

Annual Report 2002-2003

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Trust Board

Chairman

Mrs. Maggie Wakelin-Saint

Appointed 1 November 1999 for 4 years until 31 October 2003

Non-Executive Directors

Professor Sir David Goldberg

Appointed 1 November 2001 for 4 years until 31 October 2005

Mr. Matthew Lewin

Appointed 1 November 2000 for 4 years until 31 October 2004

Professor Sir Andrew Likierman

Appointed as London University nominee 1 April 2000 until 31 October 2003

Dr. Ann Phoenix

Appointed December 1997 as London University nominee. Appointed June 1999 as ordinary Non-Executive. Retired 31 October 2002

Mrs. Jane Simpson

Appointed 1994. Re-appointed March 1998 and November 2001

Executive Directors

Dr. Nicholas Temple, Chief Executive

Appointed 1 February 2002 by Appointments Panel consisting of Chair of Trust Board, two non-executive Directors of the Board, the Director of the NHS London Region, the Chair of the North Central London Strategic Health Authority, a Chief Executive of a London Mental Health Trust, and a senior member of the Trust's professional staff.

Professor Andrew Cooper, Dean of Postgraduate Studies

Elected by Senior Staff Groups of the Tavistock and Portman Clinics for a maximum of two five-year terms. Start of term of office 1 September 1999. Expiry of first term 31 August 2004

Mr. Richard Davies, Director, Portman Clinic

Appointed from the Portman Clinic's professional staff group by the Chief Executive with formal Trust Board approval. Appointment commenced 1 April 2001 for one year. Appointment renewed 1 April 2002. Term of office expires 31 March 2004

Mrs. Margaret Rustin, Chair, Tavistock Clinic Professional Committee

Elected by the Senior Staff Group of Tavistock Clinic for a three-year term of office commencing 1 February 2002. Formally appointed as a member of the Trust Board by the Trust Board Appointments Committee on 10 December 2001. Maximum term of office, 3 consecutive 3-year terms.

Dr. David Taylor, Medical Director (non-voting Member)

Appointed from the Medical Consultant Staff group. Interviewed by the Chairman and the Chief Executive. Appointment ratified by the Trust Board. Appointment commenced 1 April 2002. There is no maximum term of office

Mr. Simon Young, Director of Finance

Appointed 1 April 1996 by Trust Appointments Committee.

Chairman's Foreword

We are now in the third year of the NHS Plan which set out a radical modernisation agenda in the NHS and the patient-centered NHS, once a distant ambition, is now visibly drawing nearer with Patient Forums to be set up by 1 December 2003.

In this Trust we have made good progress towards delivering the NHS Plan as we concentrate on further developing our mental health training activities locally and nationally in accordance with the Mental Health National Service Framework and the new training agenda for Child and Adolescent Mental Health to meet the new Children's National Service Framework.

We have recently brought forward within the Child and Adolescent Mental Health Services important developments with some of our local Primary Care Trusts and our local Mental Health Trusts and recently launched our Young Black Peoples Consultation Service.

Following the major changes made by Government to the structure of the NHS last year we have had to manage and implement these changes and we thank the Trust staff for once more adapting and responding to these changes. Overall we have been successful in laying the foundations for working in partnership with North Central London Strategic Health Authority, our five local Primary Care Trusts, our two local Mental Health Trusts and the North Central London Workforce Development Confederation (NCLWDC).

Last year the NCLWDC became the commissioners of our training contract and the East Midlands WDC now has special responsibility for commissioning training in mental health. The Trust has formed a National Steering Group to deal with our training contract and we are now preparing for its review in July and its renegotiation next year.

Between November 2002 and April 2003 the Trust was reviewed by Commission for Health Improvement (CHI). Throughout this testing period the Board recognised that staff had to manage the substantial demands of CHI together with their usual workloads. CHI's report was disappointing for the Trust, but overall we feel it was a constructive exercise and was very helpful to the Trust because it caused us to focus on the development of governance both before and after the Action Plan. We now have our Action Plan in place and this is a demanding agenda for us all.

In April we appointed the first Chair in Child Psychotherapy jointly with the University of East London this was an exciting and ground breaking appointment the first of its kind – first for the Trust and first for Child Psychotherapy.

Ann Phoenix retired from the Trust Board at the end of October 2002 and I would like to express the thanks of the Board for her valuable work as a non-executive director.

The Board recognizes that none of our achievements last year could have been attained without the continued dedication and hard work of all the staff and the Board wishes to pass on its very sincere thanks to all staff.

Maggie Wakelin-Saint
Chairman

Principal Activities of the Trust

This is an NHS Mental Health Trust that provides clinical services, training, research and organisational consultancy services. The service contracts are crucial to the clinically based training. It is a small Trust, with planned income for 2003-2004 of £14.6 million. It receives a substantial part of its income through one main national training contract with the Department of Health (£5.2m), with the remainder from clinical services, course fee income, research and consultancy.

The Trust's clinical services include secondary and tertiary referrals as well as many specialist services in the Child, Adolescent, Adult and Forensic Mental Health fields. The Trust has no beds and provides its service on an outpatient basis only. In terms of training the Trust runs 55 courses with an annual enrolment of around 1,400 students per annum (and is thus the largest Mental Health training organisation in the NHS), with an emphasis on multi-disciplinary training. The Trust provides training for nurses, social workers, psychologists, psychiatrists, child psychotherapists and family therapists. Its trainings for child and adolescent psychiatrists and for child psychotherapists are among the largest and most distinguished in the country.

Background

The Tavistock Clinic and Portman Clinic came together to form the Tavistock and Portman NHS Trust in 1994, having previously been managed together by a Special Committee. The Tavistock Clinic was founded in 1920 to provide mental health services for patients of all ages based on psychotherapy. The Portman Clinic was founded in 1933 to provide therapeutic treatment for offenders and for complex sexual disorders. The Portman Clinic represents about 10% of the Trust's activity.

Organisational Structure

The Trust is governed by the Trust Board, with a non-executive chairman, five non-executive directors and six executive directors: the Chief Executive, the Chair of the Tavistock Clinic Professional Committee, the Medical Director, the Dean, the Director of the Portman Clinic and the Finance Director.

The Management Group is the executive body of the Trust and co-ordinates the administrative directorates, the clinical departments, the training, research and consultancy activities of the Trust.

The Trust consists of four clinical units: three clinical departments in the Tavistock Clinic and the Portman Clinic. The three departments in the Tavistock Clinic are the Child and Family Department, the Adolescent Department and the Adult Department. Each of these clinical departments also has a range of trainings, so that clinical work and training are closely integrated.

The Trust has four administrative directorates: Finance, Academic Services, Human Resources and Central Services, each headed by a director. There is a close working relationship between the directorates and the professional work of the Trust.

The six professional disciplines – Psychiatry, Psychology, Social Work, Child Psychotherapy, Nursing and Family Therapy - are an important feature of the Trust since each has a training role and in addition has a national profile in professional policy. The Trust's trainings are based on a multi-disciplinary approach so that the disciplines work closely together. These professional disciplines are co-ordinated with the departments of the Tavistock Clinic by the Tavistock's Professional Committee.

The training activities of the Trust are co-ordinated by the Training Committee, chaired by the Dean. The Director of Academic Services is responsible for the management of the training courses.

Mission Statement

The Tavistock and Portman NHS Trust's mission is to promote high standards of mental health practice and policy within the NHS, social care and criminal justice sectors. Its aim is to improve the national provision of psychologically based mental health services for patients of all ages and to address the present inequity of access to these services. In its consultancy work its mission is to support the development of effective well-functioning organisations in the NHS and the public sector. It aims to achieve this mission through an integrated approach to the following five areas of activity:

- Clinical Services
To provide high quality Mental Health services for adults, children and adolescents and their families, and for forensic patients, based on psychological methods. To be innovative in developing new approaches to treatment and to be closely in touch with patients' needs.
- Training
To organize a wide-ranging programme of multi-disciplinary post-graduate training for Mental Health professionals, with a significant proportion of training delivered nationally in regional centres in line with the Trust's national Training Contract.
- Research
To carry out research into the origins of Mental Health problems and the effectiveness of psychological treatments.
- Consultancy
To provide organisational and clinical consultancy and to develop leading edge thinking about organisations, organisational change and leadership, in order to strengthen the NHS workforce and to support management and service in the wider public sector.

- **Public Policy**
To influence public policy in Mental Health, Social Services and the area of Criminal Justice, to promote increased psychological understanding and an extension of psychological approaches to treatment and prevention.

A high degree of integration of these activities, undertaken by its multi-disciplinary staff group, underpins the Trust's distinctive contribution to the NHS and Social Care sectors. The Trust aims to maintain these activities and to expand them both locally and nationally, and to obtain the resources and infrastructure to do so. It will seek to maintain an appropriate balance between these activities.

Chief Executive's Report

During this year, 2002-2003, the Trust has made significant progress to meet the modernization requirements of the NHS Plan. The Commission for Health Improvement Review took place in January 2003. The planning for the review took up a great deal of staff time to organize and provide information for CHI. The Trust's response to the CHI Review was led by Dr. David Taylor, the Medical Director, who is the lead for Clinical Governance in the Trust. The preparation for the Review began in September 2002 and accelerated the full implementation of Clinical Governance systems throughout the Trust.

The detailed outcome of the CHI review is given later in the report. The Trust regarded this as an adequate result but is aware of the need for further development in the areas of Information and Communication Technology and Public and Patient Involvement, which each scored One in the Review. There was a degree of disappointment that some aspects of the Trust's achievements, such as its multi-disciplinary teamwork and its high quality clinical services, were not fully reflected in the CHI review and its resulting scores.

The staff of the Trust were pleased that the Trust's patients regarded the clinical services they received as excellent and a survey of Trust staff gave very high results for satisfaction.

Following the publication of the CHI report there was a successful action planning day attended by many local stakeholders, which led to the development of an ambitious CHI Action Plan which the Trust will be working on over the next four years, although key areas Patient and Public Involvement and ICT will need to be addressed rapidly during the next six months.

During the year the Trust undertook a full review of its activities leading to a new Strategy for the next three years. The Strategy planning included a revision of the Trust's Mission Statement, focusing activity on the five key areas of its work. The

formulation of the Strategy and its Implementation Plan formed the foundation of the new Business Plan for 2003 – 2004 and revised Trust Objectives.

The Trust has continued to develop its relationship with the five Primary Care Trusts within the North Central London Strategic Health Authority and made progress during 2002 – 2003. The specialist commissioning of Portman Clinic clinical services commenced in April 2002 and this London-wide commissioning is proceeding satisfactorily.

The Trust worked hard to set up a new National Steering Group for its National Training Contract, which now stands at £5.2 million. The Steering Group is chaired by Professor Tony Butterworth, Chief Executive of the South Trent Workforce Development Confederation, which has a national responsibility for Mental Health. The Steering Group will be able to guide the development of the Trust's training programmes and will work closely with the North Central London Workforce Development Confederation led by Nic Greenfield who holds the day-to-day finances for the contract. New courses are being developed in response to the new context of the NHS and Social Care.

The Trust has worked closely with a group of Workforce Development Confederations to develop the Northern Child Psychotherapy training located in Leeds, but serving the whole of the North of England, and the new director of this training is a joint appointment with the Trust. A wide range of Adult courses for CPD are now established in four regional centres.

As part of the Trust's strategy, a review of the Consultancy work in the Trust and its organisation is taking place. It is notable that the Portman Clinic has continued to develop its work in a Consultancy project at Ashworth special hospital, which has been renewed for a further three years and new Consultancy projects have been set up at both Holloway and Pentonville prisons.

The Trust's Research and Development portfolio has continued to sustain its progress. This year Research and Development has been reorganized into three new programmes, focusing over the main areas of research in Mental Health in the Trust. Each programme was given the highest grade by the NHS R&D. The external R&D Review commissioned by the Trust from a leading academic in Outcome Research commended the progress that the research programme had made.

During the year the Trust was successfully assessed for Improving Working Lives Practice Status. The Trust was one of the first five organizations in London to achieve the award. We are pleased that the annual Staff Attitude Survey of Trust staff showed a general satisfaction with the organisation, despite the pressure of work.

As noted by the CHI Review, a continuing problem for the staff of the Trust, both administrative and professional, is the increasing level of demand for monitoring activity related to the Star Rating system, the Modernization agenda, the Strategic Health

Authority's Performance Indicators, Improving Working Lives, Clinical Negligence Scheme for Trusts and others. These requirements do lead to considerable work pressure. The Trust has also noted an increasing demand for clinical services. In some units such as the Adult Department a 10% increase in referrals has been noted during the year.

In July 2002 the Trust was awarded its first Star Rating and given a score of Two Stars, when the Star Rating system was first applied to Mental Health Trusts. During the year a lot of attention has been paid to the Performance Indicators for the 2002-2003 Star Rating which will be published in July 2003.

The Trust has felt well supported by the Strategic Health Authority during the year, including encouragement to maximize performance and recognition of what the Trust has achieved.

Likely Future Developments

As noted above, the Trust has developed a Three-year Strategy which sets out its aims to increase clinical activity through its Service Level Agreements and to form closer working relationships with Primary Care Trusts and the local Mental Health & Social Care NHS Trust and Mental Health NHS Trust.

The Tavistock Clinic

The last year has been a period of intense activity in all areas of the Clinic's work. Some of the important highlights, including the preparation for and experience of the Improving Working Lives and Commission for Health Improvement inspections are reported on elsewhere, but it is appropriate to note here some achievements.

In our clinical work, there has been significant progress in partnerships with other local providers in both Adult and Child and Adolescent Mental Health Services (CAMHS). The new Adult Psychoanalytic Psychotherapy Consortium formed in partnership with Camden and Islington Social Care and Mental Health and Social Care NHS Trust provides improved services in Camden and Islington and has been a significant step forward, supported by both PCTs. A great deal of work has taken place to reconfigure the CAMH services in Camden in close co-operation with Camden Primary Care Trust, which is leading the new integrated service.

Other new developments include

- A contribution to CAMH services in Haringey, based on joint posts with Barnet, Enfield and Haringey Mental Health NHS Trust.
- A service for 'looked after' children and adolescents,
- A consultation service for black adolescents,
- A brief intervention service for the parents of adolescents,

- A perinatal support service linked to the Royal Free Hospital for families who have suffered bereavement,
- Extensive work in local schools with children whose families would be unlikely to access traditional outpatient clinics,
- Work with local sure start projects
- A partnership with the Somali community.

This engagement with a wide range of local needs and the necessary flexibility to improve equity of access is a central feature of our clinical strategy.

In training, new courses continue to emerge in response to the changing context of the NHS and social care. The establishment of a national steering group to advise on the direction of our national training activities is of crucial importance. This year saw the launch of the northern child psychotherapy training, to be located in Leeds, but serving the whole of the north of England, and the director of training is a joint appointment with the Trust, in virtue of the partnership model used to develop this new training. Continuous professional development work with a widening range of adult mental health practitioners is flourishing in Manchester, Leeds, Birmingham, Newcastle and elsewhere.

We are reviewing the internal organisation of our consultation activities which include work with many organisations and teams and also clinical and role consultation to individual senior practitioners. We are aiming for increased integration to facilitate the accessibility and transparency of our services. Our consultative work is a source of knowledge about wider developments in health and social care practice, and links with a series of policy seminars. The series will tackle the contribution that the Tavistock Clinic can make to understanding major social issues and working on policy implications.

The clinic's involvement in the wider world at both local and national levels is a creative ongoing preoccupation. Our book series and our conference programme are two important ways in which we build on and disseminate knowledge grounded in clinical and teaching work. This links importantly to our research activity. This year marks the establishment of the first British chair in Child Psychotherapy, jointly located in the Trust and the University of East London, one of our five university partners. The strengthened professorial group supports the extensive staff publication in scholarly journals and books of which we are proud, as well as three groups of research programmes.

The constraints of space and the enormous demands on the staff which this wide range of activity entails are limiting factors which require careful attention. Opportunities to expand activity can only be taken when real resources are available, and a great deal of thought has been given in the last year to a realistic re-assessment of what can be done without loss of the very high standards which both provide staff with satisfaction in their work and maintain us our reputation.

Tavistock Clinic Series

The Tavistock Clinic Book Series has had another good year, both in terms of sales and of new titles being published. The first two books to be published by Karnac, after taking over from Duckworth, were launched in the summer: Margaret and Michael Rustin's *Mirror to Nature: Drama, Psychoanalysis and Society*, and *Surviving Space: Papers on Infant Observation*, edited by Andrew Briggs.

Therapeutic Care for Refugees: No Place Like Home, edited by Renos Papadopoulos, was launched in September, and a new and extended edition of *Understanding Trauma: A Psychoanalytical Approach*, edited by Caroline Garland, also came out in the autumn.

The New Year saw the publication of Margaret Cohen's book *Sent Before My Time: A Child Psychotherapist's View of Life in a Neo-natal Intensive Care Unit*.

Translations of existing titles are going ahead, now including Portuguese, Greek and Mandarin.

Portman Clinic

The Portman Clinic has continued to develop its work in its domains. The consultancy project at Ashworth special hospital has been renewed for a further three years. Research and consultancy projects have been set up at both Holloway and Pentonville prisons. A pilot clinical research 'continuity of care' project between Broadmoor hospital and the Portman Clinic commenced in 2002 and is progressing well. The specialist commissioning of Portman Clinic clinical services commenced in April 2002 and while still in the early stages it is proceeding satisfactorily. The forensic psychotherapeutic studies course has continued to be successful in attracting high calibre students and many past alumni are now in key stakeholder positions nationally.

Training Activities

In 2002-2003 the development of training activity in the Trust was targeted in a number of specific areas:

- Contributing to the fulfilment of key National Service Framework (NSF) targets, in particular creating effective services for people with severe mental illness (Standards 3 and 5), and Primary Care and access to services (Standards 2 and 3).
- Widening access to training for staff in regions outside London, and for Black and Ethnic Minority staff.
- Developing mental health training for staff working in Educational settings.

- Responding to government initiatives for Child and Adolescent mental health services (CAMHS) and contributing to the development of the Children's NSF.
- Formation of a National Steering Group with strong regional membership, to oversee the strategic development of the Trust's national Training Contract.

In this period Trust staff have worked hard to bed down new training developments made possible by additional funding received between 2000-2002. Of particular note in this respect are:

The successful development of a range of Diplomas in Mental Health Nursing delivered in collaboration with mental health Trusts around London; the successful launch of a course in Leadership for Black Managers and the provision of multidisciplinary forums exploring cross-cultural mental health practice; further development of training programmes for staff working in Educational Settings for children with special needs; provision of new sites of delivery outside London for clinical training in Family Systems Psychotherapy.

The Trust is also pleased that a strong collaboration with the Caldecott College and the University of East London for delivery of programmes of training to Residential Childcare Workers has been established. Work will now concentrate on the development of links with other specialist trainings in this area to form a wider training policy development movement for this sector of the workforce. The Trust's partnership with Royal Holloway and Bedford College to deliver post-qualifying Childcare award programmes in London has strengthened, and student numbers have increased significantly. A new programme offering training in Child Counselling for staff in educational settings will come on stream on 2003-2004, as well as delivery of the MA in Consultation and the Organisation in Liverpool.

In 2001-2002 we reported on the Trust's contribution to the development of a Northern School of Child Psychotherapy, and we are now pleased to say that this initiative is fully launched. Our own major programme of regional Adult Psychotherapy seminars has been consolidated and strengthened under the leadership of Dr Nollaig Whyte, and successful work with a number of Workforce Development Confederations is securing its future.

As projected in 2001-2002 the Trust has formulated development plans with its three major training partners in the University sector, and these include plans to establish a stronger identity within the Trust for our collaborative work with Essex University. In the coming period the Trust will be exploring the potential for links with the newly established NHS University, to which we believe it can make a significant contribution.

The Trust's training activities continue to thrive with over 1,400 enrolled students on our programmes for 2002-2003. We are particularly pleased that an increasing number

of our courses are now delivered outside of London and that the proportion of our students enrolled with us from outside the London region is now 48%.

Website

During the last year we have redeveloped our website to provide access to more comprehensive information about the Trust's activities. One important development has been the introduction of a diagnostic set of pages to help potential users of our clinical services find the information or service they need. Redevelopment of the website has also enabled us to provide enhanced services for our students which can be accessed remotely. This is set to develop further in the next year.

Library

The library has continued to provide a state-of-the-art library service and our users have benefited from the many new services that we have introduced during the past year. The library has purchased 345 new books and subscribed to 10 new journals, 26 full-text journals and 51 electronic books for its collection. As well as providing a growing number of services for our own students and staff, the library is a national resource for psychotherapy and mental health, and continues to offer various fee paying membership packages to researchers, academics, and members of the public wishing to use this unique service. The library also provides a document delivery service to 120 psychiatric libraries throughout the country, photocopying articles from our collections and sending them electronically to the requesting libraries.

Conferences and External Events

In the last year, the Trust has successfully held 12 conferences, encompassing a wide variety of topics. Lectures on severe psychopathology, adoption, supervision and primary care, and the reflections on the contributions of Esther Bick at her centenary, being the best attended.

The Tavistock Consultancy Service (TCS)

TCS is the unit within the Trust that works on improving the mental health of people at work by focusing on developing organizational health. Its activities include senior executive coaching and role consultation for those in leadership roles in organizations, leadership team development and teambuilding, consultancy to organizational change, training and development programmes for managers and organizational research. TCS works with a diverse range of organizations across the public, private and voluntary sectors but specializes in consultancy to NHS.

This year, we have developed our services to NHS /PCT development and were successful in winning a contract as preferred provider with NATPCT to deliver leadership and organizational development programmes across all regions. We have increased the emphasis on leadership in our development portfolio and successfully launched our own 'mastering leadership' programme. We have also won a large contract to deliver senior executive coaching to global directors of a consumer goods

company as well as other contracts with a national theatre company, manufacturing company, investment banks, IT company and several universities.

We have also prioritised the integration of TCS work with consultancy in the other parts of the Trust and working with colleagues on providing a more consistent Trust – wide approach to this important service. We have updated our website, development portfolio prospectus and other literature and have re-furbished our administrative office.

This year, TCS welcomed 3 new members of staff, an office assistant and 2 part-time consultants.

Patient and Public Involvement (PPI) and Patient Advice & Liaison (PALS)

Patient and Public Involvement (PPI)

It has been a mixed year for our burgeoning work within the field of patient and public involvement. Involving patients receiving therapy here is not always straightforward. Psychotherapy is an intensely private and sometimes overwhelming experience, and it is often difficult for people to return to the same building in a different role. However, we have made some real headway with the discussion groups, and we are looking at other ways of listening to the views of our patients. For example we are considering involving ex-patients in our committee work. We will also be holding 'Problem-solving workshops' with our patients to explore the areas of dissatisfaction outlined in our patient survey, so that we can learn from patient experiences as we review our ways of working.

At the time of writing, we still do not have a PPI strategy. This urgently needs to be approved internally in draft form and sent out for consultation.

It is vital that in the coming year, all service developments are planned in consultation with patients and the wider public. The PPI Committee will be overseeing this process in the Departments.

PALS Service

This is the first year of operation for the service, and there have been 45 queries and contacts from patients or their families in this time. Most of these have been straightforward requests for information or clarification. However some patient concerns have required liaison with staff within the Trust in order to negotiate a different outcome. The most common concerns have been from patients who have found the consultation process confusing or upsetting. The psychotherapeutic model can seem very alien to people with no previous knowledge and experience of this approach. Encouragingly the concerns raised have prompted fresh discussion within the Trust regarding our patient literature and preparing patients for what can be an anxiety-provoking experience.

Patient & Parent Discussion Groups

These sessions arose from the commonly asked questions that the PALS officer was hearing from patients and their families. The group is an open forum for asking questions about the nature and process of psychotherapy; questions which are not always appropriate to address within the clinical setting. The groups have been increasingly well attended, and initial feedback has proved that this is something which many of our patients have benefited from.

Finance

In its ninth year of operation, the Trust again achieved all of its statutory financial duties. The operating surplus was £453,000; and after allowing for interest and dividends, we broke even, with no retained surplus or deficit for the year. The dividend payment of £462,000 represented a return of 6.1% on the average net assets employed by the Trust. During the year, there was net cash inflow of £105,000, in line with the target set by the Department of Health.

Income rose again, by 13% to £14,654,000. As well as covering the effects of inflation, this included the second part of a substantial increase in the funding of our training contract with the Department of Health. This funding enabled us to recruit further staff to work on developing new training programmes around the country, as described elsewhere in this report. Operating expenses consequently also rose by 13%, to £14,201,000.

Our budget for 2003-2004, and our financial projections beyond that, are based on the expectation that all current areas will continue at similar levels of activity and income.

Capital expenditure of £75,000 was within our capital resource limit set by the Department of Health; there were no major projects in the year. Indexation added £1,276,000 (17%) to the book value of the Trust's land and buildings as at April 2002.

Further details are given in the summarised financial statements attached:

Performance against the break-even target over the last five years is shown in note 6 on page ix

Compliance with the better payment practice code (for payments to creditors) is reported in note 5 on page ix

Management costs are reported in note 3 on page viii

Details of all remuneration to each director of the Trust are given in note 4 on page viii

2002-2003 salary increases for senior managers and directors were within the guidelines set by the Department of Health Chief Executive.

No payments were made for indemnity insurance.

Post Balance Sheet Events

There have been no events since 31st March 2003 which necessitate revision of the Accounts.

Caldicott

The Caldicott returns for 2002-2003 reported some improvements on audit for the previous year. Of significance was the highly valuable information mapping exercise which took place in the Adolescent Department during the summer of 2002. This pilot will be of benefit in reducing the scale of the mapping in the rest of the Trust over the next 2 years. There is nevertheless much Caldicott work to be done particularly with regard to safe havens, awareness training and the establishment of information sharing protocols.

Complaints

The Trust received 12 formal complaints in 2002-2003. All formal complaints were investigated by the Chief Executive and the complainant received a letter of explanation/apology from the Chief Executive. All were dealt with within four weeks of receipt.

The key themes that were drawn out from the complaints were: the patients' experience of the assessment or treatment (e.g. uncomfortable silence or lack of immediate response from the clinician); unfulfilled expectation of assessment (e.g. referral not accepted), or treatment (e.g. patient had expected a more supportive form of treatment); long wait for treatment; failures in communication.

The Trust endeavours to establish patterns or trends in complaints from which it might learn and, if appropriate, adapt its protocols and practices. In all cases the Chief Executive reviews with the clinical unit concerned the circumstances that led to the complaint and how it might be avoided in the future. The issue of the individual patients' experience of the treatment is taken up as a clinical issue in the Departments, in the clinical teams, and in the supervisory setting with the clinicians involved. The complaints are also discussed, and any actions considered, in the Clinical Services Governance Committee. Complaints are discussed at the Adult Department's twice-yearly Complaints Seminar. The 6-monthly complaints report to the Trust Board is disseminated widely in the Trust in order to further raise awareness of the issues and to learn from the complaints.

As part of the wider remit of Clinical Governance, a system has been established which includes the monitoring of informal complaints, concerns raised by patients with the

PALS Officer, and patients' comments as they are routinely dealt with by frontline staff in Reception and the Departments. The system includes quarterly meetings between the Complaints Manager, the PALS Officer, the Risk Manager, the Trust's Lead on Patient and User issues, Department Managers and frontline staff. A useful communication has been established between the PALS Officer and the Complaints Manager. Many of the comments received in 2002-2003 concerned the availability of refreshments and parking. As a result of these, a coffee machine has been placed in the ground floor waiting room. Unfortunately, extending parking facilities is much more difficult due to lack of space.

In 2003-2004 the Trust is preparing to meet the requirements of the new NHS Complaints Procedures.

Clinical Governance

This has been a year of much activity in the Trust's implementation of clinical governance. The year began with the appointment of a new Medical Director with lead responsibility for clinical governance within the Trust. Clinical governance is a key part of the Department of Health's strategy for modernising the NHS. The organising of and the developing of the many procedures, which come under the general heading of clinical governance is a far-reaching and demanding task.

The first part of the year was concerned with the appointment of personnel, the strengthening and clarification of the governance committee structures and with the formulation of an adopted clinical governance strategy and an implementation plan. The reorganisation of the committee structure included creating two new committees each reporting to the clinical governance and quality committee of the Trust.

The first of these committees is the learning strategy committee, which has developed the Trust learning strategy. A second committee, the clinical services governance committee, evolved out of what was previously the CPA committee with additional responsibilities for clinical audit and clinical effectiveness. It is responsible for ensuring all aspects of quality assurance and risk management in relation to the Trust's clinical services. These new structures and roles have over the course of the year become firmly established and are developing their regular programmes of work.

The processes of the CHI review of the Trust's clinical governance systems have accelerated these programmes. These began in September and the final report was published on the 1st of April 2003. The review had three phases: an initial period requiring an enormous amount of documentary evidence, followed by CHI presenting to their "emerging themes" at the beginning of January, CHI having interviewed the Trust's stakeholders and a sample of its patients. For Child & Adolescent cases, the patients' experience feedback was on the basis of questionnaires rather than face-to-face interviews. Finally, CHI examined in detail the clinical governance functioning of four

areas of the Trust's work. These were the Adolescent Department, Team 3 of the Child & Family Department, the Patrick Unit of the Adult Department and the Portman Clinic.

The CHI reported that the Trust's patients regarded the clinical services they received as excellent. Furthermore, an independent postal survey of the Trust's staff commissioned by CHI gave the best results of the 16 mental health trusts reviewed so far. CHI scored the seven areas of clinical governance as follows

- Patient, service user, carer and public involvement – i
- Risk management - ii(b)
- Clinical audit - ii(b)
- Clinical effectiveness - ii(c)
- Staffing and staff management - ii(c)
- Staff education and training - ii(c)
- Systems for using information - i

This was an adequate result. The Trust is aware of the need for development in public and patient involvement and of its ICT system (the Trust is in the middle of a transition to a new electronic patient administration system). However, we consider that a number of the Trust's achievements such as its multi-disciplinary team working, the high level of case supervision and reflective practice and the high staff morale and retention were inadequately reflected in CHI's system and its resulting scores.

The clinical governance team with the support of many Trust staff has responded with an action plan addressing the areas raised in the CHI review. We will implement this over the next four years (CHI reviews are on a four-yearly cycle).

The Trust would like to thank its patients, its stakeholders, the clinical teams who were reviewed and the many other staff who all together committed a great deal of their time and effort to this very demanding review process.

Clinical Effectiveness, Outcome Monitoring and Outcome Research

Clinical effectiveness, outcome monitoring and outcome research have remained high on the Trust's agenda throughout 2002-2003. The Clinical Audit programme has continued to support our development and maintenance of clinically effective services and the Clinical Services Governance Committee (CSGC) has received reports on audits of our standards relating to casenotes, communications with referrers, and administration of the CPA. It has been recognised that further streamlining of our administrative procedures in these areas will be helpful and our ongoing programme of review of our standards will increasingly involve patient views as noted in the Action Plan which was developed following the recent visit by the Commission for Health Improvement.

The Adult Department now has a well functioning system for outcome monitoring using the CORE outcome measure. In the Adolescent Department our audit of outcome monitoring has led to improvements in the administrative arrangements surrounding this activity. The Child and Family Department has now piloted its own measures and these are being administered to all attendees. In the Portman Clinic an ongoing series of seminars and training days has paved the way for full implementation with both adult and child patients.

With the support of the Learning Strategy Committee a series of training activities relating to clinical effectiveness has been planned for clinicians and administrators throughout the Trust and this rolling programme is now underway.

The Mednet Service has completed an important study of its attendees for which a full report will appear shortly. Preliminary analyses indicate that significant improvements in psychosocial and emotional functioning may be achieved by medical practitioners attending this service.

The range of projects in R&D Programme 1 (The processes and outcomes of psychotherapeutic treatment across the lifespan) has remained broad involving major outcome studies on depression both in children and adults and a number of smaller scale research initiatives.

The Tavistock Adult Depression study has had a successful year with good recruitment to the main trial and significant developments in various of the associated smaller projects linked to it. The Study now has a Steering Group chaired by Professor Sir David Goldberg and has recently completed a systematic review of psychological treatments for refractory depression. The Steering Group is supporting the project team in its efforts to secure external funding for the project in the coming year.

The Psychotherapy Evaluation Research Unit (PERU) has reported on this and related work at a number of national and international conferences in the past year including at the International Society for Psychotherapy Research annual meeting in the USA in June 2002. It has also planned various patient involvement projects and has liaised with patient groups concerning how best to profit from patients as 'experts by experience'.

Equal Opportunities

A useful context for this report is that the Trust is about to enter the second year of its Race Equality Scheme, which was first made public in the summer of 2002.

Understandably, since Trusts and other Public Bodies were responding to the introduction of new legislation, it is the Schemes as written documents that have dominated the public agenda during the first year. There was a lengthy review of all London Schemes, and it was not until Christmas that we learned that the Tavistock & Portman Scheme had been well received, and cited as an example of good practice, one of three Trusts to be mentioned in this way. Taken as a whole, the general picture has

been a complex one, with a number of Trusts having to make substantial alterations to their Schemes, well into the first year of the three-year timescale. It has been tempting therefore to look upon the Scheme as an end in itself, as a document setting out thoughts about Race and Equity rather than as a blueprint for action over at the very least, a three year period. Our Scheme contains 20 action points, covering in a comprehensive way most aspects of the Trust's activity. In common with other Trusts a detailed report of this first year is currently being drawn up. The report will be made available on the website, after internal consultation and attached to the Scheme itself. It will consider each of the action points, and as part of the process new action points will be generated. Over the three years of the Scheme therefore there will be an active engagement with the General Duty to eliminate unlawful racial discrimination, promote equality of opportunity, as well as good relations between different racial groups.

As the full report will indicate, there has been an impressive expansion in activity this year, particularly in the areas of clinical activity and Academic Services and Training. One development has been the Camden Black Parents and Teachers Association, aimed at increasing usage of mental health services by black children and adolescents in Camden. It was developed in partnership with a local community organization (CBPTA) and a local school. The Trust secured funding from the *Improving Services through Partnership fund*. Other developments include the Somali Community Mental Health Project, and the Tavistock Asian Service, which are both well known in the Trust and the Community. The Asian Service in particular is becoming more complex in its outlook, not simply as an Outreach Service, but being an effective way of facilitating the referral of Asian clients to the main Tavistock Clinic services, where of course it will be possible to offer a richer and deeper choice of services than is possible on an outreach basis alone. This issue, of 'mainstreaming' is of major strategic importance in the development of increasingly culturally sensitive services, and will be given detailed attention in the Annual Report.

The issue of access has been important within Academic Services and Training. Important steps have been taken to broaden the ethnic base within courses. Particularly important has been the strategy of focusing on the longer clinical trainings, such as Child Psychotherapy. Access Courses have been established with a high proportion of ethnic minority students. External funding has been arranged to run these courses, and it has also been possible to secure funding for some individual bursaries. Further developments are taking place within other parts of the Child Psychotherapy cluster of courses. It is important to note that developments such as this only take place through carefully thought out strategies. Advertising Courses more broadly will not necessarily for example lead to a significant ethnic difference in uptake of courses. The development of detailed plans to broaden the ethnic base of the student body will be particularly important in the coming year.

The Trust is committed to the Equal Opportunities Policy in employment and aims to ensure that no service user, present or future employee or job applicant receives less favourable treatment on the grounds of sex, sexual orientation, marital status, race, religion, age, creed, colour, ethnic origin or disability, nor is disadvantaged by any conditions or requirements which cannot be shown to be justified. To enable equality monitoring of the recruitment and selection process to take place, information (only seen by Human Resources) provided on the race/ cultural origin of job applicants is collated and presented in the form of quarterly reports to the Management Group on applications received, shortlisted and appointed.

Research and Development (R&D)

The Trust's R&D portfolio has sustained its track record in accommodating to NHS requirements and in furthering its aims to broaden and enrich research. We have reorganized R&D into three new programmes:

1. 'The processes and outcomes of psychotherapeutic treatment across the lifespan', dealing with the nature and impact of the treatment we provide;
2. 'The significance of interpersonal relationships for the origins and psychotherapeutically informed management of severe mental disorders, including personality disorders', concerned with how the mind and its disorders develop in social context;
3. 'The impact of psychological, social and organisational functioning on health and social care, including interventions for vulnerable Children and Adolescents', addressing wider social implications of our work.

Each of these programmes was accorded the highest grade by the NHSE, and we have succeeded in maintaining our positive position with regard to NHS funding.

We received high commendation in the 2003 biennial external R&D review commissioned from an eminent in NHS psychotherapy professor, who wrote: 'I am very pleased to find that strategic planning, good leadership and investment in infrastructure...are now reaping dividends... I am delighted at the progress made'.

R&D activity has been vigorous in a number of areas, both internally within the Trust (promoted by the Trust research support unit and the newly constituted research committee), on the national scene (for example, with presentations to the society for psychotherapy research and the royal college of psychiatrists), and internationally. Now we face challenges in making up for the very substantial loss of a leading figure in Child Psychiatry research, Professor Alan Stein, in establishing each of our programmes (and associated research units) on a more secure basis, and in meeting with further success in securing external funding.

Human Resources

Improving Working Lives (IWL)

The trust was successfully assessed in October 2002 for practice status on this national initiative, which aims to make the NHS a best practice employer. This was a significant event because the Trust was one of the first five organisations in London to achieve the award. Funding to support planned IWL initiatives has again been secured and significant activity undertaken. This has included widening that range of staff who are eligible for Childcare vouchers, a range of targeted initiatives to support low paid staff and investment to improve the working environment within the clinic. The challenge for the Trust over the coming year will be to achieve the IWL practice plus standard, which will require consolidation of the work already undertaken, and the instigation of new projects in response to the needs of our staff.

Disability Policies

The Trust has been awarded use of the 'Two Ticks' symbol by the Disability Employment Advisory Service. This demonstrates our commitment to the employment of disabled staff.

Staff Attitude Survey

The Trust conducted its third annual staff attitude survey, giving staff the opportunity to rate their experience of the Trust in areas such as communication, training and development, and equal opportunities. Overall, Trust staff gave the clinic a positive rating and it compared very well to the results from Trusts across London. The Trust sees this survey as a vital source of feedback, allowing it to identify areas for improvement and tailor its initiatives more closely to the needs of those who work here. In 2002, almost half the workforce completed a form and the Trust has taken direct action to try to address some of the issues raised. In particular, strategies to support staff who wish to work flexibly are being devised, training bursaries have been introduced and funds have been targeted at improving the working lives of low paid staff. The 2003 survey will allow us to measure our progress in these areas and develop an increasingly detailed analysis of the profile and resulting needs of our workforce.

Staff Involvement

The Trust is proud of the way that staff representatives are involved in strategic and operational activities. Staff representatives now have the opportunity to influence and express views on all issues considered by the Trust Board. Changes affecting staff and services are discussed at the Trust's IWL staff involvement group, black workers group and professional committees. The Trust continues to enjoy close and constructive relationships with staff, trade unions and professional bodies, and all are working together to implement all elements of the Trust's strategy.

Training and Development

The Trust has always been committed to training and developing its entire staff, both clinical and non-clinical. Over the last 12 months it has introduced a programme of

national vocational qualifications (NVQs) and individual learning accounts (ILAs) for ancillary, and administrative and clerical staff. This approach has been designed to support the wide range of existing development activities for Trust staff and will play a major role in ensuring that all staff have opportunities to move up the skills escalator.

Staff Advice and Consultation Service

The Trust is committed to developing a healthy workplace for all staff and as part of this overall strategy has introduced a staff advisory service to advise and counsel staff who are undergoing difficulties. This service has been developed to complement the comprehensive occupational health service provided for staff by the Royal Free Hospital and is staffed by fully qualified professionals from within the Trust. It has been in operation since September 2002 and an initial evaluation has demonstrated its effectiveness.

Central Services

Capital Projects, Facilities, Refurbishment

A project team is currently putting together a business case for a new building to replace the existing temporary building currently used by the Monroe Young Family Centre. The service urgently needs larger and better quality accommodation in order to continue to deliver the work it does with vulnerable families. The Rooms Committee continues to work on the question of space utilization to ensure best use is made of the space available in the Trust. An underused area in the basement of the Portman Clinic has recently been refurbished to provide a much needed additional consulting room and a small research area at the Tavistock Centre has been expanded to provide more teaching space. A computerized room booking system is currently being piloted in one of the departments and it is hoped to make this accessible Trust wide over the coming year. This will make room use more transparent and thus more efficient.

Disability Awareness

The disabled toilet facility at the Tavistock Centre has been fully refurbished to meet the requirements of the 'Access to Health Services Premises: Audit Checklist' (1998). The Trust will continue to make efforts to ensure our services are accessible to all.

Risk Management

During the year the Trust has improved its systems for learning from incidents. All reported incidents are graded according to severity then scrutinised by the health and safety committee (non-clinical incidents), the clinical services governance committee (clinical incidents) and the risk management committee (all incidents). This scrutiny is beginning to have a real impact on learning from incidents. In addition, the immediate response to the incident in terms of investigation is indicated by the grade.

Risk register work has advanced significantly and the majority of departments now have a prioritised risk register. A number of departments have action plans arising from the

registers. Scoring of the risks on the registers across the whole Trust has helped to prioritise management and funding input to the highest scoring risks.

Following the CHI assessment earlier in the year a detailed action plan for clinical risk management has been agreed. This will progress the programme of systematic risk assessments, standardize the clinical risk training throughout the Trust and ensure that risk assessment training for all staff is part of a rolling programme.

Health and Safety Performance

The Health and Safety Committee continues to meet regularly and prioritise the following areas of work over the year.

- Health and Safety Training including First Aid courses, Fire Lectures and Personal Safety at Work courses.
- Resuscitation refresher sessions held.
- Any asbestos in the Trust removed or made safe and included in a comprehensive register.
- Health and Safety Policies reviewed.

Patient Environment

In an effort to ensure that the reception area is as welcoming as possible for patients, the Trust has moved the student information area away from main reception and has also installed additional vending facilities in the ground floor waiting room. Regular meetings take place with receptionists and other key administrative staff so that the trust continues to learn from patients' comments.

The Trust received a grant of £35,000 from the King's Fund to provide a special "time-out" room for the Tavistock Mulberry Bush Day Unit, a primary school unit for children with emotional and behavioural problems which is part of the Child and Family Department.

Clinical Service Agreements

In 2002-2003 the Trust offered 57, 825 appointments, 42, 552 of which were attended.

In 2002-2003, a number of Trust services (the Portman Clinic, gender identity development service and the learning disability service) were commissioned on a pan-London basis, rather than as part of individual service agreements with Primary Care Trusts. Patient access was protected under this agreement, although the Trust was not able to achieve the aim of uniform open access across London, which will provide the most accessible, appropriate and equitable service for patients.

In 2002-2003 the Trust had to negotiate contracts for Tavistock Clinic services (i.e. The services provided by the Adult, Adolescent and Child and Family departments) with 8

more organisations in London (a rise from 9 to 17), as the smaller Primary Care Trusts replaced the larger Health Authorities.

A number of Primary Care Trusts who previously contracted with the Trust via the out of area treatment agreements (oats), entered into a named patient agreement arrangement. This system is similar to the old extra contractual arrangement, where authorisation from the patient's Primary Care Trust is required before treatment can proceed. The number of patients seen under this system and the income generated exceeded what the Trust had anticipated, however the administrative burden on the Trust is significant.

Waiting Times

During 2001-2002 all NHS Trusts were required to reduce waiting times by increasing the number of patients seen within 13 weeks. In 2000-2001 and 2001-2002, 80% of patients referred by their GP were seen within 13 weeks. In 2002-2003, 88% of patients were seen within 13 weeks.

The Trust also had to reduce to zero the number of patients waiting over 21 weeks for a first appointment. The Trust succeeded in achieving this target.

During 2002-03, as in previous years, no patient was kept waiting for more than 30 minutes after their appointment time to see a clinician.

Controls Assurance

The Trust's self-assessment showed major progress this year on the risk management standard, with the score increasing from 52% to 74%. The scores on the other two "key" standards, governance and financial management, remained high at 86% and 95% respectively. On 13 other standards, ranging from emergency planning and environmental management to health and safety, scores also remained satisfactory and generally improving. Almost all the actions agreed last year have been completed, and a new action plan is being developed for 2003-2004.

Our internal auditors have reviewed the self-assessment of the three key standards. Their report, together with our report of the whole process and the new action plan, will be presented to the audit committee. On the basis of this review, the Trust Board has confirmed that the Trust has a sound system of internal control.

Remuneration Committee

The Trust's Remuneration Committee is responsible for decisions concerning the remuneration of the executive members of the Board and other senior staff. It comprises the Chairman and all non-executive members of the Trust Board and is

advised by the Chief Executive. Full details of the directors' remuneration are given on page vii of the Summarised Financial Statements (SFSs) attached.

Executive directors' salaries are paid on national pay scales for doctors and clinical staff; and the previous national scale for senior managers. Employer's pension contributions for executive directors are at the standard levels for all staff. Executive directors do not receive any other remuneration.

Audit Committee

The Trust's Audit Committee considers issues of probity and financial control. It receives reports from the Trust's external and internal auditors. During 2002-2003 the Audit Committee comprised Professor Sir Andrew Likierman (Chair), Mr Matthew Lewin and Mrs Jane Simpson.

Auditor

The Trust's external auditor for 2002-2003 is PKF, New Garden House, 78 Hatton Garden, London RC1N 8JA.

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