2025. The Trust maintains a register of all interests that Directors hold and publish this on the Trust's public website.

There have been no declarations of donations to political parties.

The Board of Directors' meeting attendance records are shown below:

Board of Directors attendance records			
Name	**Title**	**Notes**	**Actual / possible attendance**
John Lawlor	Trust Chair		6/6
David Levenson	Senior Independent Director		5/6
Aruna Mehta	Vice-Chair		3/6
Shalini Sequeira	Non-Executive Director		6/6
Janusz Jankowski	Non-Executive Director		6/6
Claire Johnston	Non-Executive Director		6/6
Sal Jarvis	Non-Executive Director		6/6
Ken Batty	Non-Executive Director	Joined in Apr-24	5/6
Sabrina Phillips	Associate Non-Executive Director		4/6
Michael Holland	Chief Executive Officer		6/6
Gemma Davies	Chief People Officer		6/6
Peter O'Neill	Interim Chief Finance Officer		5/6
Clare Scott	Chief Nursing Officer		6/6
Chris Abbott	Chief Medical Officer		3/6
Rod Booth	Director of Strategy and Business Development		5/6
Mark Freestone	Chief Education & Training Officer	Joined in Jun-24	5/5
Dorothy Otite	Interim Director of Corporate Governance	Joined in Feb-25	1/1

Board of Directors attendance records			
Name	**Title**	**Notes**	**Actual / possible attendance**
Adewale Kadiri	Director of Corporate Governance	Left in Feb-25	5/5
Sally Hodges	Chief Clinical Operating Officer/ Deputy Chief Executive Officer	Left in Jul-24	2/2
Elisa Reyes-Simpson	Interim Chief Education & Training Officer	Left in May-24	1/1

Since 2023/24, Freshwater has provided a strategic communications advisory and professional service to the Trust (in essence covering the Director of Communications role). This arrangement remained in place during 2024/25. For this reason, there was no requirement to include a disclosure relating to a named Director of Communications in the Annual Report.

Biographies for the Board members can be found later in this report.

Performance evaluation is an integral component of our governance structures and is aligned to the CQC well-led framework. Each year the Board assesses its effectiveness during formal meetings and through developmental seminars. No external Board review was commissioned during 2024/25.

During 2024/25, each of the Board committees conducted annual effectiveness reviews and the terms of reference for the Committees were reviewed. The outcome of the annual effectiveness reviews will be reported to the Board along with the Annual report from each Board committee in August 2025. Further details on our processes for performance evaluation, internal control and governance are detailed in the Annual Governance Statement.

The Board is not aware of any relevant audit information that has been withheld from the Trust's auditor. Members of the Board take all the necessary steps to make themselves aware of relevant information and to ensure that this is passed on to the external auditors where appropriate.

The Trust has in place a Senior Independent Director (SID) and this role is held by David Levenson.

Role of the Chair

The Chair leads the Board of Directors and is responsible for ensuring that the Board works effectively together to enable the Trust to achieve its aims, that it focuses on the strategic ambitions of the Trust and for ensuring that robust governance and accountability arrangements are in place, as well as evaluating the performance of the Board of Directors, its committees and individual Non-Executive Directors. The Chair is also responsible for ensuring that the Council of Governors are able to fulfil their core role of holding the Non-Executive Directors to account for the performance of the Board.

Role of the Non-Executive Directors

Non-Executive Directors share the corporate responsibility for ensuring that the Trust is run efficiently, economically and effectively. Non-Executive Directors use their expertise and experience to scrutinise the performance of management, monitor the reporting of performance and satisfy themselves as to the integrity of financial, clinical and other information. The Non-Executive Directors also fulfil their responsibility for determining appropriate levels of remuneration for Executive Directors. Non-Executive Directors are appointed on a three-year term of office.

A Non-Executive Director can be re-appointed for a second three-year term subject to the recommendation of the Council of Governors' Nominations Committee and approval by the Council of Governors. In exceptional cases, a Non-Executive Director's term of office can be extended

beyond a second term on an annual case-by-case basis by the Council of Governors, subject to a formal recommendation from the Chair, satisfactory performance and in accordance with the needs of the Board of Directors. In any event, no Non-Executive Director may serve more than seven years in total. Removal of the Chair or another Non-Executive Director requires the approval of three quarters of the members of the Council of Governors voting at the meeting. The Chair, other Non-Executive Directors and the Chief Executive (except in the case of the appointment of a new Chief Executive) are responsible for deciding the appointment of Executive Directors. The Chair and other Non-Executive Directors are responsible for the appointment and removal of the Chief Executive, whose appointment requires approval by the Council of Governors.

Board evaluation and development

Evaluation of the Chair's performance is led by the Senior Independent Director through the Council of Governors' Nominations Committee, which is also responsible for receiving a report of the outcome of the evaluation of the performance of the Non-Executive Directors. The Chief Executive's performance is evaluated by the Chair. The Chief Executive is responsible for undertaking an evaluation of the performance of individual Executive Directors, the outcome of which is reported to the Executive Appointments and Remuneration Committee.

Each Board committee undertakes an annual self-assessment and reports the outcome to the Board of Directors. The Board of Directors holds regular Development sessions and Seminars during the year, which provide an opportunity for the Board to debate strategic issues in an informal setting. The programme of Board Seminars is held on months when no public meetings are scheduled, and development sessions are held on months when formal meetings are scheduled. These sessions cover a range of topical issues.

Balance and appropriateness of the Board of Directors

The Board of Directors' profiles describe the skills, experience and expertise of each Director.

All the Non-Executive Directors are considered to be independent in accordance with the Code of Governance of NHS Provider Trusts.

The Board considers that the Non-Executive Directors bring a wide range of skills including performance management; strategic planning; people leadership, organisation and culture; risk management; stakeholder management; legal and governance; clinical; mental health services; and transformation and change/ programme management.

The balance, completeness and appropriateness of the Board of Directors is reviewed regularly to ensure its effectiveness.

BOARD MEMBER PROFILES

Non-Executive Directors:

John Lawlor, OBE - Trust Chair

John Lawlor joined the Trust on 6 June 2022. He is the former Chief Executive of Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust, which has been rated as 'outstanding' by the Care Quality Commission.

John has a long and distinguished career as a leader in the NHS, and also has early experiences in teaching and in the Department of Health. He is a passionate champion of mental health and disability services and a successful system leader.

Aruna Mehta – Non-Executive Director (Vice Chair)

Aruna Mehta joined the Board as a Non-Executive Director in November 2021. Her professional expertise is in technology and operations, organisational risk, auditing, compliance and governance. She has worked at JP Morgan as Managing Director with responsibility for global risk and control.

Aruna also serves as Chair of the Surrey and Borders Partnership Foundation Trust. She commenced that appointment on 1 April 2024.

Aruna was previously a Non-Executive Director at Epsom St Helier NHS Trust, Clarion Housing and the University of Greenwich, and Vice-Chair of the Kemnal Academy Trust. She has been a diversity champion in all her board-level positions.

David Levenson - Senior Independent Director

David Levenson joined the Board as a Non-Executive Director in September 2019.

David works with boards and senior executives as a coach, advisor and boardroom facilitator. After qualifying with Deloitte in 1984, David worked in senior finance roles in the retail and property industries before moving into social housing in 1992. During the next twenty-two years he was Group Finance Director for three leading London-based landlords and a consultant to several stock transfer landlords in and outside London.

David delivers corporate governance training for the Institute of Chartered Accountant's Academy for Professional Development and the Financial Times Board Directors' Diploma. He has been a Non-Executive Director for social housing providers and voluntary sector organisations for twenty-five years.

Shalini Sequeira – Non-Executive Director

Shalini Sequeira joined the Board as an Associate Non-Executive Director in September 2020. In November 2021, Shalini was appointed as a Non-Executive Director. Her first career was in the City of London as a finance lawyer, where she held senior roles in global firms. More recently she is the founder of her own business specialising in executive coaching, peer learning and facilitation of leadership development programmes. She is particularly interested in how to develop inclusive leadership and augment inclusion and equity, both inside and outside the workplace.

Shalini has been Chair of Trustees for a domestic violence charity, Chair of Governors at a London primary school and is currently part of the leadership team for a social enterprise developing female leaders who are leading change. She also gives some of her coaching time pro bono to coach those living with cancer through Macmillan Cancer Support.

Janusz Jankowski – Non-Executive Director

Professor Janusz Jankowski joined the Board as a Non-Executive Director in November 2022.

He is the former Chair of the University College of Osteopathy, working with The Princess Royal as Chancellor. Janusz has extensive Board experience, both as Executive and Non-Executive in Higher Education, Health, Government and the NGO Charity Sectors.

Janusz has holistic leadership experience having served as Deputy Vice Chancellor, National Clinical Advisor, Magistrate, International Medical Editor and Academic Consultant Physician.

He is a strong and effective advocate of mental health and disability services having supported appropriate Guidelines from NICE. He is also a successful experienced coach and mentor who, has helped improve institutional culture and the subsequent CQC inspection outcomes.

Sal Jarvis – Non-Executive Director

Dr Sal Jarvis joined the Board as a Non-Executive Director in November 2022.

Sal is Deputy Vice-Chancellor Education at the University of Westminster. Sal has worked in Higher Education since 2006. A former primary teacher, she has career-long experience in education and training, with a focus on Special Educational Needs and Disabilities (SEND) and Inclusion. She is Governor, and Chair of the Development Board, for a school for students with physiological and neurological impairments.

Claire Johnston – Non-Executive Director

Claire Johnston joined the Board as a Non-Executive Director in November 2022.

Claire has spent her nursing career in community, acute and mental health roles and was a Director of Nursing for 20 years, most recently at Camden and Islington NHS Foundation Trust.

She was previously national advisor in primary care and community nursing at the Royal College of Nursing. She also worked at the Department of Health on the community care reforms and at Health Education England running the Capital Nurse programme in North London.

Claire coaches nurses and midwives in managing and developing their careers, as part of Tavistock consultancy. She previously chaired 'Our Time', a charity working to support children who have a mentally ill parent.

Ken Batty - Non-Executive Director

Ken Batty joined the Board as a Non-Executive Director in April 2024.

Ken spent his executive career working in senior commercial and HR roles within global technology companies. His most recent executive role was as Executive Director of Human Resources with Lenovo. He now holds a portfolio of non-executive roles across the private, public, and not-for-profit sectors.

At present, he is a Member of the Council at Queen Mary, University of London, Chair of the Nominations Committee at the Royal College of Emergency Medicine, Vice Chair of the Board for the Inner Circle Education Trust, and Chair of the Board at Mosaic LGBT+ Young Persons' Trust.

Ken's previous non-executive appointments have included Senior Independent Director for the East London NHS Foundation Trust, Non-Executive Director for Regent's University London, and Lay Member of the Speaker's Committee for the Independent Parliamentary Standards Authority. Ken's executive career prior to Lenovo spanned UK sales and marketing roles in the UK and EMEA for IBM.

Sabrina Phillips - Associate Non-Executive Director

Sabrina Phillips joined the Board as an Associate Non-Executive Director in November 2022.

Sabrina is the Managing Director for Jameson, Central and North West London NHS Foundation Trust.

Sabrina was previously the Lambeth Living Well Network Alliance Director. Sabrina is a Mental Health nurse and worked in South London & Maudsley NHS Foundation Trust. Sabrina has a wide range of clinical experience in Acute and community setting, including National & Specialist Children & Adolescent Mental Health. Sabrina has held Senior Operational roles overseeing a varied portfolio of Specialist Community Mental Health Teams for people with Mood and Anxiety issues, Reablement service and Specialist Psychology services such as Croydon Touchstone and IAPT.

Sabrina has also held roles in Quality Improvement, leading on Trust wide programmes that aimed to improve the experience of staff and patients on wards, as well as reduce the length of time service users wait for a service or be on a ward. Sabrina interest in Quality stems from her role as Head of Nursing for Southwark and Addictions Clinical Academic Group (CAG).

Sabrina is passionate about improving services for people with mental health problems through the provision of equitable high-quality care delivered by a compassionate, skilled workforce working in partnership with colleagues from statutory organisations, VCSE, service users and carers and the people living in the community we serve. Sabrina is also an NHS Leadership Academy Ready Now Alumnae and 2020 Florence Nightingale 'Emerging Leaders' Scholar.

Executive Directors:

Michael Holland – Chief Executive Officer

Dr Michael Holland joined the Trust as Chief Executive Officer in November 2022.

Michael was previously Medical Director at South London and Maudsley NHS Foundation Trust and liaison psychiatrist at Guy's Hospital. He was a fellow at the NHS Institute for Innovation and Improvement. He has also worked as an improvement advisor to the improvement programmes delivered in NHS South West and NHS South. As Chair of the Medical Directors of the Cavendish Square Group and regional Clinical Director for London, he brings well-established relationships in London and the experience of system work, such as the 136-pathway work he led across London.

Peter O'Neill – Interim Chief Finance Officer

Peter has been with the Trust since May 2023 as Financial Advisor to the Chief Executive Officer, Michael Holland. Following the retirement of the previous Chief Finance Officer (Terry Noys), Peter was appointed the Interim Chief Finance Officer in December 2023.

Peter brings a wealth of experience having worked in the NHS for the past 34 years.

Christopher Abbott – Chief Medical Officer

Dr Christopher Abbott joined the Trust as Chief Medical Officer in August 2023 and has worked in the NHS since qualifying in 2007.

Chris was previously Associate Medical Director for CAMHS at South London and Maudsley NHS Foundation Trust (taking up post the day the first Covid 19 lock down was announced). He led on CAMHS provision for Lambeth, Southwark, Lewisham and Croydon throughout the pandemic ensuring services could continue to function and helped set up alternative to A&E space for CAMHS presentations during the first lock down.

Chris has led on CAMHS benchmarking and activity definitions for NHS benchmarking across all-London CAMHS providers. He was the Lead Clinician for Lambeth CAMHS and responsible for the restructure of the service based on the THRIVE model and secured £900k to support this.

Chris has also worked as a consultant Child and Adolescent Psychiatrist in a community crisis service specialising in psychosis and high-risk adolescents. This was a service that Chris was responsible for setting up in 2015, securing funding and growing the team from two staff to ten.

He is also actively involved in research into early onset psychosis in adolescents with three published papers in the last 12 months.

Sally Hodges – Deputy Chief Executive and Chief Clinical Operating Officer (Until July 2024)

Dr Sally Hodges was appointed as Chief Clinical Operating Officer in June 2019. Prior to taking up her current role, she had been the lead Director of the Trust's Children, Adolescent and Family (CYAF) Directorate since November 2015. Having joined the Trust in 1996, her earlier roles included being the Associate Clinical Director of Complex Needs in CYAF, and the Patient and Public Involvement (PPI) lead for the Trust.

Sally is a Consultant Clinical Psychologist, specialising in children and young people with learning and developmental disabilities. She also holds a Leadership MSc from the University of Birmingham and the NHS Leadership Academy.

She left the Board in July 2024.

Elisa Reyes-Simpson – Interim Chief Education and Training Officer and Dean of Postgraduate Studies (Previous)

Elisa Reyes-Simpson was appointed as Interim Chief Education and Training Officer (CETO) and Dean of Postgraduate Studies in June 2022.

She brings a wealth of institutional knowledge and experience to the role of Interim CETO, having been Associate Dean here since 2015. She has been connected to The Tavistock and Portman for over 25 years, first joining us as a student. She is also Chair of the Tavistock Society of Psychotherapists. She previously worked in adult mental health for a number of years at the Royal Free Hospital. Elisa has looked throughout her career to carry together both her interest in the psychological as well as the social.

She left the Board in June 2024.

Professor Mark Freestone – Chief Education and Training Officer and Dean of Postgraduate Studies (Current)

Professor Mark Freestone joined the Trust as Chief Education and Training Officer and Dean of Postgraduate Studies in June 2024.

Mark joined us from Queen Mary University of London, where he was Professor of Mental Health at the Centre of Psychiatry and Mental Health, and Director of Education at the Wolfson Institute of Population Health.

With a background in Sociology, Mark's work focuses on public and forensic mental health – including research into the efficacy of treatments for those with mental health problems, specifically those at risk of violence or becoming victims of violence. He has consulted on forensic mental health issues for NHS England and the London Violence Reduction Programme, as well as for films and television shows, including the hit BBC drama series, Killing Eve. In 2020, he published a book based on his research and experiences in psychopathy, Making a Psychopath: My Journey into 7 Dangerous minds.

Mark is also an Honorary Senior Researcher at East London NHS Foundation Trust, a Fellow of the Digital Environment Research Institute (DERI), and mental health co-director for the North Thames Applied Research Collaboration (NT-ARC).

Clare Scott – Chief Nursing Officer

Clare joined the Trust as Chief Nursing Officer in July 2023. Clare was previously Deputy Director of Nursing and, more recently, Director of Nursing, at Barnet Enfield and Haringey Mental Health Trust.

She began her career in health and social care in 1993, qualifying as a learning disability nurse in 1996 and later as a registered mental health nurse.

Clare has a strong background in clinical practice and professional leadership, she was previously the Programme Director for Nursing Workforce in NCL. She is dedicated to collaborating with staff and service users to enhance the quality and experience of our services.

Rod Booth – Director of Strategy and Business Development

Rod joined the Trust as Director of Strategy and Business Development in July 2023. Rod has worked across health, social care and charity sectors for the past 25 years and has had the privilege to commission and deliver services across London, South West England and Nationally.

Rod joined us from South London and Maudsley NHS Foundation Trust where he led on performance, income generation and developing strategic partnerships to improve care, supported by sitting as Executive Member for Mental Health on the Southwark Local Care Partnership.

Gemma Davies – Chief People Officer

Gem joined the Trust as Chief People Officer in February 2023. Gem was previously Deputy Director of People at Homerton Healthcare NHS Foundation Trust.

Gem has worked in the NHS for over 20 years in a range of settings, including a Commissioning Support Unit, Primary Care Trusts, a number of hospitals, an ALB and as a senior workforce lead on the COVID-19 vaccination programme during the pandemic.

Gem is passionate about engagement, inclusivity, and creating just, learning cultures.

Ade Kadiri – Director of Corporate Governance (Previous)

Ade joined the Trust as Director of Corporate Governance in August 2023. Before joining us, he was Head of Corporate Governance at the Royal United Hospitals Bath NHS Foundation Trust, and prior to that, Company Secretary at the Milton Keynes University Hospital NHS Foundation Trust. He has also worked in the fields of criminal prosecution, medical professional regulation and health and local government sector regulation.

Ade is legally qualified and is a Member of the Chartered Governance Institute (formerly ICSA) and brings experience of all aspects of governance, regulatory compliance, and risk management, among other things, to the Trust.

He left the Board in January 2025.

Dorothy Otite – Interim Director of Corporate Governance (Current)

Dorothy Otite joined the Board in February 2025 following Ade's departure. She has been in the Trust since January 2023 as Governance Consultant leading on specific governance-related projects.

Before joining the Trust, Dorothy led on various interim assignments in the corporate governance field including working as Interim Group Company Secretary at East Kent Hospitals NHS Foundation Trust and nominated Company Secretary for its Subsidiary Boards. Dorothy began her early career in the legal department of an oil & gas company and has since held senior positions across the fields of corporate governance, commercial, compliance and risk management.

Dorothy is legally qualified, an affiliated member of the Chartered Governance Institute (formerly the Institute of Chartered Secretaries and Administrators (ICSA), and holds a Diploma in Corporate Governance from the Corporate Governance Institute. She brings extensive experience in corporate governance, regulatory compliance and risk management, with experience spanning multiple sectors including oil & gas, finance, social housing, and the NHS.

A strong advocate for Equality, Diversity and Inclusion (EDI), Dorothy brings a broad and open perspective shaped by her diverse experience working across two continents and multinational organisations.

Board Committees

The Board delegates some of its oversight responsibilities to committees, where matters of assurance and quality can be explored in more detail.

Committee	Membership April 2024 – March 2025
Integrated Audit and Governance	David Levenson (Chair); Aruna Mehta and Sal Jarvis.
Quality and Safety	Claire Johnston (Chair); Janusz Jankowski; Chris Abbott; and Clare Scott.
Executive Appointment and Remuneration	John Lawlor (Chair); and all Non-Executive Directors
People, Organisational Development, Equality, Diversity & Inclusion	Shalini Sequeira (Chair); Claire Johnston; Ken Batty; Gemma Davies; Clare Scott and Mark Freestone.
Performance, Finance and Resources	Aruna Mehta (Chair), Shalini Sequeira; David Levenson; Peter O'Neill; and Rod Booth.
Education and Training	Sal Jarvis (Chair); David Levenson; Janusz Jankowski; Mark Freestone; and Chris Abbott.

Integrated Audit and Governance Committee

The Board delegates certain of its duties and responsibilities and powers to the Integrated Audit and Governance Committee, so that these can receive suitably focussed attention. Principally, the purpose of the Committee is to ensure, on behalf of the Board, that financial reporting, the external and internal audit processes and the systems of internal control and risk management are appropriate and effective across the activities of the Trust.

The Committee fulfils its responsibilities by reviewing the work and the reports of the internal auditors, external auditors, and the local counter fraud specialist. The Committee also seeks assurances from senior managers and reviews other relevant reporting, such as aged debtors and single tender waivers.

The Chief Finance Officer, Chief Nursing Officer and Director of Corporate Governance present the annual report and accounts and the Quality Report to the Committee, which reviews and scrutinises these through questioning the external auditors and senior managers.

COMPOSITION AND ATTENDANCE

The Committee comprises (at least) three Non-Executive Directors, one of whom has recent and relevant financial experience and all of whom are independent Non-Executive Directors of the Trust.

The Chair of the Committee is appointed from the Non-Executive Directors.

The Chair of the Trust may not sit on the Committee.

The Committee is quorate if at least two members are in attendance.

The Chief Finance Officer, Director of Corporate Governance and representatives of the internal and external auditors and local counter fraud service are required attendees at each meeting.

The Chief Executive Officer and other Senior managers attend by invitation only.

The Trust Chair usually attends at least once per year, again by invitation.

Attendance records – Integrated Audit and Governance Committee		
Member Name	Notes	Possible / Actual Attendances
David Levenson (Chair)		4/4
Aruna Mehta		2/4
Sal Jarvis		4/4

After each Committee meeting, an assurance report on the key issues addressed are provided to the Trust Board and at each Trust Board meeting the Chair of the Committee is invited to share any concerns or issues with the Board.

THE INTEGRATED AUDIT AND GOVERNANCE COMMITTEE'S WORK 2024/25

Integrated Governance, Risk Management and Internal Control

The Committee received the full BAF for oversight at each meeting; and 12+ Corporate Risk Register at the March meeting of the Committee.

During 2024/25, the Committee continued to develop its focus on risk management and integrated governance processes. The Committee approved the Risk Management Strategy and Policy.

The Committee reviewed the draft Annual Report (including the Annual Governance Statement) and confirmed to the Board that the wording of the Annual Governance Statement was consistent with the findings reported to the Committee during the year.

Internal Audit

During 2024/25, the Trust used the services of RSM Risk Assurance Services LLP ("RSM") to provide its internal audit function, such services being designed to conform to the Public Sector Internal Audit Standards.

The Committee received and approved the internal audit plan ensuring that the plan was consistent with the needs of the Trust. In setting the internal audit work plan, RSM (in conjunction with Senior Management and the Committee) worked within an overarching three-year strategic plan and explicitly considered the Board Assurance Framework (BAF) of the Trust.

The Committee ensured the Trust sought also to use its internal audit resources to focus on areas of actual or potential weakness.

The Committee received a report from RSM at each meeting during the year covering a range of topics including progress against the internal audit plan; the draft internal audit plan; and the head of internal audit opinion.

The Committee received progress updates of the recommendations to address the HFMA self-assessment audit.

The Committee conducted a review of the effectiveness of the Internal Auditors during 2024/25.

External Audit

During 2024/25, the Trust's external auditors was Grant Thornton.

The audit fee for 2024/25 is £180k inclusive of VAT (2023/24: £150k). In addition, Grant Thornton was not required to review the Quality Report for 2024/25, as NHSE did not require any external audit assurance (the same was true for 2022/23 and 2023/24).

Grant Thornton did not provide any non-audit services to the Trust during 2024/25. Therefore, there was no requirement for the Committee to instigate a policy on the engagement of the external auditor to supply non-audit services.

The Committee received the External Audit Plan 2024/25 at the March 2025 meeting.

The Committee received reports from Grant Thornton during the year covering a range of topics and potential risks, including Value for Money and Audit Annual Report for 2024/25.

The Committee received a report of the evaluation of performance of the External Auditors during 2024/25.

Counter Fraud Services

During 2024/25, the Trust used the services of RSM Risk Assurance Services LLP (“RSM”) to provide its Local Counter Fraud Specialist (LCFS) function, whose activity was directed and overseen by the Interim Chief Finance Officer and the Committee.

During 2024/25, the Committee received and approved the counter fraud plan to ensure that the Trust continued to develop its programme of deterrence, prevention, and detection, in line with NHS Counter Fraud Authority (NHS CFA) requirements and in response to emerging risks, both locally and throughout the healthcare sector.

The Committee received a progress report from the LCFS at each meeting during the year covering its workplan activities including proactive detection; reactive work it had undertaken; emerging risks and alerts issued; and an update on the NHS Counter Fraud Authority (NHSCFA) CFFSR action plan.

As part of its progress update to the Committee, it noted the LCFS continued to deliver a bespoke fraud and bribery awareness programme to staff. Training has continued to be provided to staff, ensuring that they remain aware of fraud and bribery risks and are suitably informed to be able to promptly identify, mitigate and respond to these risks. The LCFS continued to monitor compliance with the counter fraud and bribery eLearning module.

The Interim Chief Finance Officer and the Committee Chair have signed off the statutory Counter Fraud Functional Standard Return (CFFSR) for 2024/25.

The Committee conducted a review of the effectiveness of the LCFS during 2024/25.

Financial Reporting

During 2024/25 the Committee received reports in relation to internal financial controls and related risks including a report on aged debtors; Single Tender Waivers; Overpayments/ Underpayments to staff; HFMA self-assessment audit recommendations progress update; SFIs; and information governance assurance reports.

Reporting to the Board

In line with its terms of reference, the Committee provided an assurance report of its activities to the Board of Directors after each meeting.

Disclosures set out in the NHS Foundation Trust Code of Governance

The Tavistock and Portman NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance, most recently revised in April 2023, is based on the principles of the UK Corporate Governance Code issued in 2012.

The Trust considers that it complies with the specific disclosure requirements as set out in the NHS Foundation Trust Code of Governance and NHS Foundation Trust Annual Reporting Manual (FT ARM).

The following table details these disclosures and where the information is located in this report:

CODE SECTION	CODE PROVISION	ANNUAL REPORT AND ACCOUNTS SECTION
A 2.1	The board of directors should assess the basis on which the trust ensures its effectiveness, efficiency and economy, as well as the quality of its healthcare delivery over the long term, and contribution to the objectives of the ICP and ICB, and place-based partnerships. The board of directors should ensure the trust actively addresses opportunities to work with other providers to tackle shared challenges through entering into partnership arrangements such as provider collaboratives. The trust should describe in its annual report how opportunities and risks to future sustainability have been considered and addressed, and how its governance is contributing to the delivery of its strategy.	Annual Governance Statement
A 2.3	The board of directors should assess and monitor culture. Where it is not satisfied that policy, practices or behaviour throughout the business are aligned with the trust's vision, values and strategy, it should seek assurance that management has taken corrective action. The annual report should explain the board's activities and any action taken, and the trust's approach to investing in, rewarding and promoting the wellbeing of its workforce.	Staff Report
A 2.8	The board of directors should describe in the annual report how the interests of stakeholders, including system and place-based partners, have been considered in their discussions and decision-making, and set out the key partnerships for collaboration with other providers into which the trust has entered. The board of directors should keep engagement mechanisms under review so that they remain effective. The board should set out how the organisation's governance processes oversee its collaboration with other organisations and any associated risk management arrangements.	Directors' Report
B 2.6	The board of directors should identify in the annual report each non-executive director it considers to be independent. Circumstances which are likely to impair, or could appear to impair, a non-executive director's independence include, but are not limited to, whether a director: • has been an employee of the trust within the last two years • has, or has had within the last two 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	Directors' Report

CODE SECTION	CODE PROVISION	ANNUAL REPORT AND ACCOUNTS SECTION
	• has received or receives remuneration from the trust apart from a director's fee, participates in the trust's performance-related pay scheme or is a member of the trust's pension scheme • has close family ties with any of the trust's advisers, directors or senior employees • holds cross-directorships or has significant links with other directors through involvement with other companies or bodies • has served on the trust board for more than six years from the date of their first appointment • is an appointed representative of the trust's university medical or dental school. Where any of these or other relevant circumstances apply, and the board of directors nonetheless considers that the non-executive director is independent, it needs to be clearly explained why.	
B 2.13	The annual report should give the number of times the board and its committees met, and individual director attendance.	Directors' Report
B 2.17	For foundation trusts, this schedule should include a clear statement detailing the roles and responsibilities of the council of governors. This statement should also describe how any disagreements between the council of governors and the board of directors will be resolved. The annual report should include this schedule of matters or a summary statement of how the board of directors and the council of governors operate, including a summary of the types of decisions to be taken by the board, the council of governors, board committees and the types of decisions which are delegated to the executive management of the board of directors.	Directors' Report
C 2.5	If an external consultancy is engaged, it should be identified in the annual report alongside a statement about any other connection it has with the trust or individual directors.	Not applicable for the Trust in 2024/25
C 2.8	The annual report should describe the process followed by the council of governors to appoint the chair and non-executive directors. The main role and responsibilities of the nominations committee should be set out in publicly available written terms of reference.	Directors' Report
C 4.2	The board of directors should include in the annual report a description of each director's skills, expertise and experience.	Directors' Report
C 4.7	All trusts are strongly encouraged to carry out externally facilitated developmental reviews of their leadership and governance using the Well-led framework every three to five years, according to their circumstances. The external reviewer should be identified in the annual report and a statement made about any connection it has with the trust or individual directors.	There has been no external evaluation of the Trust during 2024/25
C 4.13	The annual report should describe the work of the nominations committee(s), including: • the process used in relation to appointments, its approach to succession planning and how both support the development of a diverse pipeline • how the board has been evaluated, the nature and extent of an external evaluator's contact with the board of directors and individual directors, the outcomes and actions taken, and how these have or will influence board composition • the policy on diversity and inclusion including in relation to disability, its objectives and linkage to trust vision, how it	Directors' Report

CODE SECTION	CODE PROVISION	ANNUAL REPORT AND ACCOUNTS SECTION
	has been implemented and progress on achieving the objectives • the ethnic diversity of the board and senior managers, with reference to indicator nine of the NHS Workforce Race Equality Standard and how far the board reflects the ethnic diversity of the trust's workforce and communities served • the gender balance of senior management and their direct reports.	
C 5.15	Foundation trust governors should canvass the opinion of the trust's members and the public, and for appointed governors the body they represent, on the NHS foundation trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the board of directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.	Performance Report
D 2.4	The annual report should include: • the significant issues relating to the financial statements that the audit committee considered, and how these issues were addressed • an explanation of how the audit committee (and/or auditor panel for an NHS trust) has assessed the independence and effectiveness of the external audit process and its approach to the appointment or reappointment of the external auditor; length of tenure of the current audit firm, when a tender was last conducted and advance notice of any retendering plans • where there is no internal audit function, an explanation for the absence, how internal assurance is achieved and how this affects the external audit • an explanation of how auditor independence and objectivity are safeguarded if the external auditor provides non-audit services.	Governance Disclosures
D 2.6	The directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, is fair, balanced and understandable, and provides the information necessary for stakeholders to assess the trust's performance, business model and strategy.	Directors' Report
D 2.7	The board of directors should monitor the trust's risk management and internal control systems and, at least annually, review their effectiveness and report on that review in the annual report. The monitoring and review should cover all material controls, including financial, operational and compliance controls. The board should report on internal control through the annual governance statement in the annual report.	Annual Governance Statement
D 2.9	In the annual accounts, the board of directors should state whether it considered it appropriate to adopt the going concern basis of accounting when preparing them and identify any material uncertainties regarding going concern. Trusts should refer to the DHSC group accounting manual and NHS foundation trust annual reporting manual which explain that this assessment should be based on whether a trust anticipates it will continue to provide its services in the public sector. As a result, material uncertainties over going concern are expected to be rare.	Performance Report Annual Accounts
E 2.3	Where a trust releases an executive director, e.g., to serve as a non-executive director elsewhere, the remuneration disclosures in the annual report should include a statement as to whether or not the director will retain such earnings.	Not applicable for the Trust in 2024/25

CODE SECTION	CODE PROVISION	ANNUAL REPORT AND ACCOUNTS SECTION
Appendix B, para 2.3 (not in Schedule A)	The annual report should identify the members of the council of governors, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated lead governor.	Directors' Report
Appendix B, para 2.14 (not in Schedule A)	The board of directors should ensure that the NHS foundation trust provides effective mechanisms for communication between governors and members from its constituencies. Contact procedures for members who wish to communicate with governors and/or directors should be clear and made available to members on the NHS foundation trust's website and in the annual report.	Directors' Report
Appendix B, para 2.15 (not in Schedule A)	The board of directors should state in the annual report the steps it has taken to ensure that the members of the board, and in particular the non-executive directors, develop an understanding of the views of governors and members about the NHS foundation trust, e.g., through attendance at meetings of the council of governors, direct face-to-face contact, surveys of members' opinions and consultations.	Directors' Report
Additional requirement of FT ARM resulting from legislation	If, during the financial year, the Governors have exercised their power* under paragraph 10C** of schedule 7 of the NHS Act 2006, then information on this must be included in the annual report. This is required by paragraph 26(2)(aa) of schedule 7 to the NHS Act 2006, as amended by section 151 (8) of the Health and Social Care Act 2012. * Power to require one or more of the directors to attend a governors' meeting for the purpose of obtaining information about the foundation trust's performance of its functions or the directors' performance of their duties (and deciding whether to propose a vote on the foundation trust's or directors' performance). ** As inserted by section 151 (6) of the Health and Social Care Act 2012)	Not applicable for the Trust in 2024/25

NHS System Oversight Framework

NHSE's NHS Oversight Framework provides the framework for overseeing systems including providers and identifying potential support needs. NHS organisations are allocated to one of four 'segments'.

A segmentation decision indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4). A segment does not determine specific support requirements. By default, all NHS organisations are allocated to segment 2 unless the criteria for moving into another segment are met. These criteria have two components:

a) objective and measurable eligibility criteria based on performance against the six oversight themes using the relevant oversight metrics (the themes are: quality of care, access and outcomes; people; preventing ill-health and reducing inequalities; leadership and capability; finance and use of resources; local strategic priorities); and

b) additional considerations focused on the assessment of system leadership and behaviours, and improvement capability and capacity.

An NHS Foundation Trust will be in segment 3 or 4 only where it has been found to be in breach or suspected breach of its licence conditions.

Segmentation:

The Trust moved to segment 3 of the SOF in 2022, following which a package of support and a set of exit criteria for transition back to segment 2 were agreed with the Trust.

The exit criteria were updated in 2024 following agreement by the Trust, NCL ICS and NHSE London Region. The main changes to the original exit criteria are to reflect:

- That the Children's GIDS transferred to the new providers from 1 April 2024 and the Trust will no longer hold responsibility for the patients from that date; and
- The progress and plans for the Trust's strategic future mean that the exit criteria are now focused on the work to identify a partner and to develop an implementation plan for merger.

The exit criteria themes, all rated amber or green based on risk level held; and due to improvements made in 2023-24, are now focused on a number of key areas:

1. Longer Term Strategy
2. Finance
3. Leadership & Governance
4. Gender Identity Clinic for Adults

The monthly NCL ICS SOF 3 meetings have been stepped down with delivery of actions now tracked through the Trust Integrated Quality and Performance Review meetings. However, we retain a regular monthly SOF 3 oversight meeting with NHSE regulator colleagues for support.

Statement of the Chief Executive's Responsibilities as the Accounting Officer of The Tavistock and Portman NHS Foundation Trust

The NHS Act 2006 states that the chief executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the *NHS Foundation Trust Accounting Officer Memorandum* issued by NHSE.

NHSE has given Accounts Directions which require The Tavistock and Portman NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of The Tavistock and Portman NHS Foundation Trust and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care's Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHSE, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the *NHS Foundation Trust Annual Reporting Manual* (and the *Department of Health and Social Care Group Accounting Manual*) have been followed, and disclose and explain any material departures in the financial statements
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance
- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable them to ensure that the accounts comply with requirements outlined in the above-mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

As far as I am aware, there is no relevant audit information of which The Tavistock and Portman NHS Foundation Trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.

Signature:

Michael Holland
Chief Executive and Accounting Officer **Date: 19 June 2025**

Annual Governance Statement 2024/25

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Foundation Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Foundation Trust Accounting Officer Memorandum*.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of The Tavistock and Portman NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in The Tavistock and Portman NHS Foundation Trust for the year ended 31 March 2025 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The Trust's risk management strategy and policy clearly sets out the accountability and reporting arrangements for risk management.

The Chief Executive has overall responsibility for the management of risk by the Trust. The other members of the executive team exercise lead responsibility for specific types of risk as follows:

- Clinical risks: Chief Medical Officer and Chief Nursing Officer
- Education and Training Risks: Chief Education and Training Officer/Dean of Postgraduate Studies
- Financial and capital planning risks: Chief Finance Officer
- Contractual risks: Chief Finance Officer
- Workforce risks: Chief People Officer
- Information governance risks: Director of Corporate Governance
- Operational and service risks: Chief Nursing Officer
- Medical workforce risks: Chief Medical Officer
- Estates and Facilities risks: Chief Finance Officer

The role of each Executive Director is to ensure that appropriate arrangements are in place for the:

- Identification and assessment of risks and hazards.
- Elimination or reduction of risk to an acceptable level.
- Compliance with internal policies and procedures, and statutory and external requirements.
- Integration of functional risk management systems and development of the assurance framework.

The Board of Directors provide leadership on the Trust's overall approach to risk management and is responsible for determining the nature and extent of the significant risks it is willing to take in achieving its strategic objectives.

The Chief Finance Officer, on behalf of the Chief Executive Officer has responsibility for ensuring that a sound system of internal financial control is maintained and for providing adequate financial information. This includes being the key contact for the internal and external auditors and taking responsibility for providing relevant assurances to the Board. The Chief Finance Officer has ultimate responsibility for any financial implications of plans to control risk and the method used to incorporate such into the business planning process.

The Director of Corporate Governance, in their capacity as Senior Information Risk Owner (SIRO) is responsible for ensuring that risks relating to the handling, storing and sharing of information are managed in accordance with the General Data Protection Regulation (GDPR), and other key statutory provisions, as well as the Data Security and Protection Toolkit (DSPT), a key information governance self-assessment tool for NHS organisations. This framework is monitored by the Information Governance Group which is accountable to the Executive Leadership Team (ELT).

The Director of Corporate Governance also has responsibility for establishing and implementing the process and systems of risk management across the Trust and the promotion of good corporate governance.

The Trust recognises that training of staff is an essential element of any successful risk management strategy. The Trust has continued to roll out dedicated risk management training for all operational and clinical managers across the organisation. The Trust continued the roll out of a programme of robust Risk Management training during 2024/25, and this will continue in 2025/26, in combination with training on use of the Trust's risk and incident reporting tool, Radar. During 2024/25, Radar enhanced the quality and experience of information and reporting, thereby helping to further encourage a culture of incident reporting across the Trust.

The risk and control framework

The Trust has in place a Risk Management Strategy and Policy, last reviewed and approved by the Integrated Audit and Governance Committee in May 2024. The Strategy and Policy applies to all Trust staff and sets out the Trust's approach to managing clinical and non-clinical risks.

The system of internal control is based on an iterative risk management process designed to identify the principal risks to the achievement of the Trust's objectives; to evaluate the nature and extent of those risks; and to manage them efficiently, effectively and economically. The key elements of the risk management strategy are that:

- Risk identification and management is a key trust wide responsibility.
- All staff accept the management of risks as one of their fundamental duties.
- All staff are committed to identifying, mitigating and reducing risks within their sphere of influence.

The Trust uses the '5 x 5' (likelihood x impact) matrix for risk quantification. Risks may be identified on an ongoing basis via incident reporting, complaints, claims, freedom to speak up activity, control audits, and risk assessments. These processes are monitored to ensure that any risks identified, are acted upon in a timely manner.

The Trust's Risk Appetite Statement and assessment which is usually considered and agreed on an annual basis by the Board of Directors, would be considered and updated at the Board Risk Appetite development session facilitated by the Interim Director of Corporate Governance and the Trust Risk Manager during April 2025.

The Integrated Audit and Governance Committee (IAGC) is responsible for providing assurance to the Board of Directors that an effective system of integrated governance, internal control and risk management is maintained within the organisation. The IAGC also has a specific remit to review and provide verification on the systems in place for risk management.

During 2024/25, the Trust's internal audit function addressed the following range of internal controls and risk areas:

- Subject Access Requests (Reasonable assurance rating)
- Consultant Job Planning (Minimal assurance rating)

- Procurement (Partial assurance rating)
- Payroll (Partial assurance rating)
- Data Quality – Formal Complaints (Partial assurance rating)
- Student Admissions – (Partial assurance rating)
- Cyber Security – Partial assurance rating)
- Risk Management Culture – (Reasonable assurance rating)
- Data Security Protection Toolkit 2023/24 submission (Advisory)

The IAGC is satisfied with the management responses regarding the issues raised by internal audit and time-bound action plans for improvements are in place to address any areas of outstanding weaknesses.

The IAGC is also satisfied that the Trust has an effective internal audit function that meets mandatory Public Sector Internal Audit Standards and provides appropriate independent assurance to the Committee, the Chief Executive Officer and to the Board.

The Trust uses external bodies to provide assurance, where necessary, and targets the internal audit programme at specific areas where risks or gaps in assurance are identified, and no other source of assurance is available. The Board of Directors recognises that this may result in "limited assurance" reports which then enable robust action plans to be identified and implemented to produce improvements in control and assurance.

During 2024/25, the Board of Directors reviewed and approved the Board Assurance Framework (BAF) to gain assurance that the risks to the strategic ambitions are being effectively managed.

The Board of Directors is required to satisfy themselves that the Trust's annual quality account is fairly stated. The Trust has put in place robust arrangements to ensure key stakeholders, including the Council of Governors, commissioners, local authority partners and the local Healthwatch, are engaged in the process of agreeing the quality priorities and providing commentary on the annual quality account. The Chief Nursing Officer leads and advises on all matters relating to the preparation of the quality account, to ensure that the report presents a properly balanced view of clinical performance over the year.

During 2024/25, four of the Board Committees reviewed the specific strategic risks within the BAF that align to their areas of the business. Each Committee Chair reported to the full Board from these meetings on the discussions around risk. The Committees are as follows:

- Quality and Safety Committee;
- People, Organisational Development, Equality, Diversity and Inclusion Committee;
- Education and Training Committee; and
- Performance, Finance and Resources Committee.

The IAGC received the refreshed version of the BAF at its meetings in May 2024, September 2024, December 2024 and March 2025 as part of its overall assessment of the effectiveness of risk and assurance processes in place. The Committee's role in relation to the BAF is to assure the Board that the Framework is being used appropriately to manage the Trust's main strategic risks and to help focus Board and Committee business.

The reports to the Board highlight any issues that require disclosure or executive actions, including where unmitigated risks are identified, and assurance that plans are in place.

Major Risks in 2024/25

The BAF structure and process enables the Board to focus on the principal risks which might compromise the achievement of the organisation's Strategic objectives. The framework maps out the key controls which are in place to mitigate the risks and provides a framework of continued assurance which the Board can draw

upon when considering the effectiveness of those controls.

The following Strategic risks contained within the 2024/25 BAF were considered and reviewed by the Board and its Committees throughout the year:

- Inequality of access for patients - If the Trust is unable to meet increasing demands for its services. Then the Trust will be unable to meet the needs of its patient population in a timely fashion, to the standard of care that is required. Resulting in increased waiting times for patients to access Trust services, and in turn leading to poor patient experience, including risk of harm to patients, and non-compliance with the Trust's contractual obligations, national standards, and regulatory requirements.

- Failure to provide consistent, high-quality care - If the Trust is unable to meet nationally recognised quality standards across its clinical services, then, the Trust will not be able to deliver the high quality, safe, evidence-based and reflective care to patients. Resulting in poor patient experience and risk of harm, potential regulatory enforcement or penalties and reputational damage.

- Loss of validation of Department of Education and Training (DET) degrees. Changes to the Office for Students (OfS) regulatory framework and other pressures on DET as a small independent provider whose programmes are validated externally pose a risk to our education and training provision.

- Potential contraction of student recruitment. If there is a contraction in post graduate student income, then Trust strategic and commercial aims will be significantly impacted. This risks a shortfall against financial targets and a reduction of impact as a lead in mental health education.

- Non-delivery of a sustainable future for the organisation through the Board agreed merger process. The Trust's sustainable future is closely tied to the successful execution of the Board agreed merger process. There is a risk that if the merger is not completed as planned, it would undermine the Trust's long-term viability.

- Lack of workforce development, retention, recruitment. If the Trust is unable to effectively plan and recruit to critical vacancies and improve the resilience of its workforce through its education, training and development plan, the ongoing sustainability of quality services and activity volume will be impacted. This will lead to enhanced levels of turnover, sickness and future recruitment issues as well as potentially leading to reduced contract income for services delivered.

- Lack of a fair and inclusive culture. If the Trust does not establish a fair and inclusive organisational culture, where all staff regardless of their background feel that they belong, and that there is an awareness of cultural difference, staff morale and levels of recruitment and retention will be affected, and the quality of patient care will be compromised.

- Lack of management capability and capacity. If people issues are not fairly and effectively managed, in line with the Trust's vision and values, including a focus on staff health and wellbeing and workforce planning, the resilience of the Trust's workforce will be affected, and this could have an adverse impact on the Trust's sustainability.

- Delivering financial sustainability targets. A failure to deliver a medium / long term financial plan that includes the delivery of a recurrent efficiency program bringing the Trust into a balanced position in future periods. This may lead to enhanced ICB/NHSE scrutiny, additional control measures and restrictions on autonomy to act.

- Maintaining an effective estate function. If the Trust fails to deliver affordable and appropriate estates solutions, there may be a significant negative impact on patient, staff and student experience, resulting in the possible need to reduce Trust activities potentially resulting in a loss of organisational autonomy.

- Sustainable income streams. The result of changes in the commissioning environment, and not achieving contracted activity levels could put some baseline income at risk, impacting on financial sustainability. This could also prevent the Trust establishing sustainable new income streams and adapt the current Trust service configuration.

- IT infrastructure and cyber security. The failure to implement comprehensive security measure to protect the Trust from Cyber-attack could result in a sustained period where critical IT systems are unavailable, reducing the capacity to provide some services and leaving service users at risk of harm.

- Failure to achieve required levels of performance and productivity. If the Trust is unable to achieve contracted levels of performance and productivity. Then the Trust will be in breach of its contractual obligations to its commissioners and will not be able to deliver services to meet the needs of the population and to the standard of care that is required. Resulting sanctions against the Trust, including loss of income and financial penalties, poor patient experience and patient outcomes, including risks to patients' mental health, and reputational risk.

- Failure to deliver sustainable reductions in the Trust's environmental impact, and to align with the NHS net zero target. **If** the trust does not reduce the environmental impact of the provision of its services. Then it will be out of step with the NHS-wide goals around environmental sustainability and the Service's attempts to achieve a net-zero status. Resulting in non-compliance with its statutory obligations, national targets, the NHS Long Term Plan, and the 'For a Greener NHS' initiative (80% emission reduction by 2030 and net zero carbon by 2040).

The review of all BAF risks with each of the Board Committees is planned during quarter 1 of 2025/26, and the full framework for 2025/26 is to be presented to the Board for approval at their meeting in May 2025.

During 2024/25, Equality Quality Impact Assessments (EQIAs) were being embedded across core trust business. This will continue in 2025/26.

Head of Internal Audit Opinion

For the period up to 31 March 2025, the Head of Internal Audit Opinion for the Trust is that "There are weaknesses in the framework of governance, risk management and internal control such that it could become inadequate and ineffective."

Factors which informed this opinion include the opinions associated with the internal audit reviews carried out during the period (highlighted within the section on Risk and Control Framework above) where out of eight audits undertaken, one provided minimal assurance; five provided partial assurance; and two provided reasonable assurance.

Although the Trust has made progress towards improving the control environment in 2024/25, to improve the internal control environment going forward, the programme of internal audits will be expanded in 2025/26; prioritising areas of lower assurance and with a strong focus in ensuring timeliness of implementation of actions to address internal audit recommendations.

Developing Workforce Safeguards

The Trust complies with the 'Developing Workforce Safeguards' recommendations by providing regular reports to the ELT and to the Board of Directors outlining the detailed annual workforce plans. The People Team plan to engage in discussions with senior managers on implementing a workforce plan which will incorporate a consolidated action plan for each clinical service. This will include workforce redesign, agency reduction, recruitment & retention, and staff survey improvements. The discussions have since commenced on the latter. The workforce plans and remodelling proposals will be quality impact assessed and approved at Board level.

The Trust's Recruitment and Retention strategy is informed by staff surveys and exit questionnaires, using specific feedback from individuals across all staff groups. The strategy delivers against our workforce plans supporting our emphasis on substantive recruitment to roles, retention of existing staff and reducing our need for temporary workers.

The People Team business partners are working closely with senior managers to monitor retention of staff, identify areas of risk where there is high turnover and provide support with implementation of both Trust-wide and service specific actions to improve retention rates.

A robust set of workforce metrics are supported by our KPI dashboard which captures vacancy rates, sickness absence, recruitment activity, appraisal, and statutory and mandatory training compliance. These are reviewed by the senior managers monthly with further analysis undertaken as required. These reports are also presented at the POD EDI Committee meetings. The Board and the POD EDI Committee receive reports on the annual staff survey findings and are informed of progress with the actions identified to resolve issues reported.

The Trust launched ESR self-service for staff to record and managers to monitor staff annual leave. All Medical staff have job plans and the Trust is relaunching this process to be supported by a new medical job planning policy. There are ongoing discussions on the implementation of e-job planning for Allied Health Professionals and the efficiencies and assurance this is expected to deliver.

NHS England Conflicts of Interest Guidance

The Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the Trust with reference to the guidance) within the past twelve months, as required by the '*Managing Conflicts of Interest in the NHS*' guidance.

Pension

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Equality and Diversity

The Trust is committed to creating a diverse and inclusive environment where all staff, service users and students feel they can be themselves. Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with. An Equality, Diversity and Inclusion (EDI) Policy is in place and supported by an associated Action Plan to ensure delivery against key EDI aims and objectives. The Trust's Equalities Statement can be found on the website.

The EDI Programme Board, chaired by the Chief Nursing Officer, has responsibility for delivery of the Trust's EDI Action Plan, and is accountable to the People, Organisational Development and EDI Committee.

Carbon Reduction

The Trust has undertaken risk assessments on the effects of climate change and severe weather and has developed a Green Plan following the guidance of the Greener NHS programme. The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Information governance

The Trust has an established process for managing the Information Governance agenda, led by the Director of Corporate Governance as Senior Information Risk Owner (SIRO), the Deputy Medical Director as Caldicott Guardian, and supported by external consultants who provide the Data Protection Officer function. They also provide first line advice to staff on a range of information governance matters.

The Trust is required to comply with the Data Security and Protection Toolkit, an online self-assessment tool that has recently adopted the National Cyber Security Centre's Cyber Assessment Framework (CAF) as its basis for cyber security and Information Governance assurance.

The Trust had no information governance breaches that reached the threshold for reporting to the Information Commissioner's Office (ICO) between 1 April 2024 and 31 March 2025.

Like all NHS organisations, the Trust is acutely aware of the impact that a successful cyber-attack could have on its systems and therefore patient safety and experience. An important element in the effective protection of the Trust's systems is ensuring that regular independent tests are held to demonstrate the resilience of the said systems. This is a requirement of both DSPT and the Cyber Essentials accreditation (which the Trust maintained during 2024/25). Multiple scenarios were audited and tested by qualified third-party providers such as RSM (Trust Internal Auditors) and Microsoft with the recommendations being implemented through the year.

The number and complexity of Freedom of Information (FOI) requests received by the Trust have continued to rise year on year. By the end of 2024/25, a total of 591 were received, compared to 543 in 2023/24. The Trust successfully maintained its good performance in the timeliness of responses, with 99% of responses being provided within the statutory 20 working-day time limit, thus maintaining its "good" rating from the Information Commissioner's Office.

The Information Governance Group, which is chaired by the Director of Corporate Governance, and is a sub-group of the Executive Leadership Team (ELT), is responsible for ensuring that the Trust works in accordance with statutory and best practice requirements in this area. The Group receives reports on information governance incidents, compliance with training requirements, data quality, freedom of information and compliance with the Data Security and Protection Toolkit. The Group reports to ELT on the IG risks facing the organisation and how these are managed.

Countering Fraud and Corruption

The Trust's Local Counter Fraud Service (LCFS) ensures that the annual plan of proactive work minimises the risk of fraud within the Trust, and that the organisation is fully compliant with NHS Counter Fraud Authority requirements. The People function and Finance Team work closely with the LCFS, both on a proactive and reactive basis. The LCFS helps to ensure that the organisation has the appropriate policies and procedures in place around handling alleged and suspected fraud, and that an anti-fraud culture and of reporting suspected fraud is developed.

Preventative measures that were taken by the Trust in conjunction with the LCFS during 2024/25 included reviewing policies to ensure they are fraud-proof, and utilising intelligence, best practice, and guidance from NHS Counter Fraud Authority. Detection exercises were undertaken in response to known high fraud risk issues, such as doing private work on NHS time and working while off sick. The National Fraud Initiative (NFI) data matching exercise was also conducted twice in the year. An important part of the LCFS role is raising awareness of fraud with staff. This was done in 2024/25 in conjunction with the Communications team, through the sharing of literature and provision of training across the Trust's sites. The LCFS also works closely with the Internal Audit service (both currently provided by the same firm) to capture any fraud risks from any audits undertaken within the Trust. Counter Fraud reports are presented to the IAGC at each of their meetings.

During 2024/25, LCFS was involved in three investigations (two of which were carried forward from

2023/24). Two of these investigations were closed and one ongoing (carried forward to 2025/26). There was no financial loss to the Trust as a result of the two closed cases.

The Counter Fraud Functional Standard Return (CFFSR) resulted in an overall rating of green. The green rating assesses the Trust as fully compliant with the requirements, with demonstrative evidence of the impact of counter fraud work undertaken.

At 31st March 2025, the Trust's counter fraud and bribery eLearning module had achieved 85% compliance. In addition, 9 bespoke fraud and bribery awareness sessions to 50 members of Trust staff, including an International Fraud Awareness Week campaign and identity verification and cyber fraud awareness training sessions across health and multi-sector. This ensures staff remain aware of fraud and bribery risks and are suitably informed to be able to promptly identify, mitigate and respond to these risks.

Regulation

NHS Foundation Trust Governance: Licence Provisions

The Code of Governance for NHS provider trusts came into force on 1 April 2023, replacing the previous NHS Foundation Trust code of governance. Among other things, the Code has adopted both a forward- and backward-looking approach to determining Trusts' compliance with provider licence conditions. The forward-looking approach involves the inclusion of a corporate governance statement within the forward plan setting out the expectations around corporate governance arrangements over the next 12 months. The backward-looking approach, on the other hand, includes the statements on internal control, risk and quality governance set out elsewhere in this annual governance statement. Risks to compliance against the Provider Licence are articulated and managed through the BAF.

NHS Oversight Framework Segmentation (National Oversight Framework):

It should be noted that under the National Oversight Framework (NOF 3) there are two remaining oversight areas for the Trust to deliver against:

- Longer Term Strategy and Financial Sustainability including Estates (via merger plans this is in train); and
- Improvement in GIC operational and clinical delivery linked to the national review of all GIC services. This improvement programme is overseen by NHSE colleagues under monthly meeting governance.

The Trust has delivered a RAG rating of green with measurable improvements across the other three NOF3 areas initially identified:

- Leadership and Governance
- Quality
- Decommissioning of GIDs service (complete)

Care Quality Commission Inspections:

2024/25 Inspection:

The Trust has not been inspected by the CQC in 2024/25.

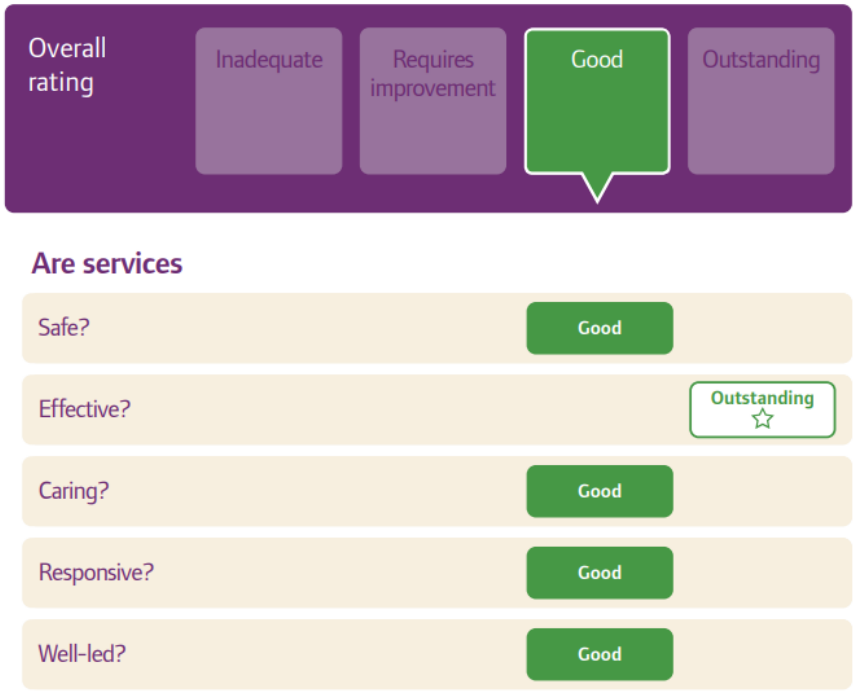
The CQC has not taken enforcement action against the Trust during 2024/25.

2018/19 Inspection:

In November 2018, the Care Quality Commission (CQC) rated the Trust as below. The Trust has not been subject to a full Trust inspection since that time and these ratings remain:

Last rated
13 December 2023

Tavistock and Portman NHS Foundation Trust



Full details of all previous inspections can be found here

CQC Improvement Group

The CQC Improvement Group is a formally constituted Group within the Trust's governance structure and reports to the Quality and Safety Committee as part of this framework. The Group has delegated authority to oversee and monitor the improvement plans developed from the must do and should do recommendations from CQC inspections and for planning for future inspections. The Group also has delegated authority for preparing the Trust for the CQC's assessment framework and any developments in relation to that. The plan to monitor progress against the must and should do recommendations from past inspections is monitored at each meeting.

The Group undertook a self-effectiveness review in line with its Terms of Reference. The survey was commissioned by the Group's Chair and conducted electronically. The feedback received was positive overall, with a focus on the recent improvements in the Group's effectiveness and focus. An improvement point was noted about how teams learn from each other and how improvements made are embedded for long term sustainment. This will be an area of focus for the Group in 2025/26.

In 2024/25 the Group has reviewed draft processes to undertake internal quality reviews, linked to the CQC's assessment framework, key questions and quality statements. A plan for quarterly reviews has been discussed and developed with the Group and will be launched in Quarter 1 2025/26.

The Trust has been involved in the stakeholder work that the CQC has undertaken in the year including workshops about the assessment framework and the adult community mental health programme. The Trust has also continued to hold quarterly meetings with the CQC's Operational Manager assigned to the Trust.

Data quality and governance

The waiting time and quality data is extracted using Phoenix reporting services and the Power BI system dashboards. Regular monitoring and reporting is done operationally (by the contracts and clinical teams) prior to sign off of the report by the Executive Leads as part of the monthly IQPR reporting cycle.

Review of economy, efficiency and effectiveness of resources

The objectives of maximising efficiency, effectiveness and economy within the Trust are achieved by internally employing a range of accountability and control mechanisms whilst also obtaining independent external assurances. One of the principal aims of the whole system of internal control and governance is to ensure that the Trust optimises the use of all resources. In this respect the main operational elements of the system are the Management Reporting, BAF and the Board committees (IAGC and the Performance, Finance and Resources Committee (PFRC)). Several financial control measures have been maintained throughout the year. Underlying this structure there is the assurance work of both the internal and external audit functions.

The IAGC is chaired by a Non-Executive Director, and it reports directly to the Board. Both Internal and External Auditors attend each Committee meeting and report on the achievement of approved annual audit plans that specifically include economy, efficiency, and effectiveness reviews. During 2024/25, the IAGC received the following key reports from Executive Directors:

- Annual Report and statutory declarations
- Board Assurance Framework
- Single Tender Waiver Reports
- Gifts, Hospitality and Interests Reports
- Aged Debtor Reports
- Overpayment Reports
- Cyber Security Reports
- Information Governance Reports

A Non-Executive Director chairs the PFRC which reports to the Board on resource utilisation and service development initiatives as well as financial and operational performance. As part of this assurance process the Trust has presented to the PFRC the planning documents for 2025/26. In addition, the PFRC received regular cash management updates. The Board of Directors also receives performance and financial updates at each meeting.

During 2024/25 incremental improvements were made to the Integrated Quality and Performance Report (IQPR), to help senior management, the Board and its key Committees to more easily understand how well the Trust is performing against its key targets and objectives. Key to the development of the IQPR has been the use of the A3 methodology, which focuses on identifying the key drivers behind sub-optimal performance and enabling the development of practical time-limited actions to address them. It is particularly useful in highlighting the importance of the interplay between financial, operational, people and quality management process across the organisation.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within The Tavistock and Portman NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the IAGC and the Quality and Safety Committee and a plan to address weaknesses and ensure

continuous improvement of the system is in place.

Executive Directors within the organisation who have responsibility for the development and maintenance of the system of internal control within their functional areas provide me with assurance. The ELT is the principal Executive Committee for reviewing risk in the Trust and continues to contribute to the ongoing monitoring of the effectiveness of the system of internal control.

The process supporting the development of the annual clinical audit programme is now well established with priority given to topics that address areas of key clinical challenge. The central objective of the audit programme is to support improvements in patient care identified through clinical audit. The programme is overseen by the Quality and Safety Committee.

The Board Assurance Framework (BAF) provides me with evidence that the effectiveness of controls, which manage the risks to the Trust in achieving its strategic objectives have been reviewed and addressed. The Trust received reasonable assurance on its risk management arrangements (this includes the processes around the BAF) from the internal audit review carried out in 2024/25, evidencing further improvements made in 2024/25 both to the processes for managing the BAF, Board Committee oversight arrangements (including the extent to which it drove the areas of focus for the Committees) of the effectiveness of the Trust's system of internal control. These include:

- Bimonthly oversight of BAF risks by the Committees;
- Quarterly reports to the IAGC and Board on the BAF risks;
- Assurance, as provided through internal audit, on risk management processes; and
- Chair assurance reports from the Board Committees to Board.

A report from the IAGC on their work is included in the Accountability Statement in the Annual Report along with summary reports on the work of the other Board Committees that provide assurance to me and the Board on quality, effectiveness, finance, workforce and education namely:

- Quality and Safety Committee
- Performance, Finance and Resources Committee
- People, Organisational Development, Equality and Diversity Committee
- Education and Training Committee.

Significant Control Issues

The Trust's definition of significant control issue is:

- Unplanned issues that required significant resource investment; and
- Any significant concerns raised by regulators, auditors or external visits as agreed by the IAGC.

For 2024/25, the Trust is highlighting the following significant control issues:

1. Gender Identity Clinic (GIC) – As part of the national review of adult gender clinics, NHSE set out their timetable and key lines of enquiry. The Trust was visited by the NHSE review panel in November 2024. The one day on site visit was supported by a data submission ahead of the review.

   The Trust received a letter noting the high-level findings, including areas requiring immediate attention. A response and improvement plan were submitted to NHSE within the required timeframe. The improvement plan is monitored internally through a targeted support framework. The Trust and NHSE meet regularly to review progress.

2. Financial Performance and Sustainability – In relation to financial performance and sustainability, there is a risk of failure to develop and deliver medium/long term financial plans that demonstrate a trajectory towards break-even.

At the end of the full year result for 2024/25, the Trust incurred a net deficit of £2.196m. The Trust also delivered its forecast capital expenditure plan of £2.3m.

The Trust's Financial Plan for 2025/26 submitted to the NCL ICB in March 2025 presents a balanced plan for 2025/26. At the time of writing, the Trust is working on an Efficiency programme of work and related governance focused on sustainable financial improvement.

3. Waiting lists – During 2024/25 growing waiting lists have remained a challenge for some Trust services (i.e. GIC, Trauma and Autism (ASD) due to demand and capacity constraints.

   The Trust has introduced various interventions including establishing Trustwide Quality Improvement workstreams focusing on service user experience, clinical outcome and waiting times; leveraging Kaizen outputs to develop service improvement plans and placing these services in Targeted support to address areas of concern.

   During 2024/25, the ASD services Referral to Treatment (RTT) waiting list for both 18 and 52 weeks started to show a decline demonstrating the positive impact of interventions.

4. Decommissioning – During 2024/25, some Trust services were decommissioned due to the challenged financial position across a few Local Authority and NHS Integrated Care System footprints.

   The Trust has put in place robust contract review processes, which includes a focus on productivity. To ensure Board Committee oversight, these new measures were reviewed and signed off by the Performance, Finance and Resources Committee in February 2025.

5. Consultant Job Planning Internal Audit Report – A Consultant Job Planning Internal Audit review during 2024/25 identified that the absence of an electronic job planning system was hindering the Trust in its progress towards ensuring there are robust processes in place towards the establishment of job plans. In addition, as job plans are not held centrally, oversight and ownership of the job planning process in terms of compliance, monitoring and oversight required strengthening.

   The Trust is standardising job planning processes to improve service alignment and ensure sufficient oversight. A plan is in place to roll out a robust electronic job planning system across all services by September 2025.

6. The 2024/25 Head of Internal Audit Opinion – For the period up to 31 March 2025, the Head of Internal Audit Opinion for the Trust is that "There are weaknesses in the framework of governance, risk management and internal control such that it could become inadequate and ineffective."

   Factors which informed this opinion include the opinions associated with the internal audit reviews where, out of eight audits undertaken, one provided minimal assurance; five provided partial assurance; and two provided reasonable assurance.

   Although the Trust has made progress towards improving the control environment in 2024/25, to improve the control environment going forward, the programme of internal audits will be expanded in 2025/26; prioritising areas with lower assurance and with a strong focus in ensuring timeliness of implementation of actions to address internal audit recommendations.

   During 2025/26, the Executive Leadership Team will be conducting a Portfolio Risk and Control Effectiveness Review to ensure the key risks and controls within each Executive Portfolio are clearly articulated and effectively managed. The outcome of this exercise will be reported to the Integrated Audit and Governance Committee for oversight.

Conclusion

Working with the Board, Council of Governors and Staff, I am fully committed to addressing the significant internal control issues highlighted above and to delivering and developing high quality and high impact patient services.

Signature:

Michael Holland
Chief Executive and Accounting Officer **Date:** 19 June 2025

4. Independent auditor's report to the Council of Governors of The Tavistock and Portman NHS Foundation Trust

Report on the audit of the financial statements

Opinion on financial statements

We have audited the financial statements of Tavistock & Portman NHS Foundation Trust (the 'Trust') for the year ended 31 March 2025, which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers Equity, the Statement of Cash Flows, and notes to the financial statements, including material accounting policy information. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 7 of the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2024/25.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2025 and its expenditure and income for the year then ended; and
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2024-25; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law, as required by the Code of Audit Practice (2024) ("the Code of Audit Practice") approved by the Comptroller and Auditor General. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We are responsible for concluding on the appropriateness of the Accounting Officer's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Trust's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify the auditor's opinion. Our conclusions are based on the audit evidence obtained up to the date of our report. However, future events or conditions may cause the Trust to cease to continue as a going concern.

In our evaluation of the Accounting Officer's conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group Accounting Manual 2024-25 that the Trust's financial statements shall be prepared on a going concern basis, we considered the inherent risks associated with the continuation of services provided by the Trust. In doing so we had regard to the guidance provided in Practice Note 10 Audit of financial statements and regularity of public sector bodies

in the United Kingdom (Revised 2024) on the application of ISA (UK) 570 Going Concern to public sector entities. We assessed the reasonableness of the basis of preparation used by the Trust and the Trust's disclosures over the going concern period.

In auditing the financial statements, we have concluded that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue. Our responsibilities and the responsibilities of the Accounting Officer with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The Accounting Officer is responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements, or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office in November 2024 on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not comply with the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2024/25 or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration Report and the Staff Report to be audited have been properly prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2024/25; and
- based on the work undertaken in the course of the audit of the financial statements, the other information published together with the financial statements in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

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

- we issue a report in the public interest under Schedule 10 (3) of the National Health Service Act 2006 in the course of, or at the conclusion of the audit; or
- we refer a matter to the regulator under Schedule 10 (6) of the National Health Service Act 2006 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the incurring of unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

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

Responsibilities of the Accounting Officer

As explained more fully in the Statement of the Chief Executive's responsibilities as the accounting officer, the Chief Executive, as Accounting Officer, is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions included in the NHS Foundation Trust Annual Reporting Manual 2024/25, for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accounting Officer is responsible for assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accounting Officer has been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance **but** is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the Trust and determined that the most significant which are directly relevant to specific assertions in the financial statements are those related to the reporting frameworks (international accounting standards and the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2024/25).
- We enquired of management and the Integrated Audit & Governance Committee, concerning the Trust's policies and
  procedures relating to:
  - the identification, evaluation and compliance with laws and regulations;
  - the detection and response to the risks of fraud; and
  - the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.
- We enquired of management, internal audit and the Integrated Audit & Governance Committee, whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.

- We assessed the susceptibility of the Trust's financial statements to material misstatement, including how fraud might occur, evaluating management's incentives and opportunities for manipulation of the financial statements. This included the evaluation of the risk of management override of controls and the risk of fraudulent income and expenditure recognition. We determined that the principal risks were in relation to:
  - journal entries that altered the Trust's financial performance for the year;
  - incomplete recognition of year-end non-pay operating expenditure and associated creditor balances;
  - potential management bias in determining accounting estimates and judgements in relation to year-end revenue and expenditure accruals including provisions and deferred income;
  - the recognition of patient care and other income not principally derived from contracts that are at a fixed price; and
  - accounting estimated made in respect of valuation of land and buildings assets.
- Our audit procedures involved:
  - evaluation of the design effectiveness of controls that management has in place to prevent and detect fraud;
  - journal entry testing, with a focus on material manual journals posted close to year-end, material manual accrual journals posted at year-end, any journals posted by unauthorized users and journals posted by senior management;
  - reviewing payments made and invoices received in March and April 2025;
  - challenging assumptions and judgements made by management in its significant accounting estimates in respect of land and building valuations, expenditure/income accruals including deferred income and provisions;
  - sample testing of patient care and other income not principally derived from contracts that are at a fixed price; and
  - assessing the extent of compliance with the relevant laws and regulations as part of our procedures on the related financial statement item.
- These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error and detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from events and transactions reflected in the financial statements, the less likely we would become aware of it.
- We communicated relevant laws and regulations and potential fraud risks to all engagement team members, including fraud in revenue and expenditure recognition and the significant accounting estimates related to land and building valuations. We remained alert to any indications of non-compliance with laws and regulations, including fraud, throughout the audit.
- The engagement partner's assessment of the appropriateness of the collective competence and capabilities of the engagement team included consideration of the engagement team's:
  - understanding of, and practical experience with audit engagements of a similar nature and complexity through appropriate training and participation;
  - knowledge of the health sector and economy in which the Trust operates; and
  - understanding of the legal and regulatory requirements specific to the Trust including:

- the provisions of the applicable legislation
- NHS England's rules and related guidance
- the applicable statutory provisions.

- In assessing the potential risks of material misstatement, we obtained an understanding of:
  - The Trust's operations, including the nature of its income and expenditure and its services and of its objectives and strategies to understand the classes of transactions, account balances, expected financial statement disclosures and business risks that may result in risks of material misstatement.
  - The Trust's control environment, including the policies and procedures implemented by the Trust to ensure compliance
    with the requirements of the financial reporting framework**.**

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on other legal and regulatory requirements – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2025.

We have nothing to report in respect of the above matter except on 20 June 2024 we identified a significant weakness in how the Trust plans and manages its resources to ensure it can continue to deliver its services for the year ended 31 March 2024. This was in relation to the future financial sustainability of the Trust following the decommissioning of the Gender Identity Development services and National Workforce Skills Development Unit, and the subsequent loss of circa £2.4m overhead contribution. The Trust did not have a plan that delivered financial sustainability as a stand-alone entity. We recommended that the Trust continues to work with its identified merger partner and the North Central London ICB to continue to develop a detailed Medium Term Financial Plan which delivers financial balance.

The Trust is engaging well with the North Central London ICB around financial planning, however the level of non-recurrent funding within the Trust's 2025/26 financial plan, coupled with the high level of savings required and reliance on a gain on property disposal, presents a significant challenge to deliver financial sustainability as a standalone entity. Therefore, the significant weakness and recommendation remains in place for the year ended 31 March 2025.

Responsibilities of the Accounting Officer

The Chief Executive, as Accounting Officer, is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under paragraph 1 of Schedule 10 of the National Health Service Act 2006 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in November 2024. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the Trust plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the Trust ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

We have documented our understanding of the arrangements the Trust has in place for each of these three

specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we have considered whether there is evidence to suggest that there are significant weaknesses in arrangements.

Report on other legal and regulatory requirements – Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate for Tavistock and Portman NHS Foundation Trust for the year ended 31 March 2025 in accordance with the requirements of Chapter 10 of the National Health Service Act 2006 and the Code of Audit Practice until we have completed the work necessary in relation to the Trust's consolidation schedules, and we have received confirmation from the National Audit Office that the audit of the NHS group consolidation is complete for the year ended 31 March 2025. We are satisfied that this work does not have a material effect on the financial statements for the year ended 31 March 2025.

Use of our report

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Trust's Council of Governors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Council of Governors as a body, for our audit work, for this report, or for the opinions we have formed.

Sophia Brown

Sophia Brown, Key Audit Partner
for and on behalf of Grant Thornton UK LLP, Local Auditor

London
23 June 2025

5. The Tavistock and Portman NHS Foundation Trust Annual accounts for the year ended 31 March 2025

Foreword to the accounts

These accounts, for the year ended 31 March 2025, have been prepared by Tavistock and Portman NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed: 

Name**:** Michael Holland

Job title: Chief Executive and Accounting Officer

Date: 19 June 2025

Statement of Comprehensive Income

	Note	31 March 2025 £000	31 March 2024 £000
Operating income from patient care activities	3	40,587	51,221
Other operating income	4	29,952	24,785
Operating expenses	5	(72,389)	(78,238)
Operating deficit from continuing operations		**(1,850)**	**(2,232)**
Finance income	9	121	197
Finance expenses	10	(31)	(31)
PDC dividends payable		(436)	(410)
Net finance costs		**(346)**	**(244)**
Deficit for the year from continuing operations		**(2,196)**	**(2,476)**
Deficit for the year		**(2,196)**	**(2,476)**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	6	-	(911)
Revaluations	13	268	1,067
Total comprehensive expense for the period		**(1,928)**	**(2,320)**

Statement of Financial Position

	Note	31 March 2025 £000	31 March 2024 £000
Non-current assets			
Intangible assets	11	764	588
Property, plant and equipment	12	23,213	22,299
Right of use assets	12	146	793
Total non-current assets		**24,123**	**23,680**
Current assets			
Receivables	15	5,117	9,784
Cash and cash equivalents	16	4,585	2,350
Total current assets		**9,702**	**12,134**
Current liabilities			
Trade and other payables	17	(7,661)	(9,628)
Borrowings	19	(473)	(709)
Provisions	20	(1,463)	(3,302)
Other liabilities	18	(5,215)	(7,194)
Total current liabilities		**(14,812)**	**(20,833)**
Total assets less current liabilities		**19,013**	**14,981**
Non-current liabilities			
Borrowings	19	(1,004)	(1,962)
Provisions	20	(1)	(1,169)
Total non-current liabilities		**(1,005)**	**(3,131)**
Total assets employed		**18,008**	**11,849**
Financed by			
Public dividend capital		**13,650**	**5,563**
Revaluation reserve		11,578	11,725
Income and expenditure reserve		(7,219)	(5,439)
Total taxpayers' equity		**18,008**	**11,849**

The notes on pages 107 to 143 form part of these accounts.

Signed: 

Name: **Michael Holland**

Position: **Chief Executive and Accounting Officer**

Date: **19 June 2025**

Statement of Changes in Taxpayers Equity for the year ended 31 March 2025

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2024 - brought forward	**5,563**	**11,725**	**(5,439)**	**11,849**
Deficit for the year	-	-	(2,196)	**(2,196)**
Other transfers between reserves	-	(415)	415	**-**
Revaluations	-	268	-	**268**
Public dividend capital received	8,087	-	-	**8,087**
Taxpayers' and others' equity at 31 March 2025	**13,650**	**11,578**	**(7,220)**	**18,008**

Statement of Changes in Taxpayers Equity for the year ended 31 March 2024

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2023 - brought forward	**5,543**	**11,870**	**(3,264)**	**14,149**
Deficit for the year	-	-	(2,476)	**(2,476)**
Other transfers between reserves	-	(301)	301	**-**
Impairments	-	(911)	-	**(911)**
Revaluations	-	1,067	-	**1,067**
Public dividend capital received	20	-	-	**20**
Taxpayers' and others' equity at 31 March 2024	**5,563**	**11,725**	**(5,439)**	**11,849**

Information on reserves

Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of the establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve

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

Financial assets reserve

This reserve comprises changes in the fair value of financial assets measured at fair value through other comprehensive income. When these instruments are derecognised, cumulative gains or losses previously recognised as other comprehensive income or expenditure are recycled to income or expenditure, unless the assets are equity instruments measured at fair value through other comprehensive income as a result of irrevocable election at recognition.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the Trust.

Statement of Cash Flows

	Note	31 March 2025 £000	31 March 2024 £000
Cash flows from operating activities			
Operating deficit		(1,850)	(2,232)
Non-cash income and expense:			
Depreciation and amortisation	5	2,077	2,927
(Increase) / decrease in receivables and other assets		4,831	(3,202)
Increase / (decrease) in payables and other liabilities		(4,090)	(2,988)
Increase / (decrease) in provisions		(3,005)	2,260
Other movements in operating cash flows		(68)	-
Net cash flows from / (used in) operating activities		**(2,105)**	**(3,235)**
Cash flows from investing activities			
Interest received		121	197
Purchase of intangible assets		(411)	(114)
Purchase of PPE		(2,163)	(2,110)
Net cash flows from / (used in) investing activities		**(2,453)**	**(2,027)**
Cash flows from financing activities			
Public dividend capital received		8,087	20
Movement on loans from DHSC		(445)	(445)
Capital element of lease rental payments		(191)	(153)
Interest on loans		(16)	(22)
Other interest		(35)	-
Interest paid on lease liability repayments		(7)	(8)
PDC dividend (paid) / refunded		(600)	(602)
Net cash flows from / (used in) financing activities		**6,793**	**(1,210)**
Increase / (decrease) in cash and cash equivalents		**2,235**	**(6,472)**
Cash and cash equivalents at 1 April - brought forward		**2,350**	**8,822**
Cash and cash equivalents at 31 March	16	**4,585**	**2,350**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS England has directed that the financial statements of the Trust should meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2024/25 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the circumstances of the Trust for the purpose of giving a true and fair view has been selected. The policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

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

Note 1.2 Going Concern

These accounts have been prepared on a going-concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

In 2025/26, the Trust has agreed a breakeven plan that requires efficiency savings of 6.4% of turnover to deliver. In the context of having an agreed plan, it is recognised that there is sufficient financial resource to continue providing services in 2025/26.

The Trust is currently going through a formal merger by acquisition process, in line with NHSE guidance and agreed by the Board as the best way to secure the future of the Trust's services. The anticipated merger date is the 1st of April 2026, with all assets and services transferring to another NHS Trust, the acquiring organisation, from that date. The expected savings in the financial case for the merger will predominantly come from reductions in corporate services and board costs, as well as synergies in clinical services which will help to address loss-making services and growing income-generating services such as the training and education and consultancy offerings. All clinical services will continue to be provided in the merged organisation.

The directors, therefore, have a reasonable expectation that the services provided by the trust will continue to be provided by the public sector for the foreseeable future. For this reason, the directors have adopted the going-concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual.

Note 1.3 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enable an entity to receive cash or another financial asset that is not classified as tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS). The NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary healthcare.

Aligned payment and incentive contracts form the main payment mechanism under the NHSPS. API contracts contain both a fixed and variable element. Under the variable element, providers earn income for elective activity (both ordinary and day case), out-patient procedures, out-patient first attendances, diagnostic imaging and nuclear medicine, and chemotherapy delivery activity. The precise definition of these activities is given in the NHSPS. Income is earned at NHSPS prices based on actual activity. The fixed element includes income for all other services covered by the NHSPS assuming an agreed level of activity with 'fixed' in this context meaning not varying based on units of activity. Elements within this are accounted for as variable consideration under IFRS 15 as explained below.

The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead, they form part of the transaction price for performance obligations under the overall contract with the commissioner and are accounted for as variable consideration under IFRS 15. Payment for CQUIN and BPT on non-elective services is included in the fixed element of API contracts with adjustments for actual achievement being made at the end of the year. BPT earned on elective activity is included in the variable element of API contracts and paid in line with actual activity performed.

Where the relationship with a particularly integrated care board is expected to be a low volume of activity (annual value below £0.5m), an annual fixed payment is received by the provider as determined in the NHSPS documentation. Such income is classified as 'other clinical income' in these accounts.

Elective recovery funding provides additional funding to integrated care boards to fund the commissioning of elective services within their systems. Trusts do not directly earn elective recovery funding, instead earning income for actual activity performed under API contract arrangements as explained above. The level of activity delivered by the trust contributes to system performance and therefore the availability of funding to the trust's commissioners.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases, it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

Note 1.4 Other forms of income

Grants and donations

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants are used to fund capital expenditure, it is credited to the Statement of Comprehensive Income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's apprenticeship service account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Education and Training income

Tuition fee income is recognised in the Statement of Comprehensive income to reflect the delivery of teaching to students over the period of the tuition to which the fee relates.

Short course income is also recognised over the period the course is being delivered. Digital courses income is recognised in full as most costs have been incurred upfront. Commissioned income matches the cost of delivery over the period of the contract.

Note 1.5 Expenditure on employee benefits

Short-term employee benefits

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

Pension Costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

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

Note 1.6 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Expenditure less than £5,000 will be treated as a minimis value for accruals and prepayments.

Note 1.7 Property, plant and equipment

Recognition

Property, plant and equipment are capitalised where:

• it is held for use in delivering services or for administrative purposes

• it is probable that future economic benefits will flow to, or service potential be provided to, the trust

• it is expected to be used for more than one financial year

• the cost of the item can be measured reliably

• the item costs at least £5,000, or

• collectively, several items have a cost of at least £5,000 and individually have costs of more than £250, where the assets are functionally interdependent, have broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

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

Subsequent expenditure

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

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back-office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are carried out with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA assumes that the assets will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plants and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the trust, respectively.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the assets concerned and thereafter are charged to operating expenses.

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

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss are reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognized. Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged, and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished do not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Useful lives of property, plant and equipment

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

	Min life	**Max life**
	Years	**Years**
Buildings, excluding dwellings	7	45
Information technology	5	5
Furniture & fittings	5	5

Note 1.8 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance controlled by the Trust. They are capable of being sold separately from the rest of the trust's business or arise from contractual or other legal rights. Intangible assets are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

Software

Software, which is integral to the operation of hardware, e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software, which is not integral to the operation of hardware, e.g. application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets

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

	Min life	**Max life**
	Years	**Years**
Information technology	5	5
Software licenses	5	5

Note 1.9 Cash and cash Equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.10 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, i.e., when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through leasing arrangements are recognised and measured in accordance with the accounting policy for leases described in note 1.2.

- Financial assets are classified as subsequently measured at amortised cost.
- Financial liabilities classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held by the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Financial assets measured at fair value through other comprehensive income

A financial asset is measured at fair value through other comprehensive income where business model objectives are met by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest. Movements in the fair value of financial assets in this category are recognised as gains or losses in other comprehensive income except for impairment losses. On derecognition, cumulative gains and losses previously recognised in other comprehensive income are reclassified from equity to income and expenditure, except where the Trust elected to measure an equity instrument in this category on initial recognition.

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

Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or at fair value through other comprehensive income. This category also includes financial assets and liabilities acquired principally for the purpose of selling in the short term (held for trading) and derivatives. Derivatives which are embedded in other contracts, but which are separable from the host contract are measured within this category. Movements in the fair value of financial assets and liabilities in this category are recognised as gains or losses in the Statement of Comprehensive income.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.11 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

The Trust as a lessee

Recognition and initial measurement

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred by restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments include fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 4.72% applied to new leases commencing in 2024 and 4.81% to new leases commencing in 2025.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less. Lease payments associated with these leases are expensed on a straight-line basis over the lease term. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

Note 1.12 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2025:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	4.03%	4.26%
Medium-term	After 5 years up to 10 years	4.07%	4.03%
Long-term	After 10 years up to 40 years	4.81%	4.72%
Very long-term	Exceeding 40 years	4.55%	4.40%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2025:

	Inflation rate	Prior year rate
Year 1	2.60%	3.60%
Year 2	2.30%	1.80%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's post-employment benefits discount rate of 2.40% in real terms (prior year: 2.45%).

Clinical negligence costs

"NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried out by NHS Resolution on behalf of the trust is disclosed at Note 20.1 but is not recognised in the Trust’s accounts.

Non-clinical risk pooling

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

Note 1.13. Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets but are disclosed in Note 21 where an inflow of economic benefits is probable.

"Contingent liabilities are not recognised, but are disclosed in Note 21, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

• possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or

• present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.14 Public dividend capital

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

The Secretary of State can issue a new PDC to and require repayments of PDC from the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the trust, is payable as a public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.15 Value added tax

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

Note 1.16 Climate change levy

Expenditure on climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

Note 1.17 Third party Asset

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

Note 1.18 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed to funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accrual basis.

The losses and special payments note is compiled directly from the losses and compensation register which reports on an accrual basis apart from provisions for future losses.

Note 1.19 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2024/2025.

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

IFRS 14 Regulatory Deferral Accounts: Not UK-endorsed. Applies to first time adopters of IFRS after 1 January 2016. Therefore, not applicable to DHSC group bodies.

IFRS 17 Insurance Contracts: Application required for accounting periods beginning on or after 1 January 2023, but not yet adopted by the FReM which is expected to be from April 2025: early adoption is not therefore permitted.

IFRS 18 Presentation and Disclosure in Financial Statements which replaces IAS 1 and IFRS 19 Subsidiaries without Public Accountability.

Note 1.21 Critical judgements in applying accounting policies

There is no critical judgement in applying accounting policies.

Note 1.22 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

Valuation of Land and Property

The carrying value of the Trust's land and buildings is based on the valuation undertaken during the year by the Trust's valuers, Gerald Eve. All land and buildings were valued at depreciated replacement cost on a modern equivalent asset principle. These valuations rely on several assumptions and estimates, which introduce uncertainty. The main estimation techniques were as follows:

Land Valuation: Land was valued on the assumption that the existing Green Belt designation and associated planning restrictions remain in force.

Buildings Valuation: The valuation of buildings relied on Royal Institute of Chartered Surveyors Building Cost Information Service indices for the cost of construction for appropriate building types, which are averages. The base valuations were discounted based on the estimated remaining useful life of each building. Space requirements for service delivery were assumed to remain the same in a modern equivalent asset as in the present buildings.

Component Valuation: In accordance with IAS16, the component parts of each building were assigned values as a proportion of the total, based on average proportions, with a different assessed life applied to each component.

Net book Value of Revalued assets as at 31 March 2025

	Land	Buildings excluding dwellings
	£000	£000
Owned - purchased	8,330	11,597
Total net book value at 31 March 2025	**8,330**	**11,597**

Note 2 Operating Segments

The Trust manages all services and functions as an integrated and fully integrated healthcare provider and, as such, operates one segment.

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4.

Note 3.1 Income from patient care activities (by nature)

	31 March 2025	31 March 2024
	£000	£000
Income from commissioners under API contracts*	31,037	40,707
Services delivered under a mental health collaborative	2,662	3,669
National pay award central funding***	44	26
Additional pension contribution central funding**	3,240	2,134
Other clinical income	3,644	4,685
Total income from activities	**40,587**	**51,221**

Other clinical income includes £2.529m LA income from the councils for clinical services, £13.5k NHS Resolution income, £1.101m Various non-NHS organisation income (£2.290m LA income, £2.395m various non-NHS organisation income in 2023/24)

*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2024/25 NHS Payment Scheme documentation.

https://www.england.nhs.uk/pay-syst/nhs-payment-scheme/

**The employer contribution rate for NHS pensions since 1 April 2019 have been funded by NHS England. NHS providers continue to pay at the former rate of 14.3% with the additional amount being paid over by NHS England on providers' behalf. The full cost of employer contributions (23.7%, 2023/24: 20.6%) and related NHS England funding (9.4%, 2023/24: 6.3%) have been recognised in these accounts.

***Additional funding was made available directly to providers by NHS England in 2024/25 and 2023/24 for implementing the backdated element of pay awards where government offers were finalised after the end of the financial year. NHS Payment Scheme prices and API contracts are updated for the weighted uplift in in-year pay costs when awards are finalised.

Note 3.2 Income from patient care activities (by source)

	31 March 2025	31 March 2024
Income from patient care activities received from:	**£000**	**£000**
NHS England	15,422	25,927
Integrated care boards	18,899	16,940
Other NHS providers	2,622	3,669
NHS other	14	-
Local authorities	2,529	2,290
Non NHS: other	1,101	2,395
Total income from activities	**40,587**	**51,221**

Note 4 Other Operating Income

	31 March 2025			31 March 2024	
	Contract income	**Non-contract income**	**Total**	**Contract income**	**Total**
	£000	**£000**	**£000**	**£000**	**£000**
Research and development	715	-	**715**	1,295	**1,295**
Education and training	20,682	-	**20,682**	23,490	**23,490**
Non-patient care services to other bodies	3,084	-	**3,084**	-	**-**
Income from in respect of business rate rebate	5,379	-	**5,379**	-	-
Revenue from finance leases (variable lease receipts)	-	92	**92**	-	**-**
Total other operating income	**29,860**	**92**	**29,952**	**24,785**	**24,785**
Of which:					
Related to continuing operations	29,860	92	29,952	24,785	24,785

Note 4.1 Grant and fee income

	31 March 2025		31 March 2024	
	Contract income	Total	Contract income	Total
	£000	£000	£000	£000
Grant income from the OFS	-	**-**	-	**-**
Grant income from other bodies	6,673	**6,673**	5,200	**5,200**
Fee income for taught awards (excl. VAT)	4,207	**4,207**	3,843	**3,843**
Fee income for research awards (excl. VAT)	1,949	**1,949**	1,855	**1,855**
Fee income from non-qualifying courses (excl. VAT)	2,277	**2,277**	2,309	**2,309**
Total Grant and fee income	**15,106**	**15,106**	**13,207**	**13,207**

* Grant and fee income disclosure is required by Office for Students (OfS) which is the independent regulator of higher education in England. Tavistock and Portman NHS Foundation Trust is an OfS registered provider.

In 2024/25, the Trust received a one-off business rates rebate of £5.379m from the London Borough of Camden, relating to overcharged non-domestic rates for the period 1 April 2017 to 31 March 2025.The rebate was the result of a re-assessment of historical rates liability, which confirmed that the Trust had been charged higher business rates than appropriate for NHS premises. The Trust had been engaging with the local authority over a number of years to challenge the valuation, leading to a successful retrospective adjustment and refund. This was secured via a conditional fee arrangement with Newmark, the Trust's valuation expert.

Of the total rebate, £1.3m was recognised in the 2024/25 financial year, directly contributing to a reduction in the Trust's reported deficit for the year. The remaining balance relates to prior periods and is treated in line with relevant accounting standards.

This non-recurrent rebate is considered a one-off benefit and is not expected to recur in future years.

Education and Training includes £10.5m (2023/24 £11.6m) from Health Education England funding training activity across the Trust. Tuition fees and related Office for Students grants total £7.7m (2023/24 £7.0m). The Digital and Short Courses portfolio received £1.3m (2023/24 £1.3m), i-Thrive received £0.3m (2023/24 £1.0m). The remaining income relates to bursary income of £1.0m (2023/24 £1.3m) and other income of £0.2m (2023/24 £0.97m) received across a range of departments across the Trust.

Non-patient care services to other bodies includes £3.084m includes £0.916m income from the local authorities for clinical service £1,702m business with bodies external to government and various Non NHS organisations for corporate services, £0.466m Home Office income for Vulnerable Children.

Note 5 Operating Expenses

	31 March 2025	31 March 2024
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	229	-
Staff and executive directors' costs	54,292	54,664
Remuneration of non-executive directors	154	169
Supplies and services - clinical (excluding drugs costs)	6	629
Supplies and services - general	241	-
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	54	303
Consultancy costs	1,107	1,298
Establishment	355	3,050
Premises	4,145	3,950
Transport (including patient travel)	204	122
Depreciation on property, plant and equipment	1,842	2,797
Amortisation on intangible assets	235	130
Movement in credit loss allowance: contract receivables / contract assets	779	115
Increase in other provisions	1,416	-
Change in provisions discount rate(s)	3	-
Audit services- statutory audit (*)	222	168
Internal audit costs	77	89
Clinical negligence	211	189
Legal fees	179	55
Insurance	9	-
Research and development	215	485
Education and training	2,965	3,396
Redundancy	179	3,221
Other (***)	3,270	3,408
Total	**72,389**	**78,238**

* The Trust's external auditor, Grant Thornton UK LLP, charged a total of £180k inclusive VAT (£168k in 2023/24) for the statutory audit of the financial statements for the year ended 31 March 2025. In addition, an extra fee of £12k was incurred in relation to the 2023/24 audit, primarily due to delays in the audit process. This exceeded the amount originally accrued in the 2023/24 financial statements. As a result, the Trust also incurred irrecoverable VAT of £30k on audit-related costs during 2023/24, in line with NHS VAT recovery rules. These costs are recognised as part of non-NHS services and included within the relevant operating expenditure lines in the accounts.

*** Other includes £3.3m (2023/24 £3.4m) Sub-contractors and pass-through costs

Note 5.1 Limitation of auditor's Liability

The limitation on auditor's liability for external audit work is £500k (2023/24: £500k).

Note 6 Impairment of assets

	2024/25	2023/24
	£000	£000
Impairments charged to the revaluation reserve	-	911
Total net impairments	**-**	**911**

Note 7 Employee benefits

	2024/25	2023/24
	Total	Total
	£000	£000
Salaries and wages	39,454	41,275
Social security costs	4,644	4,741
Apprenticeship levy	195	180
Employer's contributions to NHS pensions	8,216	7,050
Pension cost - other	14	22
Temporary staff (including agency)	1,992	3,939
Total gross staff costs	**54,515**	**57,207**
Total staff costs	**54,515**	**57,207**
Of which		
Costs capitalised as part of assets	223	

Note 7.1 Retirement due to ill health

During 2024/25 there were no early retirements from the trust agreed on the grounds of ill-health (1 in the year ended 31 March 2024). The estimated additional pension liabilities of these ill-health retirements is 0k (£2k in 2023/24).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 8 Pension costs

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

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

a) accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as of 31 March 2025, is based on valuation data as at 31 March 2024, updated to 31 March 2025 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (considering recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as of 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 at 23.7% of pensionable pay (previously 20.6%). The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as of 31 March 2020. However, when the wider economic situation was considered through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

Note 9 Finance income

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

	2024/25	2023/24
	£000	£000
Interest on bank accounts	121	197
Total finance income	**121**	**197**

Note 10 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2024/25	2023/24
	£000	£000
Interest expense:		
Interest on loans from the Department of Health and Social Care	16	23
Interest on overdrafts	11	-
Interest on lease obligations	7	8
Total interest expense	**34**	**31**
Unwinding of discount on provisions	(3)	-
Total finance costs	**31**	**31**

Note 11.1 Intangible assets 2024/25

	Software licences	Internally generated information technology	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2024 - brought forward	**100**	**1,272**	**1,372**
Additions	411	-	**411**
Valuation / gross cost at 31 March 2025	**511**	**1,272**	**1,783**
Amortisation at 1 April 2024 - brought forward	**99**	**685**	**784**
Provided during the year	-	235	**235**
Amortisation at 31 March 2025	**99**	**920**	**1,019**
Net book value at 31 March 2025	**412**	**352**	**764**
Net book value at 1 April 2024	**1**	**587**	**588**

Note 11.2 Intangible assets 2023/24

	Software licences	Internally generated information technology	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2023 - as previously stated	**100**	**1,293**	**1,393**
Additions	-	114	**114**
Disposals / derecognition	-	(135)	**(135)**
Valuation / gross cost at 31 March 2024	**100**	**1,272**	**1,372**
Amortisation at 1 April 2023 - as previously stated	**99**	**497**	**596**
Provided during the year	-	130	**130**
Reclassifications	-	193	**193**
Disposals / derecognition	-	(135)	**(135)**
Amortisation at 31 March 2024	**99**	**685**	**784**
Net book value at 31 March 2024	**1**	**587**	**588**
Net book value at 1 April 2023	**1**	**796**	**797**

Note 12.1 Property, plant and equipment 2024/25

	Land	Buildings excluding dwellings	Assets under construction	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2023 - as previously stated	**8,330**	**11,935**	**-**	**8,679**	**20**	**28,965**
Additions	-	616	575	1,116	-	**2,307**
Impairments	-	268	-	-	-	**268**
Revaluations	-	(807)	-	(166)	-	**(973)**
Valuation/gross cost at 31 March 2024	**8,330**	**12,012**	**575**	**9,629**	**20**	**30,567**
Accumulated depreciation at 1 April 2023 - as previously stated	**-**	**608**	**-**	**6,055**	**3**	**6,666**
Provided during the year	-	614	-	1,043	4	**1,661**
Disposals / derecognition	-	(807)	-	(166)	-	**(973)**
Accumulated depreciation at 31 March 2024	**-**	**415**	**-**	**6,932**	**7**	**7,354**
Net book value at 31 March 2024	**8,330**	**11,597**	**575**	**2,697**	**13**	**23,213**
Net book value at 1 April 2023	**8,330**	**11,327**	**-**	**2,624**	**17**	**22,299**

Note 12.2 Property, plant and equipment 2023/24

	Land	Buildings excluding dwellings	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2023 - as previously stated	**8,770**	**10,972**	**-**	**8,596**	**149**	**28,488**
Additions	-	-	1,207	882	21	**2,110**
Impairments	(440)	(1,311)	-	-	-	**(1,751)**
Revaluations	-	1,067	-	-	-	**1,067**
Reclassifications	-	1,207	(1,207)	-	-	**-**
Disposals / derecognition	-	-	-	(799)	(150)	**(949)**
Valuation/gross cost at 31 March 2024	**8,330**	**963**	**-**	**8,679**	**20**	**28,965**

Accumulated depreciation at 1 April 2023 - as previously stated	**-**	**504**	**-**	**5,501**	**101**	**6,106**
Provided during the year	-	400	-	1,546	52	**2,542**
Impairments	-	(840)	-	-	-	**(840)**
Reclassifications	-	544	-	(193)	-	**(193)**
Disposals / derecognition	-	-	-	(799)	(150)	**(949)**
Accumulated depreciation at 31 March 2024	**-**	**608**	**-**	**6,055**	**3**	**6,666**
Net book value at 31 March 2024	**8,330**	**11,327**	-	**2,624**	**17**	**22,299**
Net book value at 1 April 2023	**8,770**	**10,468**	-	**3,095**	**48**	**22,382**

Note 12.3 Property, plant and equipment financing 31 March 2025

	Land	Buildings excluding dwellings	Assets under construction	Information technology	Furniture & fittings	Total
	£000	**£000**	**£000**	**£000**	**£000**	**£000**
Owned - purchased	8,330	11,597	575	2,697	13	**23,213**
Total net book value at 31 March 2025	**8,330**	**11,597**	**575**	**2,697**	**13**	**23,213**

12.4 Property, plant and equipment financing 31 March 2024

	Land	Buildings excluding dwellings	Assets under construction	Information technology	Furniture & fittings	Total
	£000	**£000**	**£000**	**£000**	**£000**	**£000**
Owned - purchased	8,330	11,327	0	2,624	17	**22,299**
Total net book value at 31 March 2024	**8,330**	**11,327**	**0**	**2,624**	**17**	**22,299**

Note 13 Revaluation of property, plant and equipment

Effective Date of Most Recent Valuation:

The most recent valuation of the Tavistock & Portman NHS Foundation Trust's operational land and buildings was carried out as of 31 March 2025.

Independence of Valuer:

The valuation was carried out by Newmark Gerald Eve LLP, an external valuer and a regulated firm of Chartered Surveyors. They have confirmed that they are independent and are not aware of any conflict of interest.

Methods and Significant Assumptions Applied in Valuing the Assets:

The valuation was prepared in accordance with the RICS Valuation - Global Standards (December 2024 edition) and the national standards and guidance set out in the UK national supplement (October 2023 edition), collectively referred to as "the Standards," as well as the Department of Health Group Manual for Accounts 2024/25 and the Government Financial Reporting Manual (FReM) 2024-2025, and International Financial Reporting Standards (IFRS), specifically IAS 16 Property, Plant and Equipment.

For operational properties, which are held for their service potential and are in use, the valuation was measured at current value in existing use, interpreted as Market Value for Existing Use (EUV) for non-specialised assets.

The Trust's properties are categorised as specialised property due to the lack of demand or market for them in isolation from their own use. Accordingly, these properties were valued using the Depreciated Replacement Cost (DRC) method. This method values assets at the current cost of replacing a modern equivalent asset, less deductions for physical deterioration and all relevant forms of obsolescence and optimisation.

Key assumptions in the DRC method include:

The cost is based on a modern equivalent asset that would provide the same level of productive output or equivalent service, even if this means the new building is smaller or more efficient than the existing one.

For the land element, where the use is highly specialised, the valuer determined the land value by considering what a buyer for an alternative site for the specialised use would have to compete with in the market. This involved considering the likely costs of acquiring a replacement site by reference to comparable transactions of land acquired for a range of commercial and residential uses across areas of London with similar locational characteristics.

The valuations consider ESG and Sustainability factors by adopting appropriate quartile cost points and physical, functional, and economic allowance adjustments made to the Gross Replacement Cost.

Extent to Which Asset Values Have Been Determined with Reference to Markets or Estimation Using Valuation Techniques:

The asset values have been determined predominantly through estimation using valuation techniques, specifically the Depreciated Replacement Cost (DRC) method, given the specialised nature of the properties and the lack of a readily available market for such assets in isolation.

While the primary method is DRC, the market for land values was referenced by obtaining details of land sales across Greater London to assess trends in land pricing. However, the report notes that there have been limited new land transactions in the last 6-12 months, and the volume of transactional activity is insufficient to indicate strong land price movement. Therefore, the valuers considered wider trends in land values at a regional and national level, market sentiment, and relevant indices, concluding that land values have broadly stabilised and were held unchanged for this update valuation.

Nature and Effect of Changes in Accounting Estimates Related to the Valuation of Property, Plant and Equipment:

The valuation report indicates that the estimated remaining economic lives determined as part of the DRC valuation may differ from the useful life adopted by the Trust for depreciation accounting purposes. The report highlights that the remaining economic life of the asset and its pattern of valuation depreciation are not necessarily the same as the estimated 'useful life' determined by the reporting entity for depreciation accounting. The estimation of useful life is a matter of judgment based on the entity's experience with similar assets.

The report also mentions the re-evaluation of the extent to which the properties might be considered 'specialised' in the 2021 full reinspection valuation, which confirmed the continued use of the DRC method. While initial relocation plans that might have led to a smaller modern equivalent asset were considered in 2021, these plans are not likely to proceed, and the MEA considerations from 2021 remain relevant for functional and economic obsolescence adjustments rather than adopting artificial Gross Internal Areas (GIAs).

The valuation has also considered significant capital improvements since the last valuation as at 31 March 2024, such as:

- Tavistock Centre: Gender Identity Clinic Reconfiguration (£264,740)
- Tavistock Centre: Spatial Reconfiguration (£314,307)
- Tavistock Centre: Toilets Accessible (£55,912)
- Tavistock Centre: CCTV Upgrades (£31,001)

However, the report notes that the cost of these works does not always translate into additional value due to the inherent expense of retrofitting modern services and fit-out into operational buildings compared to new construction.

Note 14 Right of use assets 2024/25

	Property (land& buildings)	**Total**
	£000	**£000**
Valuation / gross cost at 1 April 2024 - brought forward	**1,267**	**1,267**
Additions	153	**153**
Disposals / derecognition	(1,267)	**(1,267)**
Valuation/gross cost at 31 March 2025	**153**	**153**
Accumulated depreciation at 1 April 2024 - brought forward	**474**	**474**
Provided during the year	181	**181**
Disposals / derecognition	(648)	**(648)**
Accumulated depreciation at 31 March 2025	**7**	**7**
Net book value at 31 March 2025	**146**	**146**
Net book value at 1 April 2024	**793**	**793**

Netbook value of right of use assets leased from other NHS providers

Netbook value of right of use assets leased from other DHSC group bodies

Note 14.1 Right of use assets 2023/24

	Property (land and buildings)	Total
	£000	£000
Valuation / gross cost at 1 April 2023 - brought forward	**1,911**	**1,911**
Additions	70	**70**
Remeasurements of the lease liability	(24)	**(24)**
Disposals / derecognition	(690)	**(690)**
Valuation/gross cost at 31 March 2024	**1,267**	**1,267**
Accumulated depreciation at 1 April 2023 - brought forward	456	**456**
Provided during the year	255	**255**
Disposals / derecognition	(237)	**(237)**
Accumulated depreciation at 31 March 2024	**474**	**474**
Net book value at 31 March 2024	**793**	**793**
Net book value at 1 April 2023	**1,455**	**1,455**

Note 14.2 Reconciliation of the carrying value of lease liabilities

"Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 19.1.

	£000	£000
Carrying value at 1 April	**895**	**1,455**
Lease additions	153	70
Lease liability remeasurements	-	(24)
Interest charge arising in year	7	8
Early terminations	(711)	(453)
Lease payments (cash outflows)	(198)	(161)
Carrying value at 31 March	**146**	**895**

Lease payments for short term leases and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

"These payments are disclosed in Note 5 Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

Note 14.3 Maturity analysis of future lease payments

	Total 31 March 2025 £000	Total 31 March 2024 £000
Undiscounted future lease payments payable in:		
- not later than one year;	28	264
- later than one year and not later than five years;	118	631
Total gross future lease payments	**146**	**895**
Net lease liabilities at 31 March 2025	**146**	**895**

Note 15 Receivables

	31 March 2025 £000	31 March 2024 £000
Current		
Contract receivables	3,530	7,556
Allowance for impaired contract receivables / assets	(981)	(456)
Prepayments (non-PFI)	700	1,000
PDC dividend receivable	164	-
VAT receivable	422	332
Other receivables	1,282	1,352
Total current receivables	**5,117**	**9,784**
Of which receivable from NHS and DHSC group bodies:		
Current	2,691	4,373

* Other receivables include £0.17m (2023/24 £0.8m) Employee advances / overpayments and £1.1m (2023/24 £1.3m) student debts.

Note 15.1 Allowances for credit losses

	31 March 2024	
	Contract receivables and contract assets	**Contract receivables and contract assets**
	£000	**£000**
Allowances as at 1 April - brought forward	**456**	**341**
Allowances as at 1 April - restated	**456**	**341**
New allowances arising	741	-
Changes in existing allowances	38	115
Utilisation of allowances (write offs)	(254)	-
Allowances as at 31 Mar 2025	**981**	**456**

Note 15.2 Exposure to credit risk

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposure as at 31 March 2025 are in receivables from students, as disclosed in the Receivables note.

Note 16. Cash and cash equivalents movements

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

	31 March 2025	**31 March 2024**
	£000	**£000**
At 1 April	**2,350**	**8,822**
Net change in year	2,235	(6,472)
At 31 March	**4,585**	**2,350**
Broken down into:		
Cash at commercial banks and in hand	958	686
Cash with the Government Banking Service	3,627	1,664
Total cash and cash equivalents as in SoFP	**4,585**	**2,350**
Total cash and cash equivalents as in SoCF	**4,585**	**2,350**

Note 17. Trade and other payables

	31 March 2025	31 March 2024
	£000	£000
Current		
Trade payables	2,903	1,161
Capital payables	144	-
Accruals	2,663	6,578
Social security costs	562	609
Other taxes payable	571	587
PDC dividend payable	-	-
Pension contributions payable	818	693
Other payables	-	-
Total current trade and other payables	**7,661**	**9,628**
Of which payables from NHS and DHSC group bodies:		
Current	506	660

Note 18. Other Liabilities

	31 March 2025	31 March 2024
	£000	£000
Current		
Deferred income: contract liabilities	5,215	7,194
Total other current liabilities	**5,215**	**7,194**

Note 19.1 Borrowings

	31 March 2025	31 March 2024
	£000	£000
Current		
Loans from DHSC	445	445
Lease liabilities	28	264
Total current borrowings	**473**	**709**
Non-current		
Loans from DHSC	886	1,331
Lease liabilities	118	631
Total non-current borrowings	**1,004**	**1,962**

Note 19.2 Reconciliation of liabilities arising from financing activities

	Loans from DHSC	Lease Liabilities	Total
	£000	£000	£000
Carrying value at 1 April 2024	**1,776**	**895**	**2,671**
Cash movements:			
Financing cash flows - payments and receipts of principal	(445)	(191)	**(636)**
Financing cash flows - payments of interest	(16)	(7)	**(23)**
Non-cash movements:			
Additions	-	153	**153**
Application of effective interest rate	16	7	**23**
Early terminations	-	(711)	**(711)**
Carrying value at 31 March 2025	**1,331**	**146**	**1,477**

	Loans from DHSC	Lease Liabilities	Total
	£000	£000	£000
Carrying value at 1 April 2023	**2,220**	**1,455**	**3,675**
Cash movements:			
Financing cash flows - payments and receipts of principal	(445)	(153)	**(598)**
Financing cash flows - payments of interest	(22)	(8)	**(30)**
Non-cash movements:			
Additions	-	70	**70**
Lease liability remeasurements	-	(24)	**(24)**
Application of effective interest rate	23	8	**31**
Early terminations	-	(453)	**(453)**
Carrying value at 31 March 2024	**1,776**	**895**	**2,671**

Note 20 Provisions for liabilities and charges analysis

	Pensions: early departure costs	Re-structuring	Redundancy	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2024	**26**	**-**	**3,292**	**1,153**	**4,471**
Change in the discount rate	1	1	-	1	**3**
Arising during the year	-	-	109	1,307	**1,416**
Utilised during the year	(9)	-	(3,262)	(1,153)	**(4,424)**
Unwinding of discount	(1)	(1)	-	(1)	**(3)**
At 31 March 2025	**17**	**-**	**139**	**1,307**	**2,211**
Expected timing of cash flows:					
- not later than one year;	17	-	139	1,307	**1,463**
- later than five years.	-	-	-	-	**-**
Total	**17**	**-**	**139**	**1,307**	**1,463**

The provision for pensions relating to staff reflects the liabilities due to early retirement prior to 6 March 1995. The legal claims provision reflects liabilities arising from Public and Employee Liability claims. Other provisions are for unutilised funds.

The Trust received funding from North Central London Integrated Care Board (ICB) to support various services. As at 31 March 2025, £1.171m remained unspent due to delays in recruitment and project delivery.

Although no formal claw back has been initiated, the ICB has explicitly stated its right to reclaim unused or misapplied funding, subject to review. In accordance with IAS 37, management believes a constructive obligation exists, and the outflow of economic resources is probable and measurable.

The utilised fund was the GIDS decommissioning and other fund we received from CCG during COVID and now became NCL ICB**.**

Note 20.1 Clinical negligence liabilities

At 31 March 2025, £400k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Tavistock and Portman NHS Foundation Trust (31 March 2024: £135k).

Note 21 Contingent assets and liabilities

There have been a number of employment tribunal claims and appeals lodged against the Trust, which the Trust is currently defending. Estimating the potential impact of these claims based on legal advice is impractical, as disclosing this information may seriously prejudice the Trust's position.

Note 21.1 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2025	Held at amortised cost	Total book value
	£000	£000
Trade and other receivables excluding non-financial assets	3,831	3,831
Cash and cash equivalents	4,585	4,585
Total at 31 March 2025	**8,416**	**8,416**

Carrying values of financial assets as at 31 March 2024	Held at amortised cost	Total book value
	£000	£000
Trade and other receivables excluding non-financial assets	8,452	8,452
Cash and cash equivalents	2,350	2,350
Total at 31 March 2024	**10,802**	**10,802**

Note 21.2 carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2025	Held at amortised cost	Total book value
	£000	£000
Loans from the Department of Health and Social Care	1,331	1,331
Obligations under leases	146	146
Trade and other payables excluding non-financial liabilities	4,939	4,939
Provisions under contract	1,463	1,463
Total at 31 March 2025	**7,879**	**7,879**

Carrying values of financial liabilities as at 31 March 2024	Held at amortised cost	Total book value
	£000	£000
Loans from the Department of Health and Social Care	1,776	1,776
Obligations under leases	895	895
Trade and other payables excluding non-financial liabilities	7,739	7,739
Total at 31 March 2024	**10,410**	**10,410**

Note 21.3 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March 2025	31 March 2024
	£000	£000
In one year or less	6,875	8,598
In more than one year but not more than five years	1,004	1,962
In more than five years	-	-
Total	**7,879**	**10,560**

Note 22 Related parties

The Tavistock and Portman NHS Foundation Trust is a body corporate authorised by NHS England, the regulator of NHS Foundation Trusts.

The Department of Health and Social care (DHSC) is the parent department of the Trust. During 2024/25 The Trust has had a significant number of material transactions with entities for which the Department is regarded as the parent department. Those DHSC entities with which the Trust has had income or expenditure of greater than £1m in 2024/25 of have receivables and payables balances greater than £1m as at 31 March 2025 are set out below:

- East London NHS Foundation Trust
- NHS North Central London ICB
- NHS Northeast London ICB
- NHS England - Core (now including expenditure and payables for all regions and central specialized commissioning)
- London Regional Office
- Southeast Regional Office
- East of England Regional Office

Note 23 Financial Risk Management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the NHS Trust has with ICBs and the way those ICBs are financed, the NHS Trust is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The NHS Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day to-day operational activities rather than being held to change the risks facing the NHS Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. Trust treasury activity is subject to review by the Trust's internal auditors.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

The Trust may borrow from government for revenue financing subject to approval by NHS Improvement at rates set by the Department of Health (the lender).

Credit risk

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2024 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk

The Trust's operating costs are incurred under contracts with ICBs, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its prudential borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks.

Note 24 Events after reporting date

The Trust is currently going through a formal merger process, in line with NHSE guidance and agreed by the Board as the best way to secure the future of the Trust's services. At the time of drafting the accounts a formal process was underway to identify a partner organisation from within the NHS, with the process planned to conclude in early in 2025/2026.

Staff costs

	Permanent	Other	2024/25 Total	2023/24 Total
	£000	£000	£000	£000
Salaries and wages	39,454	-	**39,454**	41,275
Social security costs	4,644	-	**4,644**	4,741
Apprenticeship levy	195	-	**195**	180
Employer's contributions to NHS pension scheme	8,216	-	**8,216**	7,050
Pension cost - other	14	-	**14**	22
Temporary staff	-	1,992	**1,992**	3,939
Total gross staff costs	**52,523**	**1,992**	**54,515**	**57,207**
Recoveries in respect of seconded staff	-	-	**-**	-
Total staff costs	**52,523**	**1,992**	**54,515**	**57,207**
Of which				
Costs capitalised as part of assets	223	-	**223**	-

Average number of employees (WTE basis)

	Permanent	Other	2024/25 Total	2023/24 Total
	Number	Number	Number	Number
Medical and dental	45	0	**46**	58
Ambulance staff	-	-	**-**	-
Administration and estates	324	25	**349**	328
Healthcare assistants and other support staff	34	-	**34**	-
Nursing, midwifery and health visiting staff	16	1	**17**	14
Nursing, midwifery and health visiting learners	-	-	**-**	-
Scientific, therapeutic and technical staff	171	1	**172**	285
Healthcare science staff	-	-	**-**	-
Social care staff	-	-	**-**	32
Other	96	0	**96**	-
Total average numbers	**686**	**28**	**714**	**717**

Reporting of compensation schemes - exit packages 2024/25

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	**Number**	**Number**
Exit package cost band (including any special payment element)			
<£10,000	-	-	**-**
£10,000 - £25,000	-	-	**-**
£25,001 - 50,000	1	-	**1**
£50,001 - £100,000	1	-	**1**
£100,001 - £150,000	1	-	**1**
£150,001 - £200,000	-	-	**-**
>£200,000	-	-	**-**
Total number of exit packages by type	**3**	**-**	**3**
Total cost (£)	**£229,165**	-	**£229,165**

Reporting of compensation schemes - exit packages 2023/24

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	**Number**	**Number**
Exit package cost band (including any special payment element)			
<£10,000	10	-	**10**
£10,000 - £25,000	21	-	**21**
£25,001 - 50,000	15	-	**15**
£50,001 - £100,000	12	-	**12**
£100,001 - £150,000	3	-	**3**
£150,001 - £200,000	1	-	**1**
>£200,000	1	-	**1**
Total number of exit packages by type	**63**	**-**	**63**
Total resource cost (£)	£2,543,00	£0	**£2,543,00**

6 Acknowledgements

The Tavistock and Portman NHS Foundation Trust would like to thank everyone who provided the information for this report, who gave their consent to be photographed, who gave permission for their comments to be included, and to everyone who assisted in ensuring clarity throughout this publication.

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