A MEETING OF THE BOARD OF DIRECTORS OF THE SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST WILL BE HELD ON TUESDAY 26TH MAY 2015 AT 3:00PM, BOARDROOM MAUDSLEY HOSPITAL

AGENDA

1 APOLOGIES for absence: Lesley Calladine, Louise Hall, Shitij Kapur

2 Declarations of Interest

3 Minutes of the Board Meeting held on 28th April 2015

4 MATTERS ARISING/ACTION POINTS REVIEW

5 To receive a Patient Story

STRATEGY

6 Approve Workforce Equality Objective incorporating the Workforce Race Equality Standard and Staff Survey Action Plan.

7 Discuss the BDIC Summary Report

8 Strategic Plans for King’s College London - where we are and where we are heading over the next 5 years. Ed Byrne

9 Information - Public Sector Equality Duty – Publishing local ethnicity information

PERFORMANCE AND ACTIVITY

10 Approve the Finance Report – Month 1

11 Approve the Performance Report – Month 12

12 Discuss – Board Assurance Framework & Risk Management Arrangements

13 Approve the PC Replacement Programme

GOVERNANCE

14 For Information Report from the Chief Executive

15 For Information an Update from the Council of Governors

16 For Information Briefing from the Quality Committee April Meeting

INFORMATION

17 Director’s Reports

18 Actions summary from today’s meeting

19 Reflections on today’s meeting

20 Forward Planner

21 Report from previous Month’s Part II

22 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 23rd June 2015 – 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 EIGHTY FIFTH MEETING OF THE BOARD OF DIRECTORS OF
THE SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST
HELD ON 28th APRIL 2015

PRESENT
Roger Paffard Chair
Dr Martin Baggaley Medical Director
Dr Neil Brimblecombe Director of Nursing
Lesley Calladine Non-Executive Director
Robert Coomber Non-Executive Director
Alan Downey Non-Executive Director
Gus Heafield Chief Financial Officer
Dr Julie Hollyman Non-Executive Director
Prof Shitij Kapur Non-Executive Director
June Mulroy Non-Executive Director
Dr Matthew Patrick Chief Executive

IN ATTENDANCE
Chris Anderson Council of Governors
Alison Baker PA to Chair & Non Executive Directors
Ellie Bateman Service Director, B&D CAG
Alison Beck Head of Psychology and Psychotherapy
Emily Buttrum Commercial Director
Lucy Canning Service Director, Psychosis CAG
Sarah Crack Head of Communications
Jo Fletcher Service Director, CAMHS CAG
Angela Flood Council of Governors
Cath Gormally Director of Social Care
Louise Hall Director of Human Resources
Dr Dan Harwood Clinical Director, MHOA CAG
Roy Jaggon Head of Performance Management
Paul Mitchell Trust Board Secretary
Umsilla Moodley Business Manager, CEO Office
David Norman Service Director, MHOA CAG
Jean O’Hara Clinical Director, B&D CAG
Zoë Reed Director of Organisation and Community
Steven Thomas Audit Committee Secretary

APOLOGIES
John Muldoon Lead Governor

DECLARATIONS OF INTEREST
Routine declarations were made:

- Dr Martin Baggaley declared that he occasionally provided consultancy support via Deloitte.
- Prof Shitij Kapur declared an interest as a member of the CNS Scientific Advisory Board of Lundbeck Co and Roche Co. Prof Kapur advised and consulted with pharmaceutical companies periodically.
Dr Matthew Patrick declared that he was London Mental Health Clinical Director for NHS England London Region and Chair of the London Mental Health Strategic Clinical Network, and Non-Executive Director/Clinical Advisor to BigWhiteWall International Board.

MINUTES

The minutes of the meeting held on the 24th March 2015, were agreed as an accurate record of the meeting, with following clarification:

BOD 38/15 **IT Strategy** – the last action should read: “To develop a coherent replacement strategy”.

BOD 53/15 **MATTERS ARISING/ACTION POINTS REVIEW**

BOD 22/15 **Medicines Management Presentation** – Gus Heafield explained that he was working with the Psychosis CAG on the development of a business case which would be brought back to the Board in June. **Action: Gus Heafield.**

BOD 24/15 **Finance** – Gus Heafield reported that discussions with the CAGs and departments were ongoing.

BOD 33/15 **iPad training** – Paul Mitchell reported that the refresher training for iPads had been scheduled.

BOD 54/15 **LEWISHAM MHOA CONSULTATION**

David Norman explained that this report advised the Board of Directors of the outcome of the public consultation led by the MHOA CAG on a proposal to reduce capacity of specialist care beds in Lewisham and transfer activity to MHOA services in neighbouring boroughs. The consultation period ran from 14th January 2015 to 15th April 2015. A letter had been received from the Lewisham Healthier Communities Select committee regarding their concerns. David Norman confirmed that a detailed response would be made to all the points raised. Roger Paffard asked that an offer of a further meeting with David Norman should be made. **Action: Roger Paffard/David Norman.**

Following a review of the consultation, the Trust considered that the majority of concerns raised could be addressed. Dr Dan Harwood explained that this would be achieved through clinical support by the services to those patients who would be transferred to alternative provision and through continued engagement with Lewisham CCG in providing clinical services to older people with mental health needs in Lewisham. He considered that the CAG had developed comprehensive discharge plans which would offer support to patients and relatives when moves took place.

David Norman explained that decline in capacity for specialist care beds had been seen in all Boroughs, although they would need to retain a core number of beds for this client group. The CAG would be reviewing the function of the remaining two units. A more specialist unit as part of the Maudsley site redevelopment was being considered.

The recommendation to the Board of Directors was to proceed with the planned closure of Inglemere Specialist Care Unit as outlined in the Consultation proposal.
The Board of Directors noted the consultation process and agreed the proposed recommendation to close Ingelmere Specialist Care Unit.

BOD 55/15 FINANCE REPORT – MONTH 12
Gus Heafield reported a net surplus of £2.9m and EBITDA of £13.9m at the end of March, this included an operational deficit of £9.5m caused by overspends particularly in the Psychosis CAG and Estates. The operational deficit was offset by the Trust contingency reserve at month 12, however these reserves were not sufficient to keep the Trust within its planned EBITDA of £16m. The overall EBITDA position at month 12 was in line with the forecast position.

Gus Heafield explained that progress had been made with the 2015/16 contract negotiations with all the four local CCGs such that funding positions had been agreed including net real terms investment. The Croydon position, in terms of the investments and QIPP, was still subject to business case approval which was expected in Q1. The Trust had yet to finalise its overall contact with NHS England, although it was hoped to be concluded during the month. Roger Paffard commented that this was a big improvement from the previous month. Matthew Patrick reported that an escalation meeting had been held with NHS England which had moved the discussions on significantly. Gus Heafield explained that the fall back situation had been built into the plan by ring fencing forensic services on the basis that it was inappropriate for these services to be cross-subsidised from other income. However this would still remain a challenge going forward and the Board would need to come to a decision on this during the coming year.

Whilst the year end position represented a significant improvement from that forecast six months ago and was a considerable improvement from the £10m adverse variance from EBITDA in 2013/14 further work was required if we were to deliver a balanced position in 2015/16. Ongoing national efficiency targets, new local QIPP targets, and use of non-recurring solutions in 2014/15 and continuing overspends in some CAGs and infrastructure departments would require new savings measure and improved contractual positions to be realised. This would be part of the discussion on the 2015/16 Plan later in the Part 2 meeting.

The Board of Directors approved the report.

BOD 56/15 PERFORMANCE REPORT – MONTH 11
Roy Jaggon explained that SPC charts had been included within the report which provided an illustration of the variation for the particular dataset and offered a better definition of trends and outliers.

There were no specific areas of concern for the month, other than those already listed in the issue tracker. There were a number of CQUIN items that had Q4 targets which were awaiting audit.

The Board watched a short video of patient stories from River House, the Board of Directors thanked those who had taken part.

The Board of Directors approved the report.
BOD 57/15 REPORT FROM THE CHIEF EXECUTIVE
Matthew Patrick reported that the Board had earlier undertaken a deep dive session on estates. It had been agreed to bring the issue back to the Board in May for key discussions on timelines and the business case for Douglas Bennett House as well as any key associated developments linked to it.

Action: Mark Allen/Matthew Patrick.

Interviews for the Chief Operating Officer post would be taking place the following day, 29th April. Shortlisted candidates had already attended an assessment day on the 23rd April.

Matthew Patrick reported that the launch of the homeless pathway programme had been held the previous week which had been well attended.

It was noted that the CQC were due to visit the Trust week commencing 21st September. It was critically important that the Trust planned extensively for the visit, focused on driving through quality improvement and engaged as many staff as possible. Neil Brimblecombe explained that the visits would take place on Tuesday, Wednesday and Thursday of the week, with a meeting on the Monday morning where the Trust would present its position.

The Board of Directors noted the report.

BOD 58/15 UPDATE FROM THE COUNCIL OF GOVERNORS
Chris Anderson was congratulated on his appointment of Deputy Lead Governor.
Chris Anderson reported that the Planning and Strategy Working Group had met recently, where they received a draft copy of the Operational Plan, comments had been made and governors looked forward to seeing the final version.

The CoG were looking forward to receiving a reply from the Audit Committee on progress for the appointment or re-appointment of the External Auditor.

The Quality Working Group had received a draft of the Quality Account, comments had been made, and a response would be sent shortly.

Concerns had been raised around the PEDIC data that provided reporting of management information, it was decided that this data should go to CAGs first to comment before coming to the QSC, and it was suggested and agreed that it should be added to the QSC’s action tracker. Action: Neil Brimblecombe.

Chris Anderson reported that there was also concern regarding CAG responses to the Francis update, where some areas lacked evidence to support actions. It was agreed to follow up these concerns via the QSC. Action: Neil Brimblecombe.

Chris Anderson also raised concerns around the Involvement Register Management Steering Group, which had been raised the previous month, further concerns had now been raised over membership of this group which would be formally escalated.

The governance committee were meeting once a week to develop proposals for consideration at the CoG meeting in June.
Chris Anderson presented 4 questions to the Board which would be responded to following the meeting. Neil Brimblecombe asked whether the questions could be received earlier in order to facilitate better answers. Roger Paffard explained that he would try this format for a couple of meetings and then review.

The Board of Directors noted the report.

**BOD 59/15 SOCIAL CARE STRATEGY**

Cath Gormally explained that this draft strategy had been produced in order to provide a basis upon which to have further external discussion and consultation with local authority partners and to agree a focussed programme of work. The strategy would provide a vision and direction for social care and professional social work within the Trust in order to maximise the benefits of the integrated health and social care approach provided to service users, carers and local communities.

Shitij Kapur asked about the scope and scale of the provision. Cath Gormally replied that there were approximately 200 social workers working across the boroughs linked to the Trust. Cath Gormally explained that previous legislation and care management diluted social work activity in mental health services, making it more process driven. This had now been changed and we were seeing alignment of social care and social work with the recovery agenda and social inclusion so it was becoming more mainstream. Cath Gormally emphasised the opportunity for all staff to deliver social care outcomes.

It was agreed to take forward the associated work programme plus specifically consulting with partners relating to parity of esteem for mental health with a review in July. **Action: Cath Gormally.**

The Board of Directors approved the strategy.

**BOD 60/15 KEY ISSUES AND MINUTES FROM THE QUALITY COMMITTEE MEETING**

Lesley Calladine gave a verbal update on the April meeting of the QC. They had discussed the CQC visit and the practical issues that needed to be planned beforehand in order to ensure a positive visit which was beneficial to the Trust. They had also discussed Safer Staffing and received a presentation on the Staff Survey. The process of reviewing Trust policies would also be addressed. The QC had also discussed a number of issues that Chris Anderson had raised earlier, these would now be on the action tracker.

The Board of Directors noted the report.

**BOD 61/15 KEY ISSUES AND MINUTES FROM THE AUDIT COMMITTEE MEETING**

June Mulroy explained this had been her first meeting as Chair. She suggested that there was a need to ensure closer co-ordination between the Quality and Audit Committees. She confirmed that the Maudsley charity accounts were being consolidated into the Trust financial accounts.

June Mulroy confirmed that the Trust would be tendering for the external audit service later this year.
It was agreed that the roll out of BoardPad to Board sub committees would be beneficial for information sharing between Committees. **Action: Paul Mitchell.**

The Board of Directors noted report.

**BOD 62/15 DIRECTOR’S REPORTS**

No Director’s reports were received.

**BOD 63/15 APPROVE 2016 BOARD AND CoG DATES**

Paul Mitchell introduced the draft schedule of Board, Council of Governors, Board Seminars and Awaydays for 2016.

The Board of Directors approved the 2016 dates.

**BOD 64/15 ACTIONS SUMMARY FROM TODAY’S MEETING**

Paul Mitchell would send out the updated action tracker following the meeting. **Action: Paul Mitchell.**

**BOD 65/15 REFLECTION ON TODAY’S MEETING**

No reflection was taken, due to time constraints.

**BOD 66/15 FORWARD PLANNERS**

Paul Mitchell introduced the updated forward planner. It was agreed that the BDIC update would now go to Part I of the Board meeting.

**BOD 67/15 AGREE FUTURE DISCIPLINES FOR BOARD MEETINGS**

Paul Mitchell reported that the disciplines agreed at the previous meeting were now being rolled out to the board committees.

**BOD 68/15 ANNUAL REPORT PUBLICATION SCHEDULE**

Sarah Crack confirmed that the draft Annual Report would be brought to the May Board meeting.

**BOD 69/15 REPORT FROM PREVIOUS MONTH’S PART II**

Roger Paffard reported that this report aimed to provide more transparency regarding items discussed at the Part II meetings.

The Board of Directors noted the report.

**BOD 70/15 ANY OTHER BUSINESS**

No other business was discussed.

**BOD 71/15 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 26th May 2015 – 3:00pm Boardroom, Maudsley Hospital, Denmark Hill, London, SE5 8AZ**
Chair
## Board meeting 28 April 2015 – action points

<table>
<thead>
<tr>
<th>Ref</th>
<th>Issue</th>
<th>Action</th>
<th>By</th>
<th>When</th>
<th>Status</th>
<th>RAG</th>
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<td><strong>February meeting</strong></td>
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<tr>
<td>1</td>
<td>Bank and agency costs</td>
<td>Circulate workforce information report and report back.</td>
<td>LH</td>
<td>Sept</td>
<td>Done, on schedule</td>
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<tr>
<td>2</td>
<td>Equality update</td>
<td>Update report.</td>
<td>ZR</td>
<td>May</td>
<td>On schedule</td>
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<tr>
<td>3</td>
<td>Lessons learned from CQC inspections</td>
<td>Bring to Board</td>
<td>NB</td>
<td>June</td>
<td>On schedule</td>
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<tr>
<td>4</td>
<td>Workforce update</td>
<td>Bring to Board</td>
<td>LH</td>
<td>July</td>
<td>On schedule</td>
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<td>5</td>
<td>Quality strategy</td>
<td>Bring back annually.</td>
<td>NB</td>
<td>Feb 16</td>
<td>On schedule</td>
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<td>6</td>
<td>Details of assurance process for managing CIPs</td>
<td>Bring back to Board monthly.</td>
<td>GH</td>
<td>March</td>
<td>Review meeting requirement</td>
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<tr>
<td>7</td>
<td>Smoking cessation</td>
<td>Update for future meeting.</td>
<td>NB</td>
<td>June</td>
<td>On schedule</td>
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<td><strong>March meeting</strong></td>
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<tr>
<td>8</td>
<td>Involve the CoG in discussion on Francis</td>
<td>Forward planner for CoG</td>
<td>PM</td>
<td>June</td>
<td>On schedule</td>
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<tr>
<td>9</td>
<td>Review of best practice of how Boards involves patients</td>
<td>Bring back to future Board</td>
<td>ZR</td>
<td>June</td>
<td>On schedule</td>
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<tr>
<td>10</td>
<td>Take forward work on role of Speak up Guardians and bring back to Board</td>
<td>Bring back to future Board</td>
<td>NB</td>
<td>May</td>
<td>On schedule</td>
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<td>11</td>
<td>Experiment on format of Board meetings</td>
<td>Review after Board development programme</td>
<td>RP/PM</td>
<td>Dec</td>
<td>On schedule</td>
<td></td>
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<tr>
<td>12</td>
<td>Co-ordinate feedback from staff survey on BME staff and POVA issues and produce action plan</td>
<td>Bring back in two months</td>
<td>NB/LH</td>
<td>May</td>
<td>On agenda</td>
<td></td>
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<tr>
<td>13</td>
<td>Action immediate priorities around email platform delegated to Executive, particularly around move to cloud storage</td>
<td>Programme with risks and mitigation brought back to Board</td>
<td>SD</td>
<td>May</td>
<td>On agenda</td>
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<tr>
<td>14</td>
<td>PC time expired kit to be eliminated this financial year in conjunction with CAGs</td>
<td>Action in line with appropriate business processes</td>
<td>SD</td>
<td>May</td>
<td>On agenda</td>
<td></td>
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<tr>
<td>15</td>
<td>Check progress on delivery via Audit Cttee</td>
<td>Bring back to Board in September</td>
<td>SD</td>
<td>Sept</td>
<td>On schedule</td>
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<tr>
<td>16</td>
<td>Develop an IT replacement programme</td>
<td>Bring to May meeting</td>
<td>SD</td>
<td>May</td>
<td>On agenda</td>
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<tr>
<td>17</td>
<td>Performance report review to ensure the Board is measuring the right issues and reflecting quality priorities.</td>
<td>Comments to NB</td>
<td>NB</td>
<td>Apr and ongoing</td>
<td>Review</td>
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<tr>
<td>18</td>
<td>BAF development</td>
<td>Bring to next meeting</td>
<td>GH</td>
<td>Apr</td>
<td>Now may meeting</td>
<td></td>
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<tr>
<td>19</td>
<td>Take disciplines forward for Board committees</td>
<td>Bring to next meeting</td>
<td>PM</td>
<td>Apr</td>
<td>Being actioned</td>
<td></td>
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<tr>
<td>20</td>
<td>Revise scheme of delegation</td>
<td>Bring to June meeting</td>
<td>GH</td>
<td>June</td>
<td>On schedule</td>
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<td></td>
<td>April meeting</td>
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<td>21</td>
<td>Approve the MHOA consultation and reply to the Lewisham BC’s Healthier</td>
<td>Reply to HCSC.</td>
<td>PM</td>
<td>Apr</td>
<td>Completed</td>
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<td>Task</td>
<td>Progress</td>
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<td>22</td>
<td>Approval of social care strategy and to take forward associated work programme plus specifically consulting with partners relating to parity of esteem for mental health.</td>
<td>Ongoing programme of work.</td>
<td>Jul</td>
<td>Ongoing and review</td>
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<tr>
<td>23</td>
<td>QSC to update on mandatory training uptake rates and safer staffing levels.</td>
<td>Ongoing at QSC meetings.</td>
<td>NB</td>
<td>May Ongoing</td>
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<tr>
<td>24</td>
<td>Thank BRH patients for their stories.</td>
<td></td>
<td>RJ</td>
<td>Apr Completed</td>
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<tr>
<td>25</td>
<td>Record that the board development deep dive on estates agreed to bring back timeline for key decisions and BC for DBH.</td>
<td>Record in minutes</td>
<td>PM</td>
<td>May On P2 agenda</td>
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<tr>
<td>26</td>
<td>Add issue of PEDIC data to QSC tracker.</td>
<td>Add and review</td>
<td>NB</td>
<td>May On schedule</td>
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<tr>
<td>27</td>
<td>Follow up via QSC Francis report concerns raised.</td>
<td>Add to agenda and review</td>
<td>NB</td>
<td>May On schedule</td>
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<tr>
<td>28</td>
<td>Consider holding a Trust wide BME event.</td>
<td>Consider format and report back.</td>
<td>ZR</td>
<td>June On schedule</td>
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<td>29</td>
<td>Roll out BoardPad to Board sub committees</td>
<td>Update progress at next meeting.</td>
<td>PM</td>
<td>May On schedule</td>
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PNJM/April 2015
**Date of Board meeting:** 26th May 2015

**Name of Report:** Workforce Equality Objective incorporating the Workforce Race Equality Standard and Staff Survey Action Plan.

**Author:** Michael Kelly

**Approved by:** Louise Hall

**Presented by:** Michael Kelly

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**Purpose of the report:**

To introduce the Trust Workforce Equality Objective incorporating a number of other work streams and initiatives under one overarching objective. This will include implementation of the Workforce Race Equality Standard required as part of the national contract, and the Trust Staff Survey Action Plan as requested by the Quality sub Committee of the Board.

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**Action required:**

The Trust Board is asked to review the paper and to support the next steps and action plan. Each CAG and Corporate Directorate will be required to develop their own action plan.

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**Recommendations to the Board:**

To agree the recommended next steps and to request an update on progress from the relevant leads identified within the Board and Executive team.

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

This report identifies some areas of risk around inequalities, violence and bullying and harassment, which in turn can affect staff engagement, service user experience and the Trust’s reputation. This report provides direct feedback from our staff on their own working experience and their overall job satisfaction.

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**Summary of Financial and Legal Implications:**

If action is not taken to address the areas of concern identified, this could lead to the Trust receiving financial and legal claims for compensation. Absence resulting from injury and workplace stress also leads to increased staff costs and lower engagement and therefore quality of care and efficiency levels.

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

The risks associated with inequalities are raised in this report and importance of a diverse workforce highlighted.

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**Service Quality Implications:**

As above
WORKFORCE EQUALITY OBJECTIVE 2015

Introduction
The purpose of this paper is to bring together a number of strands and work streams in the development of an overarching Workforce Equality Objective for the Trust. These include implementing an approach to addressing the adverse impact reported by Black and Minority Ethnic (BME) staff in the 2014 Staff Survey especially in the areas of Bullying, Harassment, Violence, Aggression and perceptions of discrimination in the workplace. A further strand arising from the Staff Survey concerns the adverse effects reported by staff with a disability whose perception of their treatment in the workplace is similar to that reported by our BME staff. An integral component to this, and a further strand, is the implementation of the Workforce Race Equality Standard (WRES) which is now a national contract requirement and expectation of all NHS Provider Organisations.

It is strongly acknowledged that staff who are more engaged and supported by their organisation are more likely to provide a better and higher quality of patient or service user care.

Research shows that the unfair treatment of BME staff adversely affects the care and treatment of all patients and precious resources are wasted through the impact of such treatment on morale, discretionary effort and a loss of talent.

“The greater the proportion of staff from a black or minority ethnic (BME) background who report experiencing discrimination at work in the previous 12 months, the lower the levels of patient satisfaction, the experience of BME staff is a very good barometer of the climate of respect and care for all within NHs Trusts”. (West, M et al 2011).

We recognise, through a number of different forms of feedback, that the experience of our BME and disabled staff within our workforce is less favourable than that of White (non BME) staff, able bodied, or staff with good mental health currently.

Workforce Equality Objective
It is acknowledged that some of the issues are complex. One critical aspect to addressing them is actually working to understand the root causes and the impact they have on people in different ways. However, we do know through feedback that the experience of BME and disabled staff is different than that of their counterparts.

Accordingly, having worked with the Trust’s Equality and Human Rights Group we are proposing the following to be the Trust’s overall Workforce Equality Objective:

To improve the representation of BME staff and staff with a disability in all aspects of meaningful engagement, participation and inclusion within the Trust.

This will meet a number of different requirements. One is to implement the WRES which is a requirement under the national contract and by NHSE. This, along with other activities outlined further within this paper should assist in improving perceptions of equal opportunities, fairness and a valued contribution at work.

Implementation of Workforce Race Equality Standard - WRES
The standard has been developed to improve workforce race equality across the NHS. It will help improve the opportunities, experiences and working environment for BME staff and in doing so, help lead towards the improvements in the quality of care and satisfaction for all patients.
The Standard is comprised of nine metrics – four indicators on workforce data, four from the Annual Staff Survey and a final metric which considers Board composition against the population it serves. The purpose of the Standard is to highlight any differences between the experience and treatment of White staff and BME staff with a view to closing those metrics.

The Standard now forms part of the national template contract for all NHS Provider Organisations and has been in place since April 2015. We are expected to publish the Trust’s data for the Standard on 1st July 2015 containing data relating to 1st April 2015 as a baseline. This will then be repeated in 2016 to establish any changes. The actual data set for the Standard which will be published is in Appendix 1. The Board are asked to approve the submission of the data for publication and the support of the Board is requested in the implementation of the Standard and other activities outlined in this paper.

The Trust has previously published a plethora of workforce equality and diversity data over a number of years and has participated in publishing data as part of the Public Sector Equality Duty.

**Schwartz Rounds**

It is planned that we introduce Schwartz Rounds across the Trust. Originating in the United States and introduced into the UK by the Point of Care programme, Schwartz Rounds are an organisation-wide meeting to explore feelings provoked in staff by experiences at work. They are recommended following Francis reviews to help organizations deliver compassionate care. We are looking to have a theme for one of the Schwartz Rounds which focuses on Bullying and Harassment in the workplace.

The Rounds are supported by a trained Schwartz Round Facilitator and it is the intention that the Schwartz Rounds are held over different sites with different themes although the exact details and arrangements are still to be confirmed. It is planned that these will commence from September 2015.

An independent evaluation of the Rounds in the US showed that they had benefitted both individuals, teams and have influenced hospital culture. It is intended that there is an evaluation of each of the individual Schwartz Rounds and the whole programme once complete.

**Focus groups**

We will embark on running a number of Focus Groups which will either be on a CAG basis or across different sites. The purpose will be to obtain first hand feedback from BME staff and other staff on the challenges and barriers around the perceptions of equal and fair opportunities and the treatment experienced by BME staff.

This is an opportunity to obtain information from the front line rather than a service line down approach which has been the traditional method. An integral aspect of this will be the opportunity to obtain staff views about their expectations and what will help but also an opportunity for identifying areas of good practice and positive stories whilst signposting staff to what is presently available but not possibly publicised enough.

We will review and re-fresh the support networks which have dissolved a little since the move to CAGs from Borough structures. These include the BME Networks and the Disability Forum with the intention of agreeing the purpose of the groups and the role they play in improving the perception of equal and fair opportunity and the treatment experienced by BME and staff with a disability.

A significant number of staff report Bullying and Harassment from the Staff Survey. We are looking to re-promote the role and work of the Bullying & Harassment Advisors across the
Trust so staff can know how and where this advice and support can be easily accessed. This will complement the support available through the newly amalgamated Staff Counselling and Well-being Service.

**Supervision, Appraisals & PDPs**

Launched in April 2015 and in line with the performance management culture that the Trust wants to embed, the new performance development process will enable all staff to receive supervision throughout the year, to be able to hold discussions about their personal development plans (PDP) and be appraised twice every year. It sets expectations on every people manager in the Trust to undertake performance development of their teams. People Managers will be provided adequate training support to acquire or build on their existing management development skills. This will also help people managers address feelings of anxieties when managing the performance of a diverse and ethnic team.

The introduction of the central recording tool developed for tracking appraisal completion and performance outcomes will provide transparency of ratings given to employees, particularly those who are BME and/or with disabilities and also assist in identifying and analysing how such ratings compare to their counterparts. The formal Calibration Process will enable visibility of performance review ratings at a senior management level and Equality Impact Assessment (EIA) to be done.

There will be greater transparency with PDP's as it will enable a shift in perception from a paper-filling activity to that which is outcomes driven. The PDP will help identify developmental needs and opportunities, and managers will be expected to play a supportive role in helping the employee achieve their career goals.

This year the Trust will be rolling out a new talent management tool to allow employees to have meaningful conversations about their career, aspirations, maximising their potential which will lead to improved individual contribution for the Trust. We know that our Trust’s sustainability and success is dependent on having the right people with the right skills in the right roles – with the right behaviours and values. It's clear (and supported by much research) that having well-led workforce creates greater engagement, higher performance and thereby improved patient outcomes. The Trust’s talent management system will provide equal opportunities to employees irrespective of their background /protected characteristics to initiate and also be supported by their managers to develop their talents in line with their aspirations and goals.

**Future pipeline**

In addition to the talent management programme which will help address the challenges we face with creating a workforce that is fit for the Trust’s future, we are facing the same issues as other organisations in its „war for talent”. Therefore it is important for the Trust to focus on its branding as an employer and how it can become an employer of choice in the market place. There will be a continued focus Trust-wide during recruitment to send out positive messages about diversity and equality.

Applicant to appointment figures for staff from BME and those with disabilities will be monitored and reported annually as part of the Workforce Race Equality Standard and through the Annual Equality and Diversity Report as part of our Public Sector Equality Duty. We are aware that the conversion rate of job applicants from a Black or black British ethnic background to appointments is low.

We will be offering careers advice to local schools and information of healthcare roles – both clinical and non-clinical within the Trust in order that local young people are aware of the vast range of roles available within the health service. Early careers advice will increase the
likelihood of young people making decisions about health sector roles before embarking on degree-level education which then informs their future.

**Employee Relations processes**

It is intended that the Employee Relations team will monitor the issuance of formal actions taken against BME staff and staff with disabilities. It will also continue to monitor and challenge where the formal action is not proportionate to the alleged misconduct.

We aim to identify and to work with those teams which report high rates of disciplinary and grievances particularly against BME staff and staff with disabilities. Managers will be provided adequate support to address the causes for such high rates in disciplinary and grievances, and to work collaboratively using a range of approaches such as the informal "word in the ear" to using formal performance tools at early stages quickly and effectively.

We will also be publishing data on disciplinary cases as part of the Workforce Race Equality Standard and broader employee relations case data as part of the Annual Equality and Diversity Report.

**Staff Survey Action Plans**

At a Trust wide level, there are themes that have been identified in the lowest five ranking areas that are of concern to us and work needs to be done to identify what can be done to address these. The themes of equality and discrimination, harassment and bullying and violence are of concern and will be brought formally to the Trust Quality Sub Committee and in turn to the PMVA for their recommendations and oversight. The Action Plan is in Appendix 2.

The work being done on Francis also encourages Trusts to identify staff champions and to build reflection into practice, which in turns has an impact on staff and consequently service user experience. At a local level, each CAG and Directorate has been asked to develop an Action Plan in relation to the responses in the staff survey. This should be based on the requirements identified within the report for their specific areas as some CAGs may need to develop and improve approaches to particular themes. There will need to be regular updates on progress through the CAG HR Business Partners. It is important that local issues are identified and staff are given the opportunity to work on their resolution and for the CAGs to reassure their staff that they have heard the feedback and are addressing it.

The Staff Survey Action Plans need to fit seamlessly with other initiatives such as the Workforce Race Equality Standard and the Workforce Equality Objective. The Staff Survey Action Plans will be fed back to the CCGs through the formal monitoring meetings.

**Celebrating Diversity Event**

It is suggested that in order to maintain the momentum and as an opportunity to highlight success stories and areas of good practice, we should hold an event which recognises and celebrates diversity within the Trust. It is envisaged that this could also be scheduled to coincide with the launch of the 2015 Staff Survey, prior to Black History month and at the same time as the first Schwartz Round.

**Empowering people to challenge – confidential reporting system.**

Reports of discrimination in the Staff survey are far more numerous than the related employee relations cases within the organisation would suggest. For staff to feel encouraged and empowered and safe to report discrimination this requires a two pronged approach- One, embedding a culture where staff feel empowered to challenge discrimination and Two, developing a confidential reporting system to the Director of HR, OD and Education & Training.
Outcomes
Improvements reported on a number of key themes through the Annual Staff Survey including the number of B&H cases with particular emphasis on a reduction in the impact on BME staff and staff with a disability.
To have more active representative groups with refreshed objectives and more formalised feedback to the Trust on key issues.
Increased success from shortlisting to appointment for BME staff during recruitment with a focus on areas and roles where there is a significant gap.
A reduction in formal ER cases and a lower proportional impact on BME staff than is presently reported.
An increase in managers acquiring people management competencies through attending the SLaM Leadership and Management development programme - SLaM^2
Monitoring of BME staff accessing CPD and training which reflects their composition of the workforce. Ensuring education and training opportunities are promoted to all staff within the Trust, following on from performance development review.
Conduct an Equality Impact Assessment (EIA) of appraisal outcomes to ensure distribution of outcomes is consistent and there is no direct adverse effect on BME staff or staff with a disability.

Next Steps
- Trust Board to agree, support and endorse Trust Equality Objective
- Trust Board agree, support and endorse the implementation of the Workforce Race Equality Standard and the publication of the associated data.
- Trust Board to agree and support the Staff Survey Action Plan.

References
West, M. Dawson, J. *NHS Staff Management and Health Service Quality, Ashton Business School.* (2011)
APPENDIX 1

WORKFORCE RACE EQUALITY STANDARD – METRICS April 2015

1. Percentage of BME staff in Bands 8-9, VSM (including Executive Board members and senior medical staff) compared to the percentage of BME staff in the overall workforce.

2. Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.

<table>
<thead>
<tr>
<th>Descriptor</th>
<th>White</th>
<th>BME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of shortlisted applicants</td>
<td>3083</td>
<td>3092</td>
</tr>
<tr>
<td>Number appointed from shortlist</td>
<td>392</td>
<td>256</td>
</tr>
<tr>
<td>Ratio shortlisted/appointed</td>
<td>0.127</td>
<td>0.083</td>
</tr>
</tbody>
</table>

Relative likelihood of White staff being appointed from shortlisting compared to BME staff is (0.127/0.083) is therefore **1.53** times greater.

3. Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.

Note: this indicator will be based on the data from a two-year rolling average of the current year and the previous year.
### 2013-2014

<table>
<thead>
<tr>
<th>Descriptor</th>
<th>White</th>
<th>BME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of staff in the workforce</td>
<td>2631</td>
<td>1848</td>
</tr>
<tr>
<td>Number of staff entering the formal disciplinary process</td>
<td>39</td>
<td>77</td>
</tr>
<tr>
<td>Ratios</td>
<td>39/2631 = 0.015</td>
<td>77/1848 = 0.042</td>
</tr>
</tbody>
</table>

Relative Likelihood of BME staff entering the formal disciplinary process compared to White staff is 0.042/0.015 = **2.8** times greater.

### 2014-2015

<table>
<thead>
<tr>
<th>Descriptor</th>
<th>White</th>
<th>BME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of staff in the workforce</td>
<td>2752</td>
<td>1825</td>
</tr>
<tr>
<td>Number of staff entering the formal disciplinary process</td>
<td>33</td>
<td>40</td>
</tr>
<tr>
<td>Ratios</td>
<td>33/2752 = 0.012</td>
<td>40/1825 = 0.022</td>
</tr>
</tbody>
</table>

Relative Likelihood of BME staff entering the formal disciplinary process compared to White staff is 0.022/0.012 = **1.8** times greater.

---

Formal Disciplinary Investigation

#### 2013-2014

<table>
<thead>
<tr>
<th>Total</th>
<th>116</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>37</td>
</tr>
<tr>
<td>White British</td>
<td>35</td>
</tr>
<tr>
<td>Irish</td>
<td>0</td>
</tr>
<tr>
<td>Other White background</td>
<td>2</td>
</tr>
<tr>
<td>Mixed</td>
<td>4</td>
</tr>
<tr>
<td>White and black Caribbean</td>
<td>2</td>
</tr>
<tr>
<td>White and Black African</td>
<td>1</td>
</tr>
<tr>
<td>White and Asian</td>
<td>0</td>
</tr>
<tr>
<td>Any other mixed</td>
<td>1</td>
</tr>
<tr>
<td>Asian or Asian Brit</td>
<td>1</td>
</tr>
<tr>
<td>Indian</td>
<td>0</td>
</tr>
<tr>
<td>Pakistani</td>
<td>0</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>0</td>
</tr>
<tr>
<td>Other Asian background</td>
<td>1</td>
</tr>
<tr>
<td>Black or Black British</td>
<td>62</td>
</tr>
<tr>
<td>Caribbean</td>
<td>12</td>
</tr>
<tr>
<td>African</td>
<td>45</td>
</tr>
<tr>
<td>Any other black background</td>
<td>5</td>
</tr>
<tr>
<td>Other ethnic groups</td>
<td>12</td>
</tr>
<tr>
<td>Chinese</td>
<td>0</td>
</tr>
<tr>
<td>Any other ethnic group</td>
<td>10</td>
</tr>
<tr>
<td>Not Stated</td>
<td>2</td>
</tr>
</tbody>
</table>

#### 2014-2015

<table>
<thead>
<tr>
<th>Total</th>
<th>74</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>33</td>
</tr>
<tr>
<td>White British</td>
<td>20</td>
</tr>
<tr>
<td>Irish</td>
<td>5</td>
</tr>
<tr>
<td>Other White background</td>
<td>8</td>
</tr>
<tr>
<td>Mixed</td>
<td>1</td>
</tr>
<tr>
<td>White and black Caribbean</td>
<td>1</td>
</tr>
<tr>
<td>White and Black African</td>
<td>0</td>
</tr>
<tr>
<td>White and Asian</td>
<td>0</td>
</tr>
<tr>
<td>Any other mixed</td>
<td>0</td>
</tr>
<tr>
<td>Asian or Asian Brit</td>
<td>6</td>
</tr>
<tr>
<td>Indian</td>
<td>4</td>
</tr>
<tr>
<td>Pakistani</td>
<td>1</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>0</td>
</tr>
<tr>
<td>Other Asian background</td>
<td>1</td>
</tr>
<tr>
<td>Black or Black British</td>
<td>30</td>
</tr>
<tr>
<td>Caribbean</td>
<td>5</td>
</tr>
<tr>
<td>African</td>
<td>23</td>
</tr>
<tr>
<td>Any other black background</td>
<td>2</td>
</tr>
<tr>
<td>Other ethnic groups</td>
<td>4</td>
</tr>
<tr>
<td>Chinese</td>
<td>0</td>
</tr>
<tr>
<td>Any other ethnic group</td>
<td>3</td>
</tr>
<tr>
<td>Not Stated</td>
<td>1</td>
</tr>
</tbody>
</table>

19 of 92
Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff.

<table>
<thead>
<tr>
<th>Descriptor</th>
<th>White</th>
<th>BME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of staff in workforce</td>
<td>2626</td>
<td>1947</td>
</tr>
<tr>
<td>Number of staff accessing non-mandatory training and CPD</td>
<td>543</td>
<td>390</td>
</tr>
<tr>
<td>Ratio</td>
<td>21</td>
<td>20</td>
</tr>
</tbody>
</table>

Relative likelihood of BME staff accessing non-mandatory training and CPD compared to White staff is 21/20 = 0.05 times greater.

KF18 – Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.

<table>
<thead>
<tr>
<th>Ethnic background</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
</tr>
<tr>
<td>33</td>
</tr>
</tbody>
</table>

KF19 – Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.
7 KF27 – Percentage believing that the trust provides equal opportunities for career progression or promotion.

<table>
<thead>
<tr>
<th>Ethnic background</th>
<th>White</th>
<th>Black and minority ethnic</th>
</tr>
</thead>
<tbody>
<tr>
<td>KF19. % experiencing harassment, bullying or abuse from staff in last 12 mths</td>
<td>23</td>
<td>30</td>
</tr>
</tbody>
</table>

8 Q23 – In the last 12 months have you personally experienced discrimination at work from any of the following:

b) Manager/team leader or other colleagues

<table>
<thead>
<tr>
<th>Picker</th>
<th>Trust</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>23b</td>
<td>Discrimination from manager/team leader or other colleagues</td>
<td>12 %  8 %</td>
</tr>
</tbody>
</table>

9 Boards are expected to be broadly representative of the population they serve.

### Board Composition

<table>
<thead>
<tr>
<th>Ethnic background</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A White - British</td>
<td>73%</td>
</tr>
<tr>
<td>H Asian or Asian British - Indian</td>
<td>9%</td>
</tr>
<tr>
<td>C White - Any other White background</td>
<td>9%</td>
</tr>
<tr>
<td>B White - Irish</td>
<td>9%</td>
</tr>
</tbody>
</table>
Trust Board Ethnic Composition

A White - British
H Asian or Asian British - Indian
C White - Any other White background
B White - Irish

Croydon

Asian: 16%
Black: 20%
Mixed: 7%
Other ethnic group: 2%
White: 55%

Lambeth

Asian: 7%
Black: 26%
Mixed: 8%
Other ethnic group: 2%
White: 57%
APPENDIX 2

STAFF SURVEY ACTION PLAN

The 2014 Staff Survey highlighted a number of areas where the Trust is performing well compared to other Mental Health Trusts in England. The areas where we performed well were:

- Percentage of staff agreeing that they would feel secure raising concerns about unsafe clinical practice - Trust Score: 73%.
- Percentage of staff able to contribute towards improvements at work - Trust Score: 75%.
- Percentage of staff agreeing that feedback form patients/service users is used to make informed decisions in their directorate/department - Trust Score: 62%.
- Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver - Trust Score: 80%.
- Percentage of staff agreeing that their role makes a difference to patients - Trust Score: 91%.

All of these high ranking scores are patient-centred or relate to the quality of care provided to patients and service users and it is therefore, essential that we endeavour to maintain and improve on these scores over the coming year. Consequently, it is important that staff receive regular and high quality supervision and appraisal in order to raise concerns, obtain feedback on their contribution in supporting and caring for patients, and how they have input into decisions about their working environment which affect how they provide care to patients.

Through ensuring staff have a well-structured appraisal or performance development review with a robust personal development plan we can ensure education and development interventions are designed and delivered to enable staff to feel their role makes a difference to patients.

Our staff engagement score increased on the previous year and is higher than the average for Mental Health Trusts in England so it is important that we maintain mechanisms in the Trust where feedback about developments can be cascaded and staff feel able to provide feedback on things at work that are affecting them.

Whilst maintaining and trying to improve on the areas where the Trust performed well, there are also a number of areas where the Trust performed less well compared to Mental Health Trusts in England. These were:

- Percentage of staff believing the Trust provides equal opportunities for career progression or promotion - Trust Score: 77%
- Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months. - Trust Score: 36%
- Percentage of staff experiencing physical violence from staff in the last 12 months - Trust Score: 6%

- Percentage of staff experiencing discrimination at work in the last 12 months - Trust Score: 20%

- Percentage of staff experiencing physical violence from patients, relatives or the public in the last 12 months - Trust Score: 24%

It is acknowledged that feedback from staff outlines that Black and Minority Ethnic (BME) staff and staff with a disability perceive they receive less favourable treatment than counterparts. In order to address these issues, the following Action Plan has been developed and will be implemented over the coming months. It is intended that monitoring and reporting of progress against the plan will be provided through the Prevention and Management of Violence and Aggression (PMVA) Group and the Quality sub-Committee of the Board.

<table>
<thead>
<tr>
<th>ACTION</th>
<th>TARGET DATE</th>
<th>LEAD(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree Trust Workforce Equality Objective</td>
<td>May 2015</td>
<td>Trust Board</td>
</tr>
<tr>
<td>Agree Trust Staff Survey Action Plan.</td>
<td>May 2015</td>
<td>Trust Board</td>
</tr>
<tr>
<td>Submission of baseline WRES data from April 2015</td>
<td>July 2015</td>
<td>Deputy HRD</td>
</tr>
<tr>
<td>Each CAG and Corporate Directorate to develop a Staff Survey Action Plan. It is recognised that whilst there is an overall measure against specific Key Indicators of the Staff Survey, there will be variances between CAGs and Directorates and having a tailored plan based on the detail for the specific area will ensure the plan addresses areas for improvement.</td>
<td>April – June 2015</td>
<td>HR Business Partners</td>
</tr>
<tr>
<td>Run a number of focus groups across the Trust to gather information and further feedback on the barriers and challenges faced by BME staff. It is recognised that this is an opportunity to take time and listen to each other and obtain a better understanding of the issues, the causes of those issues and potential solutions. The complexity of the issues involved require a more granular exploration and probing of the detail behind perception and feelings</td>
<td>July – September 2015</td>
<td>HR Business Partners/SLaM Partners/BME Network representatives.</td>
</tr>
</tbody>
</table>
and which go beyond ethnic groups but into different cultural norms, values and expectations. It is envisaged that these may be more effectively run in boroughs rather than CAGs. Our experience is that the BME Networks when borough-based were more active and dissolved a little when they moved to CAG based Networks.

<p>| Undertake retrospective audits of reported incidents of violence and aggression to identify any trends and/or themes arising from these especially in relation to race and ethnicity. The data from the Staff Survey is not detailed enough to identify if particular areas and groups of staff are more prone to violence and aggression and the reasons for this. The analysis of the data will inform a remedial plan to reduce the violence and aggression experienced by our staff. | July 2015 | Director of Nursing/PMVA Group. |
| Hold a Schwartz Round with a specific theme of Bullying and Harassment. The actual detail of this and how it is managed will be critical to enable staff to feel safe in talking through their experience. | September – December 2015 | Trust Head of Psychology/Schwartz Round Facilitator. |
| Re-fresh the Profile of the Trust’s Bullying and Harassment Advisors so staff are aware of their roles and where they can obtain independent and impartial support and advice from if they are feeling or experiencing bullying or harassment in the workplace. | May 2015 | Deputy HRD. |
| Ensure all staff have an appraisal and mid-year review and for ratings to be recorded on the centralised system. In line with Trust Policy it is intended that appraisals are conducted between April and June. Feedback and monitoring of appraisal take-up will be provided back to CAGs and Directorates with formal monitoring through the OPM meetings. | April – June 2015 | HR Business Partners/CAG Service Directors. |
| | Ongoing | OPM Chair. |</p>
<table>
<thead>
<tr>
<th>Activity</th>
<th>Timeframe</th>
<th>Responsible Parties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calibration of appraisal ratings to be conducted and an equality impact assessment performed to assess any adverse impact on BME staff compared to White colleagues.</td>
<td>July-August 2015</td>
<td>HR Business Partners/CAG Mgmt teams.</td>
</tr>
<tr>
<td>Assessment of Personal Development Plans (PDP) requirements by CAG Education and Training Leads and supported by HRBPs for SLaM² programme, where applicable.</td>
<td>July-August 2015</td>
<td>CAG E&amp;T Leads/HR Business Partners/SLaM Partners.</td>
</tr>
<tr>
<td>Identifying future talent through performance development reviews and signposting to development opportunities.</td>
<td>July - onwards</td>
<td>Line Managers/HR Business Partners.</td>
</tr>
<tr>
<td>Supporting Head of Psychology and Director of Nursing in the establishment of the Speaking Up Guardian role, and its relationship to other roles/forums within the Trust.</td>
<td>June 2015</td>
<td>Trust Head of Psychology/Head of Employee Relations.</td>
</tr>
<tr>
<td>Re-affirming the importance of regular supervision and re-launching the Trust’s Supervision Policy with regular reminders on the Intranet.</td>
<td>Ongoing</td>
<td>Trust Head of Psychology/Communications.</td>
</tr>
<tr>
<td>Review of formal employee relations processes and coaching support to managers in managing difficult situations. Increasing earlier interventions through a formal conversation earlier on rather than the issues leading to formal action or hearing.</td>
<td>April 2015</td>
<td>Head of Employee Relations/Line Managers.</td>
</tr>
<tr>
<td>Organise a Celebrating Diversity event to coincide with other activities e.g. Black History Month but to also recognise that this Action Plan focuses mainly on two of nine protected characteristics so it is important not to lose sight of those and to celebrate all diversity within the Trust.</td>
<td>October/November 2015</td>
<td></td>
</tr>
<tr>
<td>Task</td>
<td>Date</td>
<td>Responsible</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>----------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Review of Whistleblowing Policy to ensure all aspects of Francis and Speaking Up are incorporated.</td>
<td>June 2015</td>
<td>Head of Employee Relations.</td>
</tr>
<tr>
<td>Liaise with Clinical Directors to ascertain how academic research conducted through IoPPN can inform approaches to improving engagement and inclusion of BME staff.</td>
<td>July 2015</td>
<td>Deputy HRD.</td>
</tr>
</tbody>
</table>
Date of Board meeting: 26 May 2015

Name of Report: BDIC Summary Report

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

Author: Emily Buttrum

Approved by: Matthew Patrick

Presented by: Emily Buttrum

**Purpose of the report:**

To inform the board of the key issues discussed at the Business Development Investment Committee

**Action required:**

None

**Recommendations to the Board:**

To note the report

**Relationship with the Assurance Framework (Risks, Controls and Assurance) and level of assurance provided by the report - none, low, moderate, high:**

The Business Development Investment Committee provides support and challenge to the development and implementation of the Trust’s commercial strategy. It is responsible for approving major investment decisions including proposals for new business and for scrutinising the strategy for the improvement of efficiency and productivity in order to enable delivery of the Trust’s strategic and operational objectives.

**Summary of Financial and Legal Implications:**

n/a

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

n/a

**Service Quality Implications:**

n/a
1. The committee welcomed Angela Flood, the newly appointed Governor observer.

2. The digital strategy was discussed. The Committee endorsed the view that the primary aim in developing digital services is to improve clinical outcomes and services to patients. It was agreed that we need a governance framework for digital services – one which allows staff to be innovative and entrepreneurial, at the same time providing an appropriate degree of structure, so that services are developed in a co-ordinated and cost-effective way.

The Committee also agreed on the importance of effective communication within SLaM of the digital strategy, including the governance framework. We should organise a high-profile launch event in due course.

Next step
Board to sign off strategy and governance structure and, in due course, the implementation and communication plans.

3. BDIC were given background to the partnership between Bupa and SLaM/the Tavistock. The original aim was to develop and test innovative approaches that have relevance to the NHS, generate income for SLaM and provide benefit to Bupa. The arrangement has met its objectives so far, including income generation for the Trust: costs have been recovered and a margin earned. However, it is timely to take stock and re-evaluate the partnership.

At a recent meeting of the Bupa partnership board, SLaM proposed three future work streams for consideration by Bupa. It is not clear that Bupa will wish to pursue any of these programmes and we are currently awaiting Bupa’s response.

Next step
We await feedback from Bupa on the potential work-streams and bring back to BDIC if any decision is required on the future of the partnership.

4. The timetable for preparatory work on the commercial strategy was discussed, leading up to the Board “deep dive” in May. There was discussion around the commercial director’s structuring of the options and scenarios to be presented to the Board.

The outline presentation suggested that there are two “must do’s”:
1. Improve the quality and manage/reduce the cost of current services through the application of a “value-based healthcare” approach.
2. Improve profitability through refinement and implementation of a successful commercial strategy.

Beyond these steps there are business-critical decisions to be made about integrated care and geographical expansion.

5. Other items briefly discussed included:
   a. Announcement that a tender has been released for the provision of services in Wormwood Scrubs prison. A bid/no-bid decision will be required by the Committee.
   b. A new proposal to provide strategy support Abu Dhabi health authority has been submitted. Awaiting the result.
Meeting administration

Introduction and welcome to AF, the newly appointed Governor observer.

Declarations of interest

SD is a member of the Board of Maudsley Learning.

Minutes of last meeting and matters arising

The minutes were agreed as an accurate record, including:

- Progress update on Abu Dhabi and China.
- Conclusion, after lengthy discussion, on the Qatar opportunity. Subsequently a response was sent which was, in effect, a non-compliant submission.

Digital strategy

SD presented the digital strategy for discussion and feedback.

The Committee endorsed the view that the primary aim in developing digital services is to improve clinical outcomes and services to patients. There may be opportunities in future to make money from digital services, but that is not the primary aim.

The Committee agreed that we need a governance framework for digital services – one which allows staff to be innovative and entrepreneurial, but at the same time provides an appropriate degree of structure, so that services are developed in a co-ordinated and cost-effective way. The governance framework is under development.
The Committee also agreed on the importance of effective communication within SLaM of the digital strategy, including the governance framework. We should organise a high-profile launch event in due course.

Comments

- It was noted that, while SLaM is a data rich organisation, we cannot yet claim to have developed digital services. We have not yet learned to turn good ideas and prototype solutions into robust applications which can be used reliably by or for patients and staff.
- We have the opportunity to develop services and products that will enhance our reputation and enable us to capitalise on intellectual property that would otherwise dissipate.
- We need to ask hard questions at the start of any proposal to develop a digital service: Why are we doing this? What is the expected benefit? What will it cost? We should not be pursuing “hobby projects” which are unlikely to meet the criteria of delivering lasting, cost-effective improvements to clinical outcomes and services to patients.
- The potential to work with venture partners was discussed. There are no firm plans to partner at this stage, but we should keep an open mind while being mindful of financial and reputational risks.

In summary

- We are not a software company – the digital strategy is about improving services.
- Good governance is essential.
- It will be important to launch the strategy when finalised and to communicate effectively.

Next steps

Board to sign off strategy and governance structure and, in due course, the implementation and communication plans.

Bupa partnership

AP shared the background to the partnership between Bupa and SLaM/the Tavistock. The original aim was to develop and test innovate approaches that have relevance to the NHS, generate income for SLaM and provide benefit to Bupa.

The partnership was for a three-year period, and we are now just past the halfway stage. The arrangement has met its objectives so far, including income generation for the Trust: costs have been recovered and a margin earned. However, it is timely to take stock and re-evaluate the partnership.

At a recent meeting of the Bupa partnership board, SLaM proposed three future work streams for consideration by Bupa. We are currently awaiting Bupa’s response.

The three workstreams are in the following areas:

- The musculoskeletal pathway (MSK) - (in particular non-specific back pain)
- Dementia services
- MH informatics outcomes registry

The first two are considered the most promising, but it is not clear that Bupa will wish to pursue any of the three workstreams.
The following points were agreed:

- Once we have a response from Bupa, we will need a further discussion at BDIC.
- If the partnership should come to an early end, a short lessons-learned paper should be prepared, for discussion by the Committee.

**Next step**

We await feedback from Bupa on the potential workstreams.

**Commercial strategy**

EB talked the BDIC through the timetable for preparatory work leading up to a Board “deep dive” in May. She then shared her thinking to date on the structuring of the options and scenarios that the Board will discuss.

The outline presentation suggested that there are two “must do’s”:

1. Improve the quality and manage/reduce the cost of current services through the application of a “value-based healthcare” approach.
2. Improve profitability through refinement and implementation of a successful commercial strategy.

Beyond these steps there are business-critical decisions to be made about integrated care and geographical expansion.

In discussion the following points were made:

- Priorities and sequencing are important. We need to be wary of the risk of trying to do too much at once.
- We must not assume that we are in complete control of our own destiny. We will need to influence others – particularly commissioners – if we are to succeed.
- One of the key decisions is whether we focus primarily on mental health (excellence in both service delivery and R&D), or make a priority of integrating with other providers and services.
- We need to be clear about what we mean by integration and integrated care. The terms are used to mean different things by different people.

**AOB**

- A tender has been released for the provision of services in Wormwood Scrubs prison. A bid/no-bid decision will be required by the Committee. It was agreed to hold an extra meeting if necessary.
- A new proposal to provide services to Abu Dhabi has been submitted. We are awaiting the result.

**Forward Planner**

- There will be a further discussion on Bupa after the next meeting of the Bupa partnership board.

Olivia Howarth
April 2015
## Business Development Investment Committee – 2014/15 action tracker

<table>
<thead>
<tr>
<th>Issue</th>
<th>Action</th>
<th>By</th>
<th>When</th>
<th>Status</th>
<th>RAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 2015</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Bupa Partnership</td>
<td>We await feedback from Bupa on the potential work-streams and bring back to BDIC.</td>
<td>BDIC</td>
<td>May 15</td>
<td>Ongoing</td>
<td>N/A</td>
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<tr>
<td>Digital Strategy</td>
<td>Board to sign off strategy and governance structure and, in due course, the implementation and communication plans.</td>
<td>Board</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>February 2015</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>International opportunity – Abu Dhabi</td>
<td>Update would be welcome at the meeting of the BDIC in June, with the financial models would be circulated in the interim.</td>
<td>JF</td>
<td>June 15</td>
<td>Schedule</td>
<td></td>
</tr>
<tr>
<td>International opportunity – China</td>
<td>Agreed to schedule update for the Oct BDIC after further visit and decision on whether and how work will progress.</td>
<td>ZR</td>
<td>Oct 15</td>
<td>Scheduled</td>
<td></td>
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<tr>
<td>International opportunity – Qatar</td>
<td>Sign off letter to Qa</td>
<td>All</td>
<td>Feb 15</td>
<td>Done</td>
<td></td>
</tr>
<tr>
<td>December 2014</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Commercial strategy</td>
<td>After minor amends from BDIC, circulate to the</td>
<td>EB</td>
<td>Dec 14</td>
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<tr>
<td></td>
<td>International opportunity - Abu Dhabi</td>
<td>Update report to be provided in February, with the note the financials need to be reviewed beforehand.</td>
<td>JF</td>
<td>Oct 14</td>
<td>Done</td>
</tr>
<tr>
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<td>-------------------------------------------------------------------------------------------------</td>
<td>----</td>
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</tr>
<tr>
<td>1</td>
<td>International opportunity - China</td>
<td>Develop the business model and financial analysis.</td>
<td>ZR</td>
<td>Oct 14</td>
<td>Done</td>
</tr>
<tr>
<td>2</td>
<td>International strategy</td>
<td>Development of due diligence template out of the meeting.</td>
<td>EB, GH</td>
<td>Oct 14</td>
<td>Done</td>
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</table>

OH/May 2015

Board and executive group.
Schedule a SMT discussion to help shape the workshop direction.
**TRUST BOARD OF DIRECTORS – SUMMARY REPORT**

<table>
<thead>
<tr>
<th>Date of Board meeting:</th>
<th>26 May 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Report:</td>
<td>Strategic Plans for King's College London</td>
</tr>
<tr>
<td>Heading:</td>
<td>Strategy</td>
</tr>
<tr>
<td>Author:</td>
<td>Professor Edward Byrne, President and Principal, King's College London</td>
</tr>
<tr>
<td>Approved by:</td>
<td>Dr Matthew Patrick</td>
</tr>
<tr>
<td>Presented by:</td>
<td>Professor Edward Byrne</td>
</tr>
</tbody>
</table>

**Purpose of the report:**
To outline where KCL is and where it will be heading over the next 5 years.

**Action required:**
To receive the presentation and discuss issues arising.

**Recommendations to the Board:**
To note the presentation.

**Relationship with the Assurance Framework (Risks, Controls and Assurance) and level of assurance provided by the report - none, low, moderate, high:**
N/A

**Summary of Financial and Legal Implications:**
N/A

**Equality & Diversity and Public & Patient Involvement Implications:**
N/A

**Service Quality Implications:**
N/A
**TRUST BOARD OF DIRECTORS – SUMMARY REPORT**

**Date of Board meeting:** 26th May 2015

**Meeting the Public Sector Equality Duty:**
Publishing local ethnicity information reports

**Name of Report:**
for Croydon, Lambeth, Lewisham and Southwark

**Heading:**
Strategy

**Author:**
Macius Kurowski, Equality Manager
Kay Harwood, Head of Planning, Involvement and Equality

**Approved by:**
Zoe Reed, Director, Organisation and Community

**Presented by:**
Zoe Reed, Director, Organisation and Community

**Purpose of the report:**
To provide an update to the Board on the development and publication of local-level ethnicity information reports for Croydon, Lambeth, Lewisham and Southwark.

**Action required:**
The Board are asked to note that borough level ethnicity reports have been developed and will be published on the Trust website. We will use the learning from these reports, along with feedback received, to improve the way we do this for all protected characteristics in the future.

**Recommendations to the Board:**
The Board are asked to note the proposed next steps to continue to develop the Trust’s equality work stream

**Relationship with the Assurance Framework (Risks, Controls and Assurance) and level of assurance provided by the report - none, low, moderate, high:**
The Trust must comply with the equalities legislation and NHS requirements, including Monitor and CQC.

**Summary of Financial and Legal Implications:**
As a public authority the Trust must ensure it meets the general and specific equality duties set out in legislation.

**Equality & Diversity and Public & Patient Involvement Implications:**
This document builds on information published by the Trust in January 2015 to provide local-level ethnicity information. The reports have been produced in response to feedback from local stakeholders to set out accessible data on access and experience, what the Trust thinks this means and what the Trust is doing about this.

**Service Quality Implications:**
Identifying and addressing the needs and experiences of service users with different protected characteristics will support the Trust's work to deliver safe, effective, caring and responsive services.
South London and Maudsley NHS Foundation Trust

Meeting the Public Sector Equality Duty:
Publishing local ethnicity information reports for Croydon, Lambeth, Lewisham and Southwark

Background
For the last three years South London and Maudsley has published annual Trust-wide equality information to report how we are progressing on equality. Service users, carers and other local stakeholders have told us they want to see local-level information on our equality performance.

After consideration of this feedback from our stakeholders, the availability of data on access and experience and the need for the reports to be accessible to local stakeholders, it was decided to focus the first set of borough reports on ethnicity. However we recognise the important of being accountable for our equality performance for other protected characteristics and as such we will be applying learning from these reports, and feedback we receive on them, to improve the way we do this for all groups in the future.

Summary of local ethnicity information reports
We have developed individual reports for each of the boroughs of Croydon, Lambeth, Lewisham and Southwark which provide information on:

1. the ethnicity of service users who are accessing 10 key teams in each borough
2. service user experience, from all teams in each borough, on questions relating to the Trust’s service delivery equality objectives which are:
   a) all Trust service users have a say in the care they get
   b) Trust staff treat all service users and carers well and help service users to achieve the goals they set for their recovery
   c) all service users feel safe in Trust services

This information is being published and can be found on our website at: equality information.

Limitations of the data
Data from the four reports provides useful food for thought about who is, or is not accessing our services and the experience of service users of different ethnicities. However, it is also important to recognise the limitations of what this data alone can tell us. For example:

- for certain teams, the level of use of the unknown ethnicity category makes it difficult to draw meaningful conclusions about access
- the snapshot ethnicity profile of teams alone does not give information on the pathway of service users in the snapshot. This needs consideration of other data along with staff and service user interpretation and insight
• census data may not be the best comparator for all teams as it does not factor in different levels of risk of developing mental health conditions among different ethnic groups. For example this context is an important factor to consider in understanding the ethnicity profile of services supporting people with psychosis.

• this report provides insight into the experience of a sample of service users from each borough who have given their feedback about our services through surveys. But the borough-wide sample sizes for some ethnic groups are low and will be even smaller at a team level where responses to feedback can be most meaningful.

• The proportion of people who completed the survey does not appear to represent the proportion of people using our services in every case and this will need further investigation.

**What does this data tell us?**

**Trust-wide**

The data shows there is good access for ethnic minority service users to most of the Trust services in the reports where sufficient ethnicity data has been recorded to enable meaningful consideration.

Research has highlighted elevated levels of risk of developing psychosis among Black communities. This is reflected in the high proportions of Black service users accessing both crisis and acute wards and teams that support people in the community, such as promoting recovery teams and home treatment teams. There are also a high proportion of Black service users accessing support at an earlier stage of psychosis through the early intervention team.

The majority of service users from all ethnicities reported positive experiences to all four questions relating to the Trust’s Equality Objectives. There are some variations in experience between boroughs and service users of different ethnicities but there are also similarities. Variation may be partly due to different levels of responses to surveys. While the response rates have increased over the three years for service users of all ethnicities in each borough we recognise that we need to work to increase the completion rate further. Common to all boroughs, is the service users who didn’t disclose their ethnicity almost always reported the poorest experience.

Overall, the data in this report highlights the importance of continuing work to embed cultural competency across all pathways to enable the Trust to deliver effective services to service users of all ethnicities.

**Borough level**

**Croydon**

Further work is needed to understand access to assessment and treatment teams, where the proportion of Asian and Black service users appears low. The integrated psychological therapies team need to continue work underway to understand access to the service. While the proportion of Black service users has increased significantly in the previous year, the proportion of Asian
service users remains low. There also needs to be work to understand the increase in service users from other ethnic groups in the Memory Service.

Feedback is broadly similar between service users of different ethnicities and has generally improved slightly over the three years.

**Lambeth**
Similarly in Lambeth further work is needed to understand the access to the integrated psychological therapies team, where the proportion of Asian and Black service users appears low and home treatment teams, where the proportion of Asian service users appears low.

Feedback has improved slightly over the three years. Black service users in Lambeth were slightly less likely to report feeling treated with dignity and respect or having their individual needs met than service users of other ethnicities.

**Lewisham**
Further work is needed to understand access to the early intervention service, where the proportion of Asian service users appears slightly low.

Feedback is broadly similar for service users of all ethnicities and has improved over the three years with the exception of feelings of safety where there has been a decrease. This may be partly due to the lower response rate to this question than in other boroughs.

**Southwark**
Further work is needed to understand the access to the early intervention team and promoting recovery teams, where the proportion of Asian service users appears low.

Feedback is broadly similar for service users of all ethnicities. But there has been varied feedback from service users over the three years with some increases and decreases in positive experience.

**What are we doing about this?**
We recognise that there are limitations to the data in this report and more work is needed to interpret and understand it more fully. However it provides useful questions to help us identify areas where we should focus our attention over the coming months. In summary, we will:

- continue working to consider and interpret ethnicity data on access and experience in relevant policy reviews; strategy development, service reviews and service changes, such as the Adult Mental Health Service developments that are underway in the boroughs; and respond accordingly to any potential race equality issues that are identified
- continue to work to improve our equality performance through delivery of the Trust’s equality objectives and quality priorities
- work to increase recording of ethnicity on our electronic patient journey system [ePJS] to help improve our understanding of access to services
continue to work to embed cultural competency in our service delivery, particularly in relation to the needs and experiences of Black service users, through training, guidance, reflective practice and projects such as the Tree of Life

seek to increase the amount of service user feedback collected through surveys conducted by teams in all four boroughs. Service users should be encouraged to disclose their ethnicity in surveys and reassured that this will be anonymous and kept confidential. Teams will get monthly reports on the ethnicity of service users completing surveys so they can identify and respond to gaps in feedback

use this evidence alongside feedback through other means (for example from service user advisory groups; local voluntary and community groups etc.) to better understand service users' experiences and improve our services accordingly

continue to work in partnership with:
  o our Commissioners, relevant Local Authorities and third sector organisations to implement recommendations from the Department of Health’s ‘Future in Mind’ report to improve access to effective support for BME young people
  o Croydon CCG, Off The Record, Croydon BME Forum and Hear Us to respond to the recommendations of the ‘Mind The Gap’ report.
  o Lambeth CCG, and Lambeth Black Health and Well Being Commission to respond to the recommendations of the ‘From Surviving to Thriving’ report, including collaborating with the newly formed Lambeth Independent Advisory Group

publish another report with local ethnicity information for all four boroughs in January 2016, as part of our annual equality information to show what has changed during 2015.
TRUST BOARD OF DIRECTORS – SUMMARY REPORT

Date of Board meeting: 26th May 2015

Name of Report: Finance Report (Month 1 FY15/16)

Heading: Performance & Activity

Author: Tim Greenwood, Mark Nelson
Finance Directorate, BRH

Approved by: Gus Heafield
(name of Exec Member)

Presented by: Gus Heafield

Purpose of the report:
The Finance Report provides an update on the financial position of the Trust as at 30th April 2015 (month 1 FY 15/16). The Board will appreciate that this is the first report of the year and hence is seeking to give a high level overview at this stage given that some of the detailed elements of the plan are being implemented in budgets with a target to do so before month 2 figures are published.

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 the 2015/16 plan addresses these issues appropriately and that there are appropriate actions in train to address them.

Recommendations to the Board:
That the Trust Board of Directors approves the report on the financial position for April 2015

Relationship with the Assurance Framework (Risks, Controls and Assurance):
The report is a key component of risk item 6 of the Board Assurance Framework (ensuring financial sustainability) 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. The Trust finalised its Operational Plan for FY15/16 earlier this month with an EBITDA target of £12.4m for the full year and EBITDA of £2.6m for Q1. The Target CoSSR is 3 (made up of a debt service ratio metric of 2 and liquidity metric of 4).

Equality & Diversity and Public & Patient Involvement Implications:
The report identifies activity and financial pressures that if not resolved as part of the delivery of the FY15/16 plan, 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.
South London and Maudsley NHS Foundation Trust

Finance Report 2015/16 – April 2015 (month 1)

The financial reporting is under review – a revised report is planned for the Q1 reporting. As this is the first report of the financial year and so soon after the finalisation of the FY15/16 plan, this report follows the outline of the FY 14/15 reports but in a cut down format.

Section A – Headlines & Key Issues

1) Headlines

- The first result of the new financial year indicates that we are on plan for our EBITDA target of £2.8m for Q1 (month 1 £0.97m EBITDA).
- The Operational Plan performance shows a Continuity of Service Rating (CoSRR) of 3 with a liquidity rating of 4 and a debt service ratio of 2 based on our EBITDA at month 1
- Further work is underway to finalise the detailed budgets in respect of the operational plan finalised earlier in the month.
- The Programme Office Team have been meeting with Service Directors to support them in reviewing and improving planning for CIPs and seeking to develop new ideas for cost savings. A further update will be available at the meeting.

2) Key Issues

- The position on several of the key cost drivers has improved from 2014/15 but there remain concerns, based on month 1, regarding –
  - Ward nursing costs and particularly expenditure on PICUs. Safer staffing budgets are largely in place and all wards/units are expected to operate within these.
  - C&V income has moved from a surplus position to a deficit in month 1. Income targets have increased and historically there is often a drop off in activity in the opening months. Nevertheless, this position will need to be closely monitored especially given how an increasing share of Trust income is being tied to activity performance.
  - Lambeth Alliance Contract - as anticipated there is a time lag in the impact of the new Lambeth Provider Alliance diverting admissions from our inpatient wards - McKenzie Unit was full in April with Lambeth CCG patients and we expect the new pathways to begin to take effect during the first six months of the year.
• Progress has been made to establish appropriate budgets within the CAGs and Infrastructure services following the finalisation of the Operational Plan, although some budgets remain to be finalised.

• Further work is required to meet both the 2% local CIPs target and develop Trustwide plans in more detail. As stated above, all Directors are in the process of identifying further savings and are expected to give assurance that their schemes will be delivered in full. Directors are working with the PMO to help achieve this.

3) Key Issues Raised By The Board

i) Community Pharmacy Update

- Further discussions with the Psychosis CAG have indicated that the original Pilot demonstrated that there is clearly a value and an impact on OBDs, but at present there are concerns about whether the same impact would be gained from replicating it, and that the saving is a double count against AMH.
- There is a question on whether the results can be replicated and replicated at scale across different teams.
- There is no funding identified within the CAG or the Trust plan to resource it at scale at present.

The CAG is considering a proposal to extend the pilot for a further 3 months at a cost of £6.5k to see if it replicates results in a different team. If this is demonstrated then it may be a further system intervention with potential for reducing bed usage.

I have suggested therefore that we review this again once the outcome of the further pilot is available at the end of Q2 this year.

ii) Programme Office (PMO)

The key principles for the establishment of the CIP Programme Office have been discussed at the Senior Management Team and built into the Operational Plan. We have established a team working in parallel with the finance team to support the assurance of delivery of the CIP programme and to support CAGs and Directorates in the generation of new ideas. The Programme Officer is meeting with all of the CAG Service Directors and as appropriate with their teams. Work to date has been focused on Psychosis and Older Adults and has been welcomed by those CAGs. Further updates on progress with the CIPs through the CIP tracker will be available at the Board.

The added assurance provided by the PMO is summarised below:

- Establishes and deploys a common set of project management processes and templates for all of the CIP schemes.
- Builds the methodology and updates needed to account for improvements and best practices.
Facilitates improved communications by having common processes, deliverables, and terminology.
Provides training to build core project management competencies and a common set of experiences.
Delivers project management coaching services to keep projects CIP Schemes on track.
Tracks basic information on the current status of all CIPs and provides project visibility to management in a common and consistent manner.
Links CIPs to corporate objectives and maps current dependencies.

The following components are being introduced to ensure the smooth running of the PMO -

a) **CIP Tracker:**
The CIP tracker captures details of all schemes, tracks status and performance against those schemes, records the outcome of the QIA process and provides automated monthly reports.

b) **Senior Directorate Accountants (SDAs):**
- Responsible for updating the tracker on a monthly basis to reflect scheme status, performance, forecast savings and any new schemes.
- Status reports and monthly summary reports will be generated from the tracker for internal CAG/Directorate meetings for performance monitoring and delivery assurance purposes.
  The reps from the finance senior management team will also be reviewing these with the CAGs in the monthly finance meetings. Summary details will also be reported up to the senior exec and Board on a monthly basis.

c) **Programme Manager/Programme Support Officer:**
- Reviewing individual schemes to assess the level of detailed planning and related assurance
- Introducing standardized documentation to record scheme details focused on the larger schemes
- Offering insights to savings ideas adopted by other teams and trusts
- Ensuring a programme management approach is adopted for all large, longer term, transformational schemes, including trust wide initiatives.
- Monthly reviews hosted
- Updating the PMO Dashboard on a monthly basis.

Gus Heafield
Chief Financial Officer
May 2015
## Section B - Finance Analysis

### 1) Financial Summary

<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>
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<td>4,700</td>
<td>(29,000)</td>
</tr>
<tr>
<td>03. Mood, Anxiety, Personality</td>
<td>3,012,600</td>
<td>218,400</td>
<td>(8,300)</td>
<td>218,400</td>
<td>(8,300)</td>
</tr>
<tr>
<td>04. Psychological Medicine</td>
<td>1,307,300</td>
<td>(46,300)</td>
<td>(75,400)</td>
<td>(46,300)</td>
<td>(75,400)</td>
</tr>
<tr>
<td>05. Child &amp; Adolescent Service</td>
<td>2,800,200</td>
<td>224,800</td>
<td>(25,700)</td>
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<td>(25,700)</td>
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<tr>
<td>06. MHOA And Dementia</td>
<td>168,300</td>
<td>(68,700)</td>
<td>(65,200)</td>
<td>(68,700)</td>
<td>(65,200)</td>
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<tr>
<td>07. Addictions</td>
<td>0</td>
<td>78,200</td>
<td>78,200</td>
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<tr>
<td>08. Clinical Support Services</td>
<td>1,887,600</td>
<td>229,400</td>
<td>72,100</td>
<td>229,400</td>
<td>72,100</td>
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<tr>
<td>09. Infrastructure Directorates</td>
<td>51,921,400</td>
<td>4,344,800</td>
<td>169,700</td>
<td>4,344,800</td>
<td>169,700</td>
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<tr>
<td>10. Corporate Income</td>
<td>(103,939,200)</td>
<td>(8,512,200)</td>
<td>47,900</td>
<td>(8,512,200)</td>
<td>47,900</td>
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<tr>
<td><strong>Operational Deficit</strong></td>
<td><strong>58,181,300</strong></td>
<td><strong>5,343,800</strong></td>
<td><strong>380,300</strong></td>
<td><strong>5,343,800</strong></td>
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<tr>
<td>11. Corporate Other</td>
<td>(72,497,800)</td>
<td>(6,321,400)</td>
<td>(227,000)</td>
<td>(6,321,400)</td>
<td>(227,000)</td>
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<tr>
<td>12. Contingency - planned</td>
<td>2,000,000</td>
<td>0</td>
<td>(166,667)</td>
<td>0</td>
<td>(166,667)</td>
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<td>13. Contingency - committed</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>14. Other reserves/provisions released</td>
<td>(169,300)</td>
<td>0</td>
<td>5,667</td>
<td>0</td>
<td>5,667</td>
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<tr>
<td><strong>Corporate Other</strong></td>
<td><strong>(70,667,100)</strong></td>
<td><strong>(6,321,400)</strong></td>
<td><strong>(388,000)</strong></td>
<td><strong>(6,321,400)</strong></td>
<td><strong>(388,000)</strong></td>
</tr>
</tbody>
</table>

| EBITDA                                   | (12,485,800)               | (977,600)                | (7,700)                       | (977,600)                | (7,700)                       |

| 15. Post EBITDA Items                    | 17,471,000                 | 1,400,800                | (64,300)                      | 1,400,800                | (64,300)                      |

| **Trust Financial Position**             | **4,985,200**              | **423,200**              | **(72,000)**                  | **423,200**              | **(72,000)**                  |

### 2) Key Cost Drivers

<table>
<thead>
<tr>
<th></th>
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</tr>
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<tbody>
<tr>
<td>Ward Nursing*</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>(98)</td>
<td>(192)</td>
<td>(511)</td>
<td>(76)</td>
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<tr>
<td>Acute Overspill</td>
<td>369</td>
<td>(13)</td>
<td>(12)</td>
<td>6</td>
<td>(113)</td>
<td>(450)</td>
<td>28</td>
</tr>
<tr>
<td>Unmet CIPs**</td>
<td>(350)</td>
<td>(694)</td>
<td>(682)</td>
<td>(770)</td>
<td>(848)</td>
<td>(4,577)</td>
<td>(0)</td>
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<tr>
<td>Psychosis Drugs</td>
<td>(70)</td>
<td>(41)</td>
<td>(54)</td>
<td>(41)</td>
<td>(55)</td>
<td>(726)</td>
<td>(53)</td>
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<tr>
<td>CPG/C&amp;V Income</td>
<td>71</td>
<td>116</td>
<td>301</td>
<td>76</td>
<td>263</td>
<td>1,131</td>
<td>(147)</td>
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<tr>
<td>Placements</td>
<td>(248)</td>
<td>(225)</td>
<td>(235)</td>
<td>(165)</td>
<td>58</td>
<td>(2,490)</td>
<td>(35)</td>
</tr>
</tbody>
</table>

* includes safer staffing funding

** see Section 3a)
Performance against the main cost drivers is detailed below –

- **Acute/PICU Overspill**

  Overall, 20 beds (588 obds) were used outside the Trust in April, a decrease of 1 compared to the previous month. This is line with the Trust plan and the new contract baselines agreed with Lambeth, Southwark and Lewisham CCGs. Discussions continue with Croydon to agree a realistic baseline in line with the AMH proposals.

  Overspill activity is planned to fall over the next 5 months due to the impact of AMH community investment in Lambeth and Lewisham. These community teams are now fully operational and their expected impact on overspill is shown in the graph below.

![SLaM Adult Acute/PICU Bed Overspill (per month) excl Bridge Hse](image)

  This will be a key performance measure during the year given the significant investment made by SLaM and the CCGs in AMH community services (£6.6m in 2015/16) and the desire to avoid admission, where possible, into acute beds. The Trust has risk shares in place with LS&L CCGs.

- **Ward/Unit Nursing Costs (Table 2)**

  At month 1 ward nursing costs were overspent by £76k, an increase on the 2014/15 average. There is likely to be some offset next month once the full year effect of safer staffing has been put into budget in Psychological Medicine. The main areas of concern at month 1 are the PICU wards – in total £90k overspent across the Psychosis and B&D CAGs and largely related to the use of staff to cover 1:1 and 2:1 obs.

- **Complex Placements**

  Following an overspend of £2.49m in 2014/15, additional resource was secured from Lambeth, Southwark and Lewisham CCGs to help fund this increase in placement activity. This has fed through to the month 1 position which is showing a much reduced overspend of £35k, largely related to Southwark. Although risk shares are in place, these are relatively small, in recognition of the resource uplift this year and the expectation that the Trust will manage within its Plan.
Overall the variance position has deteriorated from that seen in 2014/15. In some cases income targets have increased from the previous year. The main shortfalls in income have occurred in –

- **Psychosis** – following the transfer of Rehab services into the Lambeth Alliance, there are now income targets for the McKenzie Unit to meet as Lambeth CCG no longer buy all beds on the Unit. Although the ward was full in April, these beds were occupied by Lambeth patients and attracted no additional income, at this stage, under the contract arrangements.

- **Psychological Medicine** – not meeting activity/income targets in several outpatient services particularly memory disorders and peri-natal

- **CAMHS** – not meeting activity/income targets in several outpatient services

- **Addictions** - not meeting activity/income targets on the inpatient unit.

Historically there can be a dropping off of activity at the start of the new financial year (in 2014/15 there was a £70k adverse variance in month 1) and this may be reflected in the poor start made to 2015/16. Further analysis will be undertaken before month 2.

### 3) Cost Improvement Programme (CIP) & CCG QIPP

**a) Trust CIP**

The Trust has implemented a new CIP tracker which should enable improved reporting of the position on a monthly basis. The output from this tracker is expected to available for the Board meeting on the 26th May.

**b) CCG QIPP (disinvestment)**

QIPP plans have been agreed with Lambeth, Southwark and Lewisham CCGs totalling c£4m. The majority of the savings (89%) relate to a reduction in the purchase of beds – both adult and elderly. These targets rely upon replacing...
reductions in activity with new funded activity (e.g. income targets at Greenvale) or reducing existing capacity and saving costs (e.g. closure of Inglemere Road). At month 1 only a small adverse variance against Plan is being reported.

4) Local CCG/NHSE Contract Positions

Since last month there remain outstanding financial issues with –

- Lewisham CCG – total contract value agreed but discussions still taking place about the application of £1m of funding within the contract value
- Croydon CCG - contract value envelope agreed with indicative investments for major transformation schemes identified, the remainder is subject to business case approval for a number of investment schemes including community AMH which is expected during Q1. Negotiations with NHS England continue and it is hoped that these can be finalised by the end of May.

We expect to have finalised and signed all of the contract documentation with our four CCG commissioners and NHS England by the end of May.

Tim Greenwood & Mark Nelson
Finance Department
May 2015
TRUST BOARD OF DIRECTORS – SUMMARY REPORT

Date of Board meeting: 26th May 2015

Name of Report: Performance Report, Month 12, 2014/15

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

Performance

Author: Roy Jaggon, Head of Performance Management

Approved by: Neil Brimblecombe, Director of Nursing

Presented by: Roy Jaggon, Head of Performance Management

Purpose of the report:

To report the Trusts’ performance against a range of key indicators for 2014/15, identify any major areas of learning and success, identify and analyse underperformance and provide action plans to address such underperformance, taking due account of benchmarking information as appropriate and available.

Action required:

To review the approach being taken for the reporting of performance and quality information moving forward and to note the actions being taken for those areas of underperformance

Recommendations to the Board:

To approve the report noting the ongoing development of the Trust performance reporting.

Relationship with the Assurance Framework (Risks, Controls and Assurance) and level of assurance provided by the report - none, low, moderate, high:

The Performance Framework is an operational control with an assurance level of moderate.

Summary of Financial and Legal Implications:

Specified where relevant in the report.

Equality & Diversity and Public & Patient Involvement Implications:

The report identifies performance and activity issues 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 performance and activity and issues that if not resolved may have implications on the Trust’s ability to deliver its quality commitments as set out in the Annual Plan
INTRODUCTION

This report consists of the following elements:

1. Patient Stories
2. Quality and Performance Dashboard
3. Safer Staffing

1. Patient Stories

MHOAD CAG has kindly agreed to present two patient stories in the form of two short video clips. Sue will be in attendance to present her story, „The Book of Stephan“ and the video link is http://www.patientvoices.org.uk/flv/0845pv384.htm

The second video is from our staff member who used this as part of her professional reflective practice and is very powerful http://www.patientvoices.org.uk/flv/0837pv384.htm

2. Quality and Performance Dashboard - Updates May 2015

This month there six items of focus. Three items are unmet CQUINs for 2014/15 and are subject to monitoring by audit. These targets are primarily about communication with GPs; physical healthcare information and discharge information. The remaining three items are Trust priorities and include patient experience (do you feel safe) and patients waiting either for medication or meals.

Physical Health:

This unmet CQUIN relates to communication with GPs around the physical health of patients who have been on CPA in the last 6 months and who have been discharged back to primary care. Requirements include:

- all primary and secondary mental and physical health diagnosis, including ICD codes;
- medications prescribed and monitoring requirements; and
- physical health condition and ongoing monitoring and treatment needs.

There has been an improvement since Q2 from 8% to 24%, an increase of 16%.

This national CQUIN was not fully clarified until well into 2014-15, which impacted on the Trust's ability to gear up to deliver. Nationally the performance on both indicators has been poor, resulting in the CQUIN being rolled over with additional guidance, taken from those Trusts who performed best, to support good implementation which needs to be shown to be in place by end of Quarter 1.

This was particularly challenging in 2014-15 due to this being completely new and partly due to the necessity for physical health diagnoses, for which teams rely on good correspondence from GPs, to be included in the communication.

Further discussion is necessary with respect to physical health coding that is of use to all parties and how to ensure information GPs hold about physical health diagnoses of mutual service users will be shared more systematically for the benefit of all.

Action: The Trust will implement the new more detailed CQUIN guidance and ensure that we are well positioned to meet this indicator by the end of Q1. This will entail discussions with both our CCG and primary care colleagues. In addition we will ensure that regular audits are in place to provide early indications of progress as well as early signs of performance issues.
Do you feel safe?
The Trust target for this item is 90% but the Trust only achieved 81% of patients responding positively to the question, “Do you feel safe”. This represents only a very slight increase on the preceding years of 1%. There was an increase in the response rate and the response once again differed by CAG and borough. Factors limiting improvements in this area included the limited roll out of the Care Delivery System in line with our violence reduction strategy.

Action: During the year problems were encountered in the consistency of reporting from the patient experience database. These problems are being resolved and this element is likely to go out to tender in the next six months. Key to delivery of patients feeling safe on our wards is the delivery of the Care Delivery System which is a violence reduction approach. This is progressing well in that funding has been received and an implementation plan is in place and underway.

Queuing For meals and Medication
The Trust priority here is that patient should not have to queue for medication or meals. However, an audit carried out of 53 inpatient wards showed that 24% of patients queued up for medication whilst 32% of patients queued up for mealtimes. Feedback from Ward Managers stated the target of 100% was difficult to achieve. This was due in part despite efforts by staff, to some patients choosing to queue. The recommendations highlight the work that will continue by clinical areas to improve in this area and this will be re-audited next year.

Where queuing for meals and medication took place, the following was identified by ward managers as measures put in place to help reduce queuing during these times;
1. Issues regarding queuing have been raised with patients (community meetings).
2. Posters have been put up and service users have been advised queuing is not necessary.
3. Service users have been allocated numbers to come forward, to avoid queuing.
4. The problem of queuing has been discussed in both staff meetings and patient community groups.
5. Each table is called at a time to avoid queues.
6. Service users are constantly encouraged to order their meals to avoid queuing.
7. Clients are encouraged to sit at their tables and wait their turn.
8. Service users are called one by one for medication.

Action: Improved communication with services users about not having to queue for either meals or medication. Review how information is recorded if patients choose to queue and implement more regular audits to provide early information to enable remedial action.

Discharge documentation
This CQUIN target relates again to the quality of discharge back to primary care, and in particular whether crisis plans, contingency plans and contact details and complete and communicated. The target was not met, and pending further information on the exact data a verbal update will be available at the meeting.

3. Safer Staffing
The safer staffing report for March 2015 is enclosed and shows 15 breaches. March was a particularly difficult month for staffing, bed crisis & acuity. There are a small number of wards who continue to breach each month. The Lead for Safer Staffing will be working with these wards to review the reasons including a review of e-roster and annual leave management. This will run alongside the NHSP Platform being integrated into e-roster, which has started to be rolled out in May 2015.
The majority of the breaches for March, as in previous months are due to Support workers covering qualified nurses and NHSP being unable to fill shifts. The Trust is currently working with NHSP with regards to provision of flexible workers, in particular qualified nurses and will be undertaking further analysis with NHSP in relation to reports of shifts filled. Some services continue to adjust staffing based on level of service user dependency, acuity or bed occupancy which account for some of the breaches particularly at night & weekends.

Roy Jaggon  
Head of Performance Management  
May 2015
Quality and Performance Dashboard

Status:
Reporting Period: April 2014-March 2015
Circulation Date: 18/05/2015
Circulation List: Quality Sub-Committee

Theme Links: Items of Focus Safety Effectiveness Caring Responsiveness Well Led

This dashboard provides a monthly summary of performance grouped by the CQC Key Lines of Enquiries

Current Items of Focus: March 2015

<table>
<thead>
<tr>
<th>Issue / Indicator</th>
<th>Description</th>
<th>Mitigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandatory training compliance</td>
<td>Refer to issues tracker</td>
<td></td>
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## Current Items of Focus:

<table>
<thead>
<tr>
<th>Indicator Area</th>
<th>Indicator No</th>
<th>Indicator Name</th>
<th>Issues</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Experience (Safety)</td>
<td>3</td>
<td>Do you feel safe? (on the ward)</td>
<td>Target not met - 90% achieved 91%</td>
<td>The remains a Trust Quality Priority in 2015/16 and will be supported by the roll out of the Care Delivery System.</td>
</tr>
<tr>
<td>Physical Health (Effectiveness)</td>
<td>16</td>
<td>Part 2: Communication with GP CQUIN</td>
<td>Target not met - 70% to 90% achieved 24%</td>
<td>Jan - Mar audit found 24% had all the relevant information requirements.</td>
</tr>
<tr>
<td>Discharge (Effectiveness)</td>
<td>17</td>
<td>Discharge communications to GP - AMH</td>
<td>Target not met - 80% achieved 55.6%</td>
<td>28/47 (53.6%) in Quarter 4 (14/15) (AMH)</td>
</tr>
<tr>
<td>Discharge (Effectiveness)</td>
<td>17</td>
<td>Discharge communications to GP - Non AMH</td>
<td>Target not met - 93% achieved 37.0%</td>
<td>10/27 (37.0%) in Quarter 4 (Non-AMH)</td>
</tr>
<tr>
<td>Patients receiving an individualised service (Caring)</td>
<td>35</td>
<td>Wards where patients are expected to queue for medication. Target = 0</td>
<td>Target not met - 10% achieved 24.0%</td>
<td>Audit undertaken in Quarter 4 - did not meet target. Work will continue to be undertaken and re-audited next year.</td>
</tr>
<tr>
<td>Patients receiving an individualised service (Caring)</td>
<td>36</td>
<td>Wards where patients are expected to queue for meals. Target = 0</td>
<td>Target not met - 10% achieved 32.0%</td>
<td>Audit undertaken in Quarter 4 - did not meet target. Work will continue to be undertaken and re-audited next year.</td>
</tr>
</tbody>
</table>

## Issue Log:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Issue Description</th>
<th>Actions / Trajectories</th>
<th>Responsible Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>45-55</td>
<td>Mandatory Training</td>
<td>Mandatory training results (based on WIRED) continue to fall below target in a number of areas. CAGS have undertaken a range of measures to improve compliance including protected time, team training, and agenda items at performance meetings with Team Leaders. A number of CAGs have provided trajectories outlining how the targets will be met. Compliance with targets is being addressed at Part 1 and 2 Performance meetings in addition to the Trust wide Education and Training committee.</td>
<td>Feb 2015 GSC CAG Leads</td>
</tr>
<tr>
<td>13</td>
<td>Child Need Risk Screening</td>
<td>Performance is consistently below target - existing guidance will be reviewed</td>
<td>Feb 2015 GSC TBC Roy Jaggon</td>
</tr>
<tr>
<td>3, 14 &amp; 34</td>
<td>Patient Experience Reporting (PEDIC and Family and Friends) issues</td>
<td>The PEDIC surveys have changed from April 2014/15 due to: • The implementation of the Friends and Family test. The majority of SLA01 services started PFT in December 2014. SLA01 combined our PFT and PEDIC into one complete patient experience survey providing over 140 electronic devices for teams across the Trust, survey web links for patients to use at any time and a continuation of paper survey. • The advantage of combining PFT and PEDIC enables us to provide greater granularity to respond more appropriately to our PFT scores and the electronic devices and the online link enable real time data for immediate intelligence and effective response.</td>
<td>Feb 2015 GSC May-15 Anne Watts</td>
</tr>
</tbody>
</table>

## Record of Past Issues:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Issue Description</th>
<th>Actions / Trajectories</th>
<th>Date removed from Issue Log</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Safer Staffing</td>
<td>12 wards reported that over 20% of shifts were breached in January compared to 14 wards in December 2014. The vast majority of breaches were the result of support workers covering for qualified nurse. The post of Lead for Safer Staffing has been recruited too and is now in post.</td>
<td>11.05.15</td>
</tr>
<tr>
<td>6</td>
<td>Care Delivery System (Reduction in violent incidents)</td>
<td>Additional funding has been secured to support the delivery of this work.</td>
<td>11.05.15</td>
</tr>
</tbody>
</table>
## Summary

There continues to be significant pressure on beds resulting in higher usage of overspill beds external to the Trust.

Patients responding to "Do you feel safe?" was below target for the year and will continue to be a Trust quality priority in 2015/16. Safer staffing breaches continue to be monitored closely and are reported to the Board.

### Use of private beds
- **Indication Area**: Use of private beds
- **Number of Adult Acute Patients in Private Beds**
- **Target**: Trust Quality Priority 7
- **Target Type**: On-going
- **Values**:
  - Apr-14: 24.4
  - May-14: 15.0
  - Jun-14: 4.2
  - Jul-14: 14.6
  - Aug-14: 5.6
  - Sep-14: 10.7
  - Oct-14: 0.4
  - Nov-14: 5.6
  - Dec-14: 2.0
  - Jan-15: 2.0
  - Feb-15: 4.5
  - Mar-15: 2.8
  - Apr-15: 3.7
  - May-15: 3.9
  - Jun-15: 3.9
  - Jul-15: 10.3

### Patient experience
- **Indication Area**: Patient experience
- **Do you feel safe?** (on the ward)
- **Target**: 90%
- **Actual**: 77.9%
  - Apr-14: 84.8%
  - May-14: 81.8%
  - Jun-14: 77.9%
  - Jul-14: 81.2%

### SIs Violence and Aggression
- **Indication Area**: SIs Violence and Aggression
- **Violence and aggression - staff victims**
- **Target**: Trust Quality Priority 7
- **Actual**: 11.0%
  - Apr-14: 7.7%
  - May-14: 8.1%
  - Jun-14: 8.7%
  - Jul-14: 8.1%

### SIs Violence and Aggression
- **Indication Area**: SIs Violence and Aggression
- **Violence and aggression - patient victims**
- **Target**: Trust Quality Priority 7
- **Actual**: 17.0%
  - Apr-14: 18.0%
  - May-14: 18.0%
  - Jun-14: 20.0%
  - Jul-14: 18.0%

### Safeguarding
- **Indication Area**: Safeguarding
- **Patients with a Brief/Full Risk Screen completed**
- **Target**: 80%
- **Actual**: 93.98%
  - Apr-14: 93.74%
  - May-14: 93.74%
  - Jun-14: 93.82%
  - Jul-14: 93.72%

###方向路线图

<table>
<thead>
<tr>
<th>Direction of Travel</th>
<th>Commentary / Exception Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improvement</td>
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<tr>
<td>Stable</td>
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</tr>
<tr>
<td>Deterioration</td>
<td></td>
</tr>
<tr>
<td>Indicator Area</td>
<td>No.</td>
</tr>
<tr>
<td>----------------</td>
<td>-----</td>
</tr>
<tr>
<td>Friends &amp; Family (Patients)</td>
<td>14</td>
</tr>
<tr>
<td>Physical Health</td>
<td>15</td>
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<tr>
<td></td>
<td>16</td>
</tr>
<tr>
<td>Discharges</td>
<td>17</td>
</tr>
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<td></td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>19</td>
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<tr>
<td>Flow</td>
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<td>Clinical Outcomes</td>
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<td>25</td>
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<td>Social Care</td>
<td>26</td>
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<td>QuickTT Tool</td>
<td>28</td>
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<tr>
<td>No.</td>
<td>Indicator Area</td>
</tr>
<tr>
<td>-----</td>
<td>----------------</td>
</tr>
<tr>
<td>29</td>
<td>Care Planning, Recovery &amp; Support</td>
</tr>
<tr>
<td>30</td>
<td>Care Planning, Recovery &amp; Support</td>
</tr>
<tr>
<td>31</td>
<td>Care Planning, Recovery &amp; Support</td>
</tr>
<tr>
<td>32</td>
<td>Care Planning, Recovery &amp; Support</td>
</tr>
<tr>
<td>33</td>
<td>Care Planning, Recovery &amp; Support</td>
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## Responsiveness

### Direction of travel key

- **Improvement**
- **Stable**
- **Deterioration**

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<th>No.</th>
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<th>Target</th>
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<th>Oct-14</th>
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<th>Dec-14</th>
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<th>Jan-15</th>
<th>Feb-15</th>
<th>Mar-15</th>
<th>Q4 14/15</th>
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<th>Commentary / Exception Reporting</th>
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<td>90.4%</td>
<td>91.3%</td>
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### New Complaints

![New Complaints Chart](chart.png)

- Apr-14: 47
- May-14: 46
- Jun-14: 57
- Jul-14: 30
- Aug-14: 40
- Sep-14: 55
- Oct-14: 37
- Nov-14: 28
- Dec-14: 38
- Jan-15: 44
- Feb-15: 37
- Mar-15: 30
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**Highlights & Concerns:**

- Mandatory Training Under Review and Development
- WIRED snapshot taken end of March. Refer to issues tracker.
- In-patient Community Services Workforce 61 of 92
TRUST BOARD OF DIRECTORS – SUMMARY REPORT

Date of Board meeting: 26th May 2015
Name of Report: Board Assurance Framework and Risk Management Arrangements
Heading: Governance
Author: Roy Jaggon, Head of Performance Management
Approved by: Gus Heafield
Presented by: Gus Heafield

Purpose of the report:
To present the principal strategic risks identified in the Trust’s assurance framework and to review the progress in delivering mitigation plans.

Action required:
The Board is asked to note the progress in delivery against the current strategic risks. The Board is also asked to confirm the content of the BAF refresh, specifically the strategic objectives, risks identified from this and mitigation plans.

Recommendations to the Board:
Accept the attached Risk Report, progress made in the last 6 months and approving the BAF refresh in order to develop and progress further.

Trust-wide risk(s) affected by this report and the level of assurance provided (none, low, moderate, high):
This paper forms the basis of the on-going process that ensures risk identification; mitigation and management actions in compliance with the requirements of the Trust’s Risk Management and Assurance Strategy and provides moderate level of assurance.

Service Quality Implications:
The assurance framework consists of 5 clinical strategic risks that impact on the quality of service provision. These are categorised as safer services, effective services and caring and responsive services.

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.
Introduction
Risks associated with the Trust’s Strategic Plan 2014-19 and Operational Plan 2014-16 are reviewed by the QSC and the AC. Clinical risks are currently grouped as safer services, caring and responsive services and effective services account for the first 5 risks of the Board Assurance Framework and are reviewed by the QSC every quarter on rotation. Non clinical risks which total 4 are reviewed quarterly by the Audit committee.

Review
The following tables provide a review of progress over the last two quarters for all identified strategic risks. The difference in detail and reporting style is reflective of the developmental process we are undertaking not only in the assessment of progress in minimising the identified risks but also in reporting style and level of detail.

In general the Trust has made average to good progress in mitigating against identified risks. Direction of travel across the full range of risks is good also

Future Development
In November 2014 TIAA, the Trusts auditors completed a review of the then current BAF process and reporting. The following is a summary of the recommendations made:

Nine recommendations have been made as follows;

1. Urgent - Each strategic objective must be linked to a strategic risk on the BAF. They should be concise statements approved by the Board, or re-affirmed at least annually if rolled over. Achievement against them should be measurable.

2. Important - The scope of the Risk Management Strategy to be expanded to cover all risk types and risk management measuring processes, such as target risk scoring. The inclusion of a glossary of definitions would be beneficial to the strategy document.

3. Important - Refer to recommendation 4. The BAF to contain sufficient information to give a complete but concise summary on how that particular risk is being treated.

4. Important - All risks: Descriptions must describe the consequence or impact in the narrative to be regarded as a risk. On the BAF, risks whether clinical or non-clinical, be mapped to a strategic objective with an executive lead responsible. Residual or target risk grading be included on the BAF and Corporate Risk Logs to show movement.

5. Important - Job descriptions for the Head of Performance Management be amended to reflect added responsibilities. The staff resource implication of risk management arrangements for the Trust sitting with the Performance Management Team should be reviewed to assess the sustainability of the function with the current level of staffing.

6. Routine - The BAF to address the absence of sources of positive assurance and gaps in assurances. This should be re-enforced in the Risk Management Strategy

7. Routine - The Risk Management Strategy needs to expand on the issue of assessing the adequacy and effectiveness of controls within identified risks, who is responsible for monitoring this and how it is recorded on the BAF

8. Routine - The terms of reference for the Operational Performance Management Group requires review and amendment in line with current practices.

9. Operational - Consideration should be given to placing the BAF and Corporate Risk Logs on Datix. This should make the monitoring of the risk management arrangements more efficient and homogenous in terms of format, report production and tracking the progress of mitigating actions. This will also ensure a central repository of all key risks are stored in one location.

Since December 2014 reporting of the BAF has also incorporated reporting of operational risks (Corporate Risk Log) grouped in a similar way to the BAF risks i.e. Safe, Caring and
Responsive and Effective services as well as Financial Balance. It is acknowledged however that although operational risk have been reviewed with strategic risks over the last six months, the corporate risk log is in need of a significant review.

Board Assurance Framework Refresh
In line with recommendation 1 above we have refreshed the BAF using the Trusts Strategic Plan 2014-19 and Operational Plan 2015-16. This is enclosed and still subject to review and approval by the Board. Once agreed we will progress the inclusion of controls and means of assurance.

Further work includes reconciliation with existing risks and improvements in reporting, ensuring consistency of reports to Board meetings and Sub-Committees.

Roy Jaggon  
Head of Performance Management  
May 2015
<table>
<thead>
<tr>
<th>SERVICE TYPE</th>
<th>REF</th>
<th>RISK AREA</th>
<th>PROGRESS FEBRUARY TO MAY 2015</th>
<th>RISK RATING</th>
<th>Progress Feb 2015</th>
<th>Progress May 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDICTIONS</td>
<td></td>
<td></td>
<td>1&amp; ½ day PSTS levels continue to be monitored in B&amp;P and PMR meetings. PEDIC themes identified as care planning, medication information and overdose training. (See clinical highlight report). These themes will be monitored for improvement within the Quality Governance committee. The CAG continues to monitor within PMR and SMT the occupational health restrictions especially within the inpatient setting.</td>
<td>16</td>
<td></td>
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<tr>
<td>BDP</td>
<td></td>
<td></td>
<td>Security post reviewed as part of the Management Consultation due to difficulties recruiting into position. Consultation closed 08/05/2015. Good Practice visits to all in patient services completed. Safer Staffing and QuESTT utilized as part of assurance framework for CAG. Updating Violence and Aggression risk assessments for all areas using Assess-net. Identifying Champions for each area.</td>
<td>16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAMHS</td>
<td></td>
<td>Safety of patients, staff and public</td>
<td>Date set for CAMHS PSTS training for 16th June. 1) Implement violence reduction strategy – the CAMHS PMVA group started 30/04/15. ToR are being drawn together and future dates. There will be an initial focus on data gathering re incident rates of both seclusion and restraint. 2) CDS – Acorn Lodge are re-engaging with the facilitators and are going to repeat the training due to staff turnover in September. The implementation of it and on-going issues with violence and high use of seclusion on Acorn Lodge will be monitored in the CAG PMVA group. 3) Workforce planning – low staffing levels has affected consistent use of de-escalation skills, staffing reviews are being discussed on both Acorn Lodge and in Kent where low staffing has been an issue. 4) Alarm system – the BAU have moved back to Tyson East 1 following an upgrade to the alarm system.</td>
<td>16</td>
<td></td>
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<tr>
<td>MAP</td>
<td></td>
<td></td>
<td>Still awaiting quote from St Thomas’ for work on an alarm system=m for Adamson Centre. Hand held alarms being used by staff to mitigate risk. Tamworth Road Resource Centre security issues, high levels of violent incidents, no progress. Maudsley OPD (clear management, security and H&amp;S systems) - no update. Ladywell OPD - MAP Head of Pathway taken on management responsibility. Ladywell House managed by Psych Med.</td>
<td>16</td>
<td></td>
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<tr>
<td>MHOAD</td>
<td></td>
<td></td>
<td>Confirmed one of the MAP CAG Quality Priorities is to reduce severe harm; suicide and self-harm prevention. Slam Nurse Consultant, Violence Reduction in post and is working with teams in the CAG initially in Specialist Care Units (Ann Moss &amp; Inglemere) and Acute inpatient Wards (AL1) Safer staffing: An extra “twilight” shift has been introduced on Chelsham House ward. Safer Staffing review doesn’t indicate is required for other wards/units at this point.</td>
<td>16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSYCH MED</td>
<td>CAG trialling a system of one Senior Nurse being allocated to acknowledge and respond to datix’s for a specific Ward/Specialist Care Unit ensuring that all aspects of the datix are investigated and action taken as appropriate</td>
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<tr>
<td></td>
<td><strong>Ligature audits</strong> - No update received on the agreed anti-barricade device.</td>
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</tr>
</tbody>
</table>
|           | **Croydon triage ward**  
Caroline Sweeney (interim Nurse Consultant for violence reduction) attended the Governance exec (May 6th). It was agreed that as a large number of the Croydon Triage staff have now left the ward embedded additional training will be offered.  
Croydon Triage won a CAG governance prize following a bid for funding to invest in a box of violence reduction tools (Len Bowers 201 which will be used on the ward)  
A further emergency simulation session for ward staff has been commissioned. |
<p>| PSYCHOSIS | Psychosis have not provided an update this month for the AF as following a discussion in their Exec meeting regarding Quality Priorities and Risk Registers they have chosen to take advise on the interface arrangements with the Assurance Framework. |</p>
<table>
<thead>
<tr>
<th>SERVICE TYPE</th>
<th>REF</th>
<th>RISK AREA</th>
<th>RISK DESCRIPTION</th>
<th>Jan 2015 PROGRESS</th>
<th>Jan 2015 DIRECTION OF TRAVEL</th>
<th>April 2015 PROGRESS</th>
<th>April 2015 DIRECTION OF TRAVEL</th>
<th>PROGRESS JANUARY TO APRIL 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARING / RESPONSIVE Services</td>
<td>2</td>
<td>Failure to provide services in line with best practice</td>
<td>The Trust’s workforce lacks the correct skills in the correct numbers to ensure services are provided in line with best practice.</td>
<td>Addictions</td>
<td>Addictions</td>
<td>Addictions</td>
<td>Addictions</td>
<td>Appraisal audit complete. E&amp;T plan in development.</td>
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<td>BDP</td>
<td>BDP</td>
<td>BDP</td>
<td>BDP</td>
<td>Mock CQC visits complete end of April. Training plan complete. Staff survey action plan in development</td>
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<td></td>
<td>CAMHS</td>
<td>CAMHS</td>
<td>CAMHS</td>
<td>CAMHS</td>
<td>IAPT training continues. CBT training planned. QIAs Safer staffing and QUEST ongoing. Staff survey action plan in development. Good Practice visits complete by mid May.</td>
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<td>MAP</td>
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<td>MHOAD</td>
<td>MHOAD</td>
<td>MHOAD</td>
<td>MHOAD</td>
<td>Training of staff in Care pathways outcome measures. Pathway Champion event 14th April. Band 5 and 7 recruitment events have taken place. Reduction in safer staffing breaches.</td>
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<td>Psych Med</td>
<td>Psych Med</td>
<td>Psych Med</td>
<td>Psych Med</td>
<td>Identified work streams to address inpatient recruitment challenges. Senior staff within Psychosis working on CPN recruitment.</td>
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<td>Psychosis</td>
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<tr>
<td>CARING / RESPONSIVE Services</td>
<td>3</td>
<td>Patient Experience</td>
<td>Failure to provide the quality of service that is contracted and that service users deserve.</td>
<td>Addictions</td>
<td>Addictions</td>
<td>Addictions</td>
<td>Addictions</td>
<td>Care plan audit presented to CAG quality governance meeting. PEDIC data currently being analysed.</td>
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<td>BDP</td>
<td>BDP</td>
<td>BDP</td>
<td>BDP</td>
<td>Forensic SMT meeting with service user group. Recruiting to an expert service user. SU part of mock CQC visits. SU present at representative interviews.</td>
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<td>CAMHS</td>
<td>CAMHS</td>
<td>CAMHS</td>
<td>CAMHS</td>
<td>New tablets for FFT and patient feedback. Publicity / information materials now available for distribution.</td>
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<td>MAP</td>
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<td>MHOA</td>
<td>MHOA</td>
<td>MHOA</td>
<td>MHOA</td>
<td>Positive feedback from patient voices workshop on reflective practice. Power of story launch. Ongoing ‘if only I’d known’ events. SUs and carers continue to participate in recruitment.</td>
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<td>Psych Med</td>
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<td>Psychosis</td>
<td>Psychosis</td>
<td>Psychosis</td>
<td>Psychosis</td>
<td>CQC Mock visits taking place, SUs being trained to take part. FFT CAG level reports being developed. SUs being trained in recruitment and selection.</td>
</tr>
<tr>
<td>SERVICE TYPE</td>
<td>REF</td>
<td>RISK AREA</td>
<td>RISK DESCRIPTION</td>
<td>RISK RATING</td>
<td>Dec 2014 PROGRESS</td>
<td>Dec 2015 DIRECTION OF TRAVEL</td>
<td>March 2015 PROGRESS</td>
<td>March 2015 DIRECTION OF TRAVEL</td>
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<tr>
<td>Effective Services</td>
<td>4</td>
<td>Activity</td>
<td>Demand for services exceeds capacity and contracted levels beyond the parameters of the agreed risk share.</td>
<td>16</td>
<td>Addictions</td>
<td>Addictions</td>
<td>MHOA</td>
<td>MHOA</td>
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<td>CAMHS</td>
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<td>CAMHS</td>
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<td>MAP</td>
<td>MAP (No update)</td>
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<td>Psych Med</td>
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<td>Psych Med</td>
<td>Psych Med (No update)</td>
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<td>Psychosis</td>
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<td>5</td>
<td>Service Transformation</td>
<td>Insufficient capacity &amp; capability to deliver the Trust’s planned service transformation programmes</td>
<td>12</td>
<td>Addictions</td>
<td>Addictions</td>
<td>CAMHS</td>
<td>CAMHS</td>
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<td>MHOA</td>
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<td>Psych Med</td>
<td>Psych Med (No update)</td>
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<td>Psychosis</td>
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<tr>
<td>SERVICE TYPE</td>
<td>REF</td>
<td>RISK AREA</td>
<td>RISK DESCRIPTION</td>
<td>RISK RATING</td>
<td>PROGRESS</td>
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<tr>
<td>NON-Clinical Services - Audit Committee</td>
<td>6</td>
<td>Financial Balance</td>
<td>Failure to deliver the financial plan for 2014/15 and contain in year additional cost pressures.</td>
<td>20</td>
<td>A</td>
<td></td>
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<tr>
<td></td>
<td>7</td>
<td>Estates Responsiveness</td>
<td>The estate is not functionally suitable for key services.</td>
<td>12</td>
<td>A</td>
<td></td>
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<tr>
<td></td>
<td>8</td>
<td>ICT Infrastructure</td>
<td>Failure of the ICT infrastructure and/or loss of key expertise.</td>
<td>20</td>
<td>A</td>
<td></td>
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</tbody>
</table>

**ASSURANCE FRAMEWORK NON-CLINICAL RISKS 6 - 9**

**UPDATE / PROGRESS**

**PROGRESS TO DATE**

- Agreement by Lewisham CCG to part fund the costs of AMH community investment (on a non-recurring basis). The recurrent position is being picked up through the 15/16 contract negotiation.

- Agreement by Croydon CCG to pick up the agency premium costs associated with AMH community investment. Agency staff were employed pending formal agreement to the AMH Business Case.

- Agreement by Southwark CCG to fund a number of outstanding developments particularly urgent care, early intervention and IAPT.

- Continuing improvement/stabilisation in some of the CAGs, particularly CAMHS where payment of a bed debt has been agreed and Estates where there is improved control over expenditure and settlement of premises disputes.

- Although the Trust has performed well in delivering to plan and the year-end position represents an improvement from that forecast 6 months ago resulting in a considerable improvement from the £10m adverse variance from EBITDA in 2013/14, further work is required if we are to deliver a balanced position in 2015/16. On-going national efficiency targets, new local QIPP targets, use of non-recurring solutions in 2014/15 and continuing overspends in some CAGs and infrastructure departments will require new savings measures and improved contractual positions to be realised. To support this we have established a PMO function which will focus initially on delivery of CIP/QIPP schemes.

- The Interim Director of Estates has now been appointed and is reviewing the environment for community teams as well as inpatient units.

- This also includes the ligature point audit and the Estates response when ligature points are identified.

- Estates Strategy agreed.

- The recent down time of the email system has highlighted the failings in our current ICT provision. The Director of ICT will be providing the Trust Board with a strategic plan March 2015. ICT Strategy agreed, funding agreed. Implementation plan in place.
<table>
<thead>
<tr>
<th>9</th>
<th>Finance / Contracting</th>
<th>Potential changes to the mechanisms for choice and Payment by Results may result in unpredictable movements in income flows and financial and quality pressures in the Trust from April 2015.</th>
</tr>
</thead>
</table>

No update from last report:
No real progress in terms of national policy. An agreed local position still to be finalised
Board Assurance Framework – May 2015 Refresh

**Purpose & Ambition**
- Everything we do is to improve the lives of the people and communities we serve and to promote mental health and wellbeing for all.
- With our local partners, be leaders in truly integrated and preventative health and social care.
- Contributors to a flourishing and sustainable health and care system in South London and beyond.
- An integral part of KHH
- An International Centre of Clinical Excellence committed to local people and communities.
- With the Institute of Psychiatry, Psychology and Neuroscience an International Centre of Academic Excellence focused on translation in practice.

**Strategic Objectives**

1. Care and support involving tertiary hospitals into primary care and communities.
2. Moving towards supported self-management and poor support with a greater emphasis on helping people to stay well, supported by use of informatics.
3. Holistic services: joining up physical and mental healthcare, and health and social care.
4. Hospitals organised around specialist services, with acute admission also defined as a specialist intervention.
5. Integration and partnership are the primary modes of operation in creating sustainable health economies, and in delivering the excellence of KHH.
6. Financial Sustainability
7. Infrastructure Investment in Workforce
8. Infrastructure Investment in Estates
9. Infrastructure Investment in IM&T

**Risks**
- Failure to deliver AMH and MHOA models due to ineligibility to affect scale of change required.
- Demand continues to grow.
- Failure in capacity and capability to deliver programme change of magnitude.
- Integration agenda fails to deliver benefits for individuals and communities.
- Staffs both internal to the Trust and external are not engaged.
- Non-delivery of systematic and recurrent changes to costs through GPs to increase profitability over the next 5 years to support delivery of our strategic objectives and improvements to quality and the service environment.
- Trust’s workforce lacks the correct skills in the correct numbers to implement the Trust’s strategic objectives and service transformation.

**Mitigations**
- Strengthened programme management functions embedded within all of our major strategic initiatives, with improved reporting structures to enable trust wide tracking.
- All investments subject to business cases, ensuring financial and non-financial benefits are clearly identified and tracked.

**Work in progress**
- Integrated Health Care Planning
- Recovery and wellbeing plans
- Mynhealthcare review and roll-out.
- Supported by Trust quality priorities.
- Support embedded in all transformation programmes.
- Supported by WI/BLHC programmes.
- Proactive focus on engagement with all of the diversity of local communities.

- Trust Integration Group established.
- Collaboration through new commissioning models with range of partners.
- Physical healthcare QUIN
- Physical Healthcare training骨架.
- Supported by Trust Quality priorities.
- Ensure embedded in all transformation programmes.
- Supported by WI/BLHC programmes.
- Monitor value and outcomes of alliance contracts in rehab services.

- Trust Integration Group established.
- Collaboration through new commissioning models with range of partners.
- Supported by Trust Quality priorities.
- Ensure embedded in all transformation programmes.
- Supported by WI/BLHC programmes.

- Programme of work to reduce agency staffing and improve recruitment to vacant posts.
- Review of WI workforce plans.
- Tight monitoring & oversight of key processes, eg agency booking, rostering, attendance management etc.
- Delivery of new leadership
- Safeguarding reviews.

- Ensure embedded in all transformation programmes.
- WI/BLHC programmes.
- Identify key dependencies with other programmes.
**TRUST BOARD OF DIRECTORS – SUMMARY REPORT**

<table>
<thead>
<tr>
<th>Date of Board meeting:</th>
<th>Tuesday 26 May 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Report:</td>
<td>PC Replacement Programme Update</td>
</tr>
<tr>
<td>Heading:</td>
<td>Performance &amp; Activity</td>
</tr>
<tr>
<td>Author:</td>
<td>Stephen Docherty</td>
</tr>
<tr>
<td>Approved by:</td>
<td>(name of Exec Member)</td>
</tr>
<tr>
<td>Presented by:</td>
<td>Stephen Docherty</td>
</tr>
<tr>
<td>Purpose of the report:</td>
<td>To inform and update the board on the progress of the initiation of a PC Replacement Programme for the Trust</td>
</tr>
<tr>
<td>Action required:</td>
<td>Review and endorse</td>
</tr>
<tr>
<td>Recommendations to the Board:</td>
<td>To proceed with the programme.</td>
</tr>
<tr>
<td>Relationship with the Assurance Framework (Risks, Controls and Assurance) and level of assurance provided by the report - none, low, moderate, high:</td>
<td>None</td>
</tr>
<tr>
<td>Summary of Financial and Legal Implications:</td>
<td>Financial requirements already agreed at March Board</td>
</tr>
<tr>
<td>Equality &amp; Diversity and Public &amp; Patient Involvement Implications:</td>
<td>None</td>
</tr>
<tr>
<td>Service Quality Implications:</td>
<td>Increased efficiency levels and satisfaction across the Trust will be obtained with the replacement of aged PCs, therefore increasing the quality of Services as the impediment of using old equipment is removed.</td>
</tr>
</tbody>
</table>
PC Replacement PgM Update

New Project Manager Recruited & Onboard 29 April 2015
Governance Model agreed 07 May 2015
Build Factory area identified and agreed with estates 07 May 2015
Project Documentation created & presented at PMO 12 May 2015
Steering Group - initial meeting held 13 May 2015
Begin interviewing for temp engineers 18 May 2015

Next steps:

Refine Project Document and budget requirements w/c 25 May 2015
Continuous reporting – bi-weekly via PMO Ongoing
Ensure Procurement are aligned with project Ongoing

Replacement Programme Metrics – reported via IT Balanced Scorecard which begins in June 2015 and published across Trust

Highlight Report – see next page
### Planned activities & milestones

- 1st steering group meeting
- Appoint Project board and confirm first meeting
- Order evaluation devices

### Risks, issues and Mitigation

- RAID workshop Monday 11 May

### Projects Manager - Brian Wright

<table>
<thead>
<tr>
<th>Project</th>
<th>Milestones</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>(02) PC Replacement Programme</td>
<td>13 May 15 Initiation stage complete</td>
<td>G</td>
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<tr>
<td></td>
<td>15 May 15 CAG Engagement complete</td>
<td>G</td>
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<td></td>
<td>15 May 15 Quality Process complete</td>
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<tr>
<td></td>
<td>22 May 15 Build Factory Ready</td>
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</tr>
<tr>
<td></td>
<td>22 May 15 Build process tested and approved</td>
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<tr>
<td></td>
<td>25 May 15 Deployment Priorities agreed</td>
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<tr>
<td></td>
<td>25 May 15 Pilot agreed and scheduled</td>
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<tr>
<td></td>
<td>5 June 15 Deployment team recruited and trained</td>
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<tr>
<td></td>
<td>5 June 15 Enablement and Discovery stage complete</td>
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<tr>
<td></td>
<td>25 June 15 Pilot complete</td>
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</tr>
<tr>
<td></td>
<td>26 February 16 Main deployment complete</td>
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</tr>
<tr>
<td></td>
<td>11 March 16 Project closure</td>
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</tbody>
</table>

### Description

- **(02) PC Replacement Programme**
  - The project is to replace all pc’s over 5 years old within the SLaM estate.

### Funding

<table>
<thead>
<tr>
<th>Milestones</th>
<th>£</th>
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<tbody>
<tr>
<td>PID estimates</td>
<td>1,315,000</td>
</tr>
</tbody>
</table>
PC Replacement Project Governance Model

**Meetings**

- **Monthly Project Board Meeting**
  *Strategic forum focussed on key decision making, high priority risk and issue management, and approval of impact change orders to the project*

- **Weekly Steering Group Meeting**
  *The weekly steering group will support the Project Manager by interfacing with the End Users, defining the approach to deployment, advising and influencing the deployment sequence, assisting in achieving the required quality standards and facilitating to the deployment team during deployment activities*

- **PC Replacement Programme Weekly Clinic**
  *Weekly dial in clinic for any stakeholder to consult with the Project Manager*

- **Work stream Level Meetings**
  *Delivery and work stream level issue and risk management*

**Reporting & Governance**

- **Fortnightly Project Status Reporting**
  *Milestone progress, major decisions and change request approvals*

- **Risk and Issue Escalation**
  *High impact risk and issue escalation and agreement of risk appetite*

**Financial Management**

- **Project Level Weekly Status Reporting**
  *Progress against deliverables / milestones*
Project Board Meeting

Frequency: Monthly 1½ hours,

Objectives:
The Project Board is the governance body of the project and is responsible for making decisions, escalating issues that exceed the authority of the Board to corporate/programme management, managing business issues associated with the project that are essential to ensuring the delivery of the project outputs and the realisation of the project outcomes. This includes approving the budgetary strategy, defining and realizing benefits, monitoring risks, quality and time-lines, making policy and resourcing decisions, and assessing requests for changes to the scope of the project.

Attendees:

- Project Executive
- Senior User
- Senior Supplier
- Project Manager
- Technical Advisor

(By Invitation – TBC)

Steering Group Meeting

Frequency: Weekly, 2 hours, Tuesday

Objectives:
The Steering Group will be set up to form the interface between the Clinical & Academic Groups and the Corporate Groups and the Project. The representatives will be responsible for providing and validating information to the project, guiding the priorities for the pilot deployment and guiding the priorities for the full deployment. The steering group will also assist the Project Manager in delivering to the highest quality standards by interfacing with the end users on behalf of the project.

Attendees:

2 people from each CAG or corporate group, who are able to commit sufficient time (potentially 10 hours per week across two people, reducing as the project proceeds) to the project.
<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibilities</th>
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<tbody>
<tr>
<td><strong>Project Executive</strong></td>
<td>The key responsibility of the Executive is making sure that the project remains focused toward its objectives, ultimately delivering the outputs required for the project to succeed enabling the expected benefits to be realized. As well as this, the Executive is responsible for assuring value for money on the project, by implementing an approach that is cost-conscious, weighing the demands of the business, user, and supplier against one another.</td>
</tr>
<tr>
<td><strong>Senior Supplier</strong></td>
<td>It is vital that those who design, build and deliver the products requested by the user should also be represented on the Project Board. The Senior Supplier role has been defined to represent these groups. It is the Senior Supplier’s responsibility to ensure that products are delivered in conformance with the user’s specification, and the Senior Supplier must therefore have the authority to commit the required supplier resources to the project.</td>
</tr>
<tr>
<td><strong>Senior User</strong></td>
<td>The senior user will be the Chair of the steering committee and will also serve as Chair for the Project Board as well as being responsible for specifying the products and outcomes expected, the Senior User has a responsibility for articulating and realising the benefits expected from a project. The Senior User must therefore be able to demonstrate to higher levels of management (i.e. corporate/programme management) that the project benefits (used to justify the project in the first place) are indeed being fulfilled.</td>
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</table>
| **CAG/Corporate Representative** | 2 people from each CAG or corporate group who are able to commit sufficient time (potentially 10 hours per week across two people, reducing as the project proceeds) to the project.  

**Responsibilities:**  
- Verify the accuracy of the data sheets (provided by the project)  
- Liaise with and represent CAG/Corporate interests to the project  
- Single interface point between CAG/Corporate and the project  
- Identify pilot devices for each CAG/Corporate  
- Advise on deployment sequence planning  
- Make recommendations to the project in support of quality activities  
- Facilitate access to restricted areas or locked rooms for the deployment team  
- Communicate to the CAG/Corporate area on behalf of the project |
Date of Board meeting: 26 May 2015

Name of Report: Chief Executive’s report

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

Author(s): Paul Mitchell, Trust 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.

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:
A number of the national issues listed in the report will have an impact on the quality of services provided by the Trust.
Chief Executive’s Report
May 2015

1. Trust issues

Mental health awareness week
Last week was mental health awareness week. Every year in May the Mental Health Foundation work to generate public debate about different aspects of mental health. This year the topic was mindfulness. As part of the campaign we ran several events across SLaM including a Maudsley Charity Showcase event at the Maudsley Learning Centre which featured short talks from a selection of Maudsley Charity funded projects as well as a wellbeing workshop. On Tuesday staff gathered at London Bridge train station to provide information about our services and raise awareness to commuters. We also promoted the event on social media through our Twitter and Facebook accounts using #mhaw15.

Deloitte review
The Trust has commissioned Deloitte to review the changes we have made to our governance and to undertake an independent review of the Trust against the well led framework. Discussions are continuing regarding their planned visit to the Trust in June. This will comprise a mixture of interviews with senior staff, observation of Board and CAG meetings plus work with selected focus groups. As part of the review process Deloitte will also be seeking views from external stakeholders in order to draw out common themes, in order to feedback to the Board.

Forthcoming CQC Inspection
As I verbally reported at the last meeting, the CQC will be carrying out an inspection at South London and Maudsley NHS Foundation Trust in the week commencing 21 September 2015. Neil Brimblecombe will be leading on the planning and preparation for the visit.

During the inspection the inspectors will gather information in a number of ways. For example:

- Speak with people who use services.
- Hold a public listening event or a series of smaller focused events to gather the public’s views.
- Hold focus groups with separate groups of staff.
- Hold drop in sessions for people who use services and staff.
- Interview individual directors as well as staff of all levels.
- Check that the right systems and processes are in place.

The CQC will then analyse the information gathered to make judgments about the following questions:

- Are they safe?
- Are they effective?
- Are they caring?
Are they responsive to people’s needs?
Are they well-led?

After the inspection they will publish a report on their website.

I view the CQC visit as a real opportunity for us to demonstrate the quality of our services, but also to spend a highly focused period of time driving quality across the organisation and ensuring that it is at the very heart of everything we do.

Chief Operating Officer
Kristin Dominy has been appointed as chief operating officer for SLaM. Kristin began her career as a nurse and worked for a number of years at Bethlem Royal Hospital. She has also worked as a clinical nurse leader for SLaM, taking responsibility for the Trust’s inpatient drugs and alcohol services.

Kristin has managed large statutory services in London and the south west of England over the past 15 years. Her most recent role was as executive director of operations within Avon and Wiltshire Mental Health Partnership NHS Trust where she led integrated community and inpatient services across the region. She also managed a number of medium, low secure and specialised services including drugs and alcohol, ADHD, autism, eating disorders and personality disorders.

Kristin is due to take up the role in early August.

2. National issues

Government confirms ministerial health team.
Following the recent General Election Jeremy Hunt has been reappointed Secretary of State for health, Alistair Burt becomes minister of state for community and social care (including the brief for mental health). Jane Ellison, Ben Gummer and David Prior (previously chair of CQC) are appointed parliamentary undersecretaries of state for public health, care quality, and NHS productivity respectively.

Seven day NHS service
Prime Minister David Cameron has also pledged to deliver the world’s first seven day-a-week universal health service. A GP access fund, which will ensure that 18 million patients will have access to a GP in the evenings and at weekends, will be expanded to ensure that more seven-day access will be available, including within hospitals. The changes are due to apply across England by 2020. The Prime Minister has said that staff will not be forced to work longer hours because a more flexible approach will be introduced so doctors and nurses will be on duty when they are most needed. The Prime Minister has also confirmed his commitment to increase NHS funding by £8 billion per year by the end of 2020.

Dr Matthew Patrick
Chief Executive
May 2015
TRUST BOARD OF DIRECTORS – SUMMARY REPORT

Date of Board meeting: 26 May 2015

Name of Report: Report from the Council of Governors

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

Author: Paul Mitchell, Trust Secretary and CoG working group chairs

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

Presented by: Chris Anderson, Deputy Lead Governor

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

Action required:
To note the report.

Recommendations to the Board:
To note the report.

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”.

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Working Group and Board committee observer reports

1. Quality Group (Dr Tom Werner)

Feedback from the Quality Group
March, April and May have been very productive months for the work of the Quality Group. The governors group is running strong in numbers, including several newly elected governors. I would like to thank the members for their enthusiasm and contributions enabled by their individual experiences as service users or carers and their experiences from other Foundations Trust or places of their work.

The group will continue its regular observations and concrete input to the Trust Board Quality Sub-Committee. In particular, the group has an interest in direct service users and carers' feedback mechanisms and will keep reviewing the Trusts' progress relating to Francis Reports' recommendations.

The group's discussions have also been as a hub for cross-governors-group-collaborations with its sound personal connections to the Strategy and Planning, Communications, Bids Steering groups as well as EPIC and of lately the Governors' Governance Committee. This allow us to detect patterns of good governance practice and make specific suggestions for improvements. In one our recent meeting the governors questioned the relatively late input of service users and carer in strategic planning and the way national requests are implemented. We therefore initiated a formal request to hear in front of the full council about the service user and carers input from one of the Directors.

One of the main tasks of the group is to review the Quality Account – our response on behalf of the Council is given below.

Governors' reply to the Quality Accounts 2014/15
The governors welcome the publication of this year's Quality Account and acknowledge that its targets have been demanding for the 2014/15 period.

Therefore, it becomes even more important to be able to follow the narrative of the improvement work that follows the effort involved in working towards each of these targets. It has been noticed that such analysis was provided for 2014/15 Priorities Three and Five. We strongly encourage the authors of future reports to include more detailed reporting of the findings of internal audits in line with the analyses and recommendations of the Francis Report. Similarly, the numbers of respondents to surveys have been included for Priority One, but are missing for Priority Eight and it is still not possible to determine the overall response rates. As in previous years, the governors strongly recommend that numeric values are triangulated with feedback obtained from service user and carer groups (qualitative data).
The governors appreciated the opportunity to actively input into the shaping of the Trust’s 5-year Quality Strategy which underlies the concrete 2015/16 quality priorities. We would also welcome a more direct input into the annual priorities. Trust service user and carer involvement has been one of its strengths and its forum, EPIC, is in the process of adopting the NSUN 4PI standards (National Survivor User Network). A member of the governors’ Quality Group now observes the Trust Board Quality Sub-Committee that allows further insights and inputs into the quality governance process.

The governors welcome the decision to maintain the in-patient safety target in 2015/16 Quality Priority 1, i.e. 90% of patients feeling safe in our inpatient facilities. In particular, the large scale implementation of the Care Delivery Systems appears to be a major step towards achieving this goal. The choice of Quality Priority 2 reflects the governors’ expressed interest in crisis care. The Trust should also consider measuring the level of satisfaction of service users and carers with the available crisis care.

The governors positively noticed that the 2015/16 quality priorities are much more balanced towards community care. Priority Five focuses exclusively on carers’ assessments and a more specific and aspirational target could increase carer satisfaction. Both quality Priorities 7 and 9 include community care and publishing the current baseline values would enhance understanding of their contexts for the reader.

2. Membership and Communications Group

A meeting of the working group took place on 23 April.

It was noted that the first members’ seminar will be taking place on 15 June, where Professor Simon Wessley will be talking about Post Traumatic Stress. Further similar events are being planned for later in the year.

Discussion took place on developing a governors’ on line forum. It was agreed to set up a small group to work on this and report back to the next meeting.

The group lead on setting membership targets for 2015/16. The recommendation is to have a target of 14,000 members by 31 March 2016.

A recommendation will also be made by the group to the next meeting of the CoG regarding the introduction of electronic voting for elections scheduled for autumn 2015.

The development of governors’ leaflets is being taken forward via the Comms office.

3. Planning and strategy (Angela Flood)

The last meeting of the PSWG took place on Tuesday, 7 April 2015. Key points:
Strategic Plan 2014-2019
A timetable of key activities had been previously requested (still awaited), to provide PSWG members with: a high level view of key activities; key milestones; progress to date; delivery responsibilities; resource implications; potential issues/risks impacting on progress. Future meetings of the PSWG will include key themes related to the implementation and delivery of the Strategic Plan. These will include estates, IT, integration and workforce.

Operational Plan 2015/16
The PSWG have had the opportunity to review and comment on this document prior to its submission to Monitor on 14 May. Members of the group welcome the opportunity to see the priorities and intentions of the annual plan, seek clarification, identify gaps and enable monitoring of progress and carrying out of the governance role.

Audit Committee Governor Observer
Key issues arising from the 24 March AC meeting included:
- Importance of synchronisation between meetings of different committees to enable issues to be dealt with more effectively and efficiently
- Consideration of potential risks as well as opportunities attached to international projects
- Pressures of increasing reporting requirements from Monitor despite an initial „light touch“ reporting regime
- Importance of strengthening the assurance framework and related systems.

Annual cross-borough membership meetings
- A specific sub-group (task and finish) has been set up to look at the planning of future events and met on Tuesday, 13 May 2015. The Chair of the Membership and Communications Working Group and the Head of Communications and Media were invited to attend
- It was agreed that four meetings should be arranged, two in the northern area served by the Trust and two in the more southerly part. These would each have a specific focus towards one constituency – service users, staff, carers, public. They would be held in early October and repeated in the following May in a “You said...We did“ format
- The report on the 2014 meetings will be sent to attendees by borough, the CoG, the Board and group Chairs.

Business Development and Investment Committee (BDIC)
Angela Flood (Chair) was nominated as Governor Observer for the BDIC and attended her first meeting on 20 April. Summary of key points will be shared with members of the PSWG.

Other
Copy of the Families and Carers Strategy 2014-2018 (Draft) requested for review and comment by the PSWG members prior to completion and Board approval. The strategy will be launched in June.
4. Involvement and Social responsibility group (Adam Black)

The group have not met this month. The next meeting is scheduled for 27th May. Over the last month, members of the group have attended meetings of the PPI Strategy working group. The group is strongly represented and active within the new Governance committee. Neither EPIC nor the Involvement Register management (IRMSG) steering group have met this month.

PPI Strategy

The strategy is being written and feedback events planned. Discussions about National Involvement Standards deployment is at an advanced stage. We would encourage the board to consider this proposal formally at the earliest opportunity.

IRMSG

Last month we raised a concern (ISR board report May) addressed to the group which has been escalated to the DoC at the request of the trust officer whom convenes the IRMSG. A meeting is being scheduled to move this forward.

5. Governance committee

Work is continuing to ensure that recommendations are in place at the June meeting of the Council of Governors regarding clarification of roles, confirmation of governance arrangements and further development of training programmes for governors. This is building on the work commenced at the joint meeting between the Board and Council of Governors to ensure that working practices are in line with national guidance and best practice elsewhere. The final meeting before the CoG will be held on Wednesday, 27 May and will be open to all governors to receive an update on progress.

Paul Mitchell
Trust Secretary
May 2015

U: / board / cog update report May 15
Date of Board meeting: 26th May 2015

Name of Report: Briefing from the Quality Sub Committee

Heading: Governance

Authors: Neil Brimblecombe

Approved by: Neil Brimblecombe, Director of Nursing

Presented by: Lesley Calladine/Neil Brimblecombe

Purpose of the report:

To present a brief summary of key points discussed at the meeting of the Quality Sub Committee of the Board held on 21st April 2015, drawing the Board’s attention to key points for consideration.

Action required:

The Board of Directors is asked to note this report and decide whether any further action or briefing is required in relation to the key issues raised.

Recommendations to the Board:

Issues for attention are highlighted within the report.

Trust-wide risk(s) affected by this report and the level of assurance provided (none, low, moderate, high):

The Quality Sub Committee provides assurance to the Board that the principal risks to service quality, recorded within the Assurance Framework and Corporate Risk Log, are being correctly identified, correctly judged and classified and, most importantly, are being actively managed and mitigated by named staff.

Service Quality Implications:

The primary objective of the Quality Sub Committee is to ensure that there are processes in place to monitor service quality effectively.

Summary of Financial and Legal Implications:

The Audit Committee carries out an annual review of the Annual Governance Statement; the work of the Quality Sub Committee informs this review.

Equality & Diversity and Public & Patient Involvement Implications:

Equality & Diversity and Public & Patient Involvement are reviewed by the Quality Sub Committee on a regular basis.
Key points

The Quality Sub Committee draws the following items to the attention of the Board for noting and for consideration as to whether further briefing is required.

1. Policies agreed

- Cardio Pulmonary Resuscitation & Medically Deteriorating patient
- Care Programme Approach

2. CQC Hospital Inspection

The committee members were advised of the forthcoming CQC hospital inspection commencing on 21st September. Weekly meetings with key stakeholders were agreed and CAGs were requested to identify a CQC link person. Committee members were briefed on the preparation plans with the emphasis being on the identification of issues and the implementation of sustainable quality improvements.

- An update report to the Board has been scheduled to provide information on the process and preparation plans

3. Staff Survey

A summary of the staff survey was presented to the committee. All Trust staff were canvassed in 2014 with a 42% response rate. Areas of concern and areas where the Trust is performing well were highlighted. CAGs were requested to provide action plans to address areas of concern. These plans will be collated Trust wide and progress monitored. A report on progress will be presented to the committee in July.

4. Francis update

An overview of the national initiatives and local progress with the Francis recommendations was provided to the committee. Information on Trust wide audits relating to the recommendations was highlighted.

5. Care Act

A report was presented to committee members which highlighted the implications of the act. A Trust Care Act implementation group has been established. There are local plans in place to ensure all staff receive the necessary training.

Next meeting: 19th May 2015
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<tr>
<th>Month</th>
<th>Item</th>
<th>Lead</th>
<th>Section</th>
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<td></td>
<td>Family and Carers Strategy</td>
<td>Zoe Reed</td>
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<td>Approval</td>
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<td>Community Pharmacy Development (action from April)</td>
<td>Gus Heafield</td>
<td>Strategy</td>
<td>Discussion</td>
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<td>Value based healthcare (deep dive follow up)</td>
<td>Neil Brimblecombe/Martin Baggaley</td>
<td>Strategy</td>
<td>Discussion</td>
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<td>Lessons learned from CQC inspections (action from Feb)</td>
<td>Neil Brimblecombe</td>
<td>Quality</td>
<td>Discussion</td>
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<td>Smoking Cessation (action from Feb)</td>
<td>Neil Brimblecombe</td>
<td>Quality</td>
<td>Discussion</td>
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<td>Francis Report – Review best practice of how Board involves patients (action from March Meeting)</td>
<td>Zoe Reed</td>
<td>Quality</td>
<td>Discussion</td>
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<td>Finance Report</td>
<td>Gus Heafield</td>
<td>Performance &amp; Activity</td>
<td>Discussion</td>
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<td>Performance Report</td>
<td>Roy Jaggon/</td>
<td>Performance &amp; Activity</td>
<td>Discussion</td>
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<td>Council of Governors Update</td>
<td>Paul Mitchell</td>
<td>Governance</td>
<td>Information</td>
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<td>Chief Executive Report</td>
<td>Paul Mitchell/ Matthew Patrick</td>
<td>Governance</td>
<td>Information</td>
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<td>Briefing from the Quality Committee Meeting</td>
<td>Neil Brimblecombe/Lesley Calladine</td>
<td>Governance</td>
<td>Information</td>
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<td><strong>July</strong></td>
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<td>Commercial strategy (deep dive follow up)</td>
<td>Emily Buttrum/Matthew Patrick</td>
<td>Strategy</td>
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<td>Safer Staffing update report (action from Jan)</td>
<td>Neil Brimblecombe</td>
<td>Quality</td>
<td>Discussion</td>
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<td>Social Care Strategy – Update (action from April)</td>
<td>Cath Gormally</td>
<td>Quality</td>
<td>Information</td>
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<td>Finance Report</td>
<td>Gus Heafield</td>
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<td>Performance Report</td>
<td>Roy Jaggon/</td>
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<td>Governance</td>
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<td></td>
<td>Assurance Framework Report</td>
<td>Gus Heafield/Roy Jaggon</td>
<td>Governance</td>
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<td>Minutes from Audit Committee Meeting</td>
<td>Steven Thomas</td>
<td>Governance</td>
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<td></td>
<td>Workforce Update (action from Feb and deep dive follow up)</td>
<td>Louise Hall/Matthew Patrick</td>
<td>Governance/Strategy</td>
<td>Information</td>
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<td></td>
<td>Monitor return – Q1</td>
<td>Gus Heafield</td>
<td>P2</td>
<td>Approval</td>
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<td><strong>Sept</strong></td>
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<td>Healthcare strategy (deep dive follow up)</td>
<td>Matthew Patrick</td>
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<td>Discussion</td>
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<td>Arts Strategy</td>
<td>Matthew Patrick</td>
<td>Strategy</td>
<td>Discussion</td>
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<td>EPIC Annual Report</td>
<td>Zoe Reed/Matthew Patrick</td>
<td>Strategy</td>
<td>Discussion</td>
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<td>Pathology Service Tender</td>
<td>Martin Baggaley/Emily Buttrum</td>
<td>Quality</td>
<td>Approval</td>
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<td><strong>Oct</strong></td>
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<td>Discussion</td>
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<td>Gus Heafield</td>
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<td>Steven Thomas</td>
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Date of Board meeting: 26 May 2015

Name of Report: Report from previous month’s Part 2 meeting

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

Author: Paul Mitchell, Trust Board Secretary

Approved by: Matthew Patrick, Chief Executive

Presented by: Roger Paffard, Chair

Purpose of the report:
To produce a summary report for consideration in the part of the Board meeting held in public which lists the items which were discussed in the P2 (private) meeting the previous month.

Action required:
To note.

Recommendations to the Board:
To agree whether this report should be produced for future Board meetings.

Relationship with the Assurance Framework (Risks, Controls and Assurance):
No direct link but the report increases the transparency of the Board's governance arrangements.

Summary of Financial and Legal Implications:
N/A.

Equality & Diversity and Public & Patient Involvement Implications:
N/A

Patient Quality Implications
N/A
## Part 2 report to Board

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<tr>
<th>Date of meeting</th>
<th>Ref</th>
<th>Item discussed</th>
<th>Summary of discussion</th>
<th>Lead Director</th>
<th>Reason for taking in P2</th>
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<tr>
<td>28 April</td>
<td>BOD PTII 20/15</td>
<td>Q4 financial reporting return.</td>
<td>Discussion and approval of return for submission to Monitor.</td>
<td>Gus Heafield</td>
<td>Classified as commercial in confidence.</td>
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<td>28 April</td>
<td>BOD PTII 22/15</td>
<td>SUI update.</td>
<td>Briefing from legal advisers.</td>
<td>Martin Baggaley</td>
<td>Subject to legal professional privilege.</td>
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