A MEETING OF THE BOARD OF DIRECTORS OF THE SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST
WILL BE HELD ON TUESDAY 25TH FEBRUARY 2014 AT
3:00pm BOARDROOM, MAUDSLEY HOSPITAL

AGENDA

1 APOLOGIES for absence:

2 Declarations of Interest

3 Minutes of the Board Meeting held on 21st January 2014 Attached

4 MATTERS ARISING

QUALITY

5 To receive the Infection Control Report Page 9 App A

6 To receive the Service Quality Indicator Report Page 11 App B

PERFORMANCE AND ACTIVITY

7 To discuss the Finance Report – Month 10 Page 21 App C

8 To ratify the Emergency Planning and Business Continuity Page 55 App D

GOVERNANCE

9 To receive a Report from the Chief Executive Page 56 App E

10 To receive an Update from the Council of Governors Page 59 App F

11 To receive an Update on Kings Health Partners Page 62 App G

12 To discuss the Board Committees Review Page 63 App H

13 To receive the Assurance Framework Report Page 70 App I

14 To receive a Responding to the Francis Report Page 80 App J

15 To receive the Prevention and Managing Violence and Aggression Page 91 App K

INFORMATION

16 Director’s Reports Verbal

17 Forward Planners Page 104 App L

18 Any other business

To consider a motion that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (Section 1(2) Public bodies (Admission to Meetings) Act 1960

Date of Next Meeting: Tuesday 25th March – 3:00pm, Boardroom, Maudsley Hospital, Denmark Hill, London, SE5 8AZ. Please send apologies to Alison Baker 0203 228 4763

alison.baker@slam.nhs.uk

Please note that minutes from this meeting are a public document and will be published on the Internet and may be requested under the Freedom of Information Act (2000). Any attendee that would like their name omitted from the minutes should discuss this with the minute taker. Note that it may not always be possible to oblige as this is dependent on the persons role and the business being discussed.

web site: www.slam.nhs.uk
MINUTES OF THE SEVENTY SECOND MEETING OF THE BOARD OF DIRECTORS OF THE SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST
HELD ON 21ST JANUARY 2014

PRESENT
Madeliene Long Chair
Dr Martin Baggaley Medical Director
Dr Neil Brimblecombe Director of Nursing
Dr Patricia Connell-Julien Non Executive Director
Robert Coomber Non Executive Director
Nick Dawe Acting Executive Director
Harriet Hall Non Executive Director
Gus Heafield Director of Finance
Kumar Jacob Non Executive Director
Dr Matthew Patrick Chief Executive
Prof Shitij Kapur Non Executive Director

IN ATTENDANCE
Mark Allen Service Director, Addictions CAG
Chris Anderson Council of Governors
Alistair + one Council of Governors
Alison Baker PA to Chair & Non Executive Directors
Kay Burton Head of Mental Health Act
Lucy Canning Service Director, Psychosis CAG
Eleanor Davies Service Director, B&DP CAG
Jo Fletcher Service Director, CAMHS CAG
Louise Hall Interim Director of Human Resources
Roy Jaggon Head of Performance Management
Shubhra Mace Deputy Director of Pharmacy
Paul Mitchell Trust Board Secretary
Dr Jean O’Hara Clinical Director, B&DP CAG
Zoë Reed Director of Organisation and Community
Prof David Taylor Chief Pharmacist
Stephen Thomas Audit Committee Secretary
Noel Urwin Council of Governors

APOLOGIES
Prof Tom Craig Director of R&D
Steve Davidson Service Director, Psych Medicine and MAP CAGs

DECLARATIONS OF INTEREST
Routine declarations were made:

- Madeliene Long declared an interest as a Lewisham Borough Councillor and an Honorary Fellow of King’s College London.
- Prof Shitij Kapur declared an interest as a member of the CNS Scientific Advisory Board of Lundbeck Co and Roche Co. Prof Kapur advises and consults with pharmaceutical companies periodically.
- Dr Patricia Connell-Julien declared an interest as a former employee of King’s College London and as a Trustee of Southside Certitude Support.
MINUTES

The minutes of the meeting held on the 17th December 2013 were agreed as an accurate record of the meeting.

BOD 01/14 MATTERS ARISING

1) 139/13 Service Quality Indicator Report
Dr Neil Brimblecombe explained that the PVA report would be brought back to the Board of Directors in February. **Action: Neil Brimblecombe.**

BOD 02/14 MEDICINES MANAGEMENT PRESENTATION

Shubhra Mace explained that the CQC had published its standards of quality and safety, outcome 9 of the standards related to medicines management. Overall the Quality and Risk profile for outcome 9 in November 2013 was green which indicated a trend towards reducing the risk of non-compliance with the standards.

Medicines reconciliation had now been implemented in the Trust in-patient units, with significant clinical interventions continuing to be made through this process. The lithium physical health hand plasma level monitoring showed an overall improvement. The improvement in monitoring followed a programme in which pharmacy identified all Trust patients prescribed lithium and ordered directly from phlebotomy any outstanding blood tests for these patients.

Results at the end of March 2013 audit showed that only 60% of patients prescribed medication for ADHD had evidence in ePJS of the recommended physical health monitoring, an improvement programme was being discussed between the pharmacy and the CAMHS CAG.

The Trust drug expenditure was stable compared with the previous year, and was monitored by the Trust Drug and Therapeutics committee.

Following the January 2013 improvement programme aimed at improving patients satisfaction with information they received about medications they were prescribed, the results of the 2013 National Patient Survey showed that SLaM was now one of the best performing Trusts on questions related to medications, where previously we had been amongst the worst performing.

**The Board of Directors received the presentation.**

BOD 03/14 INFECTION CONTROL REPORT

Dr Martin Baggaley explained that his report informed the Board of Directors of Infection Control data with particular reference to MRSA, C.Difficile and outbreaks, along with progress with the Annual Infection Control audit strategy.

There was nothing to report within the month.

**The Board of Directors noted the report.**
BOD 04/14 SERVICE QUALITY INDICATOR REPORT

Nick Dawe explained that following comments from the Board of Directors the report had been updated to include an indication of progress from the last reporting periods and an indication of activity/volume for each indicator, the overall Trust LOS calculation had also been amended.

Good performance had been achieved across the three Monitor quality indicators of delayed discharges, HTT gate keeping and new referrals to Early Intervention. The Trust had met the brief/full risk screen and the 7 day follow up indicator. CAGs continued to make progress in completing child need risk assessments. The RIDDORs remained static compared to last month, however still required further work in some areas. Violent incidents also remained the same as last month. The Trust was currently preparing for the second round of patient experience surveys.

Robert Coomber asked what monitoring took place regarding phone calls made around Community Contextual Information. Dr Martin Baggaley explained that some of these calls would be with GPs and Consultants, and agreed to bring back data to a future meeting. **Action: Dr Martin Baggaley.**

Nick Dawe reported that the opening of Bridge House had brought more stability to the system. There were now 30 overspill placements, the figure from October and November 2013 had been between 60 - 65. They were also currently looking at other actions to provide further capacity and a female triage ward for Croydon. Dr Martin Baggaley explained that reliable timely information was now being produced figures for completed spells of length of stay were being assessed.

Lucy Canning reported that 32 admissions had taken place from Friday to Sunday. An analysis was being carried out.

**The Board of Directors noted the report.**

BOD 05/14 FINANCE REPORT – MONTH 9

Gus Heafield explained that the operational overspend increased by £0.9m in the month, this was a reduction of £1.2m compared to months 7 and 8 but was largely accounted for by the additional income that was secured following the LSL CCG risk share and activity discussions in December. The Psychosis CAG and B&DP CAG overspent by £0.2m in month 8, although the position appeared to have improved this was largely due to backdated income for acute overspill secured under the risk share arrangements. Acute overspill utilised 48 beds and were at their highest levels of the year to date but will reduce following the opening of Bridge House. The Psychological Medicine CAG overspend in the month of £242k included £186k of costs associated with the unfunded Bethlem Triage Ward and expanded Croydon HTT.

While the EBITDA variance improved by £361k within the month, the underlying variance continued to be adverse. Discussions around demand pressures for 2013/14 had largely concluded with 3 of the 4 local CCGs, although there remained outstanding issues with Croydon CCG, particularly the funding of the Bethlem Triage ward and associated Home Treatment Team. Depending upon the outcome of these discussions, the current forecast would suggest an adverse variance of between £6m - £9m against planned EBITDA.
Dr Matthew Patrick emphasised the importance of maintaining constructive relationships with commissioners during challenging financial times as their support in implementing major service transformation programmes would be critical.

**The Board of Directors noted the report.**

**BOD 06/14 CHIEF EXECUTIVE REPORT**
Dr Matthew Patrick reported that he had attended the policy launch led by Deputy Prime Minister, Nick Clegg along with Normal Lamb and Paul Burstow, which talked about prioritising mental health.

Dr Patrick drew particular attention to the differential tariff deflator, where mental health services nationally would be £150m worse off than the acute sector. Discussions were taking place at a national level, Norman Lamb had commented that it was a flawed decision.

Madeliene Long proposed that the Board should pass on congratulations to Professor Sir Simon Wessely who had been elected as the next president of the Royal College of Psychiatrists.

**The Board of Directors noted the report.**

**BOD 07/14 SENIOR MANAGEMENT TEAM CHANGES**
Dr Matthew Patrick explained that he had now completed the review of the Senior Management Team within the organisation. He was keen to ensure that the SMT was organised to perform at an optimal level to ensure strong leadership during challenging times when major service transformation would be required.

A Chief Operating Officer post had been created, the role would be advertised nationally but Nick Dawe had been asked to fill the role on an interim basis. Gus Heafield had become the Chief Financial Officer and Zoe Reed would be Director of Organisation and Community. These changes had been made possible by the standing down of Zoe Reed as an Executive Director. Dr Matthew Patrick and the Board thanked Zoe Reed for her contribution as an Executive Director over a long period of time.

**The Board of Directors noted the changes to the Senior Management Team.**

**BOD 08/14 UPDATE FROM THE COUNCIL OF GOVERNORS**
Madeliene Long welcomed the new Governors to the Board of Directors meeting and thanked them for making the time to attend.

Noel Urwin explained that there had been some changes to the Council of Governors, resignations had been received from Tina Lincoln and Dr John Bainton. Southwark CCG had nominated Andrew Bland, Chief Officer to join the Council of Governors. Croydon Council had also nominated Councillor Margaret Mead, Cabinet Member for Adult Services and Health to serve as a Governor and for Councillor Adam Kellett to be a reserve.
The members bids event had taken place on Thursday 9th January where both Dr Matthew Patrick and Madeliene Long had attended, which provided an opportunity for groups who had submitted bids for the “Keep on Smiling” scheme to provide feedback on the working programme. A presentation was received by CAMHS staff on an art project which demonstrated the potential for making a big difference from a relatively small amount of money.

The Board of Directors noted the report.

BOD 09/14 UPDATE ON KINGS HEALTH PARTNERS
Madeliene Long explained that a King’s Health Partners Board meeting had been held the previous week. The intention was to finalise the draft outline business case which would be circulated to Governors. The KHP Board was also discussing a new interim governance structure which would be taken through the individual partner Boards for approval.

The Board of Directors noted the report.

BOD 10/14 KEY ISSUES AND MINUTES FROM THE AUDIT COMMITTEE
Robert Coomber explained that the report informed the Board of Directors about key issues noted at the Audit Committee meeting held on 17th December 2013, it also informed the Board about documents signed and sealed on behalf of the Trust in the period 2nd September – 10th December 2013.

The Audit Committee meeting concluded that there were no matters required for escalation, however the Committee considered a number of concerns and actions proposed to address them. These included timescales for actions from corporate services and the need for a clearer timescale regarding the future direction of the Estates strategy.

The Board of Directors noted the report.

BOD 11/14 UPDATED STANDING ORDERS & STANDING FINANCIAL INSTRUCTIONS
Gus Heafield explained that the Trust prepared a draft updated Standing Orders and Standing Financial Instructions early in 2013. It was agreed that a minimalist approach consistent with the need for the documents to remain fit for purpose be adopted. None of the changes proposed were considered to be of major significance. Accordingly to date no further changes had been made. However given the passage of time, he now considered that the best approach was to request the Boards approval of the updated documents. Any further changes required in the light of service line reporting or other changes would be subsequently reflected in revised documents that would be presented to the Audit Committee and the Board for approval.

The Board of Directors approved the updated Standing Orders and Standing Financial instructions.

BOD 12/14 KEY POINTS & MINUTES FROM THE SQISC
Harriet Hall explained that the report presented a brief summary of the key points discussed at the meeting of the Service Quality Improvement Sub Committee of the Board held on the 12th December 2013.
The committee had received a comprehensive Integrated Quality Report which had contained some anomalies around safeguarding children and Estates and Facilities data being omitted, and the suggestion that supervised confinement should also be added. There was also the issue around the relationship between the Integrated Quality Report and the Board’s Quality Dashboard and the information that was really relevant to ensuring the quality of the service that the Trust provided. Patients stories would be a regular feature.

**The Board of Directors noted the report.**

**BOD 13/14 ASSOCIATE HOSPITAL MANAGERS PAPER REVIEWS - RENEWALS**

Dr Neil Brimblecombe explained that this report informed the Board of Directors of the outcome of the six month pilot testing of paper reviews by Associate Hospital Mangers for MHA renewals.

Kay Burton explained the rational for change was to bring the system of review of renewals in line with the Code of Practice, reducing risk of legal challenge by reducing the delay between the renewal date and the date of the review, as well as finding a cost effective way of conducting hearings where patients wished not to attend their review.

A total of 68 paper reviews had taken place to the end of November 2013, reviews were taking place on average 20 days faster than when a full hearing was set. The percentage of adjourned decisions reduced from 25% in June to 21% in November 2013, two reviews were cancelled as the patient decided to attend their hearings. One was discharged prior to hearing.

The pilot had been reviewed at the Trust wide MHA Committee including service user involvement and by the AHM leads. There was support to move from the pilot to full implementation with ongoing monitoring at the Trust MHA Committee.

Dr Patricia Connell-Julien explained that the proposed changes had been subject to robust internal discussions and external legal advice. The changes would be monitored and evaluated.

It was agreed to approve the process in principle with a review and update brought back to the Board of Directors in the summer. **Action: Dr Neil Brimblecombe/Kay Burton.**

**The Board of Directors approved the paper renewal process with immediate effect.**

**BOD 14/14 ASSOCIATE HOSPITAL MANAGER – APPROVAL**

Dr Patricia Connell-Julien explained that there was one additional Associate Hospital Manager, Mathew Stott who had now completed the training programme and was ready to take up full duties as an AHM.

**The Board of Directors approved the approval of the AHM to 31st March 2014.**

**BOD 15/14 DIRECTOR’S REPORTS**

- **Kumar Jacob** – reported that he had visited Signpost with Mark Allen, he commented on the teams plan and style of working, and that it had been a
pleasure to hear positive comments about the staff and the service provided.

- **Madeliene Long** – reported that she had visited the Ladywell Triage along with Paul Patterson, Governor, where they found it very busy. They had found that a number of estates related issues were outstanding. Madeliene Long thanked Nick Dawe for arranging these issues to be rectified.

**BOD 16/14 FORWARD PLANNERS**
The Forward planner was noted.

**BOD 17/14 ANY OTHER BUSINESS**
No other business was considered.

**BOD 18/14 MOTION TO EXCLUDE THE PRESS AND PUBLIC**
The Board of Directors agreed that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (Section 1(2) Public bodies (Admission to Meetings) Act 1960.

The date of the next meeting will be: **Tuesday 25th February 2014 – 3:00pm Maudsley Board room, Maudsley Hospital, Denmark Hill, London, SE5 8AZ**

Chair
**TRUST BOARD OF DIRECTORS – SUMMARY REPORT**

**Date of Board meeting:** 25 February 2014

**Name of Report:** Infection Control Surveillance report

**Heading:** - (Strategy, Quality, Performance & Activity, Governance, Information) Quality

**Author:** Karen Taylor – Assistant Director of Nursing – Infection Control

**Approved by:** Dr Martin Baggaley

**Presented by:** Dr Martin Baggaley

**Purpose of the report:**

To inform the Trust Board of Directors of: Infection Control data, with particular reference to MRSA, C. Difficile and outbreaks.

**Action required:**

To note the report

**Recommendations to the Board:**

To note the report

**Relationship with the Assurance Framework (Risks, Controls and Assurance):**

Compliance with Outcome 8 and the Health & Social Care Act.

**Summary of Financial and Legal Implications:**

None

**Equality & Diversity and Public & Patient Involvement Implications:**

**Service Quality Implications:**

This report forms part of the Assurance framework for Patient Safety
1. Progress Surveillance report of Blood borne viruses, alert organisms and outbreaks

As part of an assurance framework, surveillance of alert organisms is being maintained. In the event of a confirmed infection, e.g. MRSA, *E. coli* bacteraemia or *C. difficile*, the Infection Control Team [ICT] will contribute to the completion of a post infection review [PIR] to identify lessons learned which will inform an action plan.

<table>
<thead>
<tr>
<th>Alert Organism</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MRSA</strong></td>
<td>During the month of January 2014 there has been 1 colonised* case on the Maudsley hospital site. There have been no cases.</td>
</tr>
<tr>
<td><strong>CMRSA, PVL</strong> etc</td>
<td></td>
</tr>
<tr>
<td><strong>Antibiotic resistant infections, e.g. ESBL</strong>*</td>
<td>There has been one case of ESBL identified in a urine sample from a patient at the Ladywell Unit. Information on the patient’s symptoms was obtained and advice was given on appropriate treatment.</td>
</tr>
<tr>
<td><strong>E. coli bacteraemia</strong></td>
<td>Nil cases</td>
</tr>
<tr>
<td><strong>C. difficile</strong></td>
<td>Nil cases</td>
</tr>
<tr>
<td><strong>Hepatitis C</strong></td>
<td>For the month of January 2014, 8 of the 76 patients screened for Hepatitis C antibody were positive.</td>
</tr>
<tr>
<td><strong>Hepatitis B</strong></td>
<td>For the month of January 2014, 77 patients were tested for HepBsAg. Following further tests, none were found to be HepBeAg positive.</td>
</tr>
<tr>
<td><strong>HIV</strong></td>
<td>For the month of January 2014, 76 Inpatients and 2 Community patients were tested for HIV. 2 results for Inpatients were positive. No further action required by the ICT.</td>
</tr>
<tr>
<td><strong>Diarrhoea and vomiting Outbreaks:</strong></td>
<td><strong>Acute Adult Inpatient Unit, Lambeth hospital [18 beds]</strong> – Commenced 22 January 2014 2 patients were affected. The unit was closed 22 – 26 January 2014. This was investigated and it was found that food was not implicated. The pattern suggests that the outbreak was of viral origin.</td>
</tr>
</tbody>
</table>

* Colonisation – the presence of microbes on or in the body, growing and multiplying without invading the surrounding tissues or causing damage

** Panton Valentine Leucocidin

*** Extended spectrum beta-lactamases; Vancomycin Resistant Enterococcus
## TRUST BOARD OF DIRECTORS

### SUMMARY REPORT

**Date of Board meeting:** 25<sup>th</sup> February 2014

**Name of Report:** Service Quality Indicator Report

**Heading:** - (Strategy, Quality, Performance & Activity, Governance, Information)

**Quality**

**Author:** Roy Jaggon  
Head of Performance Management

**Approved by:** Nick Dawe  
(name of Exec Member)

**Presented by:** Nick Dawe

**Purpose of the report:**
To present to the Board the monthly service quality indicator report.

**Action required:**
To review, the service quality indicator report, and note the planned way forward in development over the coming months.

**Recommendations to the Board:**
The Board are asked to accept the service quality indicator report and the planned work streams in progressing this further.

**Relationship with the Assurance Framework (Risks, Controls and Assurance):**
The report provides quality indicator data for each CAG, and therefore provides a source of assurance of service quality.

**Summary of Financial and Legal Implications:**
Quality targets written into the core contract quality schedules this year include; seven day follow-up post discharge, and copies of care plans given to patients.

**Equality & Diversity and Public & Patient Involvement Implications:**
There are no immediate or direct implications to equality & diversity or public and patient involvement.

**Service Quality Implications:**
The service quality indicator report provides assurance of compliance with regulatory and commissioning service quality requirements.
SERVICE QUALITY INDICATOR REPORT

This is a monthly Quality Indicator report consisting of targets from both Monitor and the Trusts Quality Account. Performance is by CAG as well as providing an overall Trust position.

Month Commentary

Access
Good performance has been achieved across the three Monitor quality indicators of delayed discharges, HTT gate keeping and new referrals to Early Intervention.

Patient Experience
MHOAD CAG are running a project called The Power of Story (funded by the Maudsley Charity). The project brief is as follows:

What’s behind the Power of Story?

The Power of Story Project hopes to gather and share our stories of older adult patients, their carers and staff of the South London and Maudsley (SLaM) NHS Foundation Trust. Stories are about who we are and how we connect, it’s that simple.

A story can be told through film, art, music, poetry or other written literature. Our job is to support you to get your story told in the best way…and get it out there. As we create a pool of real life stories, we hope that the work that SLaM does will be the beacon to create and inspire a sense of urgency, passion and innovation around finding the best possible outcomes for older adults who have, or may one day have, a mental health problem. Think of all the untold stories we have, let's not lose them.

How will the stories be used?
We will be looking to use our stories to:

- appreciate the human experiences that make us who we are. The passions, the creativity, the careers, the highs and the lows of our individual and collective journeys in life.

- generate conversation, awareness and interest in the mental health of older adults and people with dementia.

- learn from the stories about what we can improve or change to deliver better mental well being for older adults living within Southwark, Lewisham, Croydon and Lambeth.

We are looking for storytellers
We are looking to hear from and work with any existing or previous users of our older adult mental health and dementia services, their carers or our staff. If you would like to tell your story, we will work with you.

MHOAD CAG will now provide a short presentation.
Of the generic indicators that have an impact on the patient experience, good progress is being made in the areas of copies of care plans, and there is no significant difference in complaints compared to last year. CPA 12 review reflects the performance in the first month of the quarter. This shows a general underperformance and CAGs are taking action and monitoring closely.

**Patient safety**
The Trust has met the brief/full risk screen and the 7 day follow up indicator. CAGs continue to make progress in completing child need risk assessments. RIDDORs remain static compared to last month but still requires further work in some areas. Violent incidents also remains the same as last month when compared to last year.

**Patient Outcomes**
The Trust continues to deliver on paired TOPs and CGAS outcome scores. HONOS reporting is currently being reviewed to ensure alignment with external reporting.

**Inpatient and Community Contextual Information**
This information is similar to previous months and shows no significant variations in activity. We have however included LOS with and without leave.

Telephone calls made by community teams: Preliminary analysis indicates that approximately 25% of calls are made to the service user, 25% to the care co-ordinator, 7% to the carer and 10% to other SLaM staff including the care team. 23% of calls are unassigned.
A detailed analysis can be made available next month.

Roy Jaggon
Head of Performance Management
Operations Directorate
## SERVICE QUALITY INDICATOR REPORT (SQIR)

### January 2014 - Month 10

### PATIENT ACCESS INDICATORS

### Access Indicators 2013/14

<table>
<thead>
<tr>
<th></th>
<th>Delayed Discharges</th>
<th>HTT Gatekeeping</th>
<th>Early Intervention: New Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Year To Date - 2013/14</td>
<td>as at 6th February 2014</td>
<td>Year To Date - 2013/14 - as at 2014</td>
</tr>
<tr>
<td><strong>Target:</strong></td>
<td><strong>7.50%</strong></td>
<td><strong>95.00%</strong></td>
<td><strong>100.00%</strong></td>
</tr>
<tr>
<td><strong>Days Lost</strong></td>
<td><strong>OBDS</strong></td>
<td><strong>%</strong></td>
<td><strong>Variance % from Dec 13 (last month) to Jan 14 (current month)</strong></td>
</tr>
<tr>
<td>Addictions</td>
<td>0</td>
<td>2,468</td>
<td>0.00%</td>
</tr>
<tr>
<td>Behavioural and Developmental Psychiatry</td>
<td>24</td>
<td>40,279</td>
<td>0.00%</td>
</tr>
<tr>
<td>Child and Adolescent Mental Health Services</td>
<td>341</td>
<td>17,035</td>
<td>2.00%</td>
</tr>
<tr>
<td>MHDA and Dementia</td>
<td>234</td>
<td>38,898</td>
<td>0.60%</td>
</tr>
<tr>
<td>Mood Anxiety and Personality</td>
<td>0</td>
<td>4,553</td>
<td>0.00%</td>
</tr>
<tr>
<td>Psychological Medicine</td>
<td>0</td>
<td>24,597</td>
<td>0.00%</td>
</tr>
<tr>
<td>Psychosis</td>
<td>6,891</td>
<td>120,922</td>
<td>5.70%</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>7,753</td>
<td>260,300</td>
<td>2.98%</td>
</tr>
</tbody>
</table>

### Variance Rating:
- ▼ Target met - Performance has fallen
- ▲ Target met - Performance has improved
- ◀ Target met - No Change
- ◁ Target not met (within tolerance) - Performance has fallen
- ▼ Target not met (within tolerance) - Performance has improved
- ◀ Target not met (within tolerance) - No Change

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**Please Note:** The above treatment time figure reflects the new current practice as per the Monitor definition implemented for 2013/14. Please note: the Variance is based on a calculation of the number completed over the previous month - any change equal or lower than 0.25% will be shown as no change.
## Service Quality Indicator Report (SQIR)

### January 2014 - Month 10

#### Patient Experience Indicators (1)

<table>
<thead>
<tr>
<th>Addictions</th>
<th>95.00%</th>
<th>+/-%</th>
<th>Number of CarePlan Copy Given</th>
<th>CPA - 12 Month Review</th>
<th>95.00%</th>
<th>+/-%</th>
<th>Number of CPA Reviews</th>
<th>Complaints YTD Comparison from Apr 12 to Jan 13 vs. Apr 13 to Jan 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td>2013 / 14 : 5</td>
</tr>
<tr>
<td>Behavioural and Developmental Psychiatry</td>
<td>96.00%</td>
<td>+ 1.00%</td>
<td>408</td>
<td>94.79%</td>
<td>0.21%</td>
<td>455</td>
<td></td>
<td>39</td>
</tr>
<tr>
<td>Child and Adolescent Mental Health Services</td>
<td>97.54%</td>
<td>+ 2.54%</td>
<td>119</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td>29</td>
</tr>
<tr>
<td>MHOA and Dementia</td>
<td>92.13%</td>
<td>- 2.87%</td>
<td>902</td>
<td>90.11%</td>
<td>- 4.89%</td>
<td>629</td>
<td></td>
<td>17</td>
</tr>
<tr>
<td>Mood Anxiety and Personality</td>
<td>95.18%</td>
<td>+ 0.18%</td>
<td>237</td>
<td>91.05%</td>
<td>- 3.95%</td>
<td>234</td>
<td></td>
<td>110</td>
</tr>
<tr>
<td>Psychological Medicine</td>
<td>94.85%</td>
<td>- 0.15%</td>
<td>184</td>
<td>95.05%</td>
<td>0.05%</td>
<td>269</td>
<td></td>
<td>59</td>
</tr>
<tr>
<td>Psychosis</td>
<td>97.04%</td>
<td>+ 2.04%</td>
<td>4,165</td>
<td>92.66%</td>
<td>- 2.34%</td>
<td>3,584</td>
<td></td>
<td>199</td>
</tr>
<tr>
<td>Totals</td>
<td>95.57%</td>
<td>+ 0.57%</td>
<td>6,295</td>
<td>92.68%</td>
<td>- 2.32%</td>
<td>5,610</td>
<td></td>
<td>458</td>
</tr>
</tbody>
</table>

**Variance Rating:**

- ▼ Target met - Performance has fallen
- ▲ Target met - Performance has improved
- ◀ Target met - No Change
- ▼ Target not met (within tolerance) - Performance has fallen
- ◀ Target not met (within tolerance) - Performance has improved
- ◀ Target not met - Performance has improved
- ◀ No Change

*The CPA 12 Month Review is based on the first target by end of Q4. The variance is based on a 1st month of Q3 vs 1st month of Q4 performance.*
# Service Quality Indicator Report (SQIR)

**January 2014 - Month 10**

**Patient Safety Indicators (1)**

## Patient Safety Indicators 2013/14

### Snapshot as at 7th February 2014

<table>
<thead>
<tr>
<th>CAG</th>
<th>Brief/Full Risk Screen</th>
<th>Child Risk Screen</th>
<th>CPA 7 Day Follow-Up %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>+</td>
<td>Number of Brief/Full Risk Screen</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Addiction</td>
<td>98.73%</td>
<td>+18.73%</td>
<td>3,100</td>
</tr>
<tr>
<td>Behavioural and Developmental Psychiatry</td>
<td>91.47%</td>
<td>+11.47%</td>
<td>2,253</td>
</tr>
<tr>
<td>Child and Adolescent Mental Health Services</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>MHDA and Dementia</td>
<td>95.70%</td>
<td>+15.70%</td>
<td>3,162</td>
</tr>
<tr>
<td>Mood Anxiety and Personality</td>
<td>92.87%</td>
<td>+12.87%</td>
<td>4,413</td>
</tr>
<tr>
<td>Psychological Medicine</td>
<td>92.52%</td>
<td>+12.52%</td>
<td>3,671</td>
</tr>
<tr>
<td>Psychosis</td>
<td>95.93%</td>
<td>+15.93%</td>
<td>6,692</td>
</tr>
<tr>
<td>Totals</td>
<td>94.36%</td>
<td>+14.36%</td>
<td>23,689</td>
</tr>
</tbody>
</table>

### Year To Date - 2013/14

Please Note: the Variance is based on a tolerance of 0.25% change from the previous month - any change equal or lower than 0.25% will be shown as no change.

<table>
<thead>
<tr>
<th>Variance Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>▼</td>
<td>Target met - Performance has fallen</td>
</tr>
<tr>
<td>▲</td>
<td>Target not met (within tolerance) - Performance has improved</td>
</tr>
<tr>
<td>◀</td>
<td>Target met - Performance has improved</td>
</tr>
<tr>
<td>◂</td>
<td>Target not met (within tolerance) - No Change</td>
</tr>
<tr>
<td>▼</td>
<td>Target not met - Performance has fallen</td>
</tr>
<tr>
<td>▲</td>
<td>Target not met - Performance has improved</td>
</tr>
<tr>
<td>◀</td>
<td>Target met - Performance has improved</td>
</tr>
<tr>
<td>◂</td>
<td>Target not met (within tolerance) - No Change</td>
</tr>
</tbody>
</table>

16 of 106
# Service Quality Indicator Report (SQIR)

**January 2014 - Month 10**

## Patient Safety Indicators (2)

<table>
<thead>
<tr>
<th>CAGA</th>
<th>Violent SI's Incidents - recorded as at 4th February 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12 Month Comparison from Apr 12 to Jan 13 vs. Apr 13 to Jan 14</td>
</tr>
<tr>
<td></td>
<td>Total Incidents Recorded</td>
</tr>
<tr>
<td></td>
<td>Apr 12 to Jan 13</td>
</tr>
<tr>
<td>Addictions</td>
<td>10</td>
</tr>
<tr>
<td>Behavioural and Developmental Psychiatry</td>
<td>489</td>
</tr>
<tr>
<td>Child and Adolescent Mental Health Services</td>
<td>212</td>
</tr>
<tr>
<td>MHCA and Dementia</td>
<td>154</td>
</tr>
<tr>
<td>Mood Anxiety and Personality</td>
<td>18</td>
</tr>
<tr>
<td>Psychological Medicine</td>
<td>154</td>
</tr>
<tr>
<td>Psychosis</td>
<td>1089</td>
</tr>
<tr>
<td>Totals</td>
<td>2126</td>
</tr>
</tbody>
</table>

**RIDDOR Reported Violent Incidents - recorded as at 4th February 2014**

<table>
<thead>
<tr>
<th>12 Month Rolling Figures - Comparison from 2012/13 to 2013/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Incidents Recorded</td>
</tr>
<tr>
<td>Feb 12 to Jan 13</td>
</tr>
<tr>
<td>-</td>
</tr>
<tr>
<td>29</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>-</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>30</td>
</tr>
<tr>
<td>69</td>
</tr>
</tbody>
</table>

This table shows the figures for RIDDOR Reported incidents.

The comparison is between two periods of 12 month rolling average - February 2013 to January 2014 vs. February 2012 to January 2013.

The figures are representative of cases / incidents recorded on Datix as at 4th February 2014.

There is a RAG status shown in the tables above;

- **Green highlights** where there is no change or a reduction in the figure recorded when compared to last year.

- **Amber highlights** where the figure recorded is not greater than 5 when compared to last year.

- **Red highlights** where the figure recorded is greater than 5 when compared to last year.
# SERVICE QUALITY INDICATOR REPORT (SQIR)

**January 2014 - Month 10**

## PATIENT OUTCOMES

<table>
<thead>
<tr>
<th>Addictions - 3 Month Rolling as at 31st January 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioural and Developmental Psychiatry</td>
</tr>
<tr>
<td>Child and Adolescent Mental Health Services - YTD</td>
</tr>
<tr>
<td>MHDA and Dementia - YTD</td>
</tr>
<tr>
<td>Mood Anxiety and Personality - YTD</td>
</tr>
<tr>
<td>Psychological Medicine - YTD</td>
</tr>
<tr>
<td>Psychosis - YTD</td>
</tr>
</tbody>
</table>

### Paired Outcome Score 2013/14

<table>
<thead>
<tr>
<th>TOPS COMPLIANCE REPORT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start</td>
</tr>
<tr>
<td>Exit</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CGAS REPORTING</th>
</tr>
</thead>
<tbody>
<tr>
<td>95.88%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HONOS REPORTING</th>
</tr>
</thead>
<tbody>
<tr>
<td>The reporting of HONOS is currently under review and will be updated next month</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Variance Rating:</th>
</tr>
</thead>
<tbody>
<tr>
<td>▼ Target met - Performance has fallen</td>
</tr>
<tr>
<td>▲ Target met - Performance has improved</td>
</tr>
<tr>
<td>◀ Target met - No Change</td>
</tr>
<tr>
<td>▼ Target not met (within tolerance) - Performance has fallen</td>
</tr>
<tr>
<td>▲ Target not met (within tolerance) - Performance has improved</td>
</tr>
<tr>
<td>◀ Target not met (within tolerance) - No Change</td>
</tr>
</tbody>
</table>

**Note:** The variance is based on a tolerance of 0.75% change from the previous month - any change equal or lower than 0.25% will be shown as no change.
## Service Quality Indicator Report (SQIR)

### January 2014 - Month 10 (YTD)

### Inpatient Contextual Information

<table>
<thead>
<tr>
<th>CA Group</th>
<th>February 2013 to January 2014</th>
<th>2013/14</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LOS (Days) - 12 month rolling average figure (Excluding Leave)</td>
<td>Admissions (YTD)</td>
</tr>
<tr>
<td>Addictions</td>
<td>8</td>
<td>369</td>
</tr>
<tr>
<td>Behavioural and Developmental Psychiatry - Forensic</td>
<td>187</td>
<td>55</td>
</tr>
<tr>
<td>Behavioural and Developmental Psychiatry - Other</td>
<td>164</td>
<td>13</td>
</tr>
<tr>
<td>Child and Adolescent Mental Health Services</td>
<td>41</td>
<td>317</td>
</tr>
<tr>
<td>MHOA and Dementia</td>
<td>68</td>
<td>283</td>
</tr>
<tr>
<td>Mood Anxiety and Personality</td>
<td>78</td>
<td>66</td>
</tr>
<tr>
<td>Psychological Medicine - Triage</td>
<td>7</td>
<td>2,136</td>
</tr>
<tr>
<td>Psychological Medicine - Other</td>
<td>83</td>
<td>137</td>
</tr>
<tr>
<td>Psychosis - Acute</td>
<td>30</td>
<td>912</td>
</tr>
<tr>
<td>Psychosis - Rehab</td>
<td>274</td>
<td>43</td>
</tr>
<tr>
<td>Totals</td>
<td>37</td>
<td>4,331</td>
</tr>
</tbody>
</table>

*This is the number of Operational Beds currently available.

Please Note: due to ward closures within Behavioural & Developmental Psychiatry and opening of the new EFFRA ward within River House the higher numbers of Transfers In & Out represent these changes.
### SERVICE QUALITY INDICATOR REPORT (SQIR)

**January 2014 - Month 10**

**COMMUNITY CONTEXTUAL INFORMATION**

<table>
<thead>
<tr>
<th>CAGH</th>
<th>2013/14</th>
<th></th>
<th>12 month rolling - February 2013 to January 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Caseload for M10 - January 2014</td>
<td>Discharges (YTD)</td>
<td>Accepted Referrals (Initial Referrals Only) YTD</td>
</tr>
<tr>
<td>Addictions</td>
<td>3,507</td>
<td>2,359</td>
<td>2,526</td>
</tr>
<tr>
<td>Behavioural and Developmental Psychiatry</td>
<td>3,025</td>
<td>1,330</td>
<td>1,097</td>
</tr>
<tr>
<td>Child and Adolescent Mental Health Services</td>
<td>6,307</td>
<td>4,093</td>
<td>4,187</td>
</tr>
<tr>
<td>MHQA and Dementia</td>
<td>4,608</td>
<td>4,003</td>
<td>4,091</td>
</tr>
<tr>
<td>Mood Anxiety and Personality</td>
<td>6,182</td>
<td>4,497</td>
<td>4,556</td>
</tr>
<tr>
<td>Psychological Medicine</td>
<td>4,819</td>
<td>7,657</td>
<td>8,463</td>
</tr>
<tr>
<td>Psychosis</td>
<td>7,817</td>
<td>1,458</td>
<td>1,062</td>
</tr>
<tr>
<td>Totals</td>
<td>36,897</td>
<td>25,481</td>
<td>26,289</td>
</tr>
</tbody>
</table>
TRUST BOARD OF DIRECTORS – SUMMARY REPORT

Date of Board meeting: 25th February 2013

Name of Report: Finance Report

Heading: Performance & Activity

Author: Tim Greenwood, Mark Nelson
Finance Directorate, BRH

Approved by: (name of Exec Member) Gus Heafield

Presented by: Gus Heafield

Purpose of the report:
The Finance Report provides an update on the financial position of the Trust as at 31st January 2014 (month 10).

Action required:
To note the contents of the report and the financial pressures and for the members of the Board of Directors to satisfy themselves that actions are appropriate to address them.

Recommendations to the Board:
That the Trust Board of Directors approves the report on the financial position for January 2014.

Relationship with the Assurance Framework (Risks, Controls and Assurance):
The report is a key component of the assurance framework in terms of the effective and efficient management of resources.

Summary of Financial and Legal Implications:
The Trust must make the best possible use of public money and meet regulatory requirements and deliver to plan.

Equality & Diversity and Public & Patient Involvement Implications:
The report identifies activity and financial pressures that if not resolved may have implications on the Trust’s ability to deliver its equality, diversity and patient involvement commitments as set out in the Annual Plan

Service Quality Implications:
The report identifies activity and financial pressures that if not resolved may have implications on the Trust’s ability to deliver its quality commitments as set out in the Annual Plan.
The operational overspend increased by £1.6m in the month to £16.7m ytd:

- Psychosis and B&D overspent by £1.1m. The B&D position overspent by £0.5m with the closure of NDS and its associated income stream not being offset by a commensurate reduction in cost, a continued risk on forensic placements above contract and low activity on some C&V and cost per case specialist services
- Although elements of the position in Psychosis improved, this was offset by an increase in placement costs and continued overspends on acute overspill, PICU costs and the removal of QIPP savings without compensating income from replacement activity.

- Acute overspill utilised 43 beds including 20 in Bridge House but excluding Croydon Triage; this is a reduction of 5 beds compared to December and is in line with the Trust target to reduce overspill into external placements to zero over the forthcoming months. This will be facilitated by opening 26 beds at Bridge House, opening female Triage beds at the Bethlem, enhancing the Lambeth and Croydon HTTs and setting up a dedicated private sector review team to ensure throughput.

The overall financial position of the Trust continues to deteriorate with £6m of cost pressure directly related to contract overperformance. Whilst there are other issues in play (some services not meeting CIP targets for example) the key financial issue for the Trust is to ensure that it has robust contracts in place for the delivery of its services that are reasonable and deliverable. The outcome of 14/15 contract discussions will be vital in being able to deliver a balanced plan in future.

The Monitor risk rating is forecast to remain at a 3 due to the current favourable cash position of the Trust.

**Key Financial Drivers**

- Cost per Case/Cost & Volume - £3.1m ytd < target
- Performance v CIP - £2.9m - 22% < target
- Ward Nursing - £1.8m overspent
- Acute Overspill - £2.0m overspent including impact of risk share
- Forensic Placements - £1.9m overspent
- Drugs - £211k overspent
South London and Maudsley NHS Foundation Trust

Finance Summary 2013/14 – January 2014 (month 10)

1. Headlines
   - £4.6m net deficit (£4m adverse variance from current plan); a £1m increase in the adverse variance in January – see Table 1

   - £9.3m EBITDA (£4.5m adverse variance from current plan); – a £1.3m increase in the adverse variance in January – see Table 1

   - The forecast year end position is for an £8m variance from EBITDA (a small improvement from the trajectory at month 9)

   - The risk rating at month 10 has been calculated as a 3 under the current Monitor risk rating system. This is due to the cash position of the Trust rather than the income and expenditure position which is deteriorating.

   - The operational overspend increased by £1.6m in the month to £16.7m. This is an increase of £0.66m compared to month 9 which had included backdated income following LSL CCG risk share and activity discussions in December. With these discussions largely concluded, this on-going operational overspend is expected to continue with overspends in the following areas:
     - Psychosis and B&D overspent by £1.1m in month 10. The B&D position overspent by £0.5m with the closure of NDS and its associated income stream not being offset by a commensurate reduction in cost, a continued risk on forensic placements above contract and low activity on some C&V and cost per case specialist services. Although elements of the position in Psychosis improved, this was offset by an increase in placement costs and continued overspends on acute overspill, PICU costs and the removal of QIPP savings without compensating income from replacement activity. The forecast adverse variance in Psychosis is expected to accelerate in month 12 when the full impact of unmet and unagreed Lambeth QIPP schemes will feed through.
     - The Psychological Medicine CAG overspend in the month of £194k includes £194k of costs (£1.8m ytd) associated with the unfunded Bethlem Triage Ward and expanded Croydon HTT.
     - The Estates variance of £214k in the month (£1.5m ytd) was driven by a number of continuing overspends across energy, planning (unfunded posts) and unmet CIPs
     - Acute overspill utilised 43 beds including 20 in Bridge House plus beds within the National Psychosis Unit and the Bethlem Triage Ward. This is a reduction of 5 beds compared to December and is in line with the Trust target to reduce overspill into external placements to zero over the forthcoming months. This will be facilitated by opening 26 beds at Bridge House, opening female Triage beds at the Bethlem, enhancing the Lambeth and Croydon HTTs and setting up a dedicated private sector review team to ensure throughput.
     - MSU/LSU placement activity has remained at levels beyond that funded within the NHSE contract (which allowed for no new admissions). The overspend is expected to increase to c£2.4m at year end when responsibility for payment is expected to transfer to NHSE
- Other key cost drivers showed a continued deterioration:
  - C&V/CPC income was £0.2m below target taking account of tolerances and marginal rates under the NHSE contract where forensic bed activity is below target. Significant services below activity target included the NDS and AED Units – both of which are now closed. With no income generated from these units, the key issue is to drive down their associated costs and/or utilise the infrastructure vacated for new or re-located services.
  - QIPPs are increasingly off target due to a number of significant schemes in Adult and MHOA services that were due to come on stream for which plans are still being developed or have slipped. In month 10 the shortfall increased by £0.3m (£2.4m ytd)
  - CIPs remain off target (by 22% or £2.9m ytd) and are not forecast to improve significantly by year end

2. Forecast Position (Table 1)

i) SLaM FT Position

A single forecast position is now given, pending the outcome of any further discussions with Croydon CCG regarding contract over performance in 2013/14. This forecast is an improvement from month 9 but is still estimated to be an £8m adverse variance from EBITDA.

The adverse position is expected to accelerate in the final month due to –

- The inclusion of unmet and unagreed Lambeth QIPP schemes (the Rehab Review and prescribing)
- Additional temporary staff deployed in CAMHS to help with waiting list initiatives
- Risk concerning outstanding income streams – High Cost Area Supplement (HCAS) & CQUIN
- A reduction in the impact of reserves due to outstanding funding commitments that will need to be met over the remaining 2 months. These include ICT investment, impact of the Croydon QIPP risk share, transfer of funding for the 24 hour Rehab service in Lambeth and a programme of investment to help resolve estate compliance issues

The forecast position could improve through:

- Further potential release of provisions but these are non recurring and limited
- Securing HCAS funding (£0.5m) that was removed from CCG baselines by NHSE. This outstanding issue is still being pursued by West London MH NHS Trust on behalf of all MH Trusts in London. It is currently being taken up with the NHSE Director of Finance
- Ensuring that all measures are being taken to address high cost/overspending areas such as PICU beds, MHOA acute and continuing care beds and management of placements
- Continuing reduction in use of acute bed usage given the measures being implemented

However, as stated previously, the forecast position also assumes the following which will need to be delivered if there is to be no negative impact:
- All CQUIN targets are to be achieved. Q1 and Q2 have been achieved but much of the income risk is weighted towards Q4
- No sanctionable KPI fines are imposed (none anticipated at this stage)
- CCG income is not reduced if neutrality cannot be achieved with NHSE over the transfer of funding. We believe agreement has been reached with 3 of the 4 local CCGs on this issue. However Southwark CCG continue to underfund the Trust by £2.2m based upon the funding they have been deducted by NHSE (largely related to MSU/LSU placements). The Trust, together with Southwark CCG, are to discuss this issue further with NHSE to seek resolution
- Overseas visitor income to be fully paid. Funding for overseas visitors used to be routed through our host PCT from the Department of Health. However, new funding arrangements have yet to be put in place by NHS England and the Trust is unclear, not only as to which organisation will be responsible for payment but also the amount. Previously, the PCT would underwrite any potential shortfall between the amount due and the amount allocated by the Dept of Health. Approximately up to £1.7m therefore remains at risk. This issue is being taken up with the NHSE Director of Finance.
- No income lost through disputed activity that has yet to be signed off by CCGs. Due to information governance issues surrounding the legal setting up of CCGs, many have not been able to verify acute overspill, NCA and C&V specialist services data. In some cases this has prevented any payment at all and in others payment is only being made on account until the legal issues are resolved that will enable CCGs to properly access and agree patient data.

The bottom line variance is also impacted by post EBITDA items. These include forecast restructuring costs and profits/losses on disposals of land/property. The current forecast favourable variance on such post EBITDA items is £3.1m based upon the successful completion of 3 property sales before year end and various outstanding restructuring costs.

ii) SLaM Group Position

It should be noted that accounting standards relating to subsidiaries have been interpreted as requiring NHS Charitable Funds managed by a Corporate Trustees to be consolidated with the NHS accounts. HM Treasury had granted dispensations to the consolidation for 3 years which expired on 31st March 2013 and is no longer available. The consolidation means that the Annual Accounts and Report for SLaM are required to include the Maudsley Charity with the SLaM Group, with figures separately shown for SLaM FT (without the group). To calculate the Group accounts the Maudsley Charity accounts (including subsidiaries) will be added to the SLaM FT accounts and any inter-group transactions eliminated.

The implications are that the bottom-line performance of the SLaM Group could vary significantly from the SLaM FT, for example the Charity has years when it under or over spends the income generated in that year, and there can be material gains or losses on investments depending on market movements. Monitor have changed their original approach and are applying FT financial risk ratings against the FT only rather than the Group.

At month 9, SLaM completed draft consolidated accounts for Monitor. These showed the SLaM FT deficit of £4.0m reducing to £2.6m on consolidation, and new assets increasing from £287m to £389m.
3. Financial Summary

<table>
<thead>
<tr>
<th>Area</th>
<th>2013/14 Mth 5 Variance £000</th>
<th>2013/14 Mth 6 Variance £000</th>
<th>2013/14 Mth 7 Variance £000</th>
<th>2013/14 Mth 8 Variance £000</th>
<th>2013/14 Mth 9 Variance £000</th>
<th>2013/14 Mth 10 Variance £000</th>
<th>2013/14 Total Variance £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAGs</td>
<td>(1,231)</td>
<td>(1,489)</td>
<td>(1,848)</td>
<td>(1,657)</td>
<td>(585)</td>
<td>(1,082)</td>
<td>(14,368)</td>
</tr>
<tr>
<td>Infrastructure Directorates</td>
<td>(259)</td>
<td>94</td>
<td>(332)</td>
<td>(217)</td>
<td>(422)</td>
<td>(459)</td>
<td>(2,384)</td>
</tr>
<tr>
<td>Corp Income</td>
<td>77</td>
<td>217</td>
<td>(42)</td>
<td>(223)</td>
<td>66</td>
<td>(97)</td>
<td>48</td>
</tr>
<tr>
<td>Other reserves/provisions released or utilised</td>
<td>68</td>
<td>2,056</td>
<td>194</td>
<td>463</td>
<td>802</td>
<td>(113)</td>
<td>7,247</td>
</tr>
<tr>
<td>Use of Contingency</td>
<td>500</td>
<td>500</td>
<td>500</td>
<td>500</td>
<td>500</td>
<td>500</td>
<td>5,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>(845)</strong></td>
<td><strong>1,378</strong></td>
<td><strong>(1,528)</strong></td>
<td><strong>(1,134)</strong></td>
<td><strong>361</strong></td>
<td><strong>(1,251)</strong></td>
<td><strong>(4,454)</strong></td>
</tr>
</tbody>
</table>

4. Key Cost Drivers

Performance against the main cost drivers is detailed below –

![Psychosis & B&D - 12 Month Rolling Run Rates](image)

<table>
<thead>
<tr>
<th>Area</th>
<th>13/14 Mth 5 Variance £000</th>
<th>13/14 Mth 6 Variance £000</th>
<th>13/14 Mth 7 Variance £000</th>
<th>13/14 Mth 8 Variance £000</th>
<th>13/14 Mth 9 Variance £000</th>
<th>13/14 Mth 10 Variance £000</th>
<th>13/14 Total Variance £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ward Nursing</td>
<td>(80)</td>
<td>(321)</td>
<td>(192)</td>
<td>(131)</td>
<td>25</td>
<td>(79)</td>
<td>(1,771)</td>
</tr>
<tr>
<td>Acute Overspill*</td>
<td>(272)</td>
<td>(118)</td>
<td>(405)</td>
<td>(440)</td>
<td>555</td>
<td>(274)</td>
<td>(2,046)</td>
</tr>
<tr>
<td>Bethlem Triage &amp; HTT</td>
<td>(198)</td>
<td>(172)</td>
<td>(179)</td>
<td>(204)</td>
<td>(186)</td>
<td>(194)</td>
<td>(1,793)</td>
</tr>
<tr>
<td>CPC/C&amp;V Income</td>
<td>(446)</td>
<td>(599)</td>
<td>(251)</td>
<td>(447)</td>
<td>(561)</td>
<td>(191)</td>
<td>(3,152)</td>
</tr>
<tr>
<td>Placements (NHSE)</td>
<td>(132)</td>
<td>(281)</td>
<td>(303)</td>
<td>(167)</td>
<td>(199)</td>
<td>(325)</td>
<td>(1,921)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>(1,128)</strong></td>
<td><strong>(1,491)</strong></td>
<td><strong>(1,330)</strong></td>
<td><strong>(1,389)</strong></td>
<td><strong>(366)</strong></td>
<td><strong>(1,063)</strong></td>
<td><strong>(10,683)</strong></td>
</tr>
</tbody>
</table>

* includes current risk share offset with Lambeth, Southwark, Lewisham and Croydon CCGs
i) **Acute/PICU Overspill (43 beds used above contract in Month 10)**

![SLaM Adult Acute Bed Overspill (per month)](image)

ii) **Ward/Unit Nursing Costs (overspent by £79k in month 10; £1.8m ytd)**

![SLaM Ward Nurse Overspend (per month)](image)

iii) **Cost per Case/Cost and Volume Income**

<table>
<thead>
<tr>
<th>CAG</th>
<th>Income Target At Month 10 £’000</th>
<th>Actual Invoiced At Month 10 £’000</th>
<th>Surplus/ Deficit(-) At Month 10 £’000</th>
<th>Surplus/ Deficit(-) Last Month £’000</th>
<th>Areas of Concern</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychosis</td>
<td>3,170</td>
<td>2,534</td>
<td>(636)</td>
<td>(645)</td>
<td>Psychosis Unit</td>
</tr>
<tr>
<td>Behavioural &amp; Dev</td>
<td>22,159</td>
<td>20,946</td>
<td>(1,213)</td>
<td>(1,147)</td>
<td>NDS, BDU and BDG</td>
</tr>
<tr>
<td>Psychological Med</td>
<td>13,504</td>
<td>13,558</td>
<td>53</td>
<td>60</td>
<td>Chronic Fatigue</td>
</tr>
<tr>
<td>Mood and Anxiety</td>
<td>5,827</td>
<td>4,360</td>
<td>(1,466)</td>
<td>(1,344)</td>
<td>AED and Anxiety Disorders</td>
</tr>
<tr>
<td>CAMHS</td>
<td>17,441</td>
<td>17,866</td>
<td>425</td>
<td>399</td>
<td></td>
</tr>
<tr>
<td>Addictions</td>
<td>2,424</td>
<td>2,110</td>
<td>(314)</td>
<td>(284)</td>
<td>Addictions Assessment Unit</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>64,526</strong></td>
<td><strong>61,374</strong></td>
<td><strong>(3,152)</strong></td>
<td><strong>(2,961)</strong></td>
<td></td>
</tr>
</tbody>
</table>
The graph below illustrates the overall performance and performance by CAG.

### Variable Income (Cumulative) Variance From Plan (By CAG)

<table>
<thead>
<tr>
<th>Month</th>
<th>Psychosis</th>
<th>B&amp;D</th>
<th>Psych Med</th>
<th>MAP</th>
<th>CAMHS</th>
<th>Addictions</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>M1</td>
<td>-3,500,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M2</td>
<td>-2,750,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M3</td>
<td>-2,000,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M4</td>
<td>-1,250,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M5</td>
<td>-500,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M6</td>
<td>250,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M7</td>
<td>1,000,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M12</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### iv) MSU/LSU Placements (NHSE Funded)

Managed in the Trust by both the Psychosis and B&D CAGs. The funding from NHSE only covered placements as at 1/4/13. This is reflected in the graph below which shows an on-going overspend following new admissions during the first 10 months. The overspend was forecast to slow down with moves into River House or step down facilities due to take place over the final quarter. However the impact will be negated following agreement to fund 4 previously disputed Lewisham clients. A year end deficit of £2.4m is now forecast. For 2014/15, responsibility for purchasing placements is expected to transfer to NHSE.

### 2013/14 MSU/LSU Placements Surplus(-)/Deficit (per month)

<table>
<thead>
<tr>
<th>Month</th>
<th>2013-14</th>
<th>2012-13</th>
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<tbody>
<tr>
<td>1</td>
<td>-250</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>-150</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>-50</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>150</td>
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<tr>
<td>6</td>
<td>250</td>
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<tr>
<td>7</td>
<td>350</td>
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<tr>
<td>8</td>
<td>450</td>
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<tr>
<td>9</td>
<td>350</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>250</td>
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<tr>
<td>11</td>
<td>150</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>50</td>
<td></td>
</tr>
</tbody>
</table>

### 5. Cost Improvement Programme (CIP) & CCG QIPP

#### a) Trust CIP (Table 4)

The Trust is reporting an overall adverse variance of £2.9m (22%) against its original ytd plan of £13m at month 10. At month 10, 82% of the overall savings plan has been phased into the year to date position. A forecast position has been provided which shows that the % achieved is likely to increase slightly as delayed Psychosis and B&D schemes start to impact.

The main areas of variance are highlighted and explained in Table 4 which also includes a scheme by scheme analysis. The areas of variance have not changed and are linked to the estates rationalisation programme, through delays and changes to the forensic and other B&D savings plans and from a shortfall in the savings required through reductions in...
sickness, bank/agency costs and other HR driven strategies to offset the 2013/14 pay award. The shortfalls relate to a relatively small number of schemes – there are 165 savings schemes within the overall CIP programme and approximately 5% of these schemes account for 90% of the current variance.

b) CCG QIPP (disinvestment) - Table 5

There was an overall shortfall of £2.4m (£0.3m in the month) against the CCG QIPP target attributable to SLaM. This shortfall is expected to rise rapidly in the final month to £4m following the outcome of discussions with local CCGs regarding the repayment of QIPP (as highlighted in the Month 9 Board Report).

The main shortfalls are highlighted in Table 5 which also includes a scheme by scheme analysis. Any shortfalls in 13/14 QIPP schemes that are due to schemes not being agreed (e.g. Lambeth Rehab) or due to reductions in contracted activity where actual activity has remained, will be subject to further discussion as part of the 2014/15 contract negotiations.

6. Trust Summary Issues

The overall financial position of the Trust continues to deteriorate, driven by the key cost elements highlighted in Section 4 of this report. Of these, £6m relates directly to contract overperformance (acute beds and residential/complex placements). Whilst there are other issues in play (some services not meeting CIP targets for example), the key financial issue for the Trust is to ensure that it has robust contracts in place for the delivery of its services that are reasonable and deliverable. Whilst discussions around demand pressures for 13/14 have largely concluded with 3 of the 4 local CCGs, the 14/15 contract discussions are now taking place. The outcome of these discussions will be vital in being able to deliver a balanced plan in future.

There remain outstanding issues with Croydon CCG, particularly the funding of the Bethlem Triage Ward and associated Home Treatment Team. Depending upon the outcome of this issue, the current forecast would suggest an adverse variance of between £6m - £8m against planned EBITDA (a reduction from the previous month). This also assumes CQUIN targets are met, no KPI sanctions levied, satisfactory resolution of any disputes that are likely to be raised once CCGs can properly access patient data and that remaining income issues are resolved with NHS England around the CCG minimum takes and overseas visitors.

The Monitor risk rating is forecast to remain at a 3 due to the current favourable cash position of the Trust.
## Table 1

### The South London and Maudsley NHS Trust - Operating Budgets

#### Service Analysis

<table>
<thead>
<tr>
<th>Service Analysis</th>
<th>Full Year Live Budgets (£)</th>
<th>Current Month Actual (£)</th>
<th>Variance From Live Budgets (£)</th>
<th>Year To Date Actual (£)</th>
<th>Variance From Live Budgets (£)</th>
<th>Variance Last Month (£)</th>
<th>Forecast Variance (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01. Psychosis</td>
<td>96,294,500</td>
<td>8,522,200</td>
<td>606,100</td>
<td>86,819,600</td>
<td>5,521,200</td>
<td>4,915,200</td>
<td>7,791,000</td>
</tr>
<tr>
<td>02. Behavioural And Dev. Psych</td>
<td>0</td>
<td>444,000</td>
<td>473,700</td>
<td>5,851,900</td>
<td>5,387,200</td>
<td>5,363,500</td>
<td>7,200,000</td>
</tr>
<tr>
<td>03. Mood, Anxiety, Personality</td>
<td>1,520,500</td>
<td>(89,000)</td>
<td>(127,900)</td>
<td>1,677,400</td>
<td>420,000</td>
<td>547,900</td>
<td>500,000</td>
</tr>
<tr>
<td>04. Psychological Medicine</td>
<td>2,473,300</td>
<td>403,900</td>
<td>194,000</td>
<td>4,030,900</td>
<td>2,023,300</td>
<td>1,829,300</td>
<td>2,450,000</td>
</tr>
<tr>
<td>05. Child &amp; Adolescent Service</td>
<td>3,240,700</td>
<td>182,000</td>
<td>161,400</td>
<td>2,138,800</td>
<td>2,023,300</td>
<td>1,829,300</td>
<td>2,450,000</td>
</tr>
<tr>
<td>06. MHOA And Dementia</td>
<td>289,300</td>
<td>72,100</td>
<td>161,400</td>
<td>1,820,000</td>
<td>1,333,500</td>
<td>1,172,200</td>
<td>1,314,000</td>
</tr>
<tr>
<td>07. Addictions</td>
<td>(4,400)</td>
<td>(157,500)</td>
<td>(158,000)</td>
<td>(280,900)</td>
<td>(274,200)</td>
<td>(116,200)</td>
<td>(340,000)</td>
</tr>
<tr>
<td>08. Clinical Support Services</td>
<td>1,748,000</td>
<td>189,900</td>
<td>44,200</td>
<td>1,638,400</td>
<td>181,700</td>
<td>137,500</td>
<td>230,000</td>
</tr>
<tr>
<td>09. Infrastructure Directorates</td>
<td>(100,690,700)</td>
<td>(7,577,500)</td>
<td>97,800</td>
<td>(84,362,800)</td>
<td>(47,700)</td>
<td>(145,500)</td>
<td>(614,000)</td>
</tr>
<tr>
<td>10. Corporate Income</td>
<td>49,023,000</td>
<td>4,579,800</td>
<td>378,300</td>
<td>42,264,100</td>
<td>2,023,300</td>
<td>1,829,300</td>
<td>2,450,000</td>
</tr>
</tbody>
</table>

#### Operational Deficit

| Operational Deficit                      | 53,894,200                  | 6,569,900                | 1,602,500                     | 51,587,400            | 16,705,200                     | 15,066,300             | 21,062,000           |

#### Corporate Analysis

<table>
<thead>
<tr>
<th>Corporate Analysis</th>
<th>Full Year Live Budgets (£)</th>
<th>Current Month Actual (£)</th>
<th>Variance From Live Budgets (£)</th>
<th>Year To Date Actual (£)</th>
<th>Variance From Live Budgets (£)</th>
<th>Variance Last Month (£)</th>
<th>Forecast Variance (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1) Estates &amp; Facilities</td>
<td>17,266,200</td>
<td>1,683,700</td>
<td>214,000</td>
<td>15,893,300</td>
<td>1,496,900</td>
<td>1,282,900</td>
<td>1,796,000</td>
</tr>
<tr>
<td>A2) Hotel Services</td>
<td>11,058,400</td>
<td>928,400</td>
<td>7,900</td>
<td>9,321,200</td>
<td>103,800</td>
<td>95,900</td>
<td>100,000</td>
</tr>
<tr>
<td>B) Education &amp; Nursing</td>
<td>2,910,200</td>
<td>273,400</td>
<td>43,700</td>
<td>2,230,200</td>
<td>(175,600)</td>
<td>(264,300)</td>
<td>(277,000)</td>
</tr>
<tr>
<td>C) Information &amp; I.T.</td>
<td>4,980,500</td>
<td>499,200</td>
<td>81,000</td>
<td>4,679,500</td>
<td>535,400</td>
<td>454,400</td>
<td>600,000</td>
</tr>
<tr>
<td>D) Finance And Corp Governance</td>
<td>4,604,100</td>
<td>387,800</td>
<td>(500)</td>
<td>3,816,500</td>
<td>(2,000)</td>
<td>(1,500)</td>
<td>0</td>
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<tr>
<td>E) Human Resources</td>
<td>3,557,000</td>
<td>238,400</td>
<td>(58,000)</td>
<td>2,619,300</td>
<td>(344,900)</td>
<td>(286,900)</td>
<td>(414,000)</td>
</tr>
<tr>
<td>F) Strategy And Business Dev.</td>
<td>2,796,700</td>
<td>276,900</td>
<td>36,500</td>
<td>2,439,700</td>
<td>123,800</td>
<td>87,300</td>
<td>100,000</td>
</tr>
<tr>
<td>G) Chief Executive</td>
<td>3,143,900</td>
<td>361,200</td>
<td>99,100</td>
<td>3,273,400</td>
<td>649,200</td>
<td>550,000</td>
<td>800,000</td>
</tr>
<tr>
<td>H) Medical &amp; Clinical Govern.</td>
<td>3,482,300</td>
<td>340,800</td>
<td>(18,200)</td>
<td>2,104,300</td>
<td>(47,900)</td>
<td>(29,700)</td>
<td>(90,000)</td>
</tr>
<tr>
<td>I) Professional Heads</td>
<td>1,909,000</td>
<td>173,600</td>
<td>(800)</td>
<td>1,506,900</td>
<td>(86,800)</td>
<td>(77,500)</td>
<td>(100,000)</td>
</tr>
<tr>
<td>J) R&amp;D</td>
<td>(6,685,300)</td>
<td>(583,600)</td>
<td>(26,400)</td>
<td>(5,620,200)</td>
<td>(49,100)</td>
<td>(22,700)</td>
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</tr>
<tr>
<td>Infrastructure Directorates</td>
<td>49,023,000</td>
<td>4,579,800</td>
<td>378,300</td>
<td>42,264,100</td>
<td>2,023,300</td>
<td>1,796,300</td>
<td>1,705,000</td>
</tr>
</tbody>
</table>

#### Corporate Other

| Corporate Other                           | (69,907,300)               | (6,892,600)              | (350,800)                     | (70,839,700)          | (12,247,300)                  | (11,860,000)           | (13,099,000)         |

#### Operational Deficit

| Operational Deficit                      | (16,013,100)               | (322,700)                | (1,251,700)                   | (9,252,300)           | 4,457,900                     | 3,206,300              | 7,963,000            |

## January 2014

#### EBITDA

| EBITDA                                   | 17,104,000                  | 986,400                  | 1,021,900                     | 13,872,500            | 3,965,800                     | 2,943,900              | 4,789,000            |

#### Trust Financial Position

| Trust Financial Position                | 1,090,900                   | 663,700                  | 1,021,900                     | 4,620,200             | 3,965,800                     | 2,943,900              | 4,789,000            |
### Table 2 - 2013/14 Nursing Overspend - Monthly Data by Borough (£000's)

#### CAMHS

<table>
<thead>
<tr>
<th>Month</th>
<th>Over/Underspend (£1000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>-2</td>
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<tr>
<td>2</td>
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<tr>
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<td>7</td>
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</tr>
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</tr>
<tr>
<td>Total</td>
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</tr>
</tbody>
</table>

#### MHOA & DEMENTIA

<table>
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<th>Over/Underspend (£1000)</th>
</tr>
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<td>12</td>
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</tr>
<tr>
<td>Total</td>
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#### ADDICTIONS

<table>
<thead>
<tr>
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<th>Over/Underspend (£1000)</th>
</tr>
</thead>
<tbody>
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<td>1</td>
<td>-11</td>
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<td>2</td>
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#### PSYCHOSIS

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**Graphs:**
- CAMHS
- MHOA
- ADDICTIONS
- PSYCHOSIS
### Table 2 - 2013/14 Nursing Overspend - Monthly Data by Borough (£000's)

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<td><strong>Total</strong></td>
<td><strong>1,771</strong></td>
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</table>
## Ward Overspend - Monthly Run Rate (% Overspend)

<p>| Directorate | Ward Name | Variance | YTD | Period | Period | Period | Period | Period | Period | Period | Period | Period | Period | Period | Period | Period | Period | Period | Period |
|-------------|-----------|----------|-----|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 01. Psychosis | Gresham Icu Ward | 11.01 % | -9.39% | -4.32% | 20.73% | 47.58% | -1.43% | 16.51% | 8.56% | 6.33% | -6.06% | 35.23% |
| 07. Mhoa And Dementia | Inglemere Road | 53.26 % | -5.69% | 84.25% | 44.03% | 60.28% | 63.30% | 87.61% | 60.72% | 26.20% | 55.72% | 56.13% |
| 02. Behavioural And Dev. Psych | Neurodev Disorder Service | 15.85 % | 15.02% | 21.94% | 22.42% | 22.20% | 35.98% | 18.96% | 16.98% | 2.11% | -5.62% | -10.74% |
| 04. Psychological Medicine | Neuropsychiatry Db1/Lishman Un | 15.49 % | 29.89% | 19.12% | 10.48% | 38.90% | 53.98% | 14.14% | 15.28% | 11.32% | 7.88% | -2.27% |
| 06. Child &amp; Adolescent Service | Kent Inpatient - Ash Ward | 14.70 % | 6.48% | 18.88% | 22.16% | 6.15% | 20.29% | 15.94% | 6.69% | 16.30% | 2.75% |
| 07. Mhoa And Dementia | Al1 Ward | 13.23 % | 24.50% | 17.40% | 6.51% | 20.45% | 23.15% | 6.31% | 10.68% | -8.40% | 5.01% |
| 04. Psychological Medicine | Triage Ward | 12.30 % | 2.32% | 3.61% | 12.40% | -7.11% | 77.32% | 31.65% | 4.73% |
| 01. Psychosis | Womens Service | 12.07 % | 10.94% | 16.88% | 14.92% | 11.28% | 11.96% | 7.66% | 4.05% | -1.76% | 25.91% |
| 01. Psychosis | Eileen Skellern 2 | 11.94 % | 6.68% | 18.88% | 22.16% | 6.15% | 3.32% | 20.29% | 15.94% | 6.69% | 16.30% | 2.75% |
| 07. Mhoa And Dementia | Hayworth Ward | 27.50 % | 24.82% | 52.02% | 40.52% | 11.87% | 13.74% | 21.32% | 43.09% | 22.88% | 21.42% | 23.33% |
| 07. Mhoa And Dementia | Chelsham House Brh | 22.48 % | 16.07% | 26.40% | 20.11% | 12.74% | 21.20% | 38.90% | 53.98% | 14.14% | 15.28% | 11.32% |
| 02. Behavioural And Dev. Psych | Neurodev Disorder Service | 15.85 % | 15.02% | 21.94% | 22.42% | 22.20% | 35.98% | 18.96% | 16.98% | 2.11% | -5.62% | -10.74% |
| 04. Psychological Medicine | Neuropsychiatry Db1/Lishman Un | 15.49 % | 29.89% | 19.12% | 10.48% | 38.90% | 53.98% | 14.14% | 15.28% | 11.32% | 7.88% | -2.27% |
| 06. Child &amp; Adolescent Service | Kent Inpatient - Ash Ward | 14.70 % | 6.48% | 18.88% | 22.16% | 6.15% | 20.29% | 15.94% | 6.69% | 16.30% | 2.75% |
| 07. Mhoa And Dementia | Al1 Ward | 13.23 % | 24.50% | 17.40% | 6.51% | 20.45% | 23.15% | 6.31% | 10.68% | -8.40% | 5.01% |
| 04. Psychological Medicine | Triage Ward | 12.30 % | 2.32% | 3.61% | 12.40% | -7.11% | 77.32% | 31.65% | 4.73% |
| 01. Psychosis | Womens Service | 12.07 % | 10.94% | 16.88% | 14.92% | 11.28% | 11.96% | 7.66% | 4.05% | -1.76% | 25.91% |
| 01. Psychosis | Eileen Skellern 2 | 11.94 % | 6.68% | 18.88% | 22.16% | 6.15% | 3.32% | 20.29% | 15.94% | 6.69% | 16.30% | 2.75% |</p>
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<th>Ward Name</th>
<th>Variance</th>
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<td>Lambeth Hosp. Eden Ward</td>
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<td>01. Psychosis</td>
<td>Ruskin Unit</td>
<td>1.64 %</td>
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<tr>
<td>01. Psychosis</td>
<td>Eileen Skellern 1</td>
<td>1.04 %</td>
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<tr>
<td>07. Mhoa And Dementia</td>
<td>Woodlands Nursing Home</td>
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<tr>
<td>01. Psychosis</td>
<td>Mckenzie/Iris</td>
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<td>06. Child &amp; Adolescent Service</td>
<td>Snowsfield Adolescent Unit</td>
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<td>01. Psychosis</td>
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<td>01. Psychosis</td>
<td>Aubrey Lewis 3</td>
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<td>YTD Plan</td>
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<td><strong>CAMHS Savings Plan</strong></td>
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Expenditure Variance

22% | 21%

Income Variance

23% | 25%
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<th>Target</th>
<th>Planned CIPs</th>
<th>Forecast Actual CIPs</th>
<th>Impact On Quality of Service Updates in Blue</th>
<th>Impact on Activity/Access Updates in Blue</th>
<th>Medical &amp; Nursing Director Opinion/Comments</th>
<th>Key Dependencies, (e.g. estate solution required)</th>
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<tbody>
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<td>Trustwide</td>
<td>Improved Productivity</td>
<td>Absorb 1% pay award</td>
<td>1% of Trust pay award</td>
<td>1,280.00</td>
<td>1,280.00</td>
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<td>No. impact of quality expected or reported</td>
<td>Absorb improve quality</td>
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<td>2</td>
<td>Trustwide</td>
<td>Inflation Management</td>
<td>Absorb 0.25% of non-pay inflation</td>
<td>0.25% of non-pay inflation</td>
<td>395.00</td>
<td>395.00</td>
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<td>Should improve quality</td>
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<td>Improved Productivity</td>
<td>Junior doctor locum costs</td>
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<td>0.00</td>
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<td>Should improve quality</td>
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<td>Improved Productivity</td>
<td>Paliperidone scheme to enable recovery VAT</td>
<td>Paliperidone scheme to enable recovery VAT</td>
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<td>Should improve quality</td>
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<td>Psychosis - new</td>
<td>Revenue Generation</td>
<td>NCA and Overseas income</td>
<td>NCA and Overseas income</td>
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<td>7</td>
<td>Psychosis - new</td>
<td>Overhead Reduction</td>
<td>Admin &amp; Clerical staff review</td>
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<td>No. impact of quality expected or reported</td>
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<tr>
<td>8</td>
<td>Major Service Transformation</td>
<td>Relocation of Waveney inpatient service</td>
<td>Relocation of Waveney inpatient service</td>
<td>Relocation of Waveney inpatient service</td>
<td>277.00</td>
<td>277.00</td>
<td>400.00</td>
<td>No. impact of quality expected or reported</td>
<td>Yes IT support, procurement support, Information Governance, HR support, E&amp;T, PJS team</td>
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</table>
| No. | CAG | Description | Target | Planned CIPs | Forecast Actual CIPs | Forecast Variance CIPs | CIP Rating | Impact On Quality of Service Updates in Blue | Impact on Activity/Access Updates in Blue | Medical & Nursing Director Opinion/Comments | Lead Manager | Public Consultation completed (if required) | Staff consultation completed (if required) | Operational Implementation starts | Operational Implementation completion | Saving shown as volume confirmed as deliverable in year | Key Dependencies (e.g. estate solution required)
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</thead>
<tbody>
<tr>
<td>10</td>
<td>Psycosis</td>
<td>Improved Productivity</td>
<td>Reassess restrictions on use of haloperidol in light of evidence to maximum clinical effectiveness</td>
<td>250.00</td>
<td>250.00</td>
<td>-250.00</td>
<td>Green</td>
<td>Reduce drug expenditure and/or evidence reducing in other operational costs through improved clinical effectiveness of drug use and service delivery. Accept risk as site offers appropriate drug treatment in the appropriate setting</td>
<td>No impact on quality expected or reported</td>
<td>RAG: B &amp; L. Storing</td>
<td>No</td>
<td>No</td>
<td>28/03/2014</td>
<td>28/03/2014</td>
<td>No</td>
<td>Operational implementation and contingency planning</td>
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<tr>
<td>11</td>
<td>Psycosis</td>
<td>Reconciliation</td>
<td>Self funding (short and medium term)</td>
<td>95.00</td>
<td>95.00</td>
<td>0.00</td>
<td>Green</td>
<td>Ensures care will be provided and/or evidence reducing in other operational costs through improved clinical effectiveness of drug use and service delivery.</td>
<td>No impact on quality expected or reported</td>
<td>RAG: B &amp; L. Storing</td>
<td>No</td>
<td>No</td>
<td>31/04/2014</td>
<td>31/04/2014</td>
<td>No</td>
<td>Improved service/development and economic benefits of AMH model and private patient income</td>
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<td>12</td>
<td>Psycosis</td>
<td>Improved Productivity</td>
<td>Improve cost efficiency in budgets</td>
<td>282.00</td>
<td>305.00</td>
<td>23.00</td>
<td>Green</td>
<td>No impact on quality expected or reported (see above), but requires careful ongoing assessment of impact on quality, as relationships in service pathways, particularly CIPs, may impact directly on patient experience.</td>
<td>No impact on quality expected or reported</td>
<td>RAG: B &amp; L. Storing</td>
<td>No</td>
<td>No</td>
<td>18/04/2014</td>
<td>28/04/2014</td>
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<td>129.00</td>
<td>128.00</td>
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<td>RAG: B &amp; L. Storing</td>
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<td>No</td>
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<td>31/03/2014</td>
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<td>18/04/2014</td>
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<td>Impact on Activity/Access Updates in line</td>
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<td>Public consultation completed (Y/N)</td>
<td>Staff consultation completed (Y/N)</td>
<td>Operational implementation starts</td>
<td>Operational implementation completion</td>
<td>Savings showcase delivered (N/A, Yes, No)</td>
<td>Key Dependencies (e.g. estate solution required)</td>
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<td>23</td>
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<td>Medical &amp; Nursing Director Opinion/Comments</td>
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<td>Mike Callaghan</td>
<td>No</td>
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<td>31/07/2012</td>
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<td>Overhead Reduction</td>
<td>All-post removal by Fye</td>
<td>Management - All-post removal by Fye</td>
<td>49.90 49.90 0.00</td>
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<td>Feizal Mohubally</td>
<td>No No 01/04/2013</td>
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<td>25</td>
<td>B&amp;D</td>
<td>Overhead Reduction</td>
<td>Overhead @ 50% budget @ Fye</td>
<td>Management - Overhead @ 50% budget</td>
<td>37.90 36.99 0.00</td>
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<td>Sam Antwi-Marful</td>
<td>No Yes 01/05/2013</td>
<td>30/09/2013</td>
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<td>Management- LM post removed Fye</td>
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<td>48.00 48.00 0.00</td>
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<td>27</td>
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<td>Management - SW budget @ 50%</td>
<td>Management - SW budget @ 50%</td>
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<td>28</td>
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<td>Revenue Generation</td>
<td>ADHD - 1 extra assessment per week</td>
<td>ADHD - 1 extra assessment per week</td>
<td>55.00 18.32 36.68</td>
<td>Should improve quality</td>
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<td>29</td>
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<td>ADHD - 1 extra assessment per week</td>
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<td>Should improve quality</td>
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<td>30</td>
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<td>Improved Productivity</td>
<td>Full-year effect of closing MSTS/FM1</td>
<td>Full-year effect of closing MSTS/FM1</td>
<td>422.52 422.50 0.02</td>
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<td>Already implemented (Fye)</td>
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<td>31</td>
<td>B&amp;D</td>
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<td>Transfer forensic placements to SCG</td>
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<td>92.17 92.16 0.01</td>
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<td>32</td>
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<td>86.62 86.63 -0.01</td>
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<td>33</td>
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<td>Transfer forensic placements to SCG</td>
<td>Transfer forensic placements to SCG</td>
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<td>34</td>
<td>B&amp;D</td>
<td>Improved Productivity</td>
<td>MH LD Hub working model - pay savings</td>
<td>MH LD Hub working model - pay savings</td>
<td>232.00 0.00 232.00</td>
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<td>New model &amp; workflow</td>
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<td>MH LD Hub working model - pay savings</td>
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<td>36</td>
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<td>MH LD Hub working model - pay savings</td>
<td>MH LD Hub working model - pay savings</td>
<td>232.00 0.00 232.00</td>
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<td>New model &amp; workflow</td>
<td>No</td>
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Notes:
- "Fye" stands for fiscal year end.
- "PYE" stands for previous year end.
- "N/A" stands for not applicable.
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<thead>
<tr>
<th>No.</th>
<th>CAG</th>
<th>CP Category</th>
<th>Description</th>
<th>Target</th>
<th>Planned CIPs</th>
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<th>Forecast Variance CIPs</th>
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<th>Impact on Activity/Access Updates</th>
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<th>Opinion/Comments</th>
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<th>Public consultation completed (if required)</th>
<th>Staff consultation completed (if required)</th>
<th>Operational implementation starts</th>
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<th>Saving shown at volume confirmed as deliverable in year</th>
<th>Key dependencies (e.g. estate solution required)</th>
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<tr>
<td>49</td>
<td>MAD</td>
<td>Improved Productivity</td>
<td>Huge increases in MDT working – details to be worked out</td>
<td>River House</td>
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<td>0.00</td>
<td>100.00</td>
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<td>08/04/2013</td>
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<td>51</td>
<td>MAD</td>
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<td>Review necessity of management posts and run-up expenditure</td>
<td>Market</td>
<td>60.00</td>
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<td>36.00</td>
<td>Green and Orange</td>
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<td>Lead Manager</td>
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<td>Saving shared with volume confirmed as deliverable in year</td>
<td>Key dependencies required (Please state solution required)</td>
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<td>MAP</td>
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<td>CAGs Drug and FP10 expenditure review Drug and FP10 expenditure CAG Wide</td>
<td>40.00</td>
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<td>No final review of areas for completion due to April - monitor and review outcome throughout the year</td>
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<td>Cost Reduction</td>
<td>Minimum salary administrative review Update minimum salary administrative review on contract with PHB2 - review admin complement and functions. It is normally anticipated this will result in a reduction of NETE across MAP and PHB2 - 3 months and 1 year cost of net effect at this stage</td>
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<td>6.88</td>
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<td>24</td>
<td>Psych-Med</td>
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<td>MMR vaccination contracts Review MMR vaccination contracts for MMR department to reduce cost by an estimated 48k</td>
<td>40.90</td>
<td>39.95</td>
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<td>v/s</td>
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<td>Psych-Med</td>
<td>Improved Productivity</td>
<td>CAGs Drug and FP10 expenditure review Drug and FP10 expenditure CAG Wide</td>
<td>40.90</td>
<td>39.95</td>
<td>-0.05</td>
<td>None anticipated</td>
<td>None anticipated</td>
<td>No impact on quality expected or reported</td>
<td>No impact on quality expected or reported</td>
<td>v/s</td>
<td>v/s</td>
<td>30 April</td>
<td>None</td>
<td>306</td>
<td>None</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Revenue Generation</td>
<td>MUPPS - Income</td>
<td>MUPPS bid contain amounts for management overheads which can be attributed to the CAG and funding for staff, some of which are already funded in their roles - total of £35,852. PVC only: these elements have been accounted for in the projections and for 12 months only</td>
<td>40.90</td>
<td>40.90</td>
<td>0.00</td>
<td>None anticipated</td>
<td>None anticipated</td>
<td>No impact on quality expected or reported</td>
<td>No impact on quality expected or reported</td>
<td>v/s</td>
<td>v/s</td>
<td>30 April</td>
<td>None</td>
<td>307</td>
<td>None</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Psych-Med</td>
<td>Cost Reduction</td>
<td>Adventure centre administrative review Review with MAP nurse administrative review and functions. It is initially anticipated the will result in a reduction of NETE - 3 months and 1 year cost of net effect at this stage</td>
<td>11.30</td>
<td>6.88</td>
<td>4.12</td>
<td>None anticipated</td>
<td>None anticipated</td>
<td>No impact on quality expected or reported</td>
<td>No impact on quality expected or reported</td>
<td>v/s</td>
<td>v/s</td>
<td>30 July</td>
<td>None</td>
<td>308</td>
<td>None</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Psych-Med</td>
<td>Cost Reduction</td>
<td>EERP Our arrangement with EERP has resulted in significant overpayment on a less favourable arrangement. Slab has been accepting recharge from the DIP with charging EERP accordingly. We will notify them that our costs have been considered on sustainable and PIP and with the above note that the current arrangement causes and they will have these directly to include direct charge from DIP to IOP</td>
<td>5.00</td>
<td>5.00</td>
<td>0.00</td>
<td>None anticipated</td>
<td>None anticipated</td>
<td>No impact on quality expected or reported</td>
<td>No impact on quality expected or reported</td>
<td>v/s</td>
<td>v/s</td>
<td>30 April</td>
<td>None</td>
<td>309</td>
<td>None</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Psych-Med</td>
<td>Improved Productivity</td>
<td>iHealth E-Labour and Psychology expenditure review Reduce expenditure on capital and CAGs Labour and Psychology post and E-Labour IOP post. Continue to control expenditure on specifically task but also other non capital items in Liaison teams</td>
<td>92.50</td>
<td>92.50</td>
<td>0.00</td>
<td>None anticipated</td>
<td>None anticipated</td>
<td>No impact on quality expected or reported</td>
<td>No impact on quality expected or reported</td>
<td>v/s</td>
<td>v/s</td>
<td>30 April</td>
<td>Completed - only applicable employee reduced their hours December 12/13</td>
<td>None</td>
<td>None</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Psych-Med</td>
<td>Improved Productivity</td>
<td>Blackheath Brain Injury Clinic - PIP - Care level of subjects on contract established July 2013</td>
<td>92.50</td>
<td>92.50</td>
<td>0.00</td>
<td>None anticipated</td>
<td>None anticipated</td>
<td>No impact on quality expected or reported</td>
<td>No impact on quality expected or reported</td>
<td>v/s</td>
<td>v/s</td>
<td>30 April</td>
<td>Completed - only applicable employee reduced their hours December 12/13</td>
<td>None</td>
<td>None</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Psych-Med</td>
<td>Improved Productivity</td>
<td>Eating Disorders Outpatients Reduction in case through not recruiting to vacancies that have transpired</td>
<td>92.50</td>
<td>92.50</td>
<td>0.00</td>
<td>None anticipated</td>
<td>None anticipated</td>
<td>No impact on quality expected or reported</td>
<td>No impact on quality expected or reported</td>
<td>v/s</td>
<td>v/s</td>
<td>30 April</td>
<td>Completed - only applicable employee reduced their hours December 12/13</td>
<td>None</td>
<td>None</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>No.</td>
<td>CAG</td>
<td>CIP Category</td>
<td>Description</td>
<td>Target</td>
<td>Planned CIPs</td>
<td>Forecast</td>
<td>CIPs</td>
<td>Forecasts</td>
<td>SAG Rating</td>
<td>Impact On Quality of Service Updates in Blue</td>
<td>Impact on Activity/Audit Updates in Blue</td>
<td>Medical &amp; Nursing Director Opinion/Comments</td>
<td>Lead Manager</td>
<td>Public consultation completed (if required)</td>
<td>Staff consultation completed (if required)</td>
<td>Operational Implementation starts</td>
<td>Operational Implementation completion</td>
<td>Saving shown in columns f confirmed as deliverable in year</td>
<td>Key Dependencies (e.g. estate solution required)</td>
</tr>
<tr>
<td>-----</td>
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</tr>
<tr>
<td>22</td>
<td>Psch-Med</td>
<td>Revenue Generation</td>
<td>Developing a step-up programme for perinatal IP unit. 2 patients, twice a week gives a projected income of £78k. 40k as a CIP plan to be prudent at this early stage</td>
<td>2 patients, twice a week gives a projected income of £78k. 40k as a CIP plan to be prudent at this early stage</td>
<td>97.30 97.31</td>
<td>-0.01</td>
<td>n/a</td>
<td>n/a</td>
<td>Post vacant for some time</td>
<td>None anticipated</td>
<td>None anticipated</td>
<td>No impact on quality expected or reported</td>
<td>Lisa Seaburne-May</td>
<td>Y</td>
<td></td>
<td>1st April</td>
<td>Monitor and review outcome throughout financial year</td>
<td>No; this scheme is reliant on income generation and as such closer monitoring will be required to ensure delivery in full</td>
<td></td>
</tr>
<tr>
<td>63</td>
<td>Psch-Med</td>
<td>Savings shown at</td>
<td>Reducing the wait for on-site reviews and review of current practice to ensure priorities are met</td>
<td>Reducing the wait for on-site reviews and review of current practice to ensure priorities are met</td>
<td>95.70 94.93</td>
<td>-0.78</td>
<td>n/a</td>
<td>n/a</td>
<td>None anticipated</td>
<td>None anticipated</td>
<td>None anticipated</td>
<td>No impact on quality expected or reported</td>
<td>Lisa Seaburne-May</td>
<td>Y</td>
<td></td>
<td>1st April</td>
<td>Monitor and review outcome throughout financial year</td>
<td>No; this scheme is reliant on income generation and as such closer monitoring will be required to ensure delivery in full</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Psch-Med</td>
<td>Revenue Generation</td>
<td>Reducing the wait for on-site reviews and review of current practice to ensure priorities are met</td>
<td>Reducing the wait for on-site reviews and review of current practice to ensure priorities are met</td>
<td>255.30 245.93</td>
<td>-0.67</td>
<td>n/a</td>
<td>n/a</td>
<td>None anticipated</td>
<td>None anticipated</td>
<td>None anticipated</td>
<td>Should improve quality</td>
<td>Lisa Seaburne-May</td>
<td>Y</td>
<td></td>
<td>1st April</td>
<td>Monitor and review outcome throughout financial year</td>
<td>No; this scheme is reliant on income generation and as such closer monitoring will be required to ensure delivery in full</td>
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</tr>
<tr>
<td>25</td>
<td>Psch-Med</td>
<td>Revenue Generation</td>
<td>Developing a step-up programme for perinatal IP unit. 2 patients, twice a week gives a projected income of £78k. 40k as a CIP plan to be prudent at this early stage</td>
<td>Developing a step-up programme for perinatal IP unit. 2 patients, twice a week gives a projected income of £78k. 40k as a CIP plan to be prudent at this early stage</td>
<td>49.00 49.00</td>
<td>0.00</td>
<td>n/a</td>
<td>n/a</td>
<td>Post vacant for some time</td>
<td>None anticipated</td>
<td>None anticipated</td>
<td>No impact on quality expected or reported</td>
<td>Lisa Seaburne-May</td>
<td>Y</td>
<td></td>
<td>1st April</td>
<td>Monitor and review outcome throughout financial year</td>
<td>No; this scheme is reliant on income generation and as such closer monitoring will be required to ensure delivery in full</td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>Psch-Med</td>
<td>Revenue Generation</td>
<td>Reducing the wait for on-site reviews and review of current practice to ensure priorities are met</td>
<td>Reducing the wait for on-site reviews and review of current practice to ensure priorities are met</td>
<td>22.90 22.91</td>
<td>-0.02</td>
<td>n/a</td>
<td>n/a</td>
<td>None anticipated</td>
<td>None anticipated</td>
<td>None anticipated</td>
<td>No impact on quality expected or reported</td>
<td>Lisa Seaburne-May</td>
<td>Y</td>
<td></td>
<td>1st April</td>
<td>Monitor and review outcome throughout financial year</td>
<td>No; this scheme is reliant on income generation and as such closer monitoring will be required to ensure delivery in full</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>CAMHS</td>
<td>Service Change</td>
<td>Reducing the wait for on-site reviews and review of current practice to ensure priorities are met</td>
<td>Reducing the wait for on-site reviews and review of current practice to ensure priorities are met</td>
<td>95.20 95.20</td>
<td>0.00</td>
<td>n/a</td>
<td>n/a</td>
<td>None anticipated</td>
<td>None anticipated</td>
<td>None anticipated</td>
<td>No impact on quality expected or reported</td>
<td>Lisa Seaburne-May</td>
<td>Y</td>
<td></td>
<td>1st April</td>
<td>Monitor and review outcome throughout financial year</td>
<td>No; this scheme is reliant on income generation and as such closer monitoring will be required to ensure delivery in full</td>
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</tr>
<tr>
<td>76</td>
<td>CAMHS</td>
<td>Service Change</td>
<td>Reducing the wait for on-site reviews and review of current practice to ensure priorities are met</td>
<td>Reducing the wait for on-site reviews and review of current practice to ensure priorities are met</td>
<td>151.05 151.05</td>
<td>0.00</td>
<td>n/a</td>
<td>n/a</td>
<td>None anticipated</td>
<td>None anticipated</td>
<td>None anticipated</td>
<td>No impact on quality expected or reported</td>
<td>Lisa Seaburne-May</td>
<td>Y</td>
<td></td>
<td>1st April</td>
<td>Monitor and review outcome throughout financial year</td>
<td>No; this scheme is reliant on income generation and as such closer monitoring will be required to ensure delivery in full</td>
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<tr>
<td>28</td>
<td>CAMHS</td>
<td>Service Change</td>
<td>Reducing the wait for on-site reviews and review of current practice to ensure priorities are met</td>
<td>Reducing the wait for on-site reviews and review of current practice to ensure priorities are met</td>
<td>151.18 151.18</td>
<td>0.00</td>
<td>n/a</td>
<td>n/a</td>
<td>None anticipated</td>
<td>None anticipated</td>
<td>None anticipated</td>
<td>No impact on quality expected or reported</td>
<td>Lisa Seaburne-May</td>
<td>Y</td>
<td></td>
<td>1st April</td>
<td>Monitor and review outcome throughout financial year</td>
<td>No; this scheme is reliant on income generation and as such closer monitoring will be required to ensure delivery in full</td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>CAMHS</td>
<td>Service Change</td>
<td>Reducing the wait for on-site reviews and review of current practice to ensure priorities are met</td>
<td>Reducing the wait for on-site reviews and review of current practice to ensure priorities are met</td>
<td>151.18 151.18</td>
<td>0.00</td>
<td>n/a</td>
<td>n/a</td>
<td>None anticipated</td>
<td>None anticipated</td>
<td>None anticipated</td>
<td>No impact on quality expected or reported</td>
<td>Lisa Seaburne-May</td>
<td>Y</td>
<td></td>
<td>1st April</td>
<td>Monitor and review outcome throughout financial year</td>
<td>No; this scheme is reliant on income generation and as such closer monitoring will be required to ensure delivery in full</td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>CAMHS</td>
<td>Service Change</td>
<td>Reducing the wait for on-site reviews and review of current practice to ensure priorities are met</td>
<td>Reducing the wait for on-site reviews and review of current practice to ensure priorities are met</td>
<td>125.90 125.90</td>
<td>0.00</td>
<td>n/a</td>
<td>n/a</td>
<td>None anticipated</td>
<td>None anticipated</td>
<td>None anticipated</td>
<td>No impact on quality expected or reported</td>
<td>Lisa Seaburne-May</td>
<td>Y</td>
<td></td>
<td>1st April</td>
<td>Monitor and review outcome throughout financial year</td>
<td>No; this scheme is reliant on income generation and as such closer monitoring will be required to ensure delivery in full</td>
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<tr>
<td>31</td>
<td>CAMHS</td>
<td>Service Change</td>
<td>Reducing the wait for on-site reviews and review of current practice to ensure priorities are met</td>
<td>Reducing the wait for on-site reviews and review of current practice to ensure priorities are met</td>
<td>420.73 420.73</td>
<td>0.00</td>
<td>n/a</td>
<td>n/a</td>
<td>None anticipated</td>
<td>None anticipated</td>
<td>None anticipated</td>
<td>No impact on quality expected or reported</td>
<td>Lisa Seaburne-May</td>
<td>Y</td>
<td></td>
<td>1st April</td>
<td>Monitor and review outcome throughout financial year</td>
<td>No; this scheme is reliant on income generation and as such closer monitoring will be required to ensure delivery in full</td>
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<tr>
<td>32</td>
<td>CAMHS</td>
<td>Service Change</td>
<td>Reducing the wait for on-site reviews and review of current practice to ensure priorities are met</td>
<td>Reducing the wait for on-site reviews and review of current practice to ensure priorities are met</td>
<td>312.63 312.63</td>
<td>0.00</td>
<td>n/a</td>
<td>n/a</td>
<td>None anticipated</td>
<td>None anticipated</td>
<td>None anticipated</td>
<td>No impact on quality expected or reported</td>
<td>Lisa Seaburne-May</td>
<td>Y</td>
<td></td>
<td>1st April</td>
<td>Monitor and review outcome throughout financial year</td>
<td>No; this scheme is reliant on income generation and as such closer monitoring will be required to ensure delivery in full</td>
<td></td>
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<tr>
<td>33</td>
<td>CAMHS</td>
<td>Service Change</td>
<td>Reducing the wait for on-site reviews and review of current practice to ensure priorities are met</td>
<td>Reducing the wait for on-site reviews and review of current practice to ensure priorities are met</td>
<td>281.82 281.82</td>
<td>0.00</td>
<td>n/a</td>
<td>n/a</td>
<td>None anticipated</td>
<td>None anticipated</td>
<td>None anticipated</td>
<td>No impact on quality expected or reported</td>
<td>Lisa Seaburne-May</td>
<td>Y</td>
<td></td>
<td>1st April</td>
<td>Monitor and review outcome throughout financial year</td>
<td>No; this scheme is reliant on income generation and as such closer monitoring will be required to ensure delivery in full</td>
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</tr>
<tr>
<td>No.</td>
<td>CAG</td>
<td>Category</td>
<td>Description</td>
<td>Target</td>
<td>Planned CIPs</td>
<td>Forecast Actual CIPs</td>
<td>Forecast Variance CIPs</td>
<td>ASAG Rating</td>
<td>Impact On Quality of Service Updates in Blue</td>
<td>Impact On Activity/Access Updates in Blue</td>
<td>Medical &amp; Nursing Director Opinion/Comments</td>
<td>Lead Manager</td>
<td>Public consultation completed (Y/R)?</td>
<td>Staff consultation completed (Y/R)?</td>
<td>Operational implementation starts</td>
<td>Operational implementation complete</td>
<td>Savings shown in column I confirmed as deliverable in year</td>
<td>Key Dependencies (e.g. estate solution required)</td>
<td></td>
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<td>------------------------------------------------</td>
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</tr>
<tr>
<td>74</td>
<td>CAM9-G</td>
<td>Savings generated</td>
<td>N&amp;S Outpatients CAMHS Trust savings/cost pressures</td>
<td>40.00 40.00 0.00</td>
<td>40.00 40.00 0.00</td>
<td>0.00</td>
<td>None</td>
<td>Impact on service quality</td>
<td>Impact on activity/access</td>
<td>No impact on quality expected or reported</td>
<td>No impact on Activity/Access</td>
<td>No impact on quality expected or reported</td>
<td>No impact on Activity/Access</td>
<td>30/04/14</td>
<td>Ongoing</td>
<td>X</td>
<td>Pending on 16/04/14 to consider staffing reductions (current vacant posts).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>75</td>
<td>CAM9-G</td>
<td>Incremental Service Change</td>
<td>N&amp;S Outpatients CAMHS Trust savings/cost pressures</td>
<td>345.46 345.46 0.00</td>
<td>345.46 345.46 0.00</td>
<td>0.00</td>
<td>None</td>
<td>Impact on service quality</td>
<td>Impact on activity/access</td>
<td>None</td>
<td>Impact on quality expected or reported</td>
<td>None</td>
<td>None</td>
<td>30/04/14</td>
<td>30/04/14</td>
<td>X</td>
<td>Staff management review to be carried out in 2013/14. IAPT backfill cost pressure to end 31/12/13.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>76</td>
<td>CAM9-G</td>
<td>Improved Staff consultation</td>
<td>Management CAMHS Trust savings/cost pressures</td>
<td>-0.00 -0.00 0.00</td>
<td>-0.00 -0.00 0.00</td>
<td>0.00</td>
<td>None</td>
<td>Impact on service quality</td>
<td>Impact on activity/access</td>
<td>None</td>
<td>Impact on quality expected or reported</td>
<td>None</td>
<td>None</td>
<td>30/04/14</td>
<td>Ongoing</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>77</td>
<td>CAM9-G</td>
<td>Incremental Service Change</td>
<td>Medical &amp; Nursing CAMHS Trust savings/cost pressures</td>
<td>132.57 132.57 0.00</td>
<td>132.57 132.57 0.00</td>
<td>0.00</td>
<td>None</td>
<td>Impact on service quality</td>
<td>Impact on activity/access</td>
<td>None</td>
<td>Impact on quality expected or reported</td>
<td>None</td>
<td>None</td>
<td>30/04/14</td>
<td>Ongoing</td>
<td>X</td>
<td></td>
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<tr>
<td>78</td>
<td>CAM9-G</td>
<td>Incremental Service Change</td>
<td>Medical &amp; Nursing CAMHS Trust savings/cost pressures</td>
<td>43.71 43.71 0.00</td>
<td>43.71 43.71 0.00</td>
<td>0.00</td>
<td>None</td>
<td>Impact on service quality</td>
<td>Impact on activity/access</td>
<td>None</td>
<td>Impact on quality expected or reported</td>
<td>None</td>
<td>None</td>
<td>30/04/14</td>
<td>Ongoing</td>
<td>X</td>
<td></td>
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<tr>
<td>79</td>
<td>CAM9-G</td>
<td>Improved Staff consultation</td>
<td>Replacement for vacant posts</td>
<td>132.50 132.50 0.00</td>
<td>132.50 132.50 0.00</td>
<td>0.00</td>
<td>None</td>
<td>Impact on service quality</td>
<td>Impact on activity/access</td>
<td>None</td>
<td>Impact on quality expected or reported</td>
<td>None</td>
<td>None</td>
<td>30/04/14</td>
<td>Ongoing</td>
<td>X</td>
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<tr>
<td>80</td>
<td>Mi-CA</td>
<td>Incremental Service Change</td>
<td>Lambeth Day Service Rationalisation</td>
<td>282.87</td>
<td>363.50</td>
<td>79.63</td>
<td>None</td>
<td>Impact on service quality</td>
<td>Impact on activity/access</td>
<td>None</td>
<td>Impact on quality expected or reported</td>
<td>None</td>
<td>None</td>
<td>30/04/14</td>
<td>Ongoing</td>
<td>X</td>
<td></td>
<td></td>
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<td>0.93</td>
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<td>70.31</td>
<td>69.80</td>
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<td>This will halt the programme of competence-based study days for staff in collaboration with the career break. It will also ensure that the staff are supported during the period of the career break.</td>
<td>This will halt the programme of competence-based study days for staff in collaboration with the career break.</td>
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<td>We will propose changes to the staff grading to improve the efficiency of the service.</td>
<td>We will propose changes to the staff grading to improve the efficiency of the service.</td>
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<td>The savings will be made from using 0.85WTE of physiotherapy provision.</td>
<td>The savings will be made from using 0.85WTE of physiotherapy provision.</td>
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<td>Savings will be made by reducing the available sessions for chiropody provision across the Bethlem and Maudsley sites.</td>
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<td>Reducing number of sessions will mean there will be a potential for crisis situations leading to an increase in the number of referrals to local chiropody services as demand on these services has increased.</td>
<td></td>
<td>Gabrielle Richards</td>
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<td>To conduct a review of the form and function of the Corporate OT Service.</td>
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<td>10.55</td>
<td>2.15</td>
<td>Depending on the outcome of the review:  If reduction of corporate activity for OT in CBAGs is recommended and not delivered then the impact on education and training, research and development and student placements will be reduced.  Depending on whether Trust wide OT representation is required and the number of review projects, governance, leadership and standards.  Increased expectation on OT CAGs lead to increased Trust uptake.  More operational initiatives for professional leadership, standards, competency and quality initiatives both for the profession and the Trust.  Decreased contributions to ESOS, CQUIN and CQC standards.  Reduced scope for ITT engagement in Trust wide service development and validation.</td>
<td></td>
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**TOTAL**

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12,479.05
3,355.27
Table 5

2013/14 PCT QIPP Plan - Actual Versus Target (at month 10)

1) By CAG

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<td>Reduction in beds PICU and acute beds not offset by increase in income from other CCGs. Rehab Review and Prescribing Review (all Lambeth CCG schemes) and more acute bed reductions (South CCG scheme) not delivering and impacting in second half of the year</td>
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<td></td>
<td>Granville Park still incurring estate costs while building retained plus late re-deployment of staff. Delays in the Lambeth &amp; Southwark MHOA continuing care beds scheme have impacted from Month 7, causing the adverse variance to accelerate in the 2nd half of 13/14. This slippage together with redundancy costs is likely to outweigh any savings made in 13/14</td>
</tr>
<tr>
<td>Other</td>
<td>222</td>
<td>189</td>
<td>189</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(B)</td>
</tr>
<tr>
<td>Total</td>
<td>6,382</td>
<td>4,502</td>
<td>2,072</td>
<td>2,430</td>
<td>4,017</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>risk lies with SLaM (subject to risk share agreements)</td>
</tr>
</tbody>
</table>

Note - forecast actual position includes £0.5m of agreed income from Lambeth CCG that replaces their unmet QIPP scheme to reduce acute beds.

2) By PCT

<table>
<thead>
<tr>
<th></th>
<th>Annual</th>
<th>YTD</th>
<th>YTD</th>
<th>YTD</th>
<th>Forecast</th>
<th>£000</th>
<th>£000</th>
<th>£000</th>
<th>£000</th>
<th>£000</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Target</td>
<td>Target</td>
<td>Achieved</td>
<td>Variance</td>
<td>Variance</td>
<td></td>
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</tr>
<tr>
<td>Lambeth</td>
<td>2,307</td>
<td>1,031</td>
<td>474</td>
<td>557</td>
<td>1,721</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Rehab Review, Prescribing Review and reduction in acute and continuing care beds not delivering in second half of the year (£2.1m at risk) offset by £0.5m of agreed transitional AMH funding</td>
</tr>
<tr>
<td>Southwark</td>
<td>2,260</td>
<td>1,822</td>
<td>575</td>
<td>1,246</td>
<td>1,649</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Additional acute bed reductions from October not being realised plus delay in closing continuing care beds and cost of associated redundancies</td>
</tr>
<tr>
<td>Lewisham</td>
<td>1,817</td>
<td>1,684</td>
<td>606</td>
<td>620</td>
<td>641</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Granville Park delay in re-deploying staff and estate costs still being incurred</td>
</tr>
<tr>
<td>Croydon</td>
<td>198</td>
<td>165</td>
<td>165</td>
<td>0</td>
<td>0</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>6,382</td>
<td>4,502</td>
<td>2,072</td>
<td>2,430</td>
<td>4,017</td>
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</tbody>
</table>

Note - forecast actual position includes £0.5m of agreed income from Lambeth CCG that replaces their unmet QIPP scheme to reduce acute beds.
## SLaM Proposed Disinvestment Plans At Month 10 By CAG

### Board Level Action Tracker, Lead, Key Actions, Delivery Dates and Dependencies

<table>
<thead>
<tr>
<th>Disinvestment Plan</th>
<th>CAG</th>
<th>Operational</th>
<th>Impact On Activity/Access</th>
<th>Medical/Nursing Director Opinions/Comments</th>
<th>Lead Manager</th>
<th>Public consultation required (if required)</th>
<th>Staff consultation required (if required)</th>
<th>Implementation start</th>
<th>Operational completion</th>
<th>Any further comments about delivery dates &amp; dependencies</th>
<th>Key dependencies, (e.g. estate solution required)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Psychosis</strong></td>
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<tr>
<td>Review of placement - transfer to new service provider and CCG agreed service contract</td>
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<tr>
<td>Review of placements - transfer to new service provider and CCG agreed service contract</td>
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<td></td>
</tr>
<tr>
<td><strong>Acute/forensic beds reductions</strong></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Transfer to a new service provider where a new CCG contract is confirmed</td>
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<tr>
<td>Transfer to a new service provider without an active CCG contract</td>
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</tr>
<tr>
<td><strong>Change to SWK Supported Housing / Vocational / Rehab services - PCT to tender out - means we will have to give back £1.294667m - phased later in year</strong></td>
<td></td>
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<tr>
<td>Reduction in Prescribing</td>
<td></td>
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<td></td>
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<tr>
<td>Reduction in inpatient beds (1/4 August 13)</td>
<td></td>
<td></td>
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<tr>
<td>Reduction in residential placements from 1/7/13</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Reduction of 3 acute beds from 1/10/13</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Reduction of 7 acute beds from 1/10/13</td>
<td></td>
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</tr>
</tbody>
</table>

### Notes
- Some actions may overlap, so check the purchase agreement and action plan.
- If no dates are given, there is no planned action.
- Financial impacts have not been reviewed or published to date.
- The financial impact of releasing beds should be reviewed in the coming weeks.
<table>
<thead>
<tr>
<th>COs</th>
<th>RAG Rating</th>
<th>Medical/Nursing Director Opinion/Comments</th>
<th>Lead Manager</th>
<th>Key Actions, Delivery Stages and Dependencies</th>
<th>Key dependencies, (e.g. estate solution required)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Value Realised (£000)</td>
<td>Value Possible (£000)</td>
<td>Value Unlikely (£000)</td>
<td>Impact On Service Quality</td>
</tr>
<tr>
<td>Reduction in Placements</td>
<td>Lewisham</td>
<td>200</td>
<td>167</td>
<td>27</td>
<td>120</td>
</tr>
<tr>
<td>Development of new primary care (protein is used at CMHT)</td>
<td>Lewisham</td>
<td>200</td>
<td>167</td>
<td>167</td>
<td>0</td>
</tr>
<tr>
<td>LIT Team - decommission</td>
<td>Croydon</td>
<td>168</td>
<td>165</td>
<td>165</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>6,382</td>
<td>4,502</td>
<td>2,072</td>
<td>2,430</td>
</tr>
</tbody>
</table>

### RAG Rating Board Level Action Tracker, Lead, Key Actions, Delivery Stages and Dependencies

<table>
<thead>
<tr>
<th>Key Actions, Delivery Stages and Dependencies</th>
<th>Saving shown at column H confirmed as deliverable in year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saving shown at column H confirmed as deliverable in year</td>
<td></td>
</tr>
<tr>
<td></td>
<td>52 of 106</td>
</tr>
</tbody>
</table>

### MAP

<table>
<thead>
<tr>
<th>Review of Psychological Therapies</th>
<th>Lewisham</th>
<th>200</th>
<th>167</th>
<th>167</th>
<th>0</th>
<th>Activity implemented (Yes)</th>
<th>Activity implemented (Yes)</th>
<th>No impact on quality expected or reported</th>
<th>Jo Kent</th>
<th>completed</th>
<th>completed</th>
<th>Completed</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review of HPT Management costs</td>
<td>Lewisham</td>
<td>200</td>
<td>167</td>
<td>167</td>
<td>0</td>
<td>Activity implemented (Yes)</td>
<td>Activity implemented (Yes)</td>
<td>No impact on quality expected or reported</td>
<td>Jo Kent</td>
<td>completed</td>
<td>completed</td>
<td>Completed</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### BAD

| BAD - Reduction in MSU beds (from 9/12) | Swk | 279 | 279 | 279 | 0 | Activity implemented (Yes) | Activity implemented (Yes) | No impact on quality expected or reported | Sara Anwaar | No | No | 01/08/2012 | 31/08/2012 | Yes |
|----------------------------------------|-----|-----|-----|-----|----|--------------------------|--------------------------|----------------------------------------|----------------|----------|----------|----------|-------|

### CARBS

| Centre - various strategies to be continued | Lewisham | 200 | 167 | 167 | 0 | Activity implemented (Yes) | Activity implemented (Yes) | No impact on quality expected or reported | Tracery Lewis | NA | NA | NA | NA | NA | Yes |

### MHOA

| Closing MHOA continuing beds (path from CDT) | Lewisham | 750 | 582 | 582 | 168 | Activity implemented (Yes) | Activity implemented (Yes) | No impact on quality expected or reported | David Norman | Yes | Yes | 01/10/2013 | 31/10/2013 | Yes but CCG did not engage nor they delay in CCG decision making |
|-----------------------------------------------|----------|-----|-----|-----|----|--------------------------|--------------------------|----------------------------------------|----------------|----------|----------|----------|-------|
| Reduction in acute beds | Lewisham | 200 | 167 | 167 | 0 | Activity implemented (Yes) | Activity implemented (Yes) | No impact on quality expected or reported | David Norman | NA | NA | NA | NA | NA | No |
| Reduction in beds - HCA | Swk | 150 | 167 | 167 | 0 | Activity implemented (Yes) | Activity implemented (Yes) | No impact on quality expected or reported | David Norman | Yes | Yes | 01/10/2013 | 31/10/2013 | Y |
| Closing MHOA continuing beds (path from CDT) | Swk | 480 | 350 | 350 | 130 | Activity implemented (Yes) | Activity implemented (Yes) | No impact on quality expected or reported | David Norman | NA | NA | NA | NA | NA | Yes |
| Closure of Granville domus - HCA | Lewisham | 217 | 217 | 337 | 510 | Activity implemented (Yes) | Activity implemented (Yes) | No impact on quality expected or reported | David Norman | NA | NA | Completed | 13/3/2013 | NA | No |

### Strategy & Business Development

| Mental Health Promotion | Swk | 22 | 22 | 22 | 0 | Activity implemented (Yes) | Activity implemented (Yes) | No impact on quality expected or reported | Zaf needs | NA | NA | TBC | ? | Yes |

### Corporate

<table>
<thead>
<tr>
<th>Scheme to be identified</th>
<th>Lewisham</th>
<th>200</th>
<th>167</th>
<th>167</th>
<th>0</th>
<th>Activity implemented (Yes)</th>
<th>Activity implemented (Yes)</th>
<th>No impact on quality expected or reported</th>
<th></th>
<th></th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>TOTAL</td>
<td>5,386</td>
<td>3,637</td>
<td>2,239</td>
<td>2,430</td>
<td>52 of 106</td>
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</tr>
</tbody>
</table>
### Table: Reduction in C&V Activity (target sits with PCTs)

<table>
<thead>
<tr>
<th>Area</th>
<th>Lead Authority</th>
<th>Lead Manager</th>
<th>Impact On Quality</th>
<th>Impact On Activity</th>
<th>Medical/Nursing Director</th>
<th>Opinion/Comments</th>
<th>Lead Manager</th>
<th>Public Consultation Completed</th>
<th>Staff Consultation Completed</th>
<th>Operational Implementation Starts</th>
<th>Operational Implementation Complete</th>
<th>Saving shown at column H confirmed as deliverable in year</th>
<th>Key dependencies, (e.g. estate solution required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lambeth</td>
<td>London</td>
<td>150</td>
<td>125</td>
<td>35</td>
<td>12</td>
<td>Active value / operational service</td>
<td>No impact on quality expected or reported</td>
<td>Varied</td>
<td>NA</td>
<td>NA</td>
<td>01/01/2013</td>
<td>Complete</td>
<td>Yes</td>
</tr>
<tr>
<td>Croydon</td>
<td>257</td>
<td>207</td>
<td>49</td>
<td>207</td>
<td>207</td>
<td>Active value / operational service</td>
<td>No impact on quality expected or reported</td>
<td>Varied</td>
<td>NA</td>
<td>NA</td>
<td>01/01/2013</td>
<td>Complete</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### Table: Operational Implementation

<table>
<thead>
<tr>
<th>Area</th>
<th>Lead Authority</th>
<th>Lead Manager</th>
<th>Impact On Quality</th>
<th>Impact On Activity</th>
<th>Medical/Nursing Director</th>
<th>Opinion/Comments</th>
<th>Lead Manager</th>
<th>Public Consultation Completed</th>
<th>Staff Consultation Completed</th>
<th>Operational Implementation Starts</th>
<th>Operational Implementation Complete</th>
<th>Saving shown at column H confirmed as deliverable in year</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Lambeth</td>
<td>London</td>
<td>150</td>
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<td>Active value / operational service</td>
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<td>01/01/2013</td>
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</tr>
<tr>
<td>Croydon</td>
<td>257</td>
<td>207</td>
<td>49</td>
<td>207</td>
<td>207</td>
<td>Active value / operational service</td>
<td>No impact on quality expected or reported</td>
<td>Varied</td>
<td>NA</td>
<td>NA</td>
<td>01/01/2013</td>
<td>Complete</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
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</tbody>
</table>
Date of Board meeting: 25th February 2014

Name of Report Emergency Planning & Business Continuity

Heading: - (Strategy, Quality, Performance & Activity, Governance, Information) Performance & Activity

Author: Patrick Halloran

Approved by: Gus Heafield

Presented by: Gus Heafield

Purpose of the report:
To ensure the Board is aware of the approach taken and proposed by the Trust with regard to both planning for and managing effective responses to Emergencies, Major Incidents and whatever significant service disruptions it might be presented with.

Action required:
To consider and ratify the four documents – The pack circulated to the Board contains all papers bar the latest Emergency and Major Incident Plan – a hard copy of this can be requested via either Scott Yeomanson, or Paul Mitchell, for collection at the Board meeting. Alternatively a copy can be forwarded in a .pdf format if requested.

Recommendations to the Board:
To note various points raised with regard to the Trust's updated versions of its Emergency and Major Incident Plan, its Business Continuity Policy, Business Continuity Plan and Business Continuity Programme, and to ratify all four documents, thus confirming that the Board considers them to, each and jointly, represent an appropriate approach to the management of these matters.

Relationship with the Assurance Framework (Risks, Controls and Assurance):
Emergency Preparedness and Business Continuity are both key elements of the Trust’s overall governance arrangements, and will enable the organisation to respond effectively to a wide range of potential risks and business interruptions, in the manner required by law, as expected and required by the DH and various other external bodies, and also as appropriate to a responsible public sector healthcare service provider. Many of these risks are specifically included in the Trust’s risk registers and Assurance Framework.

Summary of Financial and Legal Implications:
Emergency planning and all aspects of Business Continuity management are both statutory requirements and the legal, reputational, service and financial consequences of failing in these areas could be extremely damaging to the Trust.

Equality and Diversity and Public & Patient Involvement Implications
Effective planning in these areas will ensure the Trust is better able to manage its response to major incidents and other business interruptions in line with its objectives relating to Equality and Diversity.
Date of Board meeting: 25th February 2014

Name of Report: Chief Executive’s report

Heading: - (Strategy, Quality, Performance & Activity, Governance, Information) Governance

Author(s): Paul Mitchell, Trust Board Secretary

Approved by (name of Executive member): Dr Matthew Patrick, Chief Executive

Presented by: Dr Matthew Patrick, Chief Executive

Purpose of the report:
To inform the Board of significant issues arising from the local health economy and nationally in the NHS and Social Care plus an update on information governance issues.

Action required:
To discuss items of concern and where necessary initiate additional assurance action.

Recommendations to the Board:
To note the report.

Relationship with the Assurance Framework (Risks, Controls, and Assurance):
The report highlights issues relating to the Assurance Framework arising from the local health economy and nationally in the NHS and Social Care.

Summary of Financial and Legal Implications:
The report highlights any financial and legal Implications arising from the local health economy and nationally in the NHS and Social Care.

Equality & Diversity and Public & Patient Involvement Implications:
The report highlights equality & diversity issues arising from the local health economy and nationally in the NHS and Social Care.

Service Quality Implications:
Chief Executive’s Report

January 2014

1. National issues

Mental health issues ‘cost UK £70bn a year’
The Organisation for Economic Co-operation and Development has claimed that mental health issues are costing Britain £70bn a year. It called on the Government to help those with depression, anxiety and stress into work. The OECD said mental health was the cause of 40% of the 370,000 new claims for disability benefit every year. The bill to the UK from failure to deal adequately with mental health issues was 4.5% of GDP each year due to productivity losses, higher benefit payments and the increased cost to the NHS.

Differential tariff
Since the announcement of the National Tariff settlement the Mental Health Network, NHS Confederation and Foundation Trust Network have continued to lobby hard to highlight that this funding settlement is not evidence-based; disadvantages ambulance, community and mental health providers; contradicts any parity of esteem; and underestimates the efforts of acute providers in meeting the additional requirements that are placed on them year on year. Norman Lamb, Minister for Care and Support Services, has since described the differential tariff as a flawed and unacceptable decision.

Talks between NHS bodies begin on the long term vision for providers
Senior figures from Monitor, NHS England, the Department of Health and the NHS Trust Development Authority are discussing a major engagement programme to seek a longer term vision for the providers sector, which could include providers forming national chains of hospitals and services. The work will consider how providers in the NHS secondary and specialist care sector should be reshaped to best meet requirements for increasing quality and demand, with limited funding growth.

Former M&S chief to advise on turning around failing hospitals
The former Marks & Spencer chief executive and current Ocado chairman Sir Stuart Rose is to advise the Government on how it can attract leaders capable of transforming underperforming hospitals. Rose has been drafted in by health secretary Jeremy Hunt to help change the culture of poorly performing hospitals. He will also advise on ways for the NHS to recruit better talent from within and outside the organisation. Rose’s work will focus on the 14 NHS trusts put into special measures over their high mortality rates. Sir Stuart has been asked to produce a report at the end of the year on his findings.

2. Trust issues

Adult Mental Health services
The staff consultation on changes to adult mental health services was launched in Lambeth and Lewisham on Tuesday 4 February. The consultation papers, supporting documents and job descriptions are all available to view on the SLaM intranet. Any comments are due back by 5 March 2014. It is then planned to feedback to staff within 2 weeks and then move to the implementation phase of the programme. Staff will be moving into new teams during April and the new teams will be in place by May. A number of events and workshops for staff particularly around the interfaces, leadership training and how to lead a competency conversation are being put in place over March and April.
Policies
The following policies have been ratified by the Trust Executive:

- Internet
- Freedom of Information
- Safeguarding Adults

3. Information Governance

The Information Governance Team completed the annual health records audit in January. The key objective of this audit is to review health records on ePJS against the record keeping and management standards in the Trust Clinical Records Policy. The key finding of the audit is that the functions and the structure of records on ePJS support compliance with NHSLA health records standards.

The Trust Information Asset Register, which is a central inventory of key information systems (e.g. ePJS, Datix, ESR, eFinancials, etc.) and local information sources (e.g. audit databases, local service registers etc.) was reviewed to provide assurance that the register is fit for purpose and the registration process provides adequate assessment of risks and controls associated with each asset to maintain security of information held on these information sources. The process will be further streamlined based on the findings of this review to ensure effective identification and maintenance of local information sources with adequate security controls.

A serious confidentiality incident was reported in January. A sealed envelope containing a bundle of Lewisham and Guy’s Mental Health Trust documents with personal confidential data dating back to 1996-97 was posted through the letter box of an unintended recipient. Immediate actions were taken to ensure that the documents were fully recovered and no confidential information was still at large. The contents were assessed as soon as they were secured. The incident was escalated internally to the Trust Caldicott Guardian and relevant service directors. It was reported externally to the Information Commissioner’s Office in line with national incident reporting requirements. Following a fact finder exercise, an internal investigation was commissioned. The investigation is currently underway.

Dr Matthew Patrick
Chief Executive
February 2014
TRUST BOARD OF DIRECTORS – SUMMARY REPORT

Date of Board meeting: 25th February 2014

Name of Report: Report from the Council of Governors

Heading: - (Strategy, Quality, Performance & Activity, Governance, Information)

Author: Paul Mitchell, Trust Secretary

Approved by: Dr Matthew Patrick, Chief Executive

(name of Exec Member)

Presented by: Noel Urwin, Vice Chair, Council of Governors

Purpose of the report:
To update the Board on the current areas of Council of Governors’ activity.

Action required:
To note.

Recommendations to the Board:
To note.

Relationship with the Assurance Framework (Risks, Controls and Assurance):
The Council of Governors is an integral component of the Trust’s Constitution as a Foundation Trust.

Summary of Financial and Legal Implications:
Budgetary provision has been made to support the activities of the Council of Governors.

Equality & Diversity and Public & Patient Involvement Implications:
The Council of Governors has a responsibility to ensure that the Trust’s membership is representative of the local populations in terms of diversity and that all members, including those from the patient & public constituencies, are fully involved.

Service Quality Implications:
The Council of Governors’ bids programme specifically welcomes bids which “improve the patient experience”.

1. Membership and communications group

The Data Protection mailing is underway. This ensures that all members have an opportunity to view and if necessary correct the information held on the membership database. This also means that up to date information is available when elections to the Council of Governors are called.

Discussion took place on the Trust’s membership targets for 2014-15. The current total is just under 12,500. It was agreed that the target for next year should be 13,000. Membership information from the other London mental health Trusts is being sought.

A project has been initiated to refresh the membership branding. This will ensure there is a consistent message displayed in membership literature and memorabilia.

A major event is being planned to take place on Saturday, 17th May 2014 in the Maudsley Learning Centre. This will be geared toward young people and all the rooms will display a theme linked to five ways to wellbeing. It will be called the “Happy Heads Festival”. More information will be circulated and updates made via the regular report to the Board.

2. Annual Plan development group

The Council of Governors Forward Plan and Strategy Group met on 5th February and agreed that going forward meetings would be formally minuted, Angela Flood was agreed as Chair and Terms of Reference would be drafted for consideration at the next meeting. The group heard a presentation from Zoe Reed and Kay Harwood on developing the forward plan 2014-19. This included information on the new Monitor reporting requirements for submission of a two year Operating Plan on 4th April and a five year Strategic Plan on the 30th June and the key elements they would be looking for in the strategic plan given the affordability challenge to the NHS. The presentation then covered a summary on SLaM’s developing forward plan, what had been prioritised as the four Council of Governors borough events, what had been heard from other groups and what the future might look like.

The group discussed and highlighted a number of issues for consideration around service provision for both inpatients and those being cared for in the community; the importance, and difficulty, of determining what demand will look like in five years time and the opportunity for health economists to undertake work in this area, and that the shared aspirations of prevention, shared decision making and moving people, where appropriate, back to primary care presented an chance to align Trust and Commissioner strategies for the benefit of service users.

3. Quality group

Tom Werner was elected as the new chair of the Quality Group.
The Quality Group discussed the choice of a local indicator for audit for the 2013/14 Quality Accounts.

They then discussed the selection of Quality Priority indicators for 2014/2015. 11 indicators had been shortlisted from the consultation meeting on 7th February and Customer Care was suggested as a further indicator. Nine indicators would be selected by the end of the week.

Paul Winter attended the meeting to talk about Patient Led Assessment of Care Environments (PLACE). The 2014 assessment visits are just starting and the role governors in this process will need to be clarified.

4. Council of governors bids scheme

Roger Oliver has taken over from Noel Urwin as chair of the group which oversees the Council of Governors bids programme.

Paul Mitchell
Trust Secretary
February 2014
TRUST BOARD OF DIRECTORS – SUMMARY REPORT

Date of Board meeting: 25th February 2014

Name of Report: KHP Board Verbal Update

Heading: - (Strategy, Quality, Performance & Activity, Governance, Information)

Author: (name of Exec Member)

Approved by: (name of Exec Member)

Presented by: Professor Sir Robert Lechler

Purpose of the report:
To inform the Board of Directors on the progress made on the development of SLaM/IoP Mental Health Clinical Academic Groups and the wider developments across King’s Health Partners

Action required:
The Board of Directors is asked to approve the verbal report.

Recommendations to the Board:
The verbal report is for information.

Relationship with the Assurance Framework (Risks, Controls and Assurance):
One of the purposes of the King’s Health Partners Executive is to ensure that the impact of the development of King’s Health Partners is positive with regard to each constituent organisation’s risks and controls

Summary of Financial and Legal Implications:
The current report does not contain any legal implications. As the work develops, any significant legal or financial implications will be brought to the Board of Directors for consideration. There are resource requirements to ensure that the Trust contributes to delivery within the King’s Health Partners Strategic Framework 2010-2014

Equality & Diversity and Public & Patient Involvement Implications:
A key purpose of King’s Health Partners is to improve the health and wellbeing of local people. In developing their strategies, the CAGs are specifically required to state how they will address the health inequalities reflected in the “heat map”. This of necessity requires that service users and their carers are actively involved in their own care and the developments within services. It also requires that no service user receives less favourable services or outcomes as a result of their ethnicity, gender, disability, sexuality, faith or age.

Service Quality Implications:
A key driver of the AHSC is the improvement of the quality of the services offered to local people and beyond. This has recently been tested via the accreditation process. Of specific importance to mental health is the closer integration and parity with physical health care.
TRUST BOARD OF DIRECTORS – SUMMARY REPORT

Date of Board meeting: 25th February 2014

Name of Report: Board committees review

Heading: - (Strategy, Quality, Performance & Activity, Governance, Information) Governance

Author: Paul Mitchell, Trust Board Secretary

Approved by: Dr Matthew Patrick, Chief Executive

(name of Exec Member)

Presented by: Paul Mitchell, Trust Board Secretary

Purpose of the report:

To consider the review of the Board committees.

Action required:

To discuss the paper and consider the recommendations.

Recommendations to the Board:

As listed in the paper.

Relationship with the Assurance Framework (Risks, Controls and Assurance):

The proposals will ensure that there will be one forum for considering the major risks facing the organisation.

Summary of Financial and Legal Implications:

The proposals are in line with legal requirements and good practice guidance.

Equality & Diversity and Public & Patient Involvement Implications:

Elected and nominated governors will be invited to observe committee meetings of the Board.

Service Quality Implications:

The strengthening of the Board’s Quality Committee will ensure additional focus on service quality issues.
BOARD COMMITTEES

Introduction

The Board of the South London and Maudsley NHS Foundation Trust has the following committees reporting:

1. Statutory
   - Audit
   - Remuneration

2. Assurance/governance
   - Service Quality Improvement
   - Complaints Monitoring
   - Serious and Untoward Incidents
   - Mental Health Act
   - Activity and Finance

3. Strategy
   - Estates Strategy Steering Group (ESSG)
     (now Chair’s Trust Site Strategy Working Group)
   - Information Strategy Steering Group (ISSG)
   - Research and Development
   - Workforce Development

4. Charitable Funds (Maudsley charity)

Whilst regular reviews have been made of the committee structure the last formal review considered by the Board was made in 2008. The Board agreed in July that another formal review would now be appropriate.

The key drivers now are to introduce a leaner structure which will improve focus on key strategic issues whilst improving personal accountability for delivery. There are also key domains of activity that should be mirrored in the Board’s committee structure – quality, audit, remuneration, finance and investment.

Critique of current arrangements

1. Statutory committees

   The Audit and Remuneration committees are working effectively and do not require any significant changes.

2. Quality

   Changes at Board level offer an opportunity to review the leadership in this crucial area. The Trust is currently recruiting for two additional Non Executive Directors, one of whom will have specific expertise in this area. A new NED would be the appropriate person to chair the committee, with the Director of Nursing as the Executive lead.
Clinical representation at the meeting should be strengthened. The Service Quality Improvement Committee should include CAG representation and particularly attendance by Clinical Directors.

The committee structure beneath SQIC is cumbersome and increases the risk that service quality issues are not addressed with sufficient focus and speed. This requires urgent review.

The Mental Health Act, Serious Incident Monitoring and Complaints Monitoring committees currently report directly to the Board of Directors. A quality focussed committee would be strengthened by these committees reporting to it.

Trust policies have in the past been agreed by the Trust Executive and then reported to the Board. SQIC should take on the responsibility for the agreement of Trust policies so as to ensure NED involvement in the process.

3. Activity and Finance committee

This meets infrequently but has an important role, particularly in the relationship with Monitor. A decision needs to be made as to whether to continue with this committee or close it down. If it is to continue, regular meetings need to be scheduled and its role could be expanded to cover the consideration of major investments and commercial development issues (see 5 below).

4. Strategy committees

All four strategy committees have met infrequently over the past two years.

For estates the Chair’s Trust Site Strategy Working Group is leading on the development of the estates strategy supported by a NED lead and the interim COO. These new arrangements are working well and so should continue and a decision taken to close down the ESSG.

The ISSG has not met for over a year. It has been chaired by the Chief Executive with a Non Executive Director invited to attend. This is an area of work that could be taken forward by a new Chief Information Officer.

The Workforce Development committee meets on an ad hoc basis and lacks Executive Director membership. This could be taken forward by the Director of Human Resources.

The Research and Development committee is currently dormant. In future it would make sense to link the committee closer to KHP processes. This should be taken forward by the Trust’s Director of R&D.

5. Commercial development

One of the major strategic priorities for the Trust is the development of a commercial strategy for the organisation. The Trust is currently recruiting for two additional Non Executive Directors, one of whom will have specific expertise in this area. This could be an area that would warrant additional Board input and a new NED would be the appropriate person to chair the committee.

Likewise the Board should have an opportunity within the committee structure for discussion on potential major investments.
These could be covered by a new committee (such as a Business Development and Investment Committee) or by an enhanced Activity and Finance committee.

6. Charitable funds

The arrangements regarding the charitable funds (Maudsley charity) will be subject to a separate review led by the interim Chief Executive, once appointed. This will be determined by the outcome of the DH consultation on the future of NHS charities.

7. Governor involvement/observers

At the recent joint meeting between the Board of Directors and Council of Governors it was suggested that in order to reflect the enhanced role of Governors and to facilitate closer working, NEDs should attend Council of Governor working groups with observer status and likewise Governors should observe Board committees.

8. CAG structures

Each of the CAGs has developed their own committee structure to support their governance arrangements. There needs to be a clear line of sight from the Board to the operational services and vice versa. The Board will need to define clear standards for delivery.

Recommendations

1. Service Quality – Rename the SQIC as the Quality Committee and make it the focal point for all service governance issues, with a new NED Chair, Executive Director lead and increased senior clinical input. The committee will meet monthly and minutes of the meeting will be on the Board agenda.

   The Mental Health Act, Serious Incident committee and Complaints Monitoring committees should report to the Quality Committee.

   The committee structure reporting to the Quality Committee should be reviewed with terms of reference of new arrangements being brought back to the next meeting.

   The Quality Committee should take on responsibility for agreement of Trust wide policies.

2. Activity and finance – reconstitute to meet quarterly with a wider remit covering major investment issues and commercial development.

3. ESSG – confirm current arrangements for leadership in the development of the estates strategy taking place via the Chair’s Trust Site Strategy Working Group supported by an identified NED lead and COO.

4. ISSG – CIO to lead on developing a Board strategy within an agreed timescale.

5. R&D – R&D Director to take forward discussions via KHP to ensure closer integration with the tripartite mission.
6. Workforce development – Director of Human Resources to take forward and report to Board within agreed timescales.

7. The Board will still have the authority to establish time limited committees to take forward specific projects or areas of work.

8. Charitable funds - to note that any changes will be made through a separate review.

9. Nominated Governors will be welcome to observe sub committees of the Board.

External sign off

Following the stage 2 review conducted by KPMG, Monitor has requested that the committee review is signed off by an independent organisation. The Trust has commissioned Dr Jay Bevington, from Deloittes, to provide the necessary assurance. This report will be shared with him for his input.

Follow through

Provided the recommendations are agreed, the proposed structure will be incorporated into the Trust’s Risk Management and Assurance Strategy and detailed terms of reference for the revised committees will be brought to the next meeting.

An internal audit report has been commissioned to assess the use of Information to support decision making around patient care and the recommendations will be considered to make sure they are aligned with changes to the Board committee structure, with particular reference to the workings of the Service Quality Improvement Committee.

Paul Mitchell
Trust Board Secretary
February 2014
Version control

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<thead>
<tr>
<th>Version</th>
<th>Notes</th>
<th>Date</th>
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<tr>
<td>1</td>
<td>PM draft</td>
<td>10/2/14</td>
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<tr>
<td>2</td>
<td>JG text</td>
<td>11/2/14</td>
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<td>3</td>
<td>JG additional text</td>
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<td>4</td>
<td>PM redraft with some JG text</td>
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<td>5</td>
<td>PM redraft comments from MP</td>
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<td>6</td>
<td>PM redraft comments from ML/MP</td>
<td>17/2/14</td>
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</table>
Date of Board meeting: 25 February 2014

Name of Report: Assurance Framework Report

Heading: Governance

Author: Jenny Goody, Governance Manager

Approved by: Gus Heafield

Presented by: Gus Heafield

Purpose of the report:
To present the principal risks that have been identified by the Trust’s operational management that are thought to most threaten the achievement of the Trust’s objectives in 2013/14. To understand the actions and progress with the actions designed to mitigate and control these principal risks.

Action required:
The Board of Directors is asked to review the attached report to ensure that all principal risks are identified, to confirm that actions to mitigate these risks are comprehensive and appropriate and that acceptable progress is being made towards completing these actions.

Recommendations to the Board:
Accept the attached Assurance Framework Report, subject to any changes agreed by the Board of Directors.

Relationship with the Assurance Framework (Risks, Controls and Assurance):
This paper forms the basis of the on-going process that ensures risk identification; mitigation and management comply with the requirements of the Assurance Framework.

Service Quality Implications:
The first two sections of the Assurance Framework deal specifically with service quality risks.

Summary of Financial and Legal Implications:
The Assurance Framework underpins the statutory requirement to produce an Annual Governance Statement, which confirms that the Trust is appropriately and effectively governed and managed.

Equality & Diversity and Public & Patient Involvement Implications:
The Assurance Framework enables the Board to assess and manage the organisation’s principal risks and ensure that the Trust’s strategic aims are achieved.
Board Assurance Framework 2013/14

Introduction

The identification and management of risk forms a key part of the governance of the Trust. By the very nature of the services that the Trust provides and the reputation, scale and complexity of the Trust, the number of risks facing the Trust is large, with several of the risks being significant. It is not only important that the Trust identifies these significant risks, it is critical that the Trust has a realistic risk appetite that supports innovation, change and the capacity and capability to manage and mitigate risks.

Executive Summary

The Board’s Sub Committees have adopted a new approach to gaining assurance that the Trust’s principal strategic risks are being managed effectively: Trust leads are now invited to attend meetings of the Service Quality Improvement Committee or Audit Committee to present the actions underway to mitigate the risk, progress to date and any issues identified.

The Service Quality Improvement Sub Committee received updates relating to Violence & Aggression (AF2) and AMH Transformation (AF6) at their December meeting, where comprehensive assurances were gained that these principal risks are being managed appropriately.

The Audit Committee received an update relating to Estates Responsiveness (AF9) at their December meeting and also gained assurance that this principal risk is being managed appropriately.

All CAGs and Directorates have been asked to submit detailed progress updates on the risks applicable to them, citing local sources of assurance where appropriate. Responses have been received from all CAGs and the Estates & Facilities, Human Resources and Nursing Directorates.

These responses have been aggregated into the summary report at Attachment 1, with key highlights described below.

Key issues:

AF5 (Activity and capacity): Over performance in bed days is 27% overall for the four boroughs, with significantly higher overperformance in Croydon, resulting in at one stage up to 100 extra beds being provided above plan, of which a peak of nearly fifty were being provided by private sector overspill. The Trust has been very actively working to mitigate the quality and financial implications of the overperformance and current private sector bed usage (February 2014) is at approx 15 beds and is on trajectory to be reduced to zero by April 2014. The gross cost of this activity pressure is approximately £13m of which the Trust has cover for only £3m. Negotiations have been taking place with the four CCGs about the issue and agreements reached in 3 of the 4 Boroughs. This risk is very significant and will have to be appropriately covered by our contracts, by our systems in place to produce accurate and timely information and to manage the system in order to manage within commissioned capacity. Until these are satisfactorily resolved an initial view of its score is 5 (consequence) by 5 (likelihood), giving a total rating of 25. Detailed actions are in train to mitigate the issue through the opening of additional capacity and the securing of some supplementary funding; Monitor is aware of the scale and nature of the risk.

AF2 (Violence & Aggression): All CAGs have been asked to ensure that they either have a Violence Reduction Working Group or that Violence & Aggression is a standing agenda item on their key governance committee.
Implementation of the Care Delivery System (CDS) is key to reducing violence & aggression; the programme is on track but inadequately resourced; a new bid will be submitted to the Maudsley Charity to support the CDS programme.

**Key changes:** AF1 (Quality issues): Progress status has changed from Green to Amber (Slight delay in progress; uncertainty that identified benefits will be realized), reflecting the development of Quality Priorities for 2014-15, which will be agreed by the end of March 2014. Quality impact assessments are not applied consistently and a new action has been identified to ensure that all CIP/QIPP schemes over £0.5m have accompanying quality impact assessments and a set of early warning indicators.

**Key successes:** AF3 (Safety): The Quality Effectiveness Safety Trigger Tool (QuESTTT), which monitors key indicators that may impact on quality, has been tested on all wards within the Psychosis CAG and clear escalation procedures from ward to board have been developed. The escalation procedures will be tested on a number of other inpatient wards over the next 3 months before use of the tool will be rolled out across the Trust. QuESTTT is also being adapted to be used in Community services, which will be tested in a number of Psychosis CMHTs over the next 3 months.

AF8 (Organisational and Operational Position): The Trust’s new CEO has been in post since mid-October and the new Director of Nursing since mid-December. Some other posts are being held to enable redeployment from areas where services have closed and vacancies remain unfilled to permit flexibility through the use of temporary staffing to support changes in demand. A draft Organisational Development Strategy has been presented to the Board with further refinements.

AF9 (Estates responsiveness): Projects are in place to identify a stock of parts to ensure continuity of service, which is scheduled for completion by March 2015. The second stage review of management and staffing arrangements is scheduled for completion by March 2014. A detailed delivery programme of key statutory and compliance issues is scheduled for completion by March 2015. All actions are rated as Green (progressing to plan; delivering to expectations).

CAGs have provided comprehensive updates on the actions applicable to them, which all show a slight improvement. The Addictions and CAMHS CAGs have reported that progress against all actions applicable to them is rated BLUE (completed & working, with identified benefits realised) or GREEN (progressing to plan and delivering to expectations). The other CAGs have reported that progress against all actions applicable to them is rated AMBER (slight delay in progress) or GREEN.
## Board Assurance Framework 2013/14

**Objective:** The service user is the centre of all we do

<table>
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<tr>
<th>Ref.</th>
<th>Risk Area</th>
<th>Risk Description</th>
<th>Consequences (Reason for Inclusion)</th>
<th>Risk Rating</th>
<th>Trust Lead(s)</th>
<th>Key Actions</th>
<th>Progress</th>
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</table>
| 1.   | Offer people the quality of service they require / deserve | Insufficient attention is given to quality issues in strategic and operational decision making and practice.  

*Source of Assurance:*
- Patient survey
- Staff surveys
- Supervision audits
- Negligence complaints and claims
- CQC and other regulatory actions outstanding | Service Users: Service users fail to thrive and improve; failure to embed a caring and compassionate culture.  
**Service:** Service users choose to go elsewhere.  
**Business:** Failure to comply with regulatory requirements and/or evidence Monitor's Compliance Framework. | 5 4 20 | Trust Board and Executive collectively, co-ordinated by Medical and Nursing Directors | Ensure the Trust's Quality Plan for 2013/14 contains specific quality targets and baselines.  
Disseminate the Quality Strategy throughout the Trust.  
Ensure mechanisms for patient, carer and staff satisfaction are regular and robust and respond appropriately.  
Ensure that quality implication statements appear on all decision papers at CAG, Executive and Board level.  
Ensure that all CIP/QIPP schemes over £0.5m in value have accompanying quality impact assessments and a set of early warning indicators. To be discussed at the Forward Planning Delivery Group. |
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<tbody>
<tr>
<td>2.</td>
<td>Safety of patients, staff and public</td>
<td>Heightened levels of violent and aggressive behaviour.</td>
<td><strong>Service Users:</strong> Injury; unsatisfactory in-patient experience.  <strong>Service:</strong> Injury to staff; poor staff morale; sickness absence.  <strong>Business:</strong> Backfill costs; damage to Trust property and premises; litigation.</td>
<td>4 4 16</td>
<td>CAG Service Directors, co-ordinated by Medical and Nursing Directors</td>
<td>Implement Violence Reduction Strategy throughout the Trust.  Develop Care Delivery System as a clinical toolkit to reduce violence.  Address the problem of an aging/less fit workforce and their capability to use and train in PSTS techniques.  Implement improved alarm system.</td>
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<tr>
<td>3.</td>
<td>Safety of patients, staff and public</td>
<td>Unexpectedly high levels of Serious Incidents and Complaints.</td>
<td><strong>Service Users:</strong> High level of patient mortality.  <strong>Service:</strong> Lack of awareness of key performance indicators and inability to respond appropriately.  <strong>Business:</strong> Litigation.</td>
<td>4 3 12</td>
<td>CAG Service Directors, co-ordinated by Medical and Nursing Directors</td>
<td>Develop agreed benchmarks and a mechanism to raise awareness, identify issues and respond appropriately.</td>
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</table>
Objective: Provide effective and efficient services that meet the needs of our service users

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<th>Progress</th>
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<tbody>
<tr>
<td>4.</td>
<td>Forward Plan</td>
<td>Failure to deliver the Forward Plan (CIPs and QIPPs).</td>
<td>Service: Inability to deliver the service that is fit for purpose.</td>
<td>4</td>
<td>Executive and CAG Service Directors</td>
<td>Improve ‘SMART’ monitoring of CIP and QIPP delivery. Manage performance of CIP and QIPP delivery, holding managers to account at Board meetings.</td>
<td>Yellow</td>
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<td></td>
<td></td>
<td><strong>Source of Assurance:</strong></td>
<td><strong>Business:</strong> The Trust is not operationally viable.</td>
<td>3</td>
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<td></td>
<td></td>
<td>• Board Report on Finance</td>
<td>Service Users: Non responsive or inappropriate care; unacceptably long waiting lists; patient safety compromised (community and in-patient).</td>
<td>12</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td><strong>Source of Assurance:</strong></td>
<td><strong>Service:</strong> Unacceptably high bed occupancy and community caseloads.</td>
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<td></td>
<td></td>
<td>• Board Report on Contracting</td>
<td><strong>Business:</strong> Cost of overspill (patients going to private sector).</td>
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<td>5.</td>
<td>Activity</td>
<td>Demand for services exceeds capacity and contracted levels.</td>
<td>Service Users: Non responsive or inappropriate care; unacceptably long waiting lists; patient safety compromised (community and in-patient).</td>
<td>5</td>
<td>CAG Service Directors</td>
<td>Improve capacity and demand forecasting. Key metrics: Waiting lists Emergency beds commissioned Establish bed management office and monitor performance. Agree how best to use £3m demand contingency monies set aside for additional capacity and/or placements.</td>
<td>Red</td>
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<td></td>
<td></td>
<td><strong>Source of Assurance:</strong></td>
<td><strong>Service:</strong> Unacceptably high bed occupancy and community caseloads.</td>
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<tr>
<td></td>
<td></td>
<td>• Board Report on Contracting</td>
<td><strong>Business:</strong> Cost of overspill (patients going to private sector).</td>
<td>25</td>
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<tr>
<td>6.</td>
<td>AMH transformation</td>
<td>Insufficient capacity &amp; capability to deliver the AMH transformation programme (due to its scale and experimental nature).</td>
<td>Service Users: Don’t receive a modern and applicable service. Service: Loss of market share, through commissioners or service users choosing to go elsewhere. Business: Unaffordable business model that does not meet demand; failure to comply with regulatory requirements.</td>
<td>4 3 12</td>
<td>AMH CAG Service Directors</td>
<td>Produce SMART Business Case. Key metric: Business Case approved by Board. Identify and train implementation project team. Monitor progress against plan and report to Board.</td>
<td>HR - G</td>
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<td>7.</td>
<td>Forensics transformation</td>
<td>Insufficient capacity &amp; capability to deliver the Forensics transformation programme (due to its scale and experimental nature).</td>
<td>Service Users: Don’t receive a modern and applicable service. Service: Loss of market share; through commissioners choosing to go elsewhere. Business: Unaffordable business model that does not meet demand; failure to comply with regulatory requirements.</td>
<td>4 3 12</td>
<td>B&amp;DP CAG Service Directors</td>
<td>Produce SMART Business Case. Key metric: Business Case approved by Board. Identify and train implementation project team. Monitor progress against plan and report to Board.</td>
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## Objective: Retain the position of a leading MH Trust, with proven clinical and business success

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<tr>
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<tr>
<td>8</td>
<td>Organisational and Operational Position</td>
<td>High levels of vacant, acting and interim posts, coupled with high levels of organisational change, including the advent of the Kings Health Partnership. Source of Assurance: • Board report on HR issues (part of balanced scorecard)</td>
<td><strong>Service:</strong> Insufficient management capacity / capability to deliver or support the delivery of clinical services; prolonged uncertainty and inability to act. <strong>Business:</strong> Failure to comply with regulatory requirements and/or evidence Monitor’s Compliance Framework.</td>
<td>3 4 12</td>
<td>Chief Executive</td>
<td>Identify and manage gaps proactively. Identify and develop leadership skills. Recruit to key Director and other senior posts.</td>
<td>HR - G</td>
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<tr>
<td>9</td>
<td>Estates responsive and proactive service</td>
<td>The estate is not functionally suitable for key services. (Condition of premises stock and backlog maintenance need) Source of Assurance: • Capital Report to Board • Programme Reports • Statutory compliance</td>
<td><strong>Business:</strong> Rapid repairs; inability to deliver approved projects; failure to comply with regulatory requirements.</td>
<td>4 3 12</td>
<td>Chief Operating Officer</td>
<td>Initiate rapid response arrangement and create buffer stock of key estate components and decant facilities. Improve operational, programme and project management arrangements. Ensure proactive approach to statutory testing and remedial works programme. <em>Key metric: Delivery of procurement process and % completion of works programme.</em></td>
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<tr>
<td>Ref.</td>
<td>Risk Area</td>
<td>Risk Description</td>
<td>Consequences (Reason for Inclusion)</td>
<td>Risk Rating</td>
<td>Risk Lead(s)</td>
<td>Key Actions</td>
<td>Progress</td>
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<td>10.</td>
<td>Decision support</td>
<td>Lack of timely and accurate performance information (clinical, contractual, bed, etc.).</td>
<td><strong>Service:</strong> Inability to make correct operational and strategic decisions. <strong>Business:</strong> Under recovery of income (including PbR), fines, contract sanctions and inability to implement zero based budgeting.</td>
<td>4 3 12</td>
<td>Medical Director, Chief Operating Officer and Chief Financial Officer, supported by Director of ICT Strategy</td>
<td>Identify information requirements, establish data supply (source and timetable) and monitor performance.</td>
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<td></td>
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<td>Source of Assurance: <strong>Balanced scorecard reported to Board</strong></td>
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<td>11.</td>
<td>Business Retention</td>
<td>Failure to retain and develop our business (retain/expand market share, expand into new markets and respond to commissioner needs, policy and intentions).</td>
<td><strong>Service:</strong> The need for further efficiencies that are increasingly difficult to achieve. <strong>Business:</strong> Loss of market position/influence, loss of income of brand equity.</td>
<td>3 4 12</td>
<td>Medical Director, Chief Operating Officer and Chief Financial Officer</td>
<td>Ensure that SLaM’s models of care are seen to be innovative and credible. Identify prospective customers, review their requirements and provide appropriate response.</td>
<td></td>
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<tr>
<td>Ref.</td>
<td>Risk Area</td>
<td>Risk Description</td>
<td>Consequences (Reason for Inclusion)</td>
<td>Risk Rating</td>
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| 12.  | New NHS   | Failure to develop robust relationships with CCGs, SCGs and Local Authorities, in light of commissioning changes and the introduction of Payment by Results. | **Service Users:** New commissioning plans may not be perceived as patient focussed.  
**Service:** Service users choose to go elsewhere.  
**Business:** Delays / changes in commissioning intent; reduced income. | 4 3 12 | Chief Operating Officer and CAG Service Directors | Refresh marketing strategy and commit to a market share defence / expansion plan.  
Improve relationships with key GPs, commissioners and boroughs through targeted contact, information provision and support.  
Review 4Ps (product, placement, price and promotion) approach to service offering to community, GPs and commissioners. | GREEN |

**Progress Key:**

**BLUE:** Completed & working; identified benefits realised;  
**GREEN:** Progressing to plan; delivering to expectations;  
**AMBER:** Slight delay in progress; uncertainty that identified benefits will be realised;  
**RED:** Amber status for more than one reporting period, i.e. late and not delivering as expected;  
**PURPLE:** Failure in timing and/or results; reconsider if this action is appropriate.

Where progress ratings are Blue, Green or Amber, the predominant rating is reported. If any Action is reported as being Red or Purple for any CAG or Directorate, this is the rating reported to the Board, with full supporting details.
Responding to the Francis Report

Date of Board meeting: 25th February 2014

Name of Report: Responding to the Francis Report

Heading: - (Strategy, Quality, Performance & Activity, Governance, Information)

Quality, Governance

Author: Cliff Bean

Presented by: Neil Brimblecombe

Purpose of the report:

This report presents a summary of how the Trust is responding to the Francis report into care failure at Mid Staffs Hospital. It describes the approach taken and work done with senior managers, staff and other stakeholders to understand the implications of Francis on the Trust, and the quality of care delivered by our services. It describes a model which is designed to address the issues of culture which were highlighted by Francis. This report also summarises actions agreed by our Clinical Academic Groups, actions which are designed to mitigate against the possibility of serious failures of care and compassion happening in our services.

Action required:

The Board are asked to receive and endorse the report, and agree the recommendations below.

Recommendations to the Board:

The Board are asked to endorse the action plan and implement those actions which are specifically targeted at the Board and Senior Management, including:

★ Hearing patient stories at the Board
★ Evaluation of the behaviour and dynamics of the Board and impact of these on the organisation
★ Promotion of and marketing SLaM values, five commitments, and expected behaviours
★ Development of the Organisational Development strategy
★ Development of a live quality indicator dashboard capable of reporting at Board, CAG and Team level
★ Development of a comprehensive annual forward plan of all assurance reports to Board and Quality Sub-committee
★ Review of governance committee structure and arrangements to ensure robust and rigorous assurance, scrutiny and escalation
★ Consider how the Governors and membership can become involved in supporting the Board in its assurance and scrutiny activity
Relationship with the Assurance Framework (Risks, Controls and Assurance):

Service quality is one of the core elements of the assurance framework. As we move into a time of service transformation and change, there are both risks and opportunities for service quality improvement. In this context the Trust should always hold the quality of patient care as paramount when considering decisions which might impact on that care.

Summary of Financial and Legal Implications:

There are no direct or immediate financial or legal implications of this paper. Proposed actions are pragmatic and require management time rather than significant additional resourcing.

Summary of Quality Impact Implications:

The Francis report highlighted the way in which patient care within a FT can deteriorate when Senior Managers take their eye off the ball. The lessons are clear to see as we move into a time of unprecedented transformational change.

By taking the approach described in this report we will set the right conditions to ensure that users of our service benefit from consistently high quality, compassionate care, this year, and in years to come.
Culture, Quality and Transformation: Delivering our Vision and Values

An Organisational Response to the Francis Report

1. Introduction

The government commissioned Robert Francis QC to report on failings at the Mid-Staffordshire NHS Foundation Trust between 2005 and 2008. His report is damning, and makes very uncomfortable reading, with stories about patients left in their own faeces, patients so thirsty they had to drink water from flower vases and patients suffering without adequate pain relief. It became clear that some of the worst stories from the hospital were not isolated incidents, but the culture at Mid-Staffs had become insidiously so damaged that such occurrences had become normal practice.

One of the overwhelming messages of the report is that the 'culture' within a Trust (and perhaps the wider NHS) needs to change. Too often the system makes it easier to comply with poor care, rather than challenging it.

There were 290 separate recommendations from the Francis report, these fell into five broad themes:

- Compassion and Care
- Values and standards
- Openness and transparency
- Leadership
- Information

2. The Government’s response to the Francis Report

The government have produced a number of documents responding to the Francis report, the last of these being: Hard Truths: The Journey to putting patients first (DH, Nov 2013)

Hard Truths, renews and confirms the values set out in the NHS constitution

- Working together for patients
- Respect and dignity
- Commitment to quality of care
- Compassion
- Improving lives
- Everyone counts

Hard Truths also responds to six independent reviews which the Government have commissioned since the Francis report was published, to consider some of the key issues identified by the Inquiry, these six reviews are:

- Review into the Quality of Care and Treatment Provided by 14 Hospital Trusts in England, led by Professor Sir Bruce Keogh, the NHS Medical Director in NHS England
- The Cavendish Review: An Independent Review into Healthcare Assistants and Support Workers in the NHS and Social Care Settings, by Camilla Cavendish
- A Promise to Learn – A Commitment to Act: Improving the Safety of Patients in England, by Professor Don Berwick
- A Review of the NHS Hospitals Complaints System: Putting Patients Back in the Picture, by Rt Hon Ann Clwyd MP and Professor Tricia Hart
- Challenging Bureaucracy: led by the NHS Confederation
- The report by the Children and Young People’s Health Outcomes Forum, co-chaired by Professor Ian Lewis and Christine Lenehan

See also the 6Cs National Nursing strategy: Chief Nurse DH 2012. The 6C’s being: caring, compassion, committed, courageous, communicative, and competent.

A number of government/DH actions on safety and openness have been agreed, these include:

- transparent, monthly reporting of ward-by-ward staffing levels and other safety measures
- quarterly reporting of complaints data and lessons learned by trusts along with better reporting of safety incidents
- a statutory duty of candour on providers, and professional duty of candour on individuals, through changes to professional codes
- a new national patient safety programme across England to spread best practice and build safety skills across the country and 5,000 patient safety fellows will be trained and appointed in 5 years
- Trusts to be liable if they have not been open with a patient
- a dedicated hospital safety website to be developed for the public

Other actions include:

- a new criminal offence for wilful neglect, with a government intention to legislate so that those responsible for the worst failures in care are held accountable
- a new fit and proper person test, to act as a barring scheme for senior managers
- every hospital patient to have the names of a responsible consultant and nurse above their bed
- a named accountable clinician for out-of-hospital care for all vulnerable older people
- more time to care as all arm’s length bodies and the Department of Health have signed a protocol in order to minimise bureaucratic burdens on trusts
- a new care certificate to ensure that healthcare assistants and social care support workers have the right fundamental training and skills
- a new fast-track leadership programme to recruit clinicians and external talent to the top jobs in the NHS in England

In addition to the policy work going on centrally, all Trusts and FTs have been expected to consider carefully the Francis report and its recommendations, and produce a response which is right for each organisation. A response has to be agreed and signed off by the Trust Board.
3. Developing a Trust response to Francis

In July 2013 a group of Senior Managers and Heads of Professions were asked to form a SLaM Francis Working Group, tasked with leading the development of an organisational response to the Francis Report. The group acknowledge that an organisational development (OD) strategy would be the usual and logical vehicle for delivering a programme of culture change, and the essential elements of this Francis response were considered in the light of a developing organisational development strategy. Also in the same context the workforce strategy is acknowledged as encompassing some principles of our Francis response within its broad themes of organisational development, leadership, productivity and engagement.

It was acknowledged by the working group that the Trust is in a period of transition, both of the services offered to patients and the form and function of the organisation and its leadership, and for these reasons the plan may need to be adapted over time.

3.1 The Trust’s Mission, Goals, Purpose, Approach and Ways of Working

After digesting the findings and recommendations of the Francis report, the first thing the working group considered was the Trust’s Strategic Framework 2012-15. This clearly sets out the Trust’s mission, goals, purpose, approach and ways of working.

There are many elements of the Trust’s Strategic Framework which are particularly relevant to culture, quality and transformation, such as our mission ‘Everything we do is to improve the life experience and outcomes of people who use our services and to promote mental health well-being for all’. Our five commitments are paramount to building mutual and respectful relationships with each other and service users, the five commitments are:

- be caring, kind and polite
- be prompt and value your time
- take time to listen to you
- be honest and direct with you
- do what I say I am going to do

The Trust’s Strategic Framework therefore provides a sound foundation and the authority to embed within the Trust, aspects of culture which would protect against any future widespread failure of care.

3.2 Cultural paradigms within the organisation

Working to achieve cultural change is not a new phenomenon within SLaM, and staff at all levels of the organisation and since the Trust’s inception in 1999 have been actively involved in retaining and changing components of the cultures.

In order to identify where the effort needs to be focussed, the group felt that it was helpful to consider this at organisation, team, professional and individual levels.
1. **Organisation** culture is set by the top of the organisation. The Board, Trust Executive, CAG Executives and corporate leadership/management teams have a responsibility to make explicit the espoused values and align these values through their behaviour. They also have a key role to support and challenge teams and individuals to act in a way that consistently demonstrates the Trust values to each other, patients, families, carers and stakeholders. The Board needs to be visible, listen and respond to feedback from patients, families, carers, staff, stakeholders, partner organisations, regulators and commissioners.

2. **Team** effort focuses on ensuring teams have a clear purpose, objectives, adequate resources, leadership, management, clear roles and responsibilities. Engagement in reflective practice, team appraisals, clear measures of success for performance, team coaching and links with other teams and stakeholders are cited in the research as important components of effective team work.

3. **Professional** group effort focuses on developing professional practice, competency, confidence and excellence.

4. **Individual** effort focuses on recruiting and developing the right people with behaviours aligned to the organisation’s values. Individuals need timely, day to day feedback on successes and areas for development as well as through formal processes such as appraisals, supervision, and personal development programmes.

3.3 The Model for Change

Since the Francis report was published there have been many conversations and events within the Trust where staff have had the opportunity to discuss the implications of the Francis report for themselves, their services and the Trust. The Francis working group attempted to distill all this thinking into a simple model for change. There are four essential elements to the model, these are in line with the key messages from the Francis report:

- **Creating the right culture for positive challenge and positive action.**
  One of the aspects of the culture at Mid Staffs was that staff did not feel able to challenge poor or unacceptable practice, and that challenge fell on deaf ears. A culture of positive challenge goes hand in hand with a culture of positive action where staff and patients can see problems and concerns being addressed, and improvements made as a consequence. Staff will not challenge poor or unacceptable practice if the belief is that nothing will be done to change it.

- **Working with service users in a spirit of co-creation and co-production.**
  Increasingly over recent years mental health services have acknowledged the importance of working collaboratively with service users as individuals and groups. This ideal has been enforced by successive national mental health strategies. The Francis report recommends strong collaboration as a key defence against poor patient experience, and the development of damaging cultures.
Looking after staff, each other and ourselves
One of the key challenges of the Francis Report is to ensure that the organisation, CAGs, teams and individuals within it, continue to provide compassionate care. The research literature strongly supports the position that failures of compassion are normal, and compassion is highly influenced by working relationships, staff support systems, organisation factors, and the senior leadership. The evidence is clear that trusts with higher levels of staff engagement have higher patient satisfaction scores, consistently safer services and they also perform better financially. The key principle here is, that it is easy to blame individuals rather than fix the faults which lie within the organisational culture, systems, structures and processes.

Assuring the quality of patient care in every corner of the Trust
The Board are accountable for the quality of all services throughout the Trust and in order for the Board to be assured of the quality of services, the Board has to have information and intelligence which can be triangulated to give robust evidence of service quality. Whilst the Trust has volumes of information about its services, this information is not always the right information, and is not always used effectively to monitor and manage service quality. This is about ensuring that the right metrics are chosen, the chosen metrics are presented in a way which they can be understood, and the information is used to monitor, challenge and drive quality improvement.

This model and the ideas underpinning it were taken to the Senior Management Group, and the Executive team of each CAG. CAGs were invited agree specific actions which the CAG would take to promote the four elements of the model in their services.

Senior managers have also been asked to consider the four elements in the light of the 2013 staff survey results, and identify high impact actions for CAGs and the Trust as a whole, in the areas where there is considerable overlap between the areas of the survey where scores were lower than expected, and the two elements of our Francis model for change: Element 1: Creating the right culture for positive challenge and positive action, and element 3: Looking after staff, each other and ourselves.

3.4 Putting the Model to work
An action plan putting together actions generated from this activity is summarised below. Within it there are actions for the Board, Trust Executive, Senior Managers and CAGs.

The plan is now the responsibility of the Forward Planning Delivery Group which will receive regular updates from CAGs every month, and push forward on the Trust wide actions within the plan. The Board Quality Sub-committee will receive regular reports of progress against the plan. The developing OD strategy will incorporate many of these ideas and develop further actions designed to cement the desired culture and associated values, attitude, and behaviour.
<table>
<thead>
<tr>
<th>1st Element of the model for change</th>
<th>Trust Wide Underpinning Work</th>
<th>CAG Specific actions</th>
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</thead>
<tbody>
<tr>
<td>Creating the right culture for positive challenge and positive action (Francis themes - leadership, openness and transparency, values and standards)</td>
<td>Duties of candour to patients. Revising our ‘Being Open’ policy. Duties of candour with other stakeholders (commissioners/partner agencies) - getting the balance right between, transparent collaboration and competitive sensitivity. Nursing 6 Cs. Built into supervision, reflective practice, personal and professional development plans. Patient stories told at Board meetings (see also KPMG quality governance review recommendation). Engagement with service users, staff and other stakeholders when developing service transformation plans. Evaluation of the behaviour and dynamics of the board and impact of these on the organisation. Develop consistent review and sign off arrangements for quality impact analyses of CIP/QIPP and other schemes. Trust policy standards - clear, unambiguous, achievable.</td>
<td>CAG Executive teams to consider how best to evaluate impact of their dynamics and behaviour of the senior management team. Scheduled scripted Leadership Walk rounds and Borough meetings between CAG Senior Managers and Clinical staff. CAG Executives to promote junior staff reps involvement in CQG committees. Introducing measures to ensure that recruiting managers use the five commitments throughout selection process. Programme of coaching conversation training to be publicised to all Line Managers. Development of Health Care Assistants code of conduct, and Clinical Skill Tutors working closely with Health Care Assistants.</td>
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<td>2nd Element of the model for change</td>
<td>Trust Wide Underpinning Work</td>
<td>CAG Specific actions</td>
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| 2. Working with service users in a spirit of co-production and co-creation | ▪ Review of the structure and process for organised service user participation. Move to non-hierarchical and widespread – done by many, inclusive of ability  
▪ Deliver Carers Coaching programme  
▪ Develop policy of service user involvement in all key recruitment processes  
▪ Deliver service user involvement training / responsibilities for Senior Managers | ▪ Develop opportunities for clinical staff and managers to engage with people who use our services  
▪ Extend the invitation of service users and advisory members to CAG Executive committees  
▪ Recruit service users and advisors to service reviews i.e. practice assurance visits and PLACE assessments  
▪ Removing the obstacles to participation of service users/carers within key operational meetings  
▪ Introduce a process whereby skills can be given to/ gained by staff, who have no experience of working collaboratively with service users |
### 3rd Element of the model for change

3. **Looking after staff, each other and ourselves**  
   *(Francis themes - compassion and care)*

<table>
<thead>
<tr>
<th><strong>Trust Wide Underpinning Work</strong></th>
<th><strong>CAG Specific actions</strong></th>
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<tbody>
<tr>
<td>▪ Development of Organisational Development strategy</td>
<td>• Plan to address wider psychological / organisational impact of violence and aggression</td>
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<td>▪ Promote staff mental well-being with a intervention options at individual, team and organisational level to promote the positive mental health and wellbeing</td>
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<tr>
<td>▪ Promoting and marketing SLaM values, five commitments, and expected behaviours</td>
<td>• Promote Schwartz rounds as a means of allowing staff to get together to reflect on the stresses and dilemmas that they have faced</td>
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<td>▪ Conduct staff support surveys informed by information systematically collected about staff experience (SEDIC)</td>
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<td>▪ Deliver Service line leader/ senior clinical programme over autumn 2013. (A shared leadership pilot has been completed within Psychosis CAG; for team leaders and Consultants)</td>
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<td>▪ Joint HR Business and SP programmes to help leaders and managers manage change and develop best performance</td>
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<td>▪ SP/QIST/SLaM Quality Academy/HR Business Partners/MH Wellbeing services working collaboratively to ensure a coherent, systematic approach to team based improvement work and team development</td>
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<tr>
<td>4th Element of the model for change</td>
<td>Trust Wide Underpinning Work</td>
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<td>4. Assuring quality of care in every corner of the Trust (Information)</td>
<td>▪ Production of a live quality indicator dashboard capable of reporting at Board, CAG and Team level</td>
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<td>▪ Consider how the Governors and membership can become involved in supporting the Board in its assurance and scrutiny activity</td>
<td>▪ Conduct systematic internal review of essential CQC standards</td>
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<td>▪ Review forward plan of all assurance reports to Board and Quality Sub-committee</td>
<td>▪ Review of governance committee structure and arrangements</td>
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<td>▪ Review of governance committee structure and arrangements</td>
<td>▪ Developing local surveys as key source of patient, family and carer feedback</td>
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<tr>
<td>▪ Developing local surveys as key source of patient, family and carer feedback</td>
<td>▪ Review committee structures for assurance, scrutiny and escalation</td>
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<tr>
<td>▪ Review committee structures for assurance, scrutiny and escalation</td>
<td>▪ Regular PALS activity reports as a key source of patient, family and carer feedback</td>
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<td>▪ Regular PALS activity reports as a key source of patient, family and carer feedback</td>
<td>▪ Robust complaints and SUIs patterns and trends monitoring</td>
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<td>▪ Risk identification and escalation processes</td>
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<td>▪ Risk identification and escalation processes</td>
<td>▪ Support Health watch and other stakeholders to review services</td>
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**TRUST BOARD OF DIRECTORS – SUMMARY REPORT**

**Date of Board meeting:** 25th February 2014

**Name of Report:** Preventing and Managing Violence and Aggression

**Heading:** - (Strategy, Quality, Performance & Activity, Governance, Information) Governance

**Authors:** Cliff Bean \ Simon Jackson \ Natalie Hammond

**Approved by:** Neil Brimblecombe

**Presented by:** Cliff Bean

**Purpose of the report:**

This report, from the Trust’s, Prevention and Management of Violence and Aggression Committee is to; inform the Board about the scale of the problem of violence and aggression across Trust services, to update the Board on actions being taken which are designed to reduce the risk, to describe the direction of change in national policy and to propose recommendations for consolidating the required changes in practice.

This report is a summary extract of a report which went to the Board Quality sub-committee SQISC in December 2013.

**Action required:**

To note the report, and agree the recommendations.

**Recommendations to the Board:**

See recommendations at the end of the report.

**Relationship with the Assurance Framework (Risks, Controls and Assurance):**

Violence and aggression on our in-patient units continues to be the top rated clinical service risk on service risk registers and the Trust wide risk register. It is acknowledged as one of the most significant risks to a good therapeutic in-patient experience, and incident rates remain high despite a violence reduction strategy and operational interventions which are evidence based and well publicised. The Trust is committed to reducing the incidence of violence and aggression in our services.
**Summary of Financial and Legal Implications:**

<table>
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<th>Summary of Financial and Legal Implications:</th>
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<tr>
<td>There are immediate financial implications of staff sickness costs, and claims for injury, pain and suffering, and damage to property. There are potential legal implications of enforcement action under the Health and Safety at Work Act 1974 and associated regulations.</td>
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**Equality & Diversity and Public & Patient Involvement Implications:**

<table>
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<tr>
<th>Equality &amp; Diversity and Public &amp; Patient Involvement Implications:</th>
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<tbody>
<tr>
<td>One of the elements of the violence reduction strategy is to engage service users carers and families in reducing violence and aggression. Advance Statements, patient choice and responsibility in the event of disturbed behaviour, patient participation in risk management and inclusion of positive risk taking, are some of the ways in which service users can be involved.</td>
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**Service Quality Implications:**

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<th>Service Quality Implications:</th>
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<tr>
<td>Violence and aggression on in-patient units remains one of the most significant barriers to ensuring that patients enjoy a safe, therapeutic and peaceful experience during their stay. Violence and the threat of violence can have a deleterious impact on the wellbeing of patients and staff, and the impact of this the can have the effect of prolonging length of stay and diminishing clinical outcome for the patient.</td>
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1.0 Violence and Aggression - What’s Happening in Our Services

1.1 The National picture
The definition of physical assault used in the 2003 directions to the NHS from the Secretary of State was “the intentional application of force against the person of another without lawful justification, resulting in physical injury or personal discomfort”. This definition has been used by the NHS for the collection of data from all Trusts for reports of ‘Violence Against Staff’ (VAS). VAS figures for all Trusts were first published for 2004/05 and repeated every year since. The quality of data collected has improved over time, and from 2008/09 data separating Mental Health Trusts from other types became available. The clear constant is that reported assaults in the NHS as a whole, and in Mental Health services, continue to rise.

Line chart 1, below show the most recently published VAS data comparisons for the London Mental Health Trusts, benchmarked against SLaM. The graph shows the total number of assaults per 1000 staff members. SLaM’s average number of assaults per 1000 staff over the past eight years is particularly high at 168 reported actual assaults. Note that WLMHT includes Broadmoor, special high secure hospital.

Chart 1. Benchmarked VAS data

1.2 Recent SLaM reported incident data
The margins between levels of reported violent activity do not show huge fluctuations, but where peaks and troughs are found they can often be attributed to specific factors such as an individual being involved in multiple incidents or a spate of illegal drug use in an area. Staff record several categories (types) of violent and challenging behaviour on the incident reporting system (Datix), but the most harmful are incidents of actual assault.

- Actual assaults constitute 16% of all incidents reported since April 2011
- In recent months a third of all victims of assault have been patients, two thirds staff.
1.3 Differentiating the severity of actual assaults

It could be argued that the definition of an actual assault given earlier covers a multitude of incidents where contact might have been relatively minor, such as being pushed or slapped. It is important therefore that staff accurately risk rate violent incidents when reporting on Datix, and this is done via a scale of 5 levels of risk, graded A (catastrophic) – E (no adverse outcome/no injury). Charts 4 to 6 compare serious incidents (SIs) where injuries required medical treatment, to D and E grade incidents resulting in minor or no harm.
Chart 4: A-C grade assaults by patients

Chart 5: D&E grade assaults by patients

Chart 6: Percentage of assaults graded A-C
The statistical process control (SPC) applied in charts 3-6 indicates that incident grading for ‘actual assaults’ has remained stable over the last 3 years. Charts 6 and 7 show that compared to other types of incidents, assaults include a lower proportion of SI grades (16.8% of assaults compared to 25.7% of incidents overall). This would counter-indicate the concern that assaults are over-graded. When auditing specific reported incidents we find that the grading of incidents is both accurate and reliable, and that even victims of assaults appropriately rate an incident when completing a report.

1.4 To give some perspective to the type of incidents occurring on our wards, brief synopses of three separate incidents graded at D, C, and B are given below.

**Assault of Staff**  Severity rating = D (moderate).

July 2013 – Patient admitted to PICU through Place of Safety. When on the ward later he tried to punch staff and was placed in Supervised Confinement. After insisting that he was cooperative, he threw a member of staff into a wall, damaging their glasses.

**Assault of Patient**  Severity rating = C (significant).

October 2013 - Patient became verbally aggressive because she could not go out to smoke. Without provocation, she attacked a fellow patient sitting in the communal area with her high-heeled shoes by hitting her over the head. Victim was bleeding from a head wound and her face was swollen. Staff intervened and perpetrator was taken to her room and PRN medication was administered. Victim who was injured was seen by Ward Doctor, Ambulance was called and was taken to A&E. Police were called.

**Assault of Staff**  Severity rating = B (severe).

July 2013 - Patient on Triage refused to comply with his prescribed antipsychotic medication, his mental state was declining rapidly. The Unit Emergency Team was called, a briefing took place whereby it was agreed that, if needed, a planned physical restraint intervention would take place. Staff approached patient and tried to interact to advise him that the medication was for his benefit, he responded by threatening staff members. PSTS techniques were used to try to hold the patient to allow medication to be administrated but during the process the patient bit off the outer section off the ear of a staff member.
1.5 Wards with highest frequency of reported actual assault

Wards that are managing patients of a high level of risk are clearly areas that are likely to witness incidents of actual assault such as two of the case studies given above. For the time period January to December 2013 the highest reporting wards for both actual assaults on staff and on patients were our Psychiatric Intensive Care Units PICUs:

<table>
<thead>
<tr>
<th>Ward</th>
<th>Site</th>
<th>Actual assaults on Staff</th>
<th>Actual assaults on Patients</th>
<th>Total Actual Assaults</th>
<th>% assaults reported at A-C grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>PICU &amp; s136 PoS</td>
<td>Lambeth</td>
<td>37</td>
<td>25</td>
<td>62</td>
<td>12/62 (19.4%)</td>
</tr>
<tr>
<td>PICU &amp; s136 PoS</td>
<td>Maudsley</td>
<td>81</td>
<td>38</td>
<td>119</td>
<td>10/119 (8.4%)</td>
</tr>
<tr>
<td>PICU &amp; s136 PoS</td>
<td>Bethlem</td>
<td>43</td>
<td>28</td>
<td>71</td>
<td>5/71 (7.0%)</td>
</tr>
<tr>
<td>PICU &amp; s136 PoS</td>
<td>Lewisham</td>
<td>42</td>
<td>32</td>
<td>74</td>
<td>4/74 (5.4%)</td>
</tr>
</tbody>
</table>

Note a high reporting rate of low-severity incidents is generally regarded as reflecting a positive safety culture. In this respect the column '% assaults reported at A-C grade' is at least as important an indicator of risk as the total number of incidents reported. This data does not take into account either bed numbers, turnover of patients, length of stay or acuity of presentations.

1.6 Patient Survey Data (PEDIC)

Violence and aggression on in-patient wards continues to be our biggest obstacle to ensuring that all patients benefit from a safe and therapeutic stay in hospital. Our quality priority over the past year has been to work to increase the number of patients who feel safer when in our hospitals. In 2012/13 overall 80% responded positively to this question. Our aim is that at least 90% of patients respond positively to this question for this year 13/14.
The responses to ‘Do you feel safe?’ have not shown any improvement or decline since the 2012/13 finding, and are within limits which are not statistically significant.

Responses to the PEDIC question ‘Can you approach staff to help you feel safe?’ are very similar to ‘Do you feel safe?’ and again show no change from the previous financial year.

Quarter 1, 13/14 data showed a slight decline but the overall trend line indicates a marginal improvement in survey responses.
Do you feel that restraint and injected medication are only used as a last resort and with minimum force?

The responses to the question ‘Do you feel that restraint and injected medication are only used as a last resort and with minimum force?’ are less positive than the previous two questions. Again, there has been no significant trend in responses since July 2012.

1.7 Staff Survey Data 2012-2013

While our 2012 staff survey report data suggested that higher levels of violence and assault were experienced by our workforce than the national average for Mental Health & Learning Disability Trusts. The 2013 staff survey results showed improvements in both staff experiencing violence and aggression from services users and visitors, and improvements in members of staff who say that incidents were reported.

2. Violence Reduction Strategy - Progress Update

The case for a Violence Reduction Strategy is well recognised in organisations that have been successful in reducing incidence of violence. Many of those strategies have a strong evidence base and have used Huckshorn’s (2005) six core element strategy.

The six effective strategies identified to reduce violence and containment interventions (such as seclusion and restraint), are considered to be low cost, easily replicable, and are publicly available. The use of seclusion and restraint is traumatising to patients and staff it interrupts the therapeutic process, and is not conducive to recovery. Organisations that wish to reduce incidents need to embrace a prevention approach, follow the tenets of continuous quality improvement, and develop a reduction plan individualised for the organisation. Highly visible, consistent, and effective organisational leadership appears to be the most significant and critical component in any successful reduction initiative (Huckshorn, 2004).

The Trust has in place a Violence Reduction Strategy which is monitored through the Prevention and Management Violence and Aggression Committee. This has an associated action plan (since April 2013) associated with the six core elements. Overall progress against the plan has been steady, with some elements already well-established and others being actively promoted by trainers, senior nurses and through quality improvement projects.
<table>
<thead>
<tr>
<th>Violence Reduction Strategy : Action Plan</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>Leadership towards organisational change</strong></td>
<td>Safety walk rounds beginning to be established in some CAGs</td>
</tr>
<tr>
<td>• All in-patient wards experience a Safety Walk round per year</td>
<td></td>
</tr>
<tr>
<td>• Safety Walk Rounds to focus on violence. Speaking with staff and service users.</td>
<td></td>
</tr>
<tr>
<td>• CAG Senior Leaders participate in safety walk rounds.</td>
<td></td>
</tr>
<tr>
<td>2. <strong>Using data to inform practice</strong></td>
<td>Some services are reviewing data on patterns of incidents</td>
</tr>
<tr>
<td>• Consultant and Ward Manager sent summary of incident data for review and discussion at least monthly.</td>
<td>Violent incident data is appearing on service scorecards</td>
</tr>
<tr>
<td>• Improvement levels should be set (to align with Strategic Aim on violence reduction) and discussed with the team and monitored for performance improvement.</td>
<td>Wards doing CDS (below) have clear action plans</td>
</tr>
<tr>
<td>• Each Ward to have a defined action plan on how to reduce violence on the ward.</td>
<td></td>
</tr>
<tr>
<td>3. <strong>Workforce development</strong></td>
<td>PSTS training records show amber rating.</td>
</tr>
<tr>
<td>• All in-patient ward staff to be up to date with PSTS training.</td>
<td>Team training package being delivered, plan to increase coverage</td>
</tr>
<tr>
<td>• Data to be held centrally within the CAG on all in-patient ward staff who are unable to conduct PSTS</td>
<td></td>
</tr>
<tr>
<td>• Each ward should have team training sessions on their strategy to prevent and how to manage safely events of violence.</td>
<td></td>
</tr>
<tr>
<td>4. <strong>Use of Violence Reduction Tools</strong></td>
<td>Progress is mixed with the use of some of these tools (zoning, use of time out, risk assessment), already widespread and embedded into practice, and some at the early stages of introduction (prediction tools, safewards).</td>
</tr>
<tr>
<td>Each Ward should ensure they have clear system for managing risk</td>
<td>The Care Delivery System project (see below) is using quality improvement techniques to support wards to implement these tools into practice. All wards will eventually benefit from CDS support</td>
</tr>
<tr>
<td>• <strong>Prediction</strong> - Risk factors/antecedents and warning signs/risk assessment/searching, use of predictive tools.</td>
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<tr>
<td>• <strong>Prevention</strong> - De-escalation techniques and zones/observation/ advance statement. Escalation procedures for the deteriorating patient and early intervention of engagement and de-escalation.</td>
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<tr>
<td>• <strong>Interventions</strong> – Safe use of Rapid tranquilisation/ physical intervention and use of time out and supervised confinement</td>
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</tr>
<tr>
<td>• <strong>Clinical Environment</strong> – systems for regular and comprehensive risk assessment of the environment, bed occupancy monitoring for overcrowding, a regular and stable in-pt team to minimise risk. Availability of de-escalation zones to contain and calm a situation.</td>
<td></td>
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<tr>
<td>• ‘<strong>Safewards’ interventions</strong> – practical interventions for inpatient nurses with potentially maximal impact on conflict and containment</td>
<td></td>
</tr>
<tr>
<td>5. <strong>Consumer roles in in-patient settings</strong></td>
<td>Some examples of good practice, with higher risk individual patients</td>
</tr>
<tr>
<td>• Advance Statements, patient choice and responsibility in the event of disturbed behaviour.</td>
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</table>
Patient participation in risk management and inclusion of positive risk taking.

6. **Debriefing, Support & Organisational Learning**
   - Making post incident debrief (with team, perpetrators and victims) standard practice for learning from incidents.

Pockets of good practice

### 2.2 The Care Delivery System (CDS)

The fourth element of the violence reduction strategy is the use of violence reduction tools. Our vehicle for delivering the violence reduction clinical toolkit is the **Care Delivery System**. This is an evidence based system which will produce the desired outcome of reduced violence, through the use of; a predictive observation tool, improved patient participation in risk management, and improved the responsiveness and engagement by the multi-professional team in responding rapidly to mental health deterioration.

The System sets out a process to manage risk, this does not have to be specific to violence and aggression but all risk behaviour can be managed in this systemised approach. The care delivery system is collaborative in design, generating multi-professional and inclusive planning to patient interventions.

Care Delivery System training commenced in November 2013.

Using a quality improvement approach to CDS each element of the clinical toolkit will be implemented using the rapid Test / re-Test cycle (Plan, Do, Study, Act model) by members of the multi-professional team.

Objectives are defined as:

- Patient inclusion and decision making in risk planning.
- Reduce harm within the in-patient setting.
- Specifically reduce harm from restraint and seclusion which can be experienced as punitive and distressing for patients and staff.
- Reduction in self-harm, absconding, medication errors as secondary outcomes Multi-disciplinary engagement, attention and involvement.

The Care Delivery System will be delivered through a rolling programme to all in-patient wards within a two ayear time-frame. The training package consists of: 6 days of training for ward clinical multi-professional leaders, webinar sessions to support the clinical teams with implementation between training days, and Quality Improvement facilitation support and training for ward staff.

Professor Len Bowers work from the ‘Safewards’ study is also incorporated into the training. Safewards is a set of practical interventions for inpatient nurses with potentially maximal impact on conflict and containment. Professor Len Bowers is contributing to the teaching of the programme and a member of his team is also promoting the ‘safe ward’ interventions on site.

### 2.3 PSTS Training report and Update

For many years our first line of defence against the risks of violence and aggression has been through staff training. The PMVA committee monitor training supply and demand, and
updates are received on compliance against training targets. Below the percentages of training compliance are listed with amber ratings achieved.

<table>
<thead>
<tr>
<th>Trust wide compliance figures for PSTS</th>
<th>End of year declaration for 2011/12</th>
<th>End of year declaration 2012/13</th>
<th>2013/14 Q1 and Q2</th>
<th>2013/14 Q3</th>
<th>2013/14 target</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSTS 5 day teamwork</td>
<td>74%</td>
<td>77%</td>
<td>88%</td>
<td>82%</td>
<td>85%</td>
</tr>
<tr>
<td>PSTS 1 day disengagement</td>
<td>65%</td>
<td>66%</td>
<td>69%</td>
<td>75%</td>
<td>85%</td>
</tr>
<tr>
<td>PSTS 1/2 Awareness</td>
<td>70%</td>
<td>69%</td>
<td>63%</td>
<td>76%</td>
<td>85%</td>
</tr>
</tbody>
</table>

The challenge to achieving higher attendance rates is the release of more staff time from the wards to attend the training. The Education & Training team are working with CAGs to improve their compliance by offering team based training and training designed specifically for different types of services.

A PSTS theory e-learning package is under development, this is about to be piloted and should reduce the costs of releasing staff from the ward for basic training.

3.0 National Landscape – Emerging Futures

A recent report published by Mind (Mental Health Crisis Care: Physical Restraint in Crisis. June 2013), discusses the impact of physical restraint on service users, carers, staff. The report’s key recommendations were that:

1. The Government should introduce an end to face down physical restrain in all healthcare settings urgently.
2. The use of face down physical restraint should be included in the list of ‘never events’
3. The Government should establish national standards for use of physical restraint and accredited training for healthcare staff in England. The principles of this training should be respect-based and endorsed by people who have experienced physical restraint
4. NHS England should introduce standardised data capture methods to ensure every mental health Trust is collecting the same accessible data on physical restraint

Currently national guidance is being produced from the Department of Health ‘Positive Behaviour Support and Physical Interventions’ due for publication March 2014, also the NICE guidance on managing violence expected in 2015. The practice of restraint and seclusion and the negative implications for both the patient and staff are high on the agenda. NHS England is currently seeking ways in which all restraint episodes can be reported as a safety incidents, and data collated nationally for the first time. The Mental Health and Learning Disability Director of Nursing Forum have recently supported a Restraint Free Future initiative. The national drivers for this change range from the Winterbourne View enquiry, Deaths in Custody Review and the developing Mental Health Crisis Care Concordat - a national agreement setting out local provision for managing people who have a mental health crisis.

The Secretary of State proposes a two year program of change whereby positive and safe practice will be informed by shared commitments across mental health settings. The aim is to reduce the incidence of restraint, seclusion, and coerced medication. It is recognised that there is an evidence base for alternative, positive practices which will help to deliver this. The pace of
change will be rapid, and Trusts will be expected to act to eliminate the practices of face-down restraint.

4.0 Recommendations to the Board

1. Indicators of violence and aggression linked to our violence reduction strategy should be reviewed every three months at performance management reviews. CAG should report progress quarterly on implementation of the strategy including:
   - Leadership Walk Rounds
   - Service reviews of incident data including number and type of restraints per ward per CAG and number of coerced medication events.
   - Training and development of the workforce in new approaches to PSTS.
   - Roll out of the Care Delivery System, incorporating each piece of the clinical toolkit
   - Advanced directives for patient at high risk of perpetrating violence
   - Post incident debrief with perpetrators and victims

2. Preventing and managing violence and aggression should be a standing agenda item on all CAG governance committees. With committees review incident data, staff injury data, high risk ward data, and Care Delivery System implementation including clinical toolkit use, and safety walk round schedules and findings.

3. The Positive and Safe shared commitments and guidance being developed by the Department of Health will aim to reduce or eliminate the use of face-down or prone restraint with a two year time frame. The Trust should adapt its PSTS training principals in order to meet future directives on face down restraint for mental health services.

4. The Trust should actively participate in the Force Free Futures Programme that is being led through the Mental Health Nurse Directors Forum. One of the key initial aims of the programme is to develop standard board level metrics for all Trusts.
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<th>Authors/Signatories</th>
<th>Category</th>
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<td>Service Quality Improvement Committee Report</td>
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<td>Kay Burton/Patricia Connell-Julien</td>
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<td>implementation of the HR Annual Plan and OD Strategy</td>
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<td>Stephen Thomas/Robert Coomber</td>
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<td>Louise Hall/Matthew Patrick</td>
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<td>NICE Guidelines &amp; Clinical Audit Annual Report</td>
<td>Martin Baggaley/Rosie</td>
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<td>Associate Hospital Manager Paper Reviews (action from Jan)</td>
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<td>Lucy Canning/Fran Bristow/Matthew</td>
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