Board of Directors Meeting

To be held 28th February 2017
3:00pm Learning Centre, Maudsley Hospital

AGENDA: Part 1

1. Opening Matters
2. Welcome and apologies for absence
3. Minutes, Action log review & Declarations of Interest
4. Patient Story - CAMHS

Strategy
5. Presentation: Kings Health Partners - Mind and Body Agenda

Quality & Safety
6. Care Quality Commission: (Verbal Report)
7. Safer Staffing

Performance
8. Performance Report
9. Finance Report (including IT survey results)

Governance
10. Report from the Chief Executive
11. Update from the Council of Governors
12. Update from Quality Committee
14. Wrap-up and Next Meeting

The next Board of Directors Meeting will be held on 28th March 2017, at 3:00pm in the Learning Centre, Maudsley Hospital

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.
MINUTES OF THE HUNDRED AND THIRD MEETING OF THE BOARD OF DIRECTORS OF
THE SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST
HELD ON 24 January 2017

PRESENT

Roger Paffard Chair
Dr Neil Brimblecombe Director of Nursing
Kristin Dominy Chief Operating Officer
Alan Downey Non-Executive Director
Rachel Evans Director of Corporate Affairs
Mike Franklin Non-Executive Director
Louise Hall Director of Human Resources
Duncan Hames Non-Executive Director
Gus Heafield Chief Financial Officer
Dr Michael Holland Medical Director
Dr Julie Hollyman Non-Executive Director
Professor Matthew Hotopf Non-Executive Director
Altai Kara Director of Strategy and Commercial
June Mulroy Non-Executive Director
Dr Matthew Patrick Chief Executive
Anna Walker Non-Executive Director

IN ATTENDANCE

Richard Dolby Procurement Lead
Malcolm Goodwin Business Manager, Pharmacy
David James Business Manager Trust Secretariat (Minutes)
Dr Dele Olajide Caldicott Guardian
Zoe Reed Freedom to Speak Up Guardian

APOLOGIES

There were no apologies.

DECLARATIONS OF INTEREST

Routine declarations were made:

• Prof Matthew Hotopf: Declared funding received for mental health research.

Action: A short paper listing all Board declarations of interest is to be brought
to the Board in March 2017 by the Trust Secretary.

MINUTES

The minutes of the Board held on the 20 December 2016 were agreed, as an accurate
record of the meeting
BOD 001/17 MATTERS ARISING/ACTION POINTS REVIEW

The progress made on action points was noted.

Action: Roger Paffard/Rachel Evans

BOD 002/17 PATIENT STORY

The presentation was introduced by Eleanor Bateman, Service Director for Addictions, and concerned the use and access to mobile phones in wards.

Service user representatives from River House described to the Board how previously a pay phone system had been in place which caused conflict and stress. The 18 patients in the ward would be encouraged to be brief when on the pay phone, with longer conversations causing conflict. The cost of using the phone was also prohibitive. Peak times were between 7.00pm and 8.30pm and queues would often form to use the facility.

To rectify this situation mobile phone access was introduced. To avoid any potential abuse of the resource only basic phones were made available, i.e. phones without video or internet access. Patient representatives reported a range of benefits including: reduced tension as access issues were no longer a problem; enhanced links with family members and the use of text messaging allowed for wider community/network engagement; increased privacy was possible and missed calls no being longer a problem as the mobile had a caller display function.

Roger Paffard asked what further action the Trust could take to improve the patient experience. Access to personal computers with internet facilities was mentioned and Eleanor Bateman responded that work was underway to introduce this facility with suitable safeguards.

Roger Paffard thanked the participants for their presentation.

BOD 003/17 CATERING AND DOMICILIARY SERVICES TENDER EVALUATION

Altaf Kara introduced the paper. The purpose of the paper was to present the recommendations from the tender evaluation process for the Trust’s catering and domiciliary services. The Board noted that some elements of the paper were commercially confidential and would be considered in Part 2 discussions.

The recommendation to the Board was to proceed with informing ISS they had won the tender. The Trust was still working through the pricing options and would confirm the final specification as soon as possible. There had been extensive evaluation by the Trust of the various bidders and regular engagement.

Dr Julie Hollyman asked what assurance the Trust had that food quality would be maintained during the remainder of the contract and whether there would be facility to feedback concerns if they arose. It was explained that the first point of reference would be adherence to the contract specification, but that there was also a need to strengthen contract management oversight to ensure standards are maintained.
Neil Brimblecombe stated that the standards being established were intended to deliver the quality achieved in Forensics. Long term patients attach great importance to the quality of their food.

Mike Franklin and Dr Matthew Patrick asked about cultural sensitivity regarding food and the ability of service users to access employment with the contractor. They were advised that in the evaluation scoring process for these areas ISS scored highest in both diversity and service user employment.

The Board were informed that the Trust was seeking clarification on the payment of the London living wage for employees providing the service. As part of that process all bidders were asked for the financial increment required to meet the London living wage target. ISS quoted the smallest increment implying that they have already factored in that level of pay for the majority of employees involved.

Duncan Hames asked about the TUPE arrangements from the present supplier to the new provider and the ability to maintain services during the period of transition. He was assured that the present provider would not be continuing in the provision of any services post transfer and existing staff were protected by the TUPE process. It was agreed that Altaf Kara would circulate the TUPE details in terms of process and impact to Board members.

**ACTION:** Altaf Kara to circulate to the Board TUPE process details and describe the possible impact of that process on present staff members within catering and domiciliary services.

**The report’s recommendation was approved.**

**BOD 004/17 THE QUALITY IMPACT ASSESSMENT (QIA) PROCESS**

It was noted by the Board that the detail within the report concerning the 'Croydon Bridge' should not have been included in the paper.

Dr Neil Brimblecombe introduced the report. He explained that the process related to the Francis Report and the need to ensure that actions to reduce expenditure were assessed to highlight the effect they would have on the quality of service being delivered.

Dr Julie Hollyman queried why there were no examples in the paper of schemes that had been rejected. Dr Neil Brimblecombe and Dr Michael Holland explained that a number of schemes had been advised to withdraw their request and resubmit at a later date after revision.

There were a number of queries by NEDs about the link between the process described and Quality Innovation Quality and Productivity (QIPP) schemes brought to the Board. Dr Neil Brimblecombe responded that the QIA process was related to internal saving schemes and not those driven by external partners. However, it was recognised that the QIPP process also needed to be overseen and reviewed to understand the impact on the quality of the services being delivered.
It was agreed that after sign off both the QIA and QIPP schemes should be reviewed against specified metrics and overseen by the Quality sub-committee.

It was expected that an updated paper on the QIA process would return to the Board early in the new financial year.

**Action:** Both the CIP and QIPP schemes to be reviewed and assessed against specific metrics by the Quality subcommittee.

The Board noted the paper.

**BOD 005/17 QI Programme: Case for Further Investment**

Dr Michael Holland introduced the paper.

The paper updated the Board on progress on the Quality Improvement programme and made a case for further investment to realise the full potential of the commitment made by the Trust.

The aims of the programme are recognised as ambitious and will require a significant cultural change across the Trust. Under current plans, the Trust will not reach the required tipping point of 20% staff trained until 2019/20. It is also clear there is a need for dedicated communications support to increase visibility of the programme across the whole organisation.

To increase the pace of delivery, the Board was asked to support additional resource in these six areas:

i) Leadership (at all levels) – to provide coaching and challenge;
ii) QI expertise - four QI expert borough leads to provide critical support and challenge;
iii) A learning and development resource for externally provided training programmes to increase numbers of staff skilled in leading QI;
iv) Service user and carer involvement – which is seen as critical to ensure value to patients and carers is the focus of QI work;
v) Increased communications and engagement to increase momentum and engagement with staff; and
vi) The engagement of an experienced analyst for the purpose of building data flows across the organisation and enhancing analytical capability.

Dr Matthew Patrick observed that extra funding was important, but that leadership was vital. It was agreed that Directors would need training on asking the right QI questions during site and service visits.

Roger Paffard added that Governors and NEDs would also need to be involved and this was accepted as a useful and necessary development.

Professor Matthew Hotopf observed that the present focus of the listed schemes seemed to be on a ‘freedom to choose’ approach and not centrally driven. Dr Michael Holland responded that in the future streams of work would be developed by the programme. Projects could then be linked into these streams of work so as to support Trust wide improvement. It was reported that discussions with East London
Foundation NHS FT Trust had suggested that large scale changes were achieved by underpinning them with numerous small scale projects.

Anna Walker noted the large sums being requested for the QI scheme and advised more work be done to link the outcomes of the programme with targets established by the Trust. This was agreed.

June Mulroy supported the ‘bottom up’ approach so far taken by the Trust and agreed that a critical mass of trained staff would be required to achieve the level of change sought. Gus Heafield supported this view and advised the Board that the monies requested were already within the Trust’s financial plan.

The Board noted the actions that could be taken by the Board to support the QI Team and approved the additional funding

**BOD 006/17 Freedom to Speak Up Guardian – Update Report**

Zoe Reed, Freedom to Speak Up Guardian, introduced the paper.

The Board in early November 2016 considered a report on implementing the Freedom to Speak Up Guardian Function. At that meeting, it requested an update to address: (a) how progress is being made in relation to the requirements of the National Guardian Office including how to engage the whole organisation with the initiative and how the function relates to the Trust’s existing processes; (b) anonymised case studies; (c) costs involved; (d) what steps might be taken to support an organisational culture where staff speak up about concerns as a usual part of Trust operations.

The Board were informed that at a recent Regional meeting for Freedom to Speak Up Guardians; the National Guardian Dr Henrietta Hughes had described the role as looking out for things informally and keeping people off the ‘tram tracks’ of formal procedures.

Mike Franklin agreed in principle with the initiative, but was unclear how it differed from the whistleblowing policy. He also queried whether the details collected by the process would become available if the issue or issues became, at a later date, formalised.

Zoe Reed noted his concern and emphasised the focus of the approach was on enabling staff to Speak Up prior to invoking formal procedures. If the issue were to become formalised, then permission would be sought from the individual involved to pass on the necessary detail. She also agreed with a suggestion by Mike Franklin that the proposed FTSU Policy (which was appended to the Report) needed careful review before adoption because it contained some more formal aspects, such as investigation, which did not seem in keeping with the “pre-formal procedure” approach currently understood to be the role of FTSU.

Dr Matthew Patrick added that the Speak Up Guardian scheme was not yet operational as only a very few cases - anonymised in the Report - had come forward. In one case, this had been seen as an alternative route to the formal processes, as they were perceived as flawed.
Zoe Reed assured the Board that the unions and staff associations had been involved and informed of the scheme.

Anna Walker observed that it would be good to see the effect of the Speak Up Guardian scheme, in terms of staff perception, and it was agreed that the Staff Survey should be able to supply that data over time.

Zoe Reed stated the fundamental purpose of the FTSU function was to work on the culture of the organisation. The job purpose for the FTSU Guardian was described as "The Freedom to Speak Up (FTSU) Guardian will work alongside Trust leadership teams to support the organisation in becoming a more open and transparent place to work, where all are actively encouraged and enabled to speak up safely."

The Board noted the need to develop local Ambassadors and the possibility that this may require funding back fill for clinical staff.

The Board noted the report

**BOD 007/17 PERFORMANCE REPORT**

Kristin Dominy presented the paper which was taken as read.

The report summarised the Trust's Performance Management Framework, identifying key issues and actions arising from the CAG Performance reviews for November and highlighted risks and potential risks to performance. Provisional Quarter 3 performance in relation to NHS Improvement indicators was reported and in-patient activity was being monitored closely and overspill reported weekly.

Following the failure to achieve the standards in Quarter 1 for Home Treatment Gatekeeping and Early Intervention, recovery plans were developed and circulated to the Board in September for assurance. Updates on that process were included in the report.

The Home Treatment Gatekeeping recovery trajectory was achieved and exceeded with quarterly performance of 99.5% in Quarter 3. Quarterly results for the four Clinical Commissioning Groups (CCGs) significantly exceeded 95%.

The Early Intervention performance since July 2016 has continued to exceed the Trust recovery trajectory and the 50% standard. In November the Trust met the standard overall but results were below 50% for two CCGs. For Lewisham 1 of 3 patients met the waiting time standard; for Lambeth 3 of 7 patients met the standard.

External overspill figures align closely to the Mental Health Five Year Forward View target and the Crisp Report recommendation to eliminate out of area placements. CCGs are being monitored by NHS England on trajectories and assurance to reduce out of area placements. The Trust trajectory continues to assume 7 PICU patients remaining in private units from 1 January 2017 on an on-going basis. As of 24th January 9 overspill patients were reported to the Board.

In relation to Safer Staffing the results for November were 16 wards breaching 20% and above, this is the lowest since February 2016 and a reduction of 3 wards in comparison to October 2016.
Mike Franklin asked if there were figures available that showed the extent of the breaches, as conversations with staff suggested being one staff member down was a different level of concern to having several absent. He was assured those figures were collected and that detail would come to the Board later in the year.

As the Board were aware significant QIPP programme has been agreed between The Trust and Commissioners for Lambeth Southwark and Lewisham. The scale of the programme is £4,995m. The Board was reminded that there have been on-going discussions with Croydon regarding the affordability gap during the course of 2016/17 and the impact of the ‘Croydon Bridge’ is understood. The challenges within Croydon continue and a further £2,729m will be added for 2017/18. For NHSE, the combined QIPP total is £2,166m, split between CAMHS, Forensic and other specialist services.

Dr Neil Brimblecombe referred the Board to the restraint data in the report. The data has previously been noted as high, but this was the result of data reporting issues related to the Datix system. The Datix and patient safety teams have now reviewed the data and the correct information was included in the quality dashboard.

Dr Matthew Patrick suggested that future reports would need a new chart to show bed occupancy rates by borough against the target of 85% to support the 2 year plan to have the ‘right ward in the right place’. This amendment to future reports was agreed.

The Board approved the report

BOD 008/17 FINANCE REPORT MONTH 9

Gus Heafield introduced the paper. It was taken as read.

The report provided an update on the financial position of the Trust as at 31st December 2016 (month 9 of 2016/17). Drivers of the financial position were covered in the both the Performance and Finance reports to the Board but the issue of the acute overspill was focussed on within this report.

At Month 9 the Trust remains on plan, reporting a deficit of £2.8m (after application of the Sustainability Fund). This represented a favourable variance of £0.18m against the deficit control total, but an adverse movement in the month of £0.5m. The adverse movement was driven principally by acute overspill being above plan and unmet Cost Improvement Programmes (CIPs).

The use of adult acute/PICU beds has fallen for the fifth month with a reduction of 7 beds in the month. CIPs of £10.1m were planned to be delivered as part of a Trust wide set of schemes. The majority of the schemes (88% by value) are not due to deliver until the second half of the financial year, but some schemes have already slipped or are not expected to deliver the saving originally envisaged. In order to meet the deficit control total, the Trust has built in some scope to mitigate against not achieving the full saving. However, the reliance placed on non-recurrent solutions will impact the underlying deficit going into next year.

The Trust has mitigated the risks to income due to contracts not being paid by NHS Croydon and NHS England by reaching agreement on the payments as part of the contract agreement for 2017/18 and 2018/19. Some income risks remained and
were detailed in the report. The capital forecast was highlighted and that £4m of the variance at Quarter 3 related to Jeanette Wallace House completing on 9 January 2017 rather than before Christmas 2016.

The Board were informed that plans to reduce agency expenditure are one of the conditions attached to accessing the NHS Improvement (NHSI) Sustainability and Transformation Fund. NHSI set a ceiling for the Trust to spend no more than £17.4m on all agency staff. Based on this target the Trust has spent £16.9m in the year to date compared to a target of £14.7m.

To address this issue the Trust continues to focus its attention on reducing reliance upon agency staff through enhanced control procedures and the recruitment of permanent staff. Performance against the agency ceiling is now also part of the Trust’s financial risk rating. Should, as is being forecast, the Trust achieve a total agency overspend within 25% to 50% of the NHSI ceiling, the Trust will be rated a 3 (range is 1 good – 4 poor) which would denote “significant concern” and may result in support and intervention by NHSI.

The Board approved the Report

BOD 009/17 PATHOLOGY & PHLEBOTOMY 2016/17

Malcolm Goodwin introduced the report.

He reported that the clinical laboratory services underpinning the pathology contract with Viapath was running well, but there had been some problems with the logistics and a plan of action was in place to make it a more robust service. IT services had not met some of their key performance indicators and penalties were being sought by the Trust from the contractor.

Malcolm Goodwin reported some issues with operational models for Clozapine clinics with some sites not having a robust model. The introduction of POCHI point of care test would allow same day dispensing, but there were some issues around staffing and space/estates requirements to enhance the delivery of services. In response Kristin Dominy advised that operational and medication services were being looked at across the Trust and suggested a meeting to enhance collaboration. She also requested a paper from Malcolm Goodwin to be produced in conjunction with Elaine Rumble regarding the operation of the Clozapine clinic. This was agreed.

It was also agreed after discussion that the Business Development and Investment subcommittee in February 2017 would review the monitoring of the Viapath contract.

ACTION: The BDIC sub committee to review in February 2017 the monitoring of the Viapath contract.

The Board noted the report.

BOD 010/17 HR and EDUCATION and DEVELOPMENT ANNUAL REPORT
The report was presented by Louise Hall and outlined the key priority areas for HR and E&D. Requests were made during the presentation for more explicit focus on diversity, training in patient and carer involvement, staff morale and building resilience.

The priorities for 2017 in HR will be:

Finalising the infrastructure review; Working effectively with the South London Partnership to build a strong brand; Work with the Medical directorate to review Medical staffing approaches; Delivering an organisational development approach to some of the workforce issues; Continuing the focus on equalities, staff engagement and our brand as a top employer and reviewing the use of people technology such as pre joining software and the workforce strategy will need to take into account: apprentices, nurse associates and other changes to help ensure the Trust has safe wards.

In relation to education and development key priorities will be:

A continued focus on improving mandatory training compliance; The new Learning Management and Performance Management System will be further developed; The apprenticeship levy changes expected during 2017 will require organisational design support linked to skills acquisition; The creation of communities of learning to enhance induction and other activities within departments; The effective and efficient use of available resources will recognise the significance of sustainability with the Education and Development department plan

Mike Franklin requested information on how many approaches to HR had been made by staff before accessing employment tribunals as direct access was no longer possible. Louise Hall agreed to gather this information and report back to Mike Franklin directly.

**Action:** A workforce report will come to the Board in March 2017 where the issue of diversity will be addressed.

The Board noted the report.

**BOD 011/17 CALDICOTT GUARDIAN ANNUAL REPORT**

Dr Dele Olajide presented the report and highlighted a number of issues.

He reported that in order to improve the security of the electronic Patient Journey System (ePJS), the Trust was introducing a role based access control system (RBAC) across the organisation. This is a method of regulating access to computer or network resources based on the roles of individual users within the organisation.

In regard to the European General Data Protection Regulation (GDPR) it will come into effect in the UK from 25 May 2018. The impact of the ‘right to erasure’, also known as the ‘the right to be forgotten’ on medical records was highlighted. A discussion with the Information Commissioners Office has suggested that the right to erasure will have little effect on the retention of clinical records.
The Board were assured that issues of consent were constantly monitored by the Trust such as Police requests for information on patients. To provide the police with information, the Trust requires either the written consent of the patient or, if consent cannot be obtained i.e. it would jeopardise an investigation, then a decision is made by the Caldicott Guardian or Head of Information Governance. They assess whether there is a justification under the law to override the duty of confidentiality and share relevant information.

Concern was expressed by Dr Dele Olajide at the development of data linkages with the centralisation of material regarding mental illness, welfare and housing benefits. Professor Matthew Hotopf advised the Board that the data linkages referred to operate under a tight governance framework and the information was stored behind the NHS firewall. Service users had been engaged with the process and were supportive of the development as it reduced the repetition of data capture.

Analysis of breaches in confidentiality which occurred in the Trust highlighted that most were in CAMHS, which also reported an increase in data breaches from the previous year. Mike Franklin asked what the impact of these breaches had been. Dr Dele Olajide replied the breaches had not been major and the impact was therefore low. No patterns of breaches across the Trust were identified in the report.

Dr Matthew Patrick thanked Dr Dele Olajide for his last report as Caldicott Guardian for the Trust, but in light of the large and rising number of breaches in CAMHS he thought it some needed more attention. Dr Dele Olajide agreed to bring a paper on the matter to a Senior Management Team meeting.

**Action:** A report on the CAMHS information governance breaches to go to SMT in February 2017

The Board noted the report.

**BOD 012/17 AUDIT COMMITTEE**

Duncan Hames presented the report. It was taken as read

The Board noted that item one should read QSC and not CQC. In regard to item two, the Outline Business Case had now gone to NHS England.

The Board noted the report.

**BOD 013/17 BUSINESS DEVELOPMENT INVESTMENT COMMITTEE**

Alan Downey presented the report. It was taken as read

The Board

NOTED the Report
BOD 014/17 QUALITY COMMITTEE

Anna Walker presented the report. It was taken as read

The Board
NOTED the Report

BOD 015/17 FINANCE AND PERFORMANCE COMMITTEE

June Mulroy presented the report. It was taken as read

The Board
NOTED the Report

BOD 016/17 REPORT FROM THE CHIEF EXECUTIVE

Dr Matthew Patrick presented the report. It was taken as read.

He noted the location and limited time given to his report and the Board agreed to move the paper higher up the agenda in subsequent meetings of the Board where this was appropriate.

The Board
Noted the report

BOD 017/17 UPDATE FROM THE COUNCIL OF GOVERNORS

Rachel Evans reported that there was no report from the Council of Governors because there had been no governor meetings since the last Board.

Anna Walker asked with Jenny Cooley as the new Lead Governor if she would be stepping down from her role with the Quality Committee, and if so, what was to be done regarding her replacement. Rachel Evans responded that Jenny Cooley would be stepping down from the Quality Committee and elections would be held to fill the vacancy.

BOD 018/17 ACTIONS SUMMARY FROM THE MEETING

Rachel Evans would circulate the actions from the meeting.
BOD 019/17 REFLECTIONS ON THE MEETING

Due to shortage of time this item was omitted.

BOD 020/17 FORWARD PLANNERS & DRAFT AGENDA –

This was noted by the Board.

BOD 021/17 REPORT FROM PREVIOUS MONTH’S PART II

The report from the previous month’s Part II was noted.

BOD 022/17 ANY OTHER BUSINESS

No other business was discussed.

The date of the next meeting will be: Tuesday 28 February 2016 – 3:00pm Learning Centre, Maudsley Hospital, Denmark Hill, London, SE5 8AZ

Representatives of the press and members of the public were asked to withdraw 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)
## Board meeting 28 February – action points

<table>
<thead>
<tr>
<th>Ref</th>
<th>Issue</th>
<th>Action</th>
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<th>Status</th>
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<td></td>
<td></td>
<td><strong>April 16 meeting</strong></td>
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<tr>
<td>1</td>
<td>Deloitte Report.</td>
<td>Updated Action Plan has been sent for peer review. Interviews to be held with Chair, CEO, one NED, deputy lead governor.</td>
<td>PM/RE</td>
<td>Feb 17</td>
<td>Bring back to Board for final sign off. On schedule.</td>
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<td><strong>September 2016 meeting</strong></td>
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<td>2</td>
<td>Carers Strategy</td>
<td>Report to the Board on progress towards achieving the internal target of 50% of carers offered an assessment</td>
<td>NB</td>
<td>Mar 17</td>
<td>On schedule.</td>
<td>Yellow</td>
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<td>3</td>
<td>Experience Report</td>
<td>The redeveloped Trust website to include service user surveys, to improve real-time reporting and data collection</td>
<td>NB</td>
<td>Apr 17</td>
<td>On schedule.</td>
<td>Yellow</td>
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<td>4</td>
<td>Workforce Update</td>
<td>The commercial offering in education and training for apprentices will come back to the Board when it is finalised.</td>
<td>LH</td>
<td>March 17</td>
<td>On schedule.</td>
<td>Yellow</td>
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<td>Ref</td>
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<td>5</td>
<td>Revalidation Annual Report</td>
<td>Brief paper to be brought to the Board on the progress toward delivery of the organisational action plan.</td>
<td>MH</td>
<td>Apr 17</td>
<td>On schedule.</td>
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<td>6</td>
<td>Audit</td>
<td>Annual audit to be presented to the Board for assurance on revalidation systems at the Trust.</td>
<td>MH</td>
<td>Apr 17</td>
<td>On schedule.</td>
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<td>29 November meeting</td>
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<td>7</td>
<td>Scheme of delegation.</td>
<td>Bring back in April 17.</td>
<td>GH</td>
<td>Apr 17</td>
<td>On schedule.</td>
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<td><strong>December 16</strong></td>
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<td>8</td>
<td>Safer Staffing Levels</td>
<td>Report to the Board following update to Quality Subcommittee in January 2017.</td>
<td>AP</td>
<td>Feb 17</td>
<td>On schedule.</td>
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<td>9</td>
<td>Public Sector Equality Duty</td>
<td>Report to the Board details of the SMART measures to be achieved and used by CAGs to implement and evaluate progress.</td>
<td>ZR</td>
<td>Mar 17</td>
<td>On schedule.</td>
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<td><strong>January 2017</strong></td>
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<td>10</td>
<td>Declarations of Interest</td>
<td>Short paper on Board declarations will be prepared by the Director of Corporate Affairs</td>
<td>RE</td>
<td>Mar 17</td>
<td>On schedule.</td>
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<td>11</td>
<td>HR and Education and Development Annual Report</td>
<td>A workforce report to come to the Board where the issue of diversity will be addressed.</td>
<td>LH</td>
<td>Mar 17</td>
<td>On schedule.</td>
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**Code:**

- **Green** – completed
- **Amber** – on schedule
- **Red** – not on schedule

PNJM/December 2016
The Patient Story

Young person was turning 18 and leaving the service because of their age not because therapy was ending. Transition from CAMHS to adult services is most often not a good experience for young people and it is hoped that this story will go towards improving this experience for other young people.

Key points:
- Supported Discharge Service (SDS) set up a review meeting between Lewisham CAMHS, young person and family
- Decision put forward to close case
- SDS disagreed as no adult service provision was confirmed
- End result – another meeting set up including adult team

“Whilst in SDS team I was still in the Lewisham CAMHS team and they wanted to discharge me before they had a confirmed place within an adult team. The SDS service disagreed to close my case until they were 100% sure I had a place to transition to in an adult EI team. I feel this was the right decision and demonstrated a positive way of doing transitions. I think what my mum would say is how grateful she was to have the support of SDS because it allowed her not to worry about me falling through the gap.”

What we did well

<table>
<thead>
<tr>
<th>Ensuring a smooth transition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting across both parent and professional opinion</td>
</tr>
<tr>
<td>Ensuring the YP did not fall through the gap</td>
</tr>
<tr>
<td>Liaising well with a multi-agency team</td>
</tr>
</tbody>
</table>

What we didn't do well

<p>| Making a decision without consulting or involving the young person or parent |
| Could have involved the YP a bit more |
| Parent being left with no guidance and the worry that their child will not get the continued support and help they need |
| Leaving a case up in the air |</p>
<table>
<thead>
<tr>
<th>No.</th>
<th>What we will do now</th>
<th>Owner</th>
<th>Date due</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><em>Action to be taken</em></td>
<td>INITIALS</td>
<td>DD/MM/YY</td>
</tr>
<tr>
<td>2</td>
<td>Ensure Joint decision making</td>
<td>JF</td>
<td>27/06/17</td>
</tr>
<tr>
<td>3</td>
<td>Communicate with parent and young person before making any decisions</td>
<td>JF</td>
<td>27/06/17</td>
</tr>
<tr>
<td>4</td>
<td>For Lewisham CAMHS to learn from this experience</td>
<td>JF</td>
<td>27/06/17</td>
</tr>
<tr>
<td>5</td>
<td>Learn from the audit of young people transitioning from Southwark CAMHS</td>
<td>JF</td>
<td>27/06/17</td>
</tr>
</tbody>
</table>
Follow-up to the Patient Story presented in November 2016
You said - We did
Acute CAG

**Background**

Brief narrative to provide general update on progress since report to board.

We attended the Trust Board in November to show how stakeholder engagement had influenced the development of the Centralised Place of Safety (CPOS). At that time the unit was still in development. Since then, the CPOS is has opened as a service to residents of all SLaM boroughs except Lewisham. The graduated opening of the unit has enabled the team to embed the processes and respond to minor issues as they arise. Since November service user and carer consultants have remained on the CPOS project board and continued to highlight issues around patient experience.

Much of the feedback from the stakeholder engagement focussed on the need to provide a humane environment where peoples dignity and preferences were valued and acted on. Since November, actions in response to feedback have focussed on creating a professional but not overly clinical environment:

**Actions**

<table>
<thead>
<tr>
<th>No.</th>
<th>Issue</th>
<th>Actions</th>
<th>Owner</th>
<th>Date due</th>
<th>Closed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Increase the colour and comfort in the communal area and rooms</td>
<td>The unit have bought some large differently coloured bean bags for the communal areas. The unit have bought some large sticker images for 2 of the rooms and intend to do the same for other rooms. This responds to the negative feedback about “blank walls”.</td>
<td>INITIALS</td>
<td>DD/MM/YY</td>
<td>DD/MM/YY</td>
</tr>
<tr>
<td>2</td>
<td>People at the unit may want distraction whilst there</td>
<td>Items from the support pack with calming &amp; therapeutic activities are made available to everyone. The mindfulness colouring books are proving to be particularly popular and (in terms of safety) are able to be offered to most people.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Ensuring people’s dignity is maintained</td>
<td>The unit is routinely offering everyone a hygiene pack on arrival. This includes toothpaste &amp; toothbrush, washcloths, shower gel etc. There is also a stock of clean clothes for people if needed</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Title | SAFER STAFFING
---|---
Accountable Director | Neil Brimblecombe, Director of Nursing

Purpose of the paper

This paper and covering note is intended to support a Board discussion on safer staffing which:

1. Agrees the key elements of a new approach towards safer staffing Board reports for the future, taking into account the helpful steers from the Quality Sub-Committee on 21st February;

2. Notes the daily monitoring processes of actual and planned staffing across the Trust as well as the measures taken to address the main causes of staffing breaches;

3. Notes the issues raised by wards in the Safer Staffing six-monthly reviews; and

4. Agrees the work plan for the next 6 months.

Executive summary

The paper explains the process of monitoring planned and actual staffing which includes wards recording staffing levels daily, monthly submissions to NHS Choices and data published on the Trust website. It describes the efforts to address the main cause of staffing breaches – vacant posts. These initiatives include marketing events, accommodation on the Bethlem site, recruitment of learning disability nurses and Band 4 Assistant Practitioners.

The paper provides an insight into the issues raised within the Safer Staffing six monthly reviews and the issues raised by the wards as well as the support offered to manage risk. Recommendations are made for the work plan for the next 6 months.

Finally, the paper looks at how the Board report on safer staffing could be improved for future iterations (whilst still ensuring that the NQB guidance is met) in light of discussions at the Quality Sub-Committee on the 21st February 2017. It is suggested that this should be the last version of the report in its current form and it is requested that the Board consider how best to report in future.
Changes could include:

- increased focus on key actions being taken in light of the data, together with an action planner;
- analysis of trends – where we breach, vacancy rates (why they are higher in some areas than others), absence rates etc. and whether we are getting better or worse over time;
- a review of minimum staffing levels to include a further analysis of patient acuity and dependency levels on wards (noting that the evidence of such tools in mental health is limited);
- data on how we compare with comparable Trusts and the moves towards a South London standard; and
- clearer alignment with Workforce reporting.

Introduction

1. This bi-annual report has been brought to the Board to provide assurance that the Trust is monitoring on a daily basis the 'safe staffing levels' on each of its fifty-two wards in line with the National Quality Board's (NQB) expectations. The information is collated and submitted to NHS Choices and displayed on SLaM's website. The historical context to this report is the Mid Staffordshire and the Francis report.

2. In addition, this paper seeks to go beyond this minimum reporting requirement to look at the range of actions in train and planned to address breaches; and to support conversation on how reporting could be developed to make it more meaningful and to provide higher levels of Board assurance.

3. The Government's response to the Francis report was The Hard Truth volume one 2014; it detailed plans with specific timeframes including the National Quality Board (NQB) setting out the expectations. The report also stipulated that NICE would gather evidence to support safe staffing and review and endorse tools for setting safer staffing levels but this work was later suspended in 2015.

4. The National Quality Board's members are brought together from different parts of the NHS system with responsibilities for quality, alongside patients and experts and the Chief Nursing Officer for England, to set out nine expectations of NHS providers as follows -

- Boards will take full responsibility for the quality of care provided to patients and, as a key determinant of quality, take full and collective responsibility for nursing and care staffing capacity and capability.
- Processes are in place to enable staffing establishments to be met on a shift-to-shift basis.
- Evidence-based tools are used to inform nursing and care staffing capacity and capability.
- Clinical and managerial leaders foster a culture of professionalism and responsiveness, where staff feel able to raise concerns.
- A multi-professional approach is taken when setting nursing and care staffing establishments.
- Nurses, and care staff have sufficient time to fulfil responsibilities that are additional to their direct caring duties.
- Boards receive monthly updates on workforce information, and staffing capacity and capability is discussed at a public Board meeting at least every six months on the basis of a full nursing and midwifery establishment review.
- NHS providers clearly display information about the nurses and care staff present on each ward, clinical setting, department or service on each shift.
• Providers of NHS services take an active role in securing staff in line with their workforce requirements

**National Measures & Monitoring**

5. The last report set out the National Quality Board’s (NQB) expectations and a framework with which organisations should make decisions about staffing. The three main expectations of Trusts within the guidance are: Right Staff; Right Skills; Right Place

6. Boards are currently expected to undertake strategic staffing reviews and this report forms a part of that process within the Trust. The Trust monitors that staffing capacity and capability is safe and effective at all times including during staff sickness, annual leave and supervision. Each month every inpatient ward provides data on the number of nurses available on each shift or mitigating factors to explain the breaches. Every six months safer staffing reviews occur with the CAGs and operational managers to focus on the staffing issues, current management of risk and staff recruitment and retention.

7. The limitations of this measurement is that it does not reflect the varying level of need on wards and relies heavily on accurate reporting which is variable; levels of observation can distort the data. It is not sensitive to measure unmet need. The new metric aims to tackle this.

8. The Carter report has identified that to eliminate variation Trusts need to record how staff are deployed through a single means of recording, to that end acute trusts from May 2016 have been using a new form of measurement; the ‘Care Hours Per Patient Day’ (CHPPD) which includes qualified nurses and healthcare support workers and will eventually record AHP care in the future. No new research evidence has been published since this pilot has been in operation.

9. The Trust awaits the mental health specific guidance for 2017 in which CHPPD is calculated by adding the hours of registered nurses and Healthcare Support Workers and dividing the total by every 24 hours of inpatient admissions. [1] Therefore the headcount of patients based on the number of staff, will be obtained at midnight. That measure will capture the skill mix and acuity of each ward. This will be the single consistent metric for NHS providers to record.

10. To date there remains no evidence regarding the relative effectiveness and safety of different inpatient staffing models in mental health services and the deployment of staff.

**Recruitment and Retention in London**

11. Recruitment and retention is a national issue, in London, the Capital Nurse programme is a collective of London NHS trusts with four main objectives:

- Training - attracting people to train to be nurses in London
- Recruitment - particularly ensuring the employment of newly registered nurses
- Retention - encouraging the adoption of ‘nurse friendly’ employment career progression
- Productivity - making best use of our resources through minimising the use of expensive agency staff

12. As part of this programme a research study, on adult nurse turnover and retention highlights a number of findings and initiatives, beneficial to adopt to improve staffing shortage. This highlights the need for more management development as an important aspect in staff retention.
13. SLaM is one of nine mental health trusts in London providing inpatient services. Each year the Healthy London Partnership, the London’s CCGs and the Cavendish Square Group of Mental Health Trust Chief Executives commission – ‘The London Mental Health Dashboard’.

14. This table shows SLaM’s position at year end 2015/16 to the rest of London; it illustrates that the Trust has 8 WTE staff per ten adult beds as explained in the diagram and we are above the average of 7 qualified staff per 10 adult patients. Despite the competition to recruit staff on our wards we are within the top five. East London has the ‘Outstanding Effect’ in which nurses have been drawn to work within a Trust with an Outstanding CQC rating. See Table 1 below.

15. NHS Trusts are required to publish actual staffing versus planned staffing on a monthly basis. Six monthly reviews with CAGs are an opportunity to reflect on the mitigating factors, challenges and initiatives to work within the agreed Safer Staffing numbers. The following is a sample of issues from some of the 52 wards:

**Behavioural and Development CAG**

- HMP Wandsworth (Addison ward) – following five unsuccessful attempts to recruit nurses, managers, will offer the Golden Hello – recruiting to prisons proves difficult because candidates require Home Office clearance; a parking offence can impede an application. When short staffed, the adjacent ward, will share cover especially for high level observations.
- Brook Ward – The ward does not breach because the third RN works a mid-shift which bestrides the early and late shift or late and night shift.
- Effra Ward – No safer staffing nursing issue
- National Autism Unit – The ward has an establishment of ten Band 5 WTE nurses; seven of these posts are vacant. The ward has longstanding agency nurses which the ward states, due to the client group, is clinically preferable to the constant change of bank staff. The leadership is in transition because the 8a and 7 are vacant. The band 6 is currently acting into the 7 post and the Lead Nurse for the CAG is providing support; this ward will attend a ‘Vacancy Review’ meeting in February.
- Norbury Ward – The ward has a 56% vacancy rate – the ward will be taking part in February’s Vacancy Review.

**Psychological Medicine and Integrated Care CAG**

- Eating Disorders Unit – Was running at 50% vacancy at the Bethlem open day in October. The ward showed interested candidates around the ward and provided more information to the attendees.
The staff were very proactive in the recruitment fairs and to that end their RN vacancy rate has dropped to 41% which is approximately 5 vacant posts. Long term sick has also affected the ward’s safer staffing.

- Mother and Baby Unit – the ward has a long term sickness issues; the vacancy rate is running at 12%. During the reporting period Occupational Therapists were part of the rota although that has since reverted to an all nurse rota.
- Lishman – current vacancy rate is 41% - the Ward manager covers shifts where possible to avoid breaches. The ward is expecting three new recruits however all wards are aware that this is not a definitive position until the starter has physically started working on the ward.

MHOAD CAG

- AL3 – Surrounding wards in the same block as AL3 have a large number of vacant posts; these factors have had an impact on the ward – staff are requested to take on the DSN role or to help which impacts on the staff’s ability to cover AL3.
- Chelsham – Current vacancy rate is 54%. To keep the wards safer Senior managers have worked a shift a week and to maintain quality; the ward will recruit nurses at a higher grade nurses with a specialism in Dementia.

Psychosis CAG

- Fitzmary 2 – the treatment model remains a challenge for nursing staff to deliver Recovery focussed care; a review of the staff's clinical time spent with patients and nursing structure is underway.

Acute CAG

- Ruskin – has 25% of its band 5 nurses in post. The vacancy review meeting suggested increasing the number of band 6's to improve career development on the ward as an option to attract and retain staff.
- Bridge House – is moving to the Bethlem. The ward is in a state of change. 66% of bookings, for bank staff, were within a 24-hour notice period; this reduces the chance of securing staff at that late stage and invariably the shifts were not covered and which causes a breach. A large proportion of the nurses working on the ward are agency nurses due to staff leaving to stay within the Lambeth area.

16. Following these reviews managers will work up action plans to take forward the agreements. Wards that are unable to achieve these numbers due to sickness or inability to fill the shift with bank staff, for example, the ward will mark this as a breach against the agreed number of staff. For example – a morning shift would expect to have 3 registered nurses and 2 community support workers (3:2); if one of the nurses went sick then that would be considered a breach because the shift was covered by two nurses 2:2. If the ward has 20% or more of these breaches then they are reported to the board. This table shows the number of inpatient ward that had 20% or above of breaches, per month, from June to December 2016.June was recorded in the previous report.

See Table 2.
Datix incidences relating to staffing issues

17. SLaM's top 10 highest reporting clinical areas under the Datix categories “staff shortages” and “staff unwell”/ “illness” between July and December 2016 are shown below. The highest reported number was Croydon Triage at 35 incidents. Croydon Triage has breached every month for the last six months. By Norbury ward, reports the second highest incidents, also reached the 20% threshold in five out of six months

Table 3

<table>
<thead>
<tr>
<th>Ward</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Actions to reduce incidences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Croydon Triage</td>
<td>31%</td>
<td>45%</td>
<td>44%</td>
<td>35%</td>
<td>43%</td>
<td>39%</td>
<td>By April this ward will have recruited to the last two vacancies and be up to full staffing establishment. Ward has now changed to an acute ward which has a smaller staff establishment.</td>
</tr>
<tr>
<td>Norbury</td>
<td>47%</td>
<td>56%</td>
<td>54%</td>
<td>25%</td>
<td>24%</td>
<td>13%</td>
<td>Currently working with 9 vacancies, the leadership is in transition – Norbury will be having a specific job advert to address high vacancy rate.</td>
</tr>
<tr>
<td>Chelsham</td>
<td>19%</td>
<td>16%</td>
<td>24%</td>
<td>13%</td>
<td>20%</td>
<td>19%</td>
<td>Increasing the number of grade 6s in order to attract more staff. Also dedicated recruitment campaign</td>
</tr>
</tbody>
</table>

Table 4
Actions to address recruitment and retention

18. Despite persistent efforts to improve recruitment and retention over the last two years, Safer Staffing breaches remain unacceptably high. The primary cause of this relates to a shortage of employable band 5 nurses. This is a problem right across London. There has been a joint effort to address the recruitment and retention issues within the Trust and this has manifested in joint ventures in recruitment campaigns with Employee Services and exploring remuneration opportunities and ways to retain staff with CAG Business Partners; the findings below were presented to the Remuneration Committee - they provide context to the challenges in staffing our wards safely.

“Over the past year, the Trust’s vacancy rate has been reported as 20%. Over the same period, the highest numbers of leavers (230) were Registered Nurses and 242 new Nurses were appointed. We are therefore only covering what is being lost through attrition. At 26.96%, the turnover of Healthcare Support workers has risen from 17.93% in 2015, and a net gain of 16 (181 new joiners to 165 leavers). These two staff groups equal 40% of our overall workforce.”

19. SLaM’s vacancy rate is currently running at 22.76%, Oxleas’ is rate has been between 22.2 – 24.3% over the last twelve months and South West London and St. Georges has been between 22.21% - 32.58% over the last twelve months.

20. Over the past five months the Trust has had 333 applications although some of these are from individuals that have applied for up to seven jobs in the Trust.129 nurses have attended assessment centres of those that attended the Trust recruited 58 nurses; a 45% recruitment rate.

21. A review was carried out of the recruitment process and various changes have taken place in an attempt to raise the number of recruits.

22. The Band 5 assessment days now takes place over a full day. The morning includes: clinical literacy (scenario), clinical numeracy (drug calculations), clinical general knowledge, whilst the candidates wait the results a short talk about the Trust is delivered. Those that have not passed are given feedback immediately and an offer to come back the following month and in the afternoon a values based interview; offers are made on the same day in order to secure recruits.
23. The Trust is part of a ‘task and finish group’ with Capital Nurse Project. It is planning the London wide, standardised pre-employment literacy and numeracy tests that students will undertake in universities, using an IT system called SN@P – the first cohort of students tested with this system will be September 2018 so until then Slam will work with the partner universities to communicate expectations of our assessment centres.

24. Employee Relation’s Resource and Brand manager is working jointly on the Safe Staffing agenda to raise SLAMs profile through advertising and recruitment. The Trust has had stalls at two RCN recruitment Fairs but a review of these fairs have concluded that it is resource intensive for a small number of applicants. Therefore, going forward the Trust will focus on its own recruitment Open Days a timetable of events forms part of the planning.

25. Bethlem, Lewisham and Kent had the highest vacancy rates and were difficult to recruit nurses in comparison to the Maudsley and Lambeth, which is in central London. Bethlem has the additional disadvantage of not attracting inner London payments. The Trust talked to staff at Bethlem and Lewisham sites about the benefits that attracted them and kept them working within the area, resulting in separate staff benefits booklets being produced and handed out to potential recruits.

26. An open day was held in the Museum of the Mind at the Bethlem in October 2016. The recruitment campaign included banners on the Bethlem gates, local adverts in the local newspapers to attract local people who prefer to work nearer to home and where the London waiting may not be such an issue. Lewisham’s Open Day was held at a local leisure centre, in November 2016; thirty-one people attended. Kent services attended job fairs in Ireland and Canterbury with limited success. The Trust plans to visit Ireland again in 2017 to advertise all its services. The Trust has developed a process to monitor the effectiveness of these events by tracking applicants through the recruitment records.

27. The Trust is exploring the use of a South London passport for staff – to encourage retention and recruitment across SLaM, Oxleas and SW London and St George’s. We are also exploring providing a higher cost of living allowance to staff employed on the relevant boundaries.

**Staff Accommodation**

28. The RCN Better Homes for Nurses report made three recommendations; one of which requires Trusts to provide new homes built on NHS land and offered, first, to low paid NHS staff; the other is to offer discounted travel for London health staff to help them with the costs of getting to and from work.

29. There is housing stock at the Bethlem site that has the potential to attract nurses to the Bethlem site. The Trust has three blocks of flats in total. Currently one block is in use by the Trust and Kings has just vacated the other two. The accommodation has been let as separate bedrooms. There are a total of 12 bedrooms per block, which are configured as 3 bedroomed flats that share a kitchen, lounge and bathroom.

30. The management of the flats is within the estates department and to test the demand for the additional two blocks a questionnaire was circulated via the Trust intranet which illuminated the need for more accommodation. The questionnaire was answered by 169 staff – the majority were from Band 6 nurses at 52%. The majority worked in the community but the second highest group was in the Bethlem. Of those that answered the majority live in Croydon at 20% and 51% rent their
home. A third live with their family and 52% are experiencing difficulty with their accommodation. More than 86% have considered leaving the Trust because of accommodation problems. Since then the Estates department have agreed to proffer the two vacated blocks which will be refurbished in Quarter 2 ready for occupancy in Quarter 3; funding will need to be found to furnish the apartments and a waiting list will need to be opened to guarantee income.

31. Going forward the Working Group, will work together to consult with staff, collaborate to produce a paper for the SMT and generate a waiting list. The group will inform both the Remuneration Committee and future developments will be within the Safer Staffing report.

Band 4 Assistant Practitioners (AP)

32. Nationally, a scheme has been developed to create band 4 Nursing Associate roles, trained at Foundation degree level. Whilst the Trust watches this development with interest, as currently defined, these roles appear better suited for acute general Trusts than Mental Health organisations.

33. Therefore, in partnership with the other two mental health Trusts who comprise the South London Partnership – OXLEAS and South West London and St Georges, an agreement has been reached to take a common approach to the development of band 4 Assistant Practitioner (AP) staff to work in inpatient care areas. The planned impact on the workforce is to be able to replace the third registered nurse per shift currently required in Safer Staffing numbers with an AP. Extensive discussion and consultation has taken place with professionals and service users as to this change which is considered both essential and urgent because of the improbability of significantly improving recruitment at any point in the foreseeable future.

34. AP’s Core competencies have been discussed and agreed across the South London Partnership. APs will receive robust training with our partner University LSBU, including an initial two week course focusing on mental health practice and then complete a Foundation degree level course via day release for 18 months.

35. Trainee APs will initially remain as band 3s until they have completed 6 months of training and are able to demonstrate key competencies to let them work safely in AP roles. Trainees who do not fully complete the AP training programme will return to band 3 support worker roles.

36. The effect of changes in the workforce will be monitored by seeking service user and staff feedback, and monitoring indicators including complaints and compliments and incident data. An estimated 200 APs will be required within SLaM (excluding attrition over time). To reach this level will take an estimated 3 years, with the first course starting as a pilot in February 2017.

Registered Learning Disability Nurses (RNLD) Recruitment

27. In an attempt to increase the number of qualified nurses on the ward, Registered Learning Disability nurses (RNLD), with transferable skills, is another resource that the Trust is attempting to attract to work within mental health settings. This is a relatively small number of nurses but any recruitment would make an impact with wards such as Lishman, National Autism Unit, CAMHs and some acute wards.

28. A number of measures are in operation to improve the recruitment of these nurses including adding the qualification on adverts and job descriptions to reflect RNLDs are welcome to work within a
mental health setting, the Trust hosted an RNLD event which was very well attended - it celebrated the work of the RNLD's in the Trust and generated a large amount of interest from university students from Bucks, Plymouth and locally in Greenwich. An induction programme for a cohort of newly recruited nurses has also been developed to support them once they start with the Trust.

29. It was also found that RNLD nurses were not successfully passing SLAMs Band 5 assessments. The tests were reviewed and questions related to the RNLD/RGN curriculum were included. This measure was taken to increase equity amongst different branches of nursing.

**Action Plan from Previous Report - update**

27. In July’s report five deliverables were set out for the coming six months, detailed are the results from the action plan.

- **To work with Ward Managers and Heads of Nursing to highlight the low level of Bank requests coming through NHSP platform – to increase these requests in order cover vacant shifts – by September 16**

  This work is on-going. The Trust and NHSP have worked together to determine a possible links between those wards that breach and last minute bookings. Over the past six months steps have been taken to ameliorate this: NHSP have visited wards and attended Ward Managers & Team Leader events to show the advantages of booking bank staff six weeks in advance and how to use the booking system correctly so bank staff can see available shifts.

- **The pay cap for Band 5 agency nurses - A communication plan – for Ward Managers to avoid negotiating rates with agency nurses by August 16**

  Each service, where agency staff are being used, have been asked to develop a plan to reduce the reliance on agency staff through a number of different approaches.

- **Evaluate the implementation of the ‘Shift Changes’ and the impact it has on staffing by December 2016**

  It is too soon to make a formal evaluation of the shift changes until 6 months have been completed; this is now due April 2017.

- **Collaborating on the E-Rostering and SafeCare project by December 16**

  Further work required - this will remain on the action plan for the next six months. Over the next 3 months the Trust will explore the advantages and disadvantages of rolling out SafeCare to Ward Managers.

- **Gain a clear measurement of total vacancies in each CAG by November 16.**

  A clear process is now in place - the CAG HR Business Partners provide vacancy rates of mainly band 5 nurses on a monthly basis which inform the breach reports. We can also identify wards, which are operating at over 45% vacancy rates. Those teams that reach this level will be invited to a vacancy review meeting; a supportive measure for Board Directors and Ward staff to meet together to agree measures to recruit and retain staff. To date five wards have met and action plans are in place to reduce the vacancies and consequently reduce staffing breaches.
### Proposed actions for the next 6 months

28. The following actions are recommended in light of the evidence gathered:

<table>
<thead>
<tr>
<th>Action plan January 2017 to June 2017</th>
<th>outcome date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 To restart SafeCare across all the inpatient wards – to develop a comprehensive training programmer for all managers to manage shifts on this platform</td>
<td>Research other Trusts usage of SafeCare and meet with SafeCare to understand benefits and challenges for the Trust</td>
</tr>
<tr>
<td>2. To monitor the effect of the shift changes on patient safety</td>
<td>Evaluate shift changes through audit and report the findings in the next report</td>
</tr>
<tr>
<td>3. Once NQB has introduced the CHPPD disseminate the information to the ward managers the changes to measuring safe staffing.</td>
<td>Introduce and measure staffing using CHPPD</td>
</tr>
<tr>
<td>4 To improve the availability of the accommodation and secure a budget to furnish the apartments to recruit and retain nurses.</td>
<td>To work jointly with HR, Estates &amp; finance to increase and improve the stock of accommodation to let to nurses on six monthly to yearly contracts at competitive rent.</td>
</tr>
<tr>
<td>5. To meet with wards who have high vacancy rates to think through creative ways to manage vacancies and reduce breaches.</td>
<td>Convene monthly vacancy rate meetings Evaluate the impact of these meetings by review with the Ward Managers</td>
</tr>
</tbody>
</table>

### Proposed changes to the approach to Safer Staffing Board reports

29. The Board is invited to suggest and agree changes to the format and approach of the Board reports on Safer Staffing for the future. It is proposed that this is the last report adopting the current approach although future reports will continue to include the requirements set out in the National Quality Board guidance on safer staffing.

30. Possible changes for the future could include:

- increased focus on key actions being taken in light of the data, together with an action planner;
- detailed analysis of trends – where we breach, vacancy rates (why they are higher in some areas than others), absence rates etc. and whether we are getting better or worse over time;
- a review of minimum staffing levels to include a further analysis of patient acuity and dependency levels on wards (noting that the evidence of such tools in mental health is limited);
- comprehensive data on how we compare with comparable Trusts; and
- clearer alignment with Workforce reporting.
Appendix A Performance Management Framework Trust Summary

Finance & CIPs

Please refer to Board Finance Report

Workforce

Agency Cost (Phased NHSI Ceiling)

Admin Vacancies, Bank & Agency WTE Usage

Nursing Vacancies, Bank & Agency WTE Usage (YTD)

Sickness

Annual Leave Planning - RosterPerform Data (Excludes Doctors)

Activity

Delayed Transfers of Care: Number and % of Lost Bed Days

Adult OBD Against Monitor Plan (excl. Private Overspill)

NHS Improvement & Contract KPIs (Latest Month)

Annul Leave Planning - RosterPerform Data (Excludes Doctors)

Early Intervention % within 2 weeks (completed Pathways by CCG)

IAPT Waiting Time (6 Weeks)

IAPT Waiting Time (18 Weeks)

Please refer to Board Finance Report

NHS Improvement & Contract KPIs (Latest Month)
Introduction

The QSC Dashboard is presented for views and feedback from Quality Sub-Committee and Board members as to further developments.

The key planned developments for the dashboard in 2016/17 are:

Business Intelligence development on the new Power BI tool to allow drill down to CAG and Borough.

Incorporation of development and learning arising from the QI programme.

Benchmarking data will be drawn upon in line with publication and as indicated.

The report is organised by the CQC Key Lines of Enquiry: Safe, Effective, Caring, Responsive and Well Led. The report will provide analysis and exception reporting as indicated.

The report will also provide written updates on:

- The delivery of Commissioning Quality and Innovation (CQUINS) throughout the year.
- There will be regular updates on progress in meeting Quality Priorities and supporting activities (for instance Patient-led assessments of the care environment (PLACE) and the roll out of E-Observations across the wards).
- At present work is being undertaken in the development of interim monitoring reports for the following Quality Priorities: Carers Assessments and Full Risk Assessments (CPA patients) completed within policy timescales. The final measurement for these priorities will be by audit but the interim monitoring alongside CAG audits will support and identify potential for improvements throughout the year.

CQUINS:
The Quarter 3 submissions for the LSLC CQUINS were made. Further information on the Physical Health workstream is being reported to the QSC. Work on NHSE CQUINS was ongoing at the time of writing.

Private Overspill:
Patients placed in private beds continue to fall in line with the trajectory.

Exception reporting:
Safer Staffing:
There were 17 wards breaching over 20% of shifts this is an increase of 1 compared to November. Ruskin and Lewisham triage with their higher vacancy rates than the Vacancy Review meetings in January; the wards will have a Vacancy Review in February. Bridge House requested six agency staff which was arranged through NHS Professionals. Three wards breached without Support Workers providing cover this was due to short notice sickness. NHS Professionals are continuing to work with ward managers to improve the amount of notice given for booking shifts.
### Safe

#### Safer Staffing (Number of Wards Breaching 20% of Shifts)

<table>
<thead>
<tr>
<th>Month</th>
<th>Safer Staffing (No. of breached wards)</th>
<th>Average (CL)</th>
<th>UCL</th>
<th>LCL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr-15</td>
<td></td>
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<tr>
<td>May-15</td>
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<td>Jun-15</td>
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<td>Jul-15</td>
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<td>Aug-15</td>
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<td>Sep-15</td>
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<td>Oct-15</td>
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<td>Nov-15</td>
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<tr>
<td>Dec-15</td>
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<tr>
<td>Jan-16</td>
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<tr>
<td>Feb-16</td>
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<tr>
<td>Mar-16</td>
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<tr>
<td>Apr-16</td>
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<td></td>
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<tr>
<td>May-16</td>
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<tr>
<td>Jun-16</td>
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<td>Jul-16</td>
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<td>Aug-16</td>
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<td>Sep-16</td>
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<td>Oct-16</td>
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<tr>
<td>Nov-16</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Dec-16</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Full Risk Screen (CPA Patients)

- Completed
- Incomplete

#### Child Need Risk Screen (CPA Patients)

- Completed
- Incomplete

### Acute CAG External Overspill Performance against Target

#### Seven Day Follow Up

- 96.2% followed up within 7 days of discharge

#### Full Risk Screen (CPA Patients)

- 96.2% of patients had a brief or full risk screen

#### Child Need Risk Screen (CPA Patients)

- 98.2% of patients had a child need risk screen

### New Serious Incidents

#### All Restraints Incidents

#### Prone Restraints

### Patient Physical Assault on Patients (All Grades A-E)

#### Patient Physical Assault on Staff (All Grades A-E)
Commentary: Bridge House score is influenced by having a new ward manager in place, high patient acuity, high vacancy rates, and high agency usage. This is compounded by a period of change with an anticipated relocation of the ward. The CAG has an action plan and continued monitoring and support will be offered at local and corporate level. Fitzmary 2 had been at level 2 for 3 of 4 months have provided a reviewed action plan and were level 1 in November. This will be monitored over the coming months by the Clinical Service Lead (CSL).

### QUESTT addresses the following Metrics:

- New or no Ward Manager in post (within last 6 months)
- Vacancy rate higher than 7%
- Bank shifts is higher than 6%
- Sickness absence rate higher than 3%
- No monthly MPT review of key quality indicators (e.g. peer review or governance team meetings)
- Planned annual appraisals not performed
- Planned clinical supervision sessions not performed
- No formal feedback obtained from patients during the month (e.g. questionnaires or surveys)
- 2 or more formal complaints in a month
- No evidence of resolution to recurring themes
- Unusual demands on service exceeding capacity to deliver
- Number of hours of enhanced levels of observation exceed 120
- Ward/department appears untidy/disrepair
- No evidence of effective multidisciplinary/multi-professional team working
- Ongoing investigation or disciplinary investigation

### Delayed Transfers of Care: Number & % of Bed Days lost

<table>
<thead>
<tr>
<th>Month</th>
<th>Days Lost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr - 16</td>
<td>0</td>
</tr>
<tr>
<td>May - 16</td>
<td>0</td>
</tr>
<tr>
<td>Jun - 16</td>
<td>0</td>
</tr>
<tr>
<td>Jul - 16</td>
<td>0</td>
</tr>
<tr>
<td>Aug - 16</td>
<td>0</td>
</tr>
<tr>
<td>Sep - 16</td>
<td>0</td>
</tr>
<tr>
<td>Oct - 16</td>
<td>0</td>
</tr>
<tr>
<td>Nov - 16</td>
<td>0</td>
</tr>
<tr>
<td>Dec - 16</td>
<td>0</td>
</tr>
</tbody>
</table>

### Total QUESTT Scores by Ward, December 2016

<table>
<thead>
<tr>
<th>Ward</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Following the implementation of the new 24-hour central triage function with embedded HTT performance has significantly improved for this indicator.
NHS Improvement have removed this indicator from the Single Oversight Framework. Provisional data for end of Quarter indicates 94.2%.

94.2% of patients with CPA review within 12 months
December data is provided by the LEAP system. For the core skills framework subjects a total of 24 tailored training courses are provided dependent on staff type and including skills refresh.

The updated RAG rating has been applied whereby below 70% = Red, 71-84% = Amber, above 85% = Green (except IG which is 95%).

Early Intervention performance in Quarters 2 and 3 exceeded the Trust recovery trajectory and the 50% standard. In December the Trust met the standard overall but results were below 50% for one CCG. The change in performance for other CCG's relates to their being no applicable patients in the previous month. For patients not seen within the 2 weeks typical reasons include patients not attending an appointment, further assessment being required or delay in initial internal referral. A summary narrative is shared with commissioners and used to inform internal service improvements if applicable.

December data is provided by the LEAP system. For the core skills framework subjects a total of 24 tailored training courses are provided dependent on staff type and including skills refresh. The updated RAG rating has been applied whereby below 70% = Red, 71-84% = Amber, above 85% = Green (except IG which is 95%).
### Appendix C

**Staffing Levels in Inpatient Wards. Overview - December 2016**

<table>
<thead>
<tr>
<th>Clinical Academic Group Name</th>
<th>Hospital Site</th>
<th>Ward Name</th>
<th>Breach</th>
<th>RMN(band 5) vacancy %</th>
<th>NHSP 24 hour notice</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Acute</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maudsley</td>
<td>Aubrey Lewis 3 Ward (AL3)</td>
<td>24%</td>
<td>0%</td>
<td>34%</td>
<td></td>
</tr>
<tr>
<td>Lambeth</td>
<td>Bridge House</td>
<td>54%</td>
<td>30%(5)&amp;38%(6)</td>
<td>11.00%</td>
<td></td>
</tr>
<tr>
<td>Bethlem</td>
<td>Croydon PICU</td>
<td>20%</td>
<td>19%</td>
<td>11.10%</td>
<td></td>
</tr>
<tr>
<td>Bethlem</td>
<td>Croydon Triage</td>
<td>39%</td>
<td></td>
<td>33.50%</td>
<td></td>
</tr>
<tr>
<td>Maudsley</td>
<td>Eileen Skellern 1 Ward (ES1)</td>
<td>22%</td>
<td>31%</td>
<td>13%</td>
<td></td>
</tr>
<tr>
<td>Ladywell Unit</td>
<td>John Dickson Ward</td>
<td>36%</td>
<td>25%</td>
<td>22.80%</td>
<td></td>
</tr>
<tr>
<td>Ladywell Unit</td>
<td>Johnson PICU</td>
<td>24%</td>
<td>23%</td>
<td>22%</td>
<td></td>
</tr>
<tr>
<td>Ladywell Unit</td>
<td>Lewisham Triage</td>
<td>21%</td>
<td>51%</td>
<td>53%</td>
<td></td>
</tr>
<tr>
<td>Lambeth</td>
<td>Luther King Ward</td>
<td>39%</td>
<td>49%</td>
<td>13%</td>
<td></td>
</tr>
<tr>
<td>Maudsley</td>
<td>Ruskin Ward</td>
<td>63%</td>
<td>74%</td>
<td>27%</td>
<td></td>
</tr>
<tr>
<td><strong>Behavioural &amp; Developmental</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bethlem</td>
<td>Spring</td>
<td>20%</td>
<td>31%</td>
<td>6%</td>
<td></td>
</tr>
<tr>
<td><strong>CAMHS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bethlem</td>
<td>Acorn Lodge</td>
<td>32%</td>
<td>12%</td>
<td>28.00%</td>
<td></td>
</tr>
<tr>
<td>Bethlem</td>
<td>BAU</td>
<td>22%</td>
<td></td>
<td>16%</td>
<td></td>
</tr>
<tr>
<td><strong>Psychosis</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lambeth</td>
<td>Lambeth Early Onset Ward (LEO)</td>
<td>39%</td>
<td>18%</td>
<td>26%</td>
<td></td>
</tr>
<tr>
<td>Bethlem</td>
<td>National Psychosis Inpatient Ward (Fitzmary II)</td>
<td>30%</td>
<td>9%</td>
<td>38.00%</td>
<td></td>
</tr>
<tr>
<td>Lambeth</td>
<td>Tony Hills Unit</td>
<td>35%</td>
<td>17%</td>
<td>41%</td>
<td></td>
</tr>
<tr>
<td><strong>MHOAD</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voss Court</td>
<td>Greenvale</td>
<td>27%</td>
<td>36%</td>
<td>13%</td>
<td></td>
</tr>
</tbody>
</table>

Breaches exceeding 20% of total shift per month are reported to the board.
Appendix D: IT Staff Satisfaction Survey

Background:

Digital Services have been asked to provide a brief update to the Executive Board for the results of the IT Survey conducted in December 2016.

Initial IT Satisfaction survey       December 2014
Assessment of IT Service by CIO    December 2014 – March 2015
New IT Strategy signed off by Board March 2015
SLaM Board ask for next survey      November 2016
IT Satisfaction survey conducted   December 2016

No. of respondents December 2014   1130  (survey open 3 weeks)
No. of respondents December 2016   459   (survey open 1 week)

Q: Are you a Clinical or Non-Clinical member of staff?

Q: Have you seen any improvements in Digital Services over the last year?
Q: When you contact Digital Services (IT) - do you receive a response in a timely manner?

The charts above represent that staff now experience fast responses when contacting the Service Desk.

Q: How would you rate the time it takes to have your issue or request fully resolved?

The above pie charts show a significant improvement in how long it takes to have issues or requests resolved.

Q: Does the Digital Services dept. (IT) come across as courteous and professional?
Q: Please rate your most recent experience of dealing with the Digital Services (IT) dept.

The results above show that Trust staff are receiving a great service from the Digital Services dept. with 82% of respondents stating that recent experiences are either ‘excellent’ or ‘good’.

Q: Do you think you will require more use of Digital Services and Technology in the future in your job?

The question above was asked to gauge the perceptions of staff in the use of technology as services evolve.
Q: I would like to receive additional training on the following:

![Training Preferences Chart]

This question was to determine where we could focus effort to help staff utilise the tools and technology, and to understand any gaps. There is a clear opportunity around training in ePJS and Office 365, where nearly half of all respondents have asked for additional training.

**Next steps:**

As part of the 2016 survey – respondents were also asked to submit suggestions to the following questions:

1. **Can you suggest any areas where Digital Services / Technology can help you in your daily duties?**
2. **Are there any areas in your opinion where Digital Services (IT) could improve the services that they provide?**

Almost every respondent provided additional narrative which has been captured and are already being reviewed and actioned by the Digital Services department. For example, the ePJS team have already contacted people who asked for additional training, and suggestions have been put forward to further improve our services, and where we need to prioritise further site visits.
REPORT TO THE TRUST BOARD: PUBLIC
28 February 2017

Title: Performance Report

Author: Harold Bennison, Director of Performance, Contracts and Operational Assurance

Accountable Director: Kristin Dominy, Chief Operating Officer

Purpose of the report

To report the Trust’s performance for January 2017 against a range of key national indicators and identify and analyse under-performance and report action plans.

The report summarises the Performance Management Framework review meetings and identifies any major areas of learning and success.

To report on current contractual matters arising.

Recommendations to The Board

To approve the report noting the key performance issues, highlighted risks and remedial actions.

To note the outcome of the contracting round and the challenges this represents.

To agree to the proposed adjustment to the Croydon CCG contract for Older Adult services and the South London Partnership proposals for delivering secure services.

Executive Summary:

The Trust met all Single Outcome Framework NHS Improvement indicators with the exception of the IAPT recovery rate in Quarter 3 and action plans are in place and being enhanced to address this.

The results for Early Intervention in Psychosis and Seven Day follow up are to be confirmed.

Having concluded an extremely challenging contracting process with all commissioners, plans are now being formulated to ensure that services are aligned to deliver the commissioned requirements in 2017. The impact of the Croydon Affordability Gap is continuing to be worked through in collaboration with the CCG.

There are a number of important contractual changes continuing to be worked on with the Board being asked to support the developments with the Croydon Outcomes Based Commissioning contract for Older Adults and the South London Partnership plans for delivering Forensic Services.

Progress is evident with the numerous change programmes being delivered through the PMO, Estates, ICT and with regards emergency planning and business continuity.
JANUARY PERFORMANCE REPORT

Contents:

1. NHS Improvement Single Oversight Framework: Operational Performance
   1.1. IAPT and gatekeeping (January data)
   1.2. Early Intervention and CPA (Q3 data)
   1.3. Cardio-metabolic assessment (Psychosis)
   1.4. Mental Health Services Data Set submission

2. CAG Performance Summary
   2.1. External Overspill and Delayed Transfers of Care

3. Safer Staffing (December)

4. Commissioning and Contracts
   4.1. Imminent Contract Changes
   4.2. QIPP (Quality, Innovation, Productivity, Prevention)
   4.3. Croydon Affordability Gap
   4.4. CQUIN (Commissioning for Quality and Innovation)
   4.5. Five Year Forward View

5. Programme Management Office
   5.1. Infrastructure programme
   5.2. Acute Care Pathway
   5.3. Organisational Development and Transformation (Drivers of Agency usage)
   5.4. Mobile Working in Community teams
   5.5. 2017-18 CIP Plans

6. Key Corporate Programmes (formerly Transformation Dashboard)
   6.1. Workforce
   6.2. Estates and Facilities
   6.3. IT Transformation

7. Emergency Planning and Business Continuity

8. Conclusion

Glossary

The following appendices are included:
Appendix A: PMF Trust Summary
Appendix B: QSC Quality Dashboard
Appendix C: Safer Staffing: Ward Level Detail
Appendix D: IT staff satisfaction survey
1.0 NHS Improvement Single Oversight Framework: Operational Performance

The NHS Improvement Single Oversight Framework (SOF) replaced the Monitor risk assessment framework from 1 October 2016.

1.1 IAPT and gatekeeping January data

Fig 1: Single Oversight Framework Indicators with January data available - IAPT and gatekeeping assessment

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Jan</th>
</tr>
</thead>
<tbody>
<tr>
<td>IAPT Waiting Times 3 Week Standard</td>
<td>95</td>
<td>99.7</td>
<td>90.4</td>
<td>88.6</td>
<td>90.5</td>
</tr>
<tr>
<td>IAPT Waiting Times 18 Week Standard</td>
<td>95</td>
<td>99.4</td>
<td>90.3</td>
<td>99.2</td>
<td>99.7</td>
</tr>
<tr>
<td>IAPT Recovery Rate</td>
<td>50</td>
<td>New KPI</td>
<td>45.5</td>
<td>44.8</td>
<td>45.9</td>
</tr>
<tr>
<td>Admissions had access to crisis resolution / home treatment</td>
<td>50</td>
<td>New KPI</td>
<td>93.8</td>
<td>93.1</td>
<td>99.5</td>
</tr>
</tbody>
</table>

1.1.1 IAPT Waiting Times

The IAPT waiting time standards were met. The risk to the IAPT access standards for Croydon patients continues as a result of the bridging work to meet the Croydon affordability gap. The reduced service provision contains a degree of risk to the Trust’s waiting time performance as well as Croydon’s performance against the national CCG 15% access for population with depression or anxiety disorders.

1.1.2 IAPT Recovery Rate

This indicator is included within the CCG Outcomes Framework and NHS Digital produces the official statistics for this measure. The most recent indicator of national performance is the October result of 49%. Internal reporting indicates that the Trust remains below the 50% national standard with provisional performance for January at 45.9%. The overall Trust result is based on all patients regardless of their responsible commissioner.

Fig 2: IAPT Recovery Rate by Responsible Commissioner

<table>
<thead>
<tr>
<th>Responsible Commissioner</th>
<th>IAPT Recovery Rate (Jan)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Croydon IAPT</td>
<td>46.0%</td>
</tr>
<tr>
<td>Lambeth IAPT</td>
<td>42.9%</td>
</tr>
<tr>
<td>Lewisham IAPT</td>
<td>53.5%</td>
</tr>
<tr>
<td>Southwark IAPT</td>
<td>41.8%</td>
</tr>
</tbody>
</table>

Action plans are being developed with jointly agreed action plans already in place for Southwark CCG and Lewisham CCG with additional actions being developed and confirmed. A waiting list initiative has taken place and actions identified to achieve an increase in appointment attendance as well as an increased rate of problem descriptor completion.
Additional measures being explored including applying exclusion criteria more strictly at the triage stage; the impact on the recovery rate will be monitored and reviewed.

1.1.3 Gatekeeping Assessment
Following failure to achieve the standards in Quarter 1 for Home Treatment Gatekeeping, recovery plans were developed and circulated to the Board in September. The Crisis Resolution / Home Treatment Team Gatekeeping performance continues to exceed the target following the implementation of the new 24-hour central triage function with embedded HTT in October.

Fig 3: Crisis Resolution and Home Treatment Team Gatekeeping– Recovery Trajectory

1.2 Early Intervention and Care Programme Approach Follow-Up Q3 data
These Single Oversight Framework indicators are pending validation at the time of writing.

- Early Intervention Psychosis performance is due for submission to Unify on 17 February
- 7 Day Follow up is currently being validated, available results indicate over 95% for the quarter.

Fig 4: Single Oversight Framework Indicators Q3 data – EI 2 wk standard and CPA follow up

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Intervention in Psychosis 2 week standard</td>
<td>50</td>
<td>43.6</td>
<td>71.3</td>
<td>64.9</td>
</tr>
<tr>
<td>CPA follow up within 7 days of discharge</td>
<td>95</td>
<td>97.6</td>
<td>97</td>
<td>97</td>
</tr>
</tbody>
</table>

1.2.1 Early Intervention 2 week standard
Following non-delivery of the standards in Quarter 1 for Early Intervention, recovery plans were developed and circulated to the Board in September. The Early Intervention performance has continued to exceed the Trust recovery trajectory and the 50% standard. For patients not seen within the 2 week time period, typical reasons include patients not attending an appointment, further assessment being required or a delay in initial internal referral. A summary narrative is shared with commissioners and used to inform internal service improvements when applicable.

Commissioners were briefed at the 6-month review meeting on the risk of increasing caseloads in some boroughs and the potential impact on NICE guidance concordance (the
second part of the standard) based on the projected growth of caseloads against existing investments.

**Fig 5: Early Intervention Recovery Trajectory**

---

### 1.3 Cardio-metabolic assessment and treatment for people with psychosis

Physical health in serious mental illness is a national priority as outlined in the Five Year Forward View for Mental Health, 2016.

As specified in the SOF, the Physical Health indicator is at present assured by Board declaration. A number of outcome measures are available which align to performance in the area and allow the measurement of improvement over time. The Trust has a robust physical health strategy which is reviewed and updated yearly and underpinned by a yearly thematic review which identifies quality priorities and outcomes. This is overseen by the Quality Subcommittee (QSC) which feeds back directly to the Trust Board.

In 2016, the Trust Board agreed a 5-year Physical Health Strategy which identified the key priorities for SLaM as providing robust mechanisms to ensure that there is:

- Routine physical health monitoring for ALL patients
- Identification/targeting of high-risk patients
- Reduction of exposure to known risk factors such as smoking
- Provision of health promotion interventions as early as possible in treatment
- Provision of appropriate physical healthcare for all SMI patients

The national CQUIN on Physical Health in 2016/17 aligns to the above priorities, with a focus on routine physical health monitoring and the CQUIN audit can be used to triangulate this. The Trust and local commissioners have prioritised within the CQUIN the development of the infrastructure in 2016/17 to create a performance report to improve and inform practice. This is alongside other deliverables, including the development of clear pathways for interventions and signposting. The Trust has achieved the agreed deliverables for the LSLC CQUIN in Quarters 2 and 3.

The current developmental reports have been developed as part of the 2016/17 CQUIN, and use the Clinical Record Interactive Search (CRIS) system. There have been on-going engagement activities with CAGs to identify infrastructure and reporting developments. The initial results of the report have identified key areas of improvement that need to be made; this approach has allowed automatic rather than manual routine collection of physical health monitoring data.
All CAGs have been tasked with developing a physical health risk register of their patients so that those who are at particularly high risk of physical co-morbidity and at higher risk of mortality as a result, can be identified and targeted with relevant interventions. All CAG physical health leads are currently developing specific high risk registers for their service areas.

There is confidence of having made good progress in the development of strong foundations to integrate physical health within our clinical delivery and performance framework.

1.4 Complete and valid Mental Health Services Data Set submissions
The Mental Health Services Data Set (MHSDS) indicator has been adjusted and now comprises ethnicity, employment status (for adults only), school attendance (for children and young people only), accommodation status (for adults only) and ICD10 coding. The standard is for 95% identifier metrics submitted and 85% achievement of priority metrics by the end of 2016/17.

The risk in relation to this indicator is the implementation of the new minimum dataset earlier this year. Whilst Mental Health Services Dataset (MHSDS) submissions extract tool Ver. 2.7 has now been delivered by the AHC (ePJS supplier) there are quality issues that have been identified which need to be jointly rectified. Ongoing issues with implementation of version 2 of the MHSDS are being addressed within this process. The Business Intelligence Team has continued to work to improve data accuracy and is liaising closely with NHS Digital as the completeness of data impacts on the accuracy of both published statistics and experimental statistics.

2.0 CAG Performance Summary: Month 10
The Performance Management Framework is comprised of Key Performance Indicators across:

- Finance (including cost improvements and cost reductions)
- Operations (workforce, activity and quality indicators)
- Patient and commissioner measures
- Learning and growth

The Trust summary for January is included as Appendix A

Key issues

- Delivery of CIP programmes and mitigation schemes where slippage has occurred
- That cost reduction schemes are having sufficient impact.
- External overspill and Delayed Transfers of Care (DTOC)
- Agency expenditure and the risk to the NHSI reduction trajectory
- Development of QIPP plans in response to commissioned schemes

A brief summary of external overspill performance and delayed transfers of care is detailed below.

2.1 External Overspill and Delayed Transfers of Care
External overspill aligns closely to the Mental Health Five Year Forward View target and the Crisp report recommendation to eliminate out of area placements. National submissions for out of area treatment are now being submitted to Unify 2 to support monitoring of the Mental Health 5 Year Forward View aim to eliminate inappropriate out of area treatments. The Trust has made submissions for October, November and December. CCG’s are being monitored by NHS England on trajectories and assurance to reduce out of area placements.
Performance against the September to March overspill trajectory to reduce external overspill is outlined in the chart below. The Trust trajectory is represented by the green segment, with actual performance represented by the black line. The trajectory continues to assume 7 PICU patients remaining in private units from 1 January 2017 on an on-going basis.

**Fig 6: External overspill performance**

Since January there has been a persistent low level increase in the use of external overspill. This has been recognised and the Chief Operating Officer instigated an urgent review across the three associated CAGs (Psychosis, Acute Care, Psychological Medicine and Integrated Care) to ensure a whole system approach is employed to tackle this. The three Deputy Service Directors are providing weekly updates.

Whilst the DToC indicator is no longer included within the regulator’s framework it continues to be an important measure for the Trust as days lost due to delayed transfers of care provides an additional operational pressure on in-patient beds. Days lost in December was 873 against 991 in November.

The average number of discharges per week is being monitored and the most challenging area currently has been Croydon.

**3.0 Safer Staffing (December)**

**Fig 7: Safer Staffing (Number of Wards Breaching 20% of Shifts)**
There were 17 wards breaching over 20% of shifts in December, an increase of 1 ward compared to November. Ruskin and Lewisham Triage with their higher vacancy rates will have a Vacancy Review Meeting in February. Bridge House requested six agency staff which was arranged through NHS Professionals. Three wards breached without Support Workers providing cover due to short notice sickness. NHS Professionals are continuing to work with ward managers to improve the amount of notice given for booking shifts. The ward level detail of breaches is included as Appendix C.

A Safe Staffing paper is being presented to the February QSC highlighting the impact of recent actions and setting out the action plan for January to June 2017. The action plan will continue the work seeking out best ways to manage recruitment and retention and includes the use of the ‘Care Hours Per Patient Day’ (CHPPD) measure and developing a comprehensive training programme to support the SafeCare element of the rostering system.

4.0 Commissioning and Contracts Update

4.1 Imminent Contract Changes

Whilst 1719 contracts have been signed with all major commissioners, a number of plans were agreed involving contract variations in year:

- **Croydon OBC** - the Croydon Outcomes Based Commissioning (OBC) contract for older adults is planned to be signed by the end of March 2017. SLaM has been actively involved with the development of the associated Alliance and the plan is to use the period until October 2017 to produce a clear business case to support a final decision for the remaining nine years of an Alliance Contract by December 2017. The impact for 2017/18 is to move the clearly identified budget for older adults into a specific agreement as part of the Alliance and this will carry no additional risk for the Trust.

- **Lambeth Alliance** – Lambeth CCG/LA are proposing to commence an Alliance Contract (starting April 2018) for their entire spend on adult mental health. This will affect most CAGs and SMT has approved a Programme Management approach for engagement. Initial workshops are planned February / March.

- **NSHE Forensic – New Models of Care Secure Services** - the associated business case applying to become a pilot for the national New Models of Care programme proposes a go live for the pilot of 01 April 2017 with a new single contract as part of the South London Partnership.

4.2 **LSL / NHSE QIPP (Quality, Innovation, Productivity, Prevention):**

A significant QIPP programme has been agreed between the Trust and Commissioners for Lambeth, Southwark and Lewisham. The total scale of this programme is £4.995 million. The main schemes are:

- Southwark and Lewisham Placements - £1.2 million
- Lambeth and Southwark Adult Inpatient services - £1.7 million
- Lambeth and Lewisham Older Adult services - £0.57 million
- Lewisham IAPT - £0.47 million
- Lewisham Adult Community teams - £0.5 million

For NHSE, the combined total is £2.166M, split between CAMHS, Forensic and other specialist services. There is no identified scheme from commissioners for the non-CAMHS, non-Forensic services and the Trust is seeking to support NHSE in developing a scheme urgently.

QIPP schemes will be delivered through the Programme Management Office and delivery assured via the Portfolio Programme Board. These delivery plans will include appropriate
Quality Impact Assessments and are agreed with each commissioner who undertake their own assurance process further to their decision to commission the QIPP scheme.

4.3 Croydon Affordability Gap

The Board is aware of the on-going discussions with Croydon regarding the affordability gap identified for 16/17 and the impact of the ‘Croydon Bridge’ is understood. The challenges within the Croydon health economy continue and most 16/17 Bridge reductions were made permanent whereas the original plan had been for a temporary bridge. In fact, a further £2,729M was added for 17/18 given the CCG financial situation.

In order to minimise the risk of delivering this additional reduction, we are asking for urgent clarification of details for how the schemes will deliver real cost reductions so we can work with the CCG to configure remaining services most effectively. A significant portion of the reduction is targeted at adult inpatient services.

Croydon CCG is seeking to commission a significant reduction in tertiary services for 17/18 and we are awaiting confirmation of the allocation for CAMHS and Adult services. The Trust has provided feedback to the CCG to support development of a final proposition. A Quality Impact Assessment of the current CCG proposals is being undertaken to set out implications for safety and quality.

The Croydon IAPT service funding has been further reduced with outcomes commissioned below the national targets. The service is being commissioned from April to September 2017 and the CCG will be retendering ready for October.

4.4 CQUIN (Commissioning for Quality and Innovation)

The agreed CQUIN programme is based on 5 national CQUINs and 2 local CQUINS for LSLC. A PMO process is being used to ensure each CQUIN has clear leadership in place to own the final negotiation process around the detailed targets and to ensure there is an associated delivery plan in place by 31 March.

4.5 Five Year Forward View

Having been successful in securing funding for perinatal services, bids were submitted for Core 24 phase 2 funding with LSLC.

5.0 Programme Management Office (PMO):

5.1 Infrastructure programme

The consultation was restarted on 5 January 2017, with role descriptions supplied in an update on 10 January and communication issued on 30 January to mark the end of formal consultation. Decision communications and the new organisation structure were drafted on 10 February ready for the finalisation of details of the Finance Department in mid-February.

Work is now underway scoping the schemes to review medical and clinical staff and the Institute of Psychiatry, Psychology and Neuroscience (IOPPN).

5.2 Acute Care Pathway

The new CAG operating model design and consultation work streams are on target alongside the aim of achieving £2.4 million savings. The centralised Place of Safety opened in January 2017.
5.3 Organisational Development and Transformation (Drivers of Agency usage)
The interim agency usage Programme Manager is in place. Several targeted agency reduction initiatives have been launched to support the Trust in meeting its 2016-17 commitments to limit agency spend. A tactical agency reduction plan has been agreed and implemented, with tracking and controls in place. Initiatives over the next month include the development of processes to transfer agency workers to permanent roles or onto the bank, and a case by case review of all longer term agency workers.

5.4 Mobile Working in Community teams
The SMT has requested that the project team explores what would be required to achieve a shorter implementation timescale than those previously proposed with Channel 3 support. If supported, a revised presentation will be shared at the Portfolio Board later this month.

5.5 2017-18 CIP Plans
During January, savings schemes were identified for all CAGs and several non CAG departments. CAGs are in the process of developing a project timeline for each scheme.

A number of non CAG schemes have been confirmed and intensive work is underway to further define and scale opportunities. An Estates disposal strategy review has been shared with the SMT with a workshop arranged for March 2017 to confirm plans. Two Digital Services review workshops have taken place and a third meeting is planned for the end of February.

While a significant number of schemes have been identified, there remains a shortfall in projected savings relative to the Trust’s targets. The Finance Department is reviewing the Trust’s scheme register and other 2017-18 planned commitments, to determine the proportion of the savings target for which further schemes will need to be developed. This is due for review by the Portfolio Board on 20th February 2017.

6.0 Key Corporate Programmes (formerly ‘The Transformation Dashboard’)
Following agreement with the Board, the Transformation Dashboard detailing progress of key Corporate programmes is now incorporated within this report and detailed below:

6.1 Workforce
- **Sickness:** The rolling 12-month period is 4.71% compared to the previous period’s results of 5.07%
- **Appraisals:** 97.5% of staff in post at the beginning of April had their appraisal completed.
- **CPN Usage:** 90.2 whole time equivalents (the first week of February).

6.2 Estates & Facilities - reduce number of community properties and related operating costs
The intention is to achieve £20m of capital planned through asset disposal in 2016/17.

6.2.1 Disposals:
- **Morland Road** - £1.2m
- **Ann Moss Gate House** - £855k
- **David Pitt House** - £2.6m
6.2.2 Properties under offer or available for disposal:

- No properties are currently under offer.
- **Inglemere** – This property on the market but offers received have been below the expected value. It has been agreed to fund a full planning application to increase the sale potential and re-market this in 2017.
- **Woodlands/Masters House** – The pre-application has been completed. We have received one offer in the region of £16m but a decision is required as to whether to obtain full planning consent to maximise the value of the property.

6.2.3 Capital projects achievement against plan:

- **Anti-ligature programme**: The programme has been completed in accordance with the 2016-2017 audit and we are currently awaiting funding to determine next steps.
- **Work hubs**: BRH 1 hub has been completed.
- **ASCOM**: We are awaiting the Trust's decision to progress to phase 2 of ASCOM.

6.2.4 Capital projects progress update against plan:

- **Douglas Bennett House (DBH)**: The revised Estates strategy and the options for Douglas Bennett House refurbishment were presented to the Trust Board on 20 December 2016. The Board agreed to progress Option 4 to pre planning advice service and at the same time to allow the Estates Strategy Review to reach a stage where the Board would be able to confirm that the Douglas Bennett House development was aligned with the revised Estates Strategy. High level designs are being progressed and meetings are being arranged with the Council to allow for the pre planning meeting.
- **Adamson Centre**: The IAPT service will be relocated to Stockwell Gardens in Q1 of 2017/18 with some enabling works required. GSTT have been sent the details of the accommodation required for the Liaison services to remain at St Thomas' Hospital.
- **Jeanette Wallace House** – Completion took place on 9th January 2017 and contractors are due to start work early February 2017.
- **Refurbishment of Fitzmary 1** – Contractors are on site and the refurbishment of this ward will support Croydon overspill.
- **Refurbishment of Norbury ward** – A plan to decant Forensic services is being developed with some enabling works to take place at Bridge House to support this move.
- **ES1 Refurbishment**: Work is in progress.
- **Ward Refresh programme**: The proposal is to start the phased construction works in April 2017. This will be carried out in a live environment on ES2 ward.
- **Car Parking at Maudsley and Lambeth Hospitals**: The tender process for the car park project has been undertaken and a cost established for implementing the new schemes at Lambeth and Maudsley Hospitals. The staff consultation has also been completed which has raised a number of risks and concerns. To mitigate these risks, several alterations to the proposed car park management system have been proposed and these are likely to reduce the initial net income to be gained from the schemes. A briefing paper is being prepared for the SMT detailing the cost benefit analysis of the scheme.
- **Hotel Services Catering and Domestic Tender**: The Procurement team presented the Catering and Domestic tender to the Trust Board on 24 January 2017 where it was agreed to award the contract to ISS from 1st May 2017. The demobilisation of the Aramark contract and mobilisation of the ISS contract has commenced and the Hotel Services Department will work in partnership with Aramark to manage the current service and the transition to the new supplier.
6.3 IT Transformation Update

- **Wide Area Network (WAN):** The Wide Area Network upgrade is progressing. New circuits between the Bethlem and Maudsley Hospitals have been added to improve connections between the two sites, which will improve performance for the transfer of data and bring on board sites which were previously not on the trust network e.g. Lee Health Centre.

- **Power BI:** Power BI offers exciting new visualisation capabilities which will revolutionise how the Trust uses its data, offering access to a single source of true data. Digital Services are currently undertaking technical assurance testing on the system.

- **Cyber security:** The Digital Services Operations and Information Governance Teams had 3 ‘talk and chalk days’ on security and data retention policies provided by Microsoft for Office 365 platform. The policies are designed to monitor email traffic with sensitive clinical and business information and apply security protocols when such information is detected.

- **NHS Digital Technical Review:** Digital Services have started the technical review as part of NHS Digital careCERT cyber readiness programme.

- **ePJS:** The new risk assessment tool and inpatient care plan on ePJS were commended by the CQC during their latest visits.

Over 450 members of staff took part in an IT satisfaction staff survey in December 2016. A summary is included as Appendix D and shows improving satisfaction compared with 2014. The survey also identifies clear training opportunities in use of Microsoft Office 365 and ePJS.

7.0 Emergency Planning and Business Continuity Update

The Emergency Preparedness Group (EPG) work plan was ratified on 25th January 2017. The work plan reflects the actions outlined by the recent NHSE London Emergency Preparedness, Resilience and Response (EPRR) assurance process.

As a follow up to the action plan, the development of a Trust HazMat (Hazardous Materials) and CBRN (Chemical, Biological, Radiological, and Nuclear) plan, along with the development of a training programme for relevant personnel across the organisation, is in progress and is being taken forward by the Health and Safety function of the Trust. A group has been formed to develop Lockdown guidance for the organisation and this approach to planning will also interrelate with HazMat and CBRN planning in the Trust.

Progress is being made in the development of a universal template for Business Continuity Plans and undertaking Business Impact Analyses for the organisation.

Supporting the organisation’s commitment to EPRR, the Trust held a site based table top Business Continuity exercise on the 23rd January 2017. The exercise tested plans for severe weather on the Bethlem site, focusing on the mitigating actions in place for a number of possible scenarios that could occur due to the weather, and scenarios that were specific to the service user group based on the site. Lessons identified from the exercise and subsequent plans put in place on the Bethlem site would be replicated on other sites across the Trust.
8.0 Report Conclusion

The Trust met all Single Outcome Framework NHS Improvement indicators with the exception of the IAPT recovery rate in Quarter 3 and action plans are in place and being enhanced to address this.

The results for Early Intervention in Psychosis and Seven Day follow up are to be confirmed.

Having concluded an extremely challenging contracting process with all commissioners, plans are now being formulated to ensure that services are aligned to deliver the commissioned requirements in 2017. The impact of the Croydon Affordability Gap is continuing to be worked through in collaboration with the CCG.

There are a number of important contractual changes continuing to be worked on with the Board being asked to support the developments with the Croydon Outcomes Based Commissioning contract for Older Adults and the South London Partnership plans for delivering Forensic Services.

Progress is evident with the numerous change programmes being delivered through the PMO, Estates, ICT and with regards emergency planning and business continuity.
<table>
<thead>
<tr>
<th><strong>Abbreviation</strong></th>
<th><strong>Description</strong></th>
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<tbody>
<tr>
<td>ANPR</td>
<td>Automatic Number Plate Recognition</td>
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<tr>
<td>ASCOM</td>
<td>Alarm system</td>
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<tr>
<td>BI</td>
<td>Business Intelligence</td>
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<tr>
<td>CAG</td>
<td>Clinical Academic Group – bringing together clinical services, research and education and training into a single management grouping e.g. Psychosis</td>
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<tr>
<td>CBRN</td>
<td>Chemical, Biological, Radiological and Nuclear</td>
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<tr>
<td>CCG</td>
<td>Clinical Commissioning Group – an NHS body responsible for the planning and commissioning of health services for their local area</td>
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<td>CIP</td>
<td>Cost Improvement Programme</td>
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<tr>
<td>CPMS</td>
<td>Car Park Management Service</td>
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<tr>
<td>CPN</td>
<td>Community Psychiatric Nurse</td>
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<tr>
<td>CQUIN</td>
<td>Commissioning for Quality and Innovation: A fund where payment is contingent on delivery on quality improvements and meeting milestones agreed with commissioners.</td>
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<tr>
<td>CYP</td>
<td>Children &amp; Young People</td>
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<tr>
<td>DTOC</td>
<td>Delayed Transfers of Care</td>
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<tr>
<td>EI</td>
<td>Early Intervention: First Episode Psychosis</td>
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<tr>
<td>ePJS</td>
<td>Electronic Patient Journey System: Clinical records system</td>
</tr>
<tr>
<td>EPRR</td>
<td>Emergency Preparedness, Resilience and Response</td>
</tr>
<tr>
<td>GSTT</td>
<td>Guys &amp; ST Thomas' NHS Foundation Trust</td>
</tr>
<tr>
<td>HTT</td>
<td>Home Treatment Team</td>
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<tr>
<td>IAPT</td>
<td>Improving Access to Psychological Therapies</td>
</tr>
<tr>
<td>LSLC</td>
<td>Lambeth, Southwark, Lewisham &amp; Croydon (CCGs)</td>
</tr>
<tr>
<td>MHOA</td>
<td>Mental Health of Older Adults</td>
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<tr>
<td>MHSDS</td>
<td>Mental Health Services Data Set: National dataset submitted to NHS Digital (formerly known as the Health &amp; Social Care Information Centre)</td>
</tr>
<tr>
<td>NHSE</td>
<td>NHS England</td>
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<tr>
<td>NHSI</td>
<td>NHS Improvement: the new regulatory body overseeing all NHS providers as well as independent providers that provide NHS funded care</td>
</tr>
<tr>
<td>NHSP</td>
<td>NHS Professionals</td>
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<tr>
<td>NICE</td>
<td>National Institute for Health and Care Excellence: provides national guidance and advice to improve health and social care</td>
</tr>
<tr>
<td>OBD</td>
<td>Occupied Bed Day – is a unit of currency used to measure the use made of a bed (e.g. 1 obd = 1 bed occupied for 1 day by a patient)</td>
</tr>
<tr>
<td>PICU</td>
<td>Psychiatric Intensive Care Unit</td>
</tr>
<tr>
<td>PMF</td>
<td>Performance Management Framework</td>
</tr>
<tr>
<td>PMO</td>
<td>Programme Management Office</td>
</tr>
<tr>
<td>QIPP</td>
<td>Quality, Innovation, Productivity and Prevention programme is a series of schemes required by the CCGs and developed with SLaM to help enhance services and improve their cost effectiveness</td>
</tr>
<tr>
<td>SOF</td>
<td>Single Oversight Framework: NHSI assurance and performance mechanism</td>
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<tr>
<td>YTD</td>
<td>Year to Date</td>
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</table>
Purpose of the paper

The Finance Report provides an update on the financial position of the Trust as at 31st January 2017 (month 10). The summary financial statement and calculation of the Use of Resource rating from the month 10 NHSI in year reporting return is attached to the report in Table 1. The Board is asked to approve the report including consideration of the pressures, risks and mitigations in place to meet the NHSI control total.

Executive summary

1) Current Position

The Trust remains on plan reporting a ytd deficit of £2.8m after excluding items not included in the NHSI control total. This represents a favourable movement from Plan of £0.9m in the month. The movement was driven principally by a reduction in acute overspill coupled with £0.6m of backdated overseas visitors income, improvement in the PMIC and B&D CAGS (improved income, vacancies and release of provisions), lower restructuring costs than originally planned and payment of outstanding 1:1 observation debts by West Hampshire CCG.

The Trust is currently rated by NHSI as a 2 against use of resources (where 1 is best out of a 1-4 range – see also Table 1). The rating will remain at a 2 provided the Trust delivers on its current forecast which would then attract an NHSI incentive payment equal to the forecast favourable variance from Plan. The exact details and amount of incentive available are still to be confirmed.

2) Main Issues

- Acute overspill continued to fall (by 8 beds in the month) which together with backdated overseas visitor income and a review of overspill provisions resulted in an underspend in the month. However overspill is likely to increase over the remaining 2 months as the CAG reconfigure the ward estate and temporarily lose bed capacity.

- The Southwark placements position continued to deteriorate and is forecast to overspend by over £0.7m after application of risk shares and repayment of QIPP. However, this position is yet to be fixed due to the CCG and Local Authority reviewing the placements made since June and reassigning their financial responsibility, dependent upon the clients health/social care needs. This work is continuing and is not expected to complete before March.

- Despite the measures being taken, the use of agency staff in the Trust increased in January (up by £59k compared to December). Additional measures are being introduced
in February but given the current run rate the Trust is now forecasting it will not stay within 25% of the NHSI target ceiling. This will impact on one element of the use of resource rating (although not the overall score) and may result in some form of NHSI intervention.

- The improvement in the overspill position and recognition of income that had been held to cover risks that are no longer expected to arise, has improved our position against the CIP target. It is now forecast to deliver 80% of the target. The overall position remains a significant shortfall of £5.8m largely due to worse than plan use of overspill beds and delayed savings from infrastructure schemes.

- The Trust recently commissioned the District Valuer (DV) to undertake a revaluation of its assets and this month’s position includes the results of that exercise. These are subject to a DV review again in March when official price indices are published but the initial report has resulted in a £6.5m impairment being taken into the I&E account this month. This was offset by a £2m profit on the disposal of David Pitt House. The net £4.5m cost has impacted on the Trust bottom line but not against our NHSI control total which excludes such impairments and gains/losses. The reduction in value will improve our capital charges position by £0.35m this year and is reflected in our latest forecast.

3) Forecast

The Trust is forecasting to meet its deficit control total of £3.9m. This includes allowing for a write down of fees and other associated costs concerning the redevelopment of Douglas Bennet House, the original scheme having been superseded. These costs will be included in next month’s financial position.

Overall there remain risks to the forecast particularly around –

- Activity driven costs such as acute overspill and placements but as the number of days reduce towards year end, so the risk of forecasting and the impact of adverse movements lessens.

- Outstanding income from CCGs. In Southwark, risk share and QIPP arrangements with the CCG around placements are expected to be upheld in line with contract discussions. It is expected that all CCGs will honour risk share arrangements around acute obd activity which are estimated to be £1.3m ytd. The Trust has also identified additional income due under overseas visitor protocols. Guidance is being sought from the Department of Health as to how this income can be reclaimed via our host commissioner (Lewisham CCG).

Although the Trust faces continuing cost issues in a number of areas, additional in year savings generated from tight controls and close monitoring, combined with the non-recurrent utilisation of contingency reserves and the release of balance sheet provisions means that the Trust remains on track to achieve its control total for the year.
### 1) Financial Summary

<table>
<thead>
<tr>
<th>Service Analysis</th>
<th>2016/17 Full Year Live Budgets (£)</th>
<th>Monthly Figures</th>
<th>Year to Date Figures</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Current Month Actual (£)</td>
<td>Variance from Live Budgets (£)</td>
<td>Variance from Live Budgets (£)</td>
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<tr>
<td>01. Psychosis</td>
<td>51,493,100</td>
<td>4,488,600</td>
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<td>02. Acute Care Pathway</td>
<td>50,913,900</td>
<td>3,853,500</td>
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<td>03. P Med &amp; Integrated Care</td>
<td>206,800</td>
<td>(203,700)</td>
<td>(212,700)</td>
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<td>04. Behavioural And Dev. Psych</td>
<td>(11,100)</td>
<td>(273,100)</td>
<td>(269,000)</td>
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<td>05. Child &amp; Adolescent Service</td>
<td>350,400</td>
<td>272,100</td>
<td>180,000</td>
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<td>06. MHOA And Dementia</td>
<td>313,600</td>
<td>17,100</td>
<td>(24,000)</td>
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<td>07. Addictions</td>
<td>300</td>
<td>(11,500)</td>
<td>(11,500)</td>
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<td>08. Clinical Support Services</td>
<td>2,178,300</td>
<td>230,600</td>
<td>51,900</td>
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<td>09. Infrastructure Directorates</td>
<td>54,874,400</td>
<td>4,730,400</td>
<td>143,500</td>
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<td>10. Corporate Income</td>
<td>(101,380,500)</td>
<td>(8,604,200)</td>
<td>(150,900)</td>
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<td>Operational Deficit</td>
<td>58,939,200</td>
<td>4,499,800</td>
<td>(501,600)</td>
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<td>11. Corporate Other</td>
<td>(80,136,400)</td>
<td>(6,756,500)</td>
<td>488,700</td>
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<td>12. Contingency - planned</td>
<td>2,000,000</td>
<td>0</td>
<td>(166,667)</td>
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<td>14. Other reserves/provisions</td>
<td>6,051,100</td>
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<td>(250,233)</td>
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<td>Corporate Other</td>
<td>(72,085,300)</td>
<td>(6,756,500)</td>
<td>71,800</td>
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<td>EBITDA</td>
<td>(13,146,100)</td>
<td>(2,256,700)</td>
<td>(429,800)</td>
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</table>

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<tr>
<th>Area</th>
<th>2016/17 Mth 6 Variance (£000)</th>
<th>2016/17 Mth 7 Variance (£000)</th>
<th>2016/17 Mth 8 Variance (£000)</th>
<th>2016/17 Mth 9 Variance (£000)</th>
<th>2016/17 Mth 10 Variance (£000)</th>
<th>2016/17 Total Variance (£000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAGs</td>
<td>(761)</td>
<td>1,386</td>
<td>(5)</td>
<td>382</td>
<td>(544)</td>
<td>3,514</td>
</tr>
<tr>
<td>Infrastructure Directorates</td>
<td>(444)</td>
<td>435</td>
<td>111</td>
<td>(77)</td>
<td>194</td>
<td>128</td>
</tr>
<tr>
<td>Corp Income</td>
<td>10</td>
<td>319</td>
<td>(619)</td>
<td>72</td>
<td>(151)</td>
<td>(279)</td>
</tr>
<tr>
<td>Other reserves/provisions released</td>
<td>1,826</td>
<td>(1,176)</td>
<td>975</td>
<td>601</td>
<td>488</td>
<td>3,072</td>
</tr>
<tr>
<td>Use of Reserves</td>
<td>(589)</td>
<td>(1,074)</td>
<td>(694)</td>
<td>(442)</td>
<td>(417)</td>
<td>(7,015)</td>
</tr>
<tr>
<td>Total EBITDA</td>
<td>42</td>
<td>(110)</td>
<td>(232)</td>
<td>536</td>
<td>(430)</td>
<td>(580)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Area</th>
<th>2016/17 Mth 6 Variance (£000)</th>
<th>2016/17 Mth 7 Variance (£000)</th>
<th>2016/17 Mth 8 Variance (£000)</th>
<th>2016/17 Mth 9 Variance (£000)</th>
<th>2016/17 Mth 10 Variance (£000)</th>
<th>2016/17 Total Variance (£000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHSI Target</td>
<td>3,980,900</td>
<td>(1,134,052)</td>
<td>(982,274)</td>
<td>2,752,310</td>
<td>(1,161,183)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Area</th>
<th>2016/17 Mth 6 Variance (£000)</th>
<th>2016/17 Mth 7 Variance (£000)</th>
<th>2016/17 Mth 8 Variance (£000)</th>
<th>2016/17 Mth 9 Variance (£000)</th>
<th>2016/17 Mth 10 Variance (£000)</th>
<th>2016/17 Total Variance (£000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item not included in NHSI Target</td>
<td>(2,511,000)</td>
<td>(4,801,552)</td>
<td>(4,757,574)</td>
<td>(3,771,290)</td>
<td>(2,178,183)</td>
<td></td>
</tr>
</tbody>
</table>

### 2) Key Cost Drivers (unmitigated by alternative income, risk shares etc.)

<table>
<thead>
<tr>
<th>Area</th>
<th>2016/17 Mth 6 Variance (£000)</th>
<th>2016/17 Mth 7 Variance (£000)</th>
<th>2016/17 Mth 8 Variance (£000)</th>
<th>2016/17 Mth 9 Variance (£000)</th>
<th>2016/17 Mth 10 Variance (£000)</th>
<th>2016/17 Total Variance (£000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ward Nursing*</td>
<td>279</td>
<td>157</td>
<td>162</td>
<td>41</td>
<td>336</td>
<td>1,548</td>
</tr>
<tr>
<td>Agency Premium @ 20%**</td>
<td>313</td>
<td>328</td>
<td>300</td>
<td>318</td>
<td>338</td>
<td>3,152</td>
</tr>
<tr>
<td>Acute Overspill***</td>
<td>815</td>
<td>357</td>
<td>332</td>
<td>438</td>
<td>(673)</td>
<td>4,328</td>
</tr>
<tr>
<td>Unmet CIPs***</td>
<td>244</td>
<td>1,387</td>
<td>1,151</td>
<td>898</td>
<td>242</td>
<td>5,440</td>
</tr>
<tr>
<td>Placements****</td>
<td>127</td>
<td>88</td>
<td>217</td>
<td>272</td>
<td>184</td>
<td>1,364</td>
</tr>
<tr>
<td>CPC/C&amp;V Income</td>
<td>(82)</td>
<td>(100)</td>
<td>(51)</td>
<td>45</td>
<td>(209)</td>
<td>(724)</td>
</tr>
<tr>
<td>Total</td>
<td>1,696</td>
<td>1,898</td>
<td>2,111</td>
<td>2,012</td>
<td>218</td>
<td>15,108</td>
</tr>
</tbody>
</table>

* includes safer staffing funding  ** costs built into the plan ***see Section 3 **** before application of risk shares
Performance against the main cost drivers is detailed below –

- **Acute/PICU Overspill**

Overall 12 overspill beds were used by the Trust in December, a decrease of 8 compared to the previous month and only 5 beds above our original plan which envisaged using 7 external PICU beds at this stage. In addition a recent review of overseas visitors legislation has identified the potential to increase our level of overseas visitors income. This would impact on risk share arrangements but still enable a net income benefit to be derived. The net benefit of c£300k is included in this month’s position. Overspill, however, is expected to increase over the remaining 2 months due to the closure of Foxley Lane and the imminent closure of Bridge House – part of the reconfiguration of acute beds in the Trust. A short term increase in overspill is therefore now included in the forecast financial position.

The use of all acute/PICU beds (internal and external) by CCG is shown in the tables below:

After a slight increase in December overall bed usage fell in January to 335, a decrease of 15 from the previous month. Whilst Croydon remained stable, bed numbers across the other 3 CCGs all fell. Bed usage is now at its lowest level for the year.

- **Use of Agency Staff**

Plans to reduce agency expenditure are one of the conditions attached to accessing the NHSI Sustainability and Transformation Fund. For SLaM, NHSI have set a ceiling to spend no more than £17.4m on all agency staff. Based on this target the Trust has spent £18.9m ytd compared to a target of £15.7m. At month 10, 90% of agency expenditure was occurring in the CAGs with 10% in corporate directorates. This is illustrated in the table below which shows the use of agency by wte (whole time equivalent) since 2015/16 -
<table>
<thead>
<tr>
<th>Type of Staff</th>
<th>Use of Agency Staff</th>
<th>2015/16</th>
<th>2016/17</th>
<th>2016/17</th>
<th>Change From</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Average wte</td>
<td>April Actual wte</td>
<td>Jan Actual wte</td>
<td>2015/16 wte</td>
<td></td>
</tr>
<tr>
<td>Consultants</td>
<td>14</td>
<td>14</td>
<td>23</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Trainee grades</td>
<td>14</td>
<td>7</td>
<td>6</td>
<td>-8</td>
<td></td>
</tr>
<tr>
<td>Qualified nursing</td>
<td>127</td>
<td>130</td>
<td>183</td>
<td>56</td>
<td></td>
</tr>
<tr>
<td>Support to nursing</td>
<td>14</td>
<td>14</td>
<td>31</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Psychology, Pharmacy, OT</td>
<td>60</td>
<td>53</td>
<td>47</td>
<td>-13</td>
<td></td>
</tr>
<tr>
<td>Managers and infrastructure</td>
<td>152</td>
<td>125</td>
<td>54</td>
<td>-98</td>
<td></td>
</tr>
<tr>
<td>Any others</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>384</td>
<td>344</td>
<td>348</td>
<td>-36</td>
<td></td>
</tr>
</tbody>
</table>

The gap between actual and ceiling continues to increase (by £1m in the month). Based on current run rates this will put the Trust over 25% above the ceiling and would flag up to NHSI as being of ‘significant concern.’ The Trust is therefore taking further measures to try and reduce its agency spend by c£1m over the remaining 2 months. These include:

- Reviewing all current agency staff (all professions and non-clinical) with a view to transferring to bank or stopping all together
- All annual leave, unless booked to be carried over to next year (unless leave can be taken without backfill)
- In certain circumstances using overtime rather than agency
- No new agency from this point on - alternative means must be used such as bank or fixed term contracts. However, where specific non recurring funding has been made available by CCGs to reduce waiting times over the next 2 months it is likely that additional agency staff will be employed negating the impact of the measures being taken above

**Ward/Unit Nursing Costs**

At month 10 ward nursing costs overspent by £336k (£1.5m ytd), still below the 2015/16 average but above budgets that have been set at both safer staffing levels and adjusted to take account of additional costs in the PICUs of providing place of safety. As in previous years, January has seen a significant upswing in costs. The majority of the overspends have occurred in the ACP CAG including the PICUs (£78k over in the month) despite the new standalone Place of Safety Unit being up and running. Following further discussion, Southwark CCG have now agreed to cover unfunded staffing costs at Ann Moss Domus in 2016/17 as well as 2017/18.
• Cost per Case/Cost and Volume Income

Following a small deterioration in December, income picked up in January following the holiday period. The main areas of concern remain in –

➢ Psychosis – Heather Close is £178k below target levels and is not filling its 5 cost per case beds
➢ Psych Medicine & Integrated Care – not meeting activity/income targets in several outpatient services particularly neuro psychiatry (£242k ytd), eating disorders (£292k ytd) and Cawley Day Service (£302k ytd)
➢ B&D – improvement in both ADHD and Behavioural Genetics activity in the month following a poor December but year to date shortfall of £374k remains a concern

The issues above are well known about and are being picked up by the Chief Operating Officer through monthly performance management meetings.

<table>
<thead>
<tr>
<th>CAG</th>
<th>Income Target At Month 10 £'000</th>
<th>Actual Invoiced At Month 10 £'000</th>
<th>Surplus/ Deficit(-) At Month 10 £'000</th>
<th>Surplus/ Deficit(-) At Month 9 £'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychosis</td>
<td>6,462</td>
<td>6,708</td>
<td>246</td>
<td>282</td>
</tr>
<tr>
<td>Behavioural &amp; Developmental</td>
<td>17,988</td>
<td>18,553</td>
<td>566</td>
<td>360</td>
</tr>
<tr>
<td>Psych Med &amp; Integrated Care</td>
<td>23,877</td>
<td>23,404</td>
<td>(474)</td>
<td>(524)</td>
</tr>
<tr>
<td>CAMHS</td>
<td>17,594</td>
<td>17,729</td>
<td>135</td>
<td>172</td>
</tr>
<tr>
<td>MHOA</td>
<td>435</td>
<td>681</td>
<td>245</td>
<td>220</td>
</tr>
<tr>
<td>Addictions</td>
<td>719</td>
<td>725</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>67,077</strong></td>
<td><strong>67,801</strong></td>
<td><strong>724</strong></td>
<td><strong>515</strong></td>
</tr>
</tbody>
</table>

• Complex Placements

Both Lambeth and Lewisham placements remain within budget. The main area of concern continues to be Southwark which overspent by £1.5m (before risk shares) in 2015/16 and which is forecast to overspend by over £2.3m in 2016/17, based on forecast expenditure of £7.5m. At month 10 the total overspend (prior to risk shares) was £1.8m, split between the CCG (£0.9m) and the local authority (£0.9m). This is a deteriorating position and is further complicated by –

   o the impact of a CCG QIPP (£0.4m), phased to be taken from October but expected to be fully repaid by the CCG given the QIPP is not achievable and
   o a 100% risk share arrangement with the local authority but which is accessed via the CCG contract
an agreement between the CCG and local authority to re-examine how each individual placement is funded i.e. are they a CCG funded, a local authority funded or a jointly funded placement and if so what % split is applied. Despite the funding being pooled, both commissioners operate different risk share arrangements which means retrospective shifting of responsibility will impact on the Trust’s year end financial position.

Monthly discussions continue with the CCG to establish the position going forward and actions being taken. In the 2017/18 contract, a new QIPP has been agreed and will require significant action to be undertaken over the next 12 months if financial targets are to be met.

3) Cost Improvement Programme (CIP)

At month 10, the Trust has recorded savings of £17.1m against a target of £22.5m (76%). The year to date shortfall of £5.4m breaks down as to –

- £3.7m for the CAGs (of which £2.9m is ACP principally due to overspill, Psychosis £0.3m, BDP £0.2m and PMIC £0.2m)
- £0.7m for Corporate departments (principally CEO, Estates and Nursing) and
- Trust and CAG wide schemes £1.1m (£3.1m delay in infrastructure review schemes, net of favourable variances including locked in underspends).

The forecast delivery against the target of £29.2m now stands at £23.4m (80%). This represents a significant improvement compared to the month 9 position (73%). This is principally due to an improved outlook on overspill as a result of backdated income for overseas patients and the recognition of income (combined with the release of a provision) that had been held to cover risks that are no longer expected to arise.

The overall position remains a significant shortfall of £5.8m primarily predicated on a worse than planned level of overspill beds net of risk share and NCA/overseas income (£2.7m) and delayed savings from infrastructure review schemes (£4.7m), net of additional savings principally from lock ins (a substantial proportion of which are non-recurrent).

As stated earlier in this report, despite this shortfall the Trust is on track to achieve its control total for the year, as a result of additional savings not reflected in the CIP reporting generated from tight controls and close monitoring, combined with the non-recurrent utilisation of contingency reserves and the release of balance sheet provisions.
<table>
<thead>
<tr>
<th><strong>Glossary</strong></th>
<th><strong>Definition</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AMH</strong></td>
<td>Adult Mental Health – used in this report to cover a programme of investment in community schemes that aim to reduce the usage of acute/triage beds in the Trust</td>
</tr>
<tr>
<td><strong>CAG</strong></td>
<td>Clinical Academic Group – bring together clinical services, research and education and training into a single management grouping e.g. Psychosis</td>
</tr>
<tr>
<td><strong>CCG</strong></td>
<td>Clinical Commissioning Group – an NHS body responsible for the planning and commissioning of health services for their local area</td>
</tr>
<tr>
<td><strong>CIPs</strong></td>
<td>Cost Improvement Programme</td>
</tr>
<tr>
<td><strong>CPC/C&amp;V</strong></td>
<td>Cost per Case and Cost and Volume income varies depending upon the amount of clinical activity being undertaken</td>
</tr>
<tr>
<td><strong>EBITDA</strong></td>
<td>Earnings before interest, tax, depreciation and amortisation is an accounting measure used as a proxy for an organisation’s current operating profitability</td>
</tr>
<tr>
<td><strong>ICT</strong></td>
<td>Information and Communications Technology</td>
</tr>
<tr>
<td><strong>MHOA</strong></td>
<td>Mental Health of Older Adults</td>
</tr>
<tr>
<td><strong>NCA</strong></td>
<td>Non Contracted Activity - a patient treated by SLAM where no contract exists between the Trust and the Commissioner (e.g. a Lewisham resident who has a Bromley GP will not be charged against the Lewisham contract but will be invoiced as an NCA to Bromley CCG)</td>
</tr>
<tr>
<td><strong>NHSI</strong></td>
<td>NHS Improvement – the new regulatory body overseeing all NHS providers as well as independent providers that provide NHS funded care</td>
</tr>
<tr>
<td><strong>OBD</strong></td>
<td>Occupied Bed Day – is a unit of currency used to measure the use made of a bed (e.g. 1 obd = 1 bed occupied for 1 day by a patient)</td>
</tr>
<tr>
<td><strong>PICU</strong></td>
<td>Psychiatric Intensive Care Unit - provide mental health care and treatment for people whose acute distress, absconding risk and suicidal or challenging behaviour needs a secure environment beyond that which can normally be provided on an open psychiatric ward</td>
</tr>
<tr>
<td><strong>PoS</strong></td>
<td>Place of Safety – under section 136 of the Mental Health Act, the police have the power to take an apparently mentally disordered person who is in a public place and is apparently a danger to himself or to other people, to a “place of safety” where they may be assessed by a doctor</td>
</tr>
<tr>
<td><strong>QIPP</strong></td>
<td>The Quality, Innovation, Productivity and Prevention programme is a series of schemes required by the CCGs and developed with SLAM to help reduce the cost of services to the CCG</td>
</tr>
<tr>
<td><strong>STF</strong></td>
<td>Sustainability &amp; Transformation Fund that is intended to support providers to move to a sustainable financial footing</td>
</tr>
<tr>
<td><strong>Triage</strong></td>
<td>Triage ward – used to admit patients for a short period of time where their needs are assessed before being either discharged to the care of community teams or transferred to an acute ward</td>
</tr>
<tr>
<td><strong>WTE</strong></td>
<td>Whole Time Equivalent – is a concept used to convert the hours worked by several part-time employees into the hours worked by full-time employees e.g. 1 wte = 1 full time employee</td>
</tr>
<tr>
<td><strong>YTD</strong></td>
<td>Year To Date</td>
</tr>
</tbody>
</table>
Operational performance - I&E control total margin

- The trust made a deficit of £2.8m in the month after excluding items not included in the NHSI deficit control.
- This represents a favourable movement from Plan of £0.5m in the month. The movement was driven principally by
  a reduction in acute overspill coupled with £0.6m of backdated overseas visitors income, improvement in the
  PMIC, PACS and B&O CAGs (improved income, vacancies and release of provisions), lower restructuring costs than originally
  planned and payment of outstanding 1:1 observation debts by West Hampshire CCG.
- The trust is currently rated by NHSI as a 2 against use of resources (where 1 is best out of a 1-4 range. The rating
  will remain at a 2 provided the trust delivers on its current forecast which would then attract an NHSI incentive payment
  and other associated costs concerning the redevelopment of Douglas Bennet House, the original scheme having been
  longer expected to arise, has improved our position against the CIP target. It is now forecast to deliver 80% of the target.
- Overall there remain risks to the forecast particularly around -
  - Activity driven costs such as acute overspill and placements but as the number of days reduce towards year end,
    the risk of forecasting and the impact of adverse movements lessens.
  - Outstanding income from CGGs. In Southwark, risk share and QIPP arrangements with the CCG around placements
    were expected to be upheld in line with contract discussions. It is expected that all CGGs will honour their share
    around acute obd activity which are estimated to cost £1.3m ytd. The trust has also identified additional income
    under-lying NHSI target straightline.
  - Acute overspill continued to fall (by 8 beds in the month) which together with backdated overseas visitor income
    and a review of overspill provisions resulted in an underspend in the month. However overspill is likely to increase
    over the remaining 2 months as the CAG reconfigure the ward estate and temporarily lose bed capacity.

Summary

- Despite the measures being taken, the use of agency staff in the trust increased in January (up by £59k compared
  to December). Additional measures are being introduced in February but given the current run rate the trust is now
  forecasting it will not stay within 25% of the NHSI target ceiling. This will impact on one element of the use of resource
  rating (although not the overall score) and may result in some form of NHSI interventor
- The trust is forecasting to meet its deficit control total of £3.9m. This includes allowing for a write down of fees and
  related associated costs concerning the redevelopment of Douglas Bennet House, the original scheme having been
  superseded. These costs will be included in next month’s financial position.
- Ward Nursing - £1.5m overspent
- Complex/Non Secure Placements - £1.4m overspent excluding impact of risk shares
- Agency ceiling - £17.4m
- Cash at bank and in hand - £47.7m
- Forecast DAAR less than 2 in next 2 months
- Capital expenditure < 85% or > 115% of plan (no longer a NHSI metric)
- Non-agency agency against withdrawn target for FY17 of £100k
- Better payment practice code (non-NHS by value)
- £47.7m
| Summary of Financial Statements for South London and Maudsley NHS Foundation Trust |

| Table 1 |

| Summary Income and Expenditure Account |

<table>
<thead>
<tr>
<th>Operating income (inc. in EBITDA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Clinical income, total</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Non NHS Clinical income, total</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Non Clinical income (included in EBITDA), total</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Operating income (inc. in EBITDA), total</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Operating expenses (inc. in EBITDA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Expenses, total</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Non-pay expenses (excluding PFI/LIFT), total</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>PFI/LIFT operating expenses, total</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Operating expenses (inc. in EBITDA), total</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EBITDA Margin %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating income (exc. from EBITDA)</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>Donations &amp; Grants received of PPE &amp; intangible assets, total</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Operating expenses (exc. from EBITDA)</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>Depreciation and Amortisation, total</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Restricting Costs</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Operating expenses (exc. From EBITDA), total</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-operating income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finance Income (for non-financial activities), total</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Gains on transfers by absorption</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Other Non-Operating income</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Non-operating income, total</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-operating expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest expense (non-PFI / LIFT)</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Losses on transfers by absorption</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Other non-operating expenses (including tax)</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Non-operating expenses, total</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Surplus / (Deficit) after tax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surplus / (Deficit) after tax from Continuing Operations</td>
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<tr>
<td></td>
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<tr>
<td>Surplus / (Deficit) before impairments and transfers</td>
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<table>
<thead>
<tr>
<th>Memorandum Lines:</th>
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<tbody>
<tr>
<td>Surplus / (Deficit) before impairments and transfers</td>
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<tr>
<td>One off income/costs</td>
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<tr>
<td>Normalised Surplus / (Deficit)</td>
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<td></td>
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<tr>
<td>Normalised Surplus / Deficit Margin %</td>
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<tr>
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</tbody>
</table>
## Summary Statement of Financial Position

<table>
<thead>
<tr>
<th>Units</th>
<th>Audited Preve ending 31-Mar-16</th>
<th>Plan Month ending 31-Jan-17</th>
<th>Actual Month ending 31-Jan-17</th>
<th>Variance Month ending 31-Jan-17</th>
<th>Plan YTD ending 31-Jan-17</th>
<th>Actual YTD ending 31-Jan-17</th>
<th>Variance YTD ending 31-Jan-17</th>
<th>Plan Year ending 31-Mar-17</th>
<th>Forecast Variance Year ending 31-Mar-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>GBP m</td>
<td>297.76</td>
<td>286.493</td>
<td>261.132</td>
<td>(10.361)</td>
<td>226.493</td>
<td>216.132</td>
<td>(10.361)</td>
<td>220.971</td>
<td>221.394</td>
</tr>
</tbody>
</table>

### Non-current Assets
- Intangible Assets, total
- Property, Plant and Equipment, total
- On balance sheet PFI/LIFT assets, Non-Current
- Other

### Current Assets
- Cash and Cash Equivalents (excluding overdrafts), total
- Other current assets

### Current Liabilities
- Overdrafts and drawings in committed facilities
- Other borrowings
- Other current liabilities

### Non-current Liabilities
- PFI/LIFT leases, Current
- Other borrowings
- Other non-current liabilities

### Total Equity & Reserves

## Summary Statement of Cash Flows

| Units | Surplus (Deficit) from Operations | Operating activities | Non-operating and non-cash items in operating surplus/(deficit) | Operating Cash flows before movements in working capital | Movements in working capital | Increase/(Decrease) in non-current line | Net cash inflow/(outflow) from operating activities | Investing activities | Capital Expenditure (Accruals basis) | Increase/(Decrease) in Capital Creditors | Proceeds on disposal of PPE, intangible assets and investment property | Other cash flows from investing activities | Net cash inflow/(outflow) from investing activities | Financing activities | Public Dividend Capital repair | Repayment of borrowings | Capital element of finance lease rental payments | Interest element of finance lease rental payments | Interest paid on borrowings | Other cash flows from financing activities | Net cash inflow/(outflow) from financing activities |
|-------|----------------------------------|-----------------------|---------------------------------------------------------------|------------------------------------------------------|-----------------------------|-----------------------------------------|-------------------------------------------------|------------------------|-----------------------------|-----------------------------------------------|-------------------------------------------------|--------------------------------|---------------------------------|-------------------------|------------------------|-----------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|----------------------------|-----------------------------|
| GBP m | 25.37                           | 2.23                  | 7.177                                                        | 9.172                                                | 14.418                     | 4.386                                    | 11.316                                          | (11.921)                                          | (11.921)                                 | 7.051                                         | (25.535)                                       | (12.085)                         | (12.482)                        | -                        | -                        | -                                        | -                                        | -                                        | -                                        | -                                        | -                                        | -                                        |

### Summary Statement of Cash Flows

- Net cash inflow/(outflow) from operating activities
- Net cash inflow/(outflow) from investing activities
- Net cash inflow/(outflow) from financing activities
- Operating cash and cash equivalents less bank overdraft
- Net cash increase / (decrease)
## Use Of Resource Metric

### Capital Service Cover
- **Revenue Available for Capital Service**
  - **Units**: 9.927, 10.612, 0.685
  - **Plan YTD ending 31-Mar-17**: 13.279
  - **Actual YTD ending 31-Mar-17**: 13.322
  - **Variance YTD ending 31-Mar-17**: 0.043
- **Capital Service Cover**:
  - **Units**: 1.20, 2.05, 0.13
  - **Plan Month ending 31-Jan-17**: 2.18
  - **Actual Month ending 31-Jan-17**: 2.18
  - **Variance Month ending 31-Jan-17**: 0.06
- **Capital Service Cover metric**
  - **Score**: 2
- **Capital Service Cover rating**
  - **Score**: 2

### Liquidity
- **Working Capital for UOR**
  - **Units**: 21.814, 9.813
  - **Plan Year ending 31-Mar-17**: 17.828
  - **Actual Year ending 31-Mar-17**: 17.828
  - **Variance Year ending 31-Mar-17**: 0.000
- **Operating Expenses within EBITDA, Total**
  - **Units**: 21.814, 9.813
  - **Plan Year ending 31-Mar-17**: 21.814
  - **Actual Year ending 31-Mar-17**: 21.814
  - **Variance Year ending 31-Mar-17**: 0.000
- **Liquidity metric**
  - **Score**: 2
- **Liquidity rating**
  - **Score**: 2

### I&E Margin
- **Surplus/deficit adjusted for donations and asset disposals**
  - **Units**: (3.913), (2.752)
  - **Plan Year ending 31-Mar-17**: (3.981)
  - **Actual Year ending 31-Mar-17**: (3.981)
  - **Variance Year ending 31-Mar-17**: 0.068
- **Total operating income for EBITDA**
  - **Units**: (3.913), (2.752)
  - **Plan Year ending 31-Mar-17**: (3.981)
  - **Actual Year ending 31-Mar-17**: (3.981)
  - **Variance Year ending 31-Mar-17**: 0.068
- **I&E Margin**
  - **%**: (1.24%), (0.88%)
  - **Plan Year ending 31-Mar-17**: (1.05%)
  - **Actual Year ending 31-Mar-17**: (1.05%)
  - **Variance Year ending 31-Mar-17**: 0.20%
- **I&E Margin rating**
  - **Score**: 1
- **I&E Margin Variance From Plan**
  - **%**: (0.19%)
  - **Plan Year ending 31-Mar-17**: (0.20%)
  - **Actual Year ending 31-Mar-17**: (0.20%)
  - **Variance Year ending 31-Mar-17**: 0.01%
- **I&E Margin Variance From Plan rating**
  - **Score**: 1

### Agency
- **Agency staff, total**
  - **Units**: (15.737), (19.004)
  - **Plan Year ending 31-Mar-17**: (17.395)
  - **Actual Year ending 31-Mar-17**: (22.484)
  - **Variance Year ending 31-Mar-17**: 0.848
- **Agency Ceiling**
  - **Units**: (15.737), (19.004)
  - **Plan Year ending 31-Mar-17**: (17.429)
  - **Actual Year ending 31-Mar-17**: (17.429)
  - **Variance Year ending 31-Mar-17**: 0.000
- **Agency metric**
  - **%**: (0.19%), (0.23%)
  - **Plan Year ending 31-Mar-17**: (0.20%)
  - **Actual Year ending 31-Mar-17**: (0.20%)
  - **Variance Year ending 31-Mar-17**: 0.00%
- **Agency rating**
  - **Score**: 1

### Use Of Resources Rating after overrides
- **Score**: 2
# Table 2

The South London and Maudsley NHS Foundation Trust - Operating Budgets

## January 2017

<table>
<thead>
<tr>
<th>Monthly Figures</th>
<th>Year to Date Figures</th>
<th>As At Min 10</th>
<th>Notes Min 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Year Live Budgets (£)</td>
<td>Current Month Actual (£)</td>
<td>Variance Line Budgets (£)</td>
<td>Variance Year to Date (£)</td>
</tr>
</tbody>
</table>

### 01. Psychiatry

<table>
<thead>
<tr>
<th></th>
<th>51,403,100</th>
<th>4,488,600</th>
<th>-98,200</th>
<th>43,914,500</th>
<th>717,700</th>
<th>619,200</th>
<th>970,000</th>
</tr>
</thead>
</table>

- Bank placements were 1.9% overpaid yield (Local Authority & CCG) offset by £1.3m under the risk share arrangements. A further £145k GIPP is expected to be repaid by Swk CCG. Income targets not being met in Whicker Close Rehab Unit (£178k ytd) or on Non Contracted Activity. McKenzie closed in Sept but fixed costs and staff on sick leave still charged. Forecast unmet CIPs of £11m.

### 02. Acute Care Pathway

<table>
<thead>
<tr>
<th></th>
<th>59,913,900</th>
<th>3,853,000</th>
<th>(267,100)</th>
<th>46,054,900</th>
<th>3,022,700</th>
<th>4,229,800</th>
<th>4,743,000</th>
</tr>
</thead>
</table>

- Adverse acute overall variance of £2.9m ytd comprising average of 27 beds over plan (£4.4m but offset by risk share income of £1.4m), payment for unused block beds (£0.3m) and surpluses on overseas/ NCA income target (0.4m). 12 overspill beds used in Dec (reduction of 9 compared to Nov). Adverse nurse pay overspends on PICU units (£176k ytd), Swk CCG (£176k ytd) and Cawley Day Service (£176k ytd).

### 03. P Med & Integrated Care

<table>
<thead>
<tr>
<th></th>
<th>92,416,000</th>
<th>3,853,000</th>
<th>(267,100)</th>
<th>88,563,000</th>
<th>10,957,000</th>
<th>12,102,000</th>
<th>12,277,000</th>
</tr>
</thead>
</table>

- Unmet historic CIPs and age in patient days will result in a lower cap charge at y/e.

### 04. Behaviour And Dev. Psych

<table>
<thead>
<tr>
<th></th>
<th>10,130,000</th>
<th>449,200</th>
<th>(18,700)</th>
<th>9,680,800</th>
<th>18,300</th>
<th>16,500</th>
<th>23,800</th>
</tr>
</thead>
</table>

- 439,000

### 05. Child & Adolescent Service

<table>
<thead>
<tr>
<th></th>
<th>18,820,000</th>
<th>1,260,000</th>
<th>(192,000)</th>
<th>17,560,000</th>
<th>7,000</th>
<th>7,000</th>
<th>7,000</th>
</tr>
</thead>
</table>

- Includes release of contingency and release or increase of various provisions for bad debts and income deferrals.

### 06. Clinical Support Services

<table>
<thead>
<tr>
<th></th>
<th>2,785,000</th>
<th>160,000</th>
<th>(2,500)</th>
<th>2,625,000</th>
<th>26,000</th>
<th>26,000</th>
<th>26,000</th>
</tr>
</thead>
</table>

- Includes NHSE incentive payments.

### 07. Corporate Other

<table>
<thead>
<tr>
<th></th>
<th>80,356,400</th>
<th>(6,756,500)</th>
<th>488,700</th>
<th>75,600</th>
<th>75,600</th>
<th>75,600</th>
</tr>
</thead>
</table>

- Unmet historic CIPs and age in patient days will result in a lower cap charge at y/e.

### 08. Contingency - planned

<table>
<thead>
<tr>
<th></th>
<th>2,000,000</th>
<th>0</th>
<th>(166,667)</th>
<th>1,833,333</th>
<th>0</th>
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</table>

## EBITDA

<table>
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<tr>
<th></th>
<th>(13,146,000)</th>
<th>(2,056,700)</th>
<th>(429,800)</th>
<th>(10,403,800)</th>
<th>(579,600)</th>
<th>(152,800)</th>
<th>69 of 93</th>
</tr>
</thead>
</table>

## Notes Min 10

- Unmet historic CIPs and age in patient days will result in a lower cap charge at y/e.

### 09. Infrastructure Directorates

<table>
<thead>
<tr>
<th></th>
<th>54,874,400</th>
<th>4,096,500</th>
<th>(2,660,000)</th>
<th>52,214,400</th>
<th>73,900</th>
<th>73,900</th>
<th>73,900</th>
</tr>
</thead>
</table>

## Notes Min 10

- Unmet historic CIPs and age in patient days will result in a lower cap charge at y/e.
### Table 3 - SLAM summary CIP status report

**Jan-17**

<table>
<thead>
<tr>
<th></th>
<th>£000s</th>
<th>Plan</th>
<th>Actual</th>
<th>YTD variance from Plan</th>
<th>Value of Additional Schemes YTD</th>
<th>Full year Plan</th>
<th>Full year Forecast</th>
<th>Full year Forecast of Additional Schemes</th>
<th>%</th>
<th>Overview comment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CAG schemes</strong></td>
<td></td>
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<td>CAG schemes:</td>
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<tr>
<td>CAG schemes:</td>
<td>11,926</td>
<td>8,260</td>
<td>(3,666)</td>
<td>150</td>
<td>14,918</td>
<td>11,417</td>
<td>(3,501)</td>
<td></td>
<td>235</td>
<td>76.5%</td>
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<tr>
<td><strong>Corporate schemes</strong></td>
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<tr>
<td></td>
<td>3,441</td>
<td>2,772</td>
<td>(669)</td>
<td>111</td>
<td>4,210</td>
<td>3,470</td>
<td>(739)</td>
<td></td>
<td>136</td>
<td>82.4%</td>
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<tr>
<td><strong>Trust wide schemes</strong></td>
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<td></td>
<td>7,146</td>
<td>6,042</td>
<td>(1,104)</td>
<td>3,005</td>
<td>10,105</td>
<td>8,483</td>
<td>(1,622)</td>
<td></td>
<td>4,892</td>
<td>83.9%</td>
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<tr>
<td><strong>Plan Total</strong></td>
<td>22,513</td>
<td>17,073</td>
<td>(5,440)</td>
<td>3,266</td>
<td>29,233</td>
<td>23,370</td>
<td>(5,863)</td>
<td>5,263</td>
<td>79.9%</td>
<td></td>
</tr>
<tr>
<td><strong>CIPs / Cost Reduction</strong></td>
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<td></td>
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</tr>
<tr>
<td>CIP Schemes</td>
<td>9,623</td>
<td>7,410</td>
<td>(2,213)</td>
<td>2,806</td>
<td>13,193</td>
<td>9,841</td>
<td>(3,352)</td>
<td>3,926</td>
<td>79.9%</td>
<td></td>
</tr>
<tr>
<td>Cost Reduction Schemes</td>
<td>12,890</td>
<td>9,663</td>
<td>(3,227)</td>
<td>460</td>
<td>16,040</td>
<td>13,529</td>
<td>(2,511)</td>
<td>1,337</td>
<td>79.9%</td>
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</tr>
<tr>
<td><strong>Trust Total</strong></td>
<td>22,513</td>
<td>17,073</td>
<td>(5,440)</td>
<td>3,266</td>
<td>29,233</td>
<td>23,370</td>
<td>(5,863)</td>
<td>5,263</td>
<td>79.9%</td>
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</tr>
</tbody>
</table>

- No further lock ins were made at Q3 - but there are significant further underspends

Forecast shortfalls in all CAGs apart from CAMHS. Principal adverse variances arise in ACP (£2.7m overspill), Psychosis (Heather Close), B&D (delay start to schemes) and PMIC (PD pathway review and Eating Disorder schemes). Overspill reduction accounts for approx. £2.5m of this variance.

Significant anticipated shortfalls in Estates (Adamson Centre delays, Car parking scheme delays), CEO and Nursing (complaints scheme delay)

Most trust and CAG wide schemes will fail to deliver the value in the Plan due to a combination of delays, over optimism, double counting with other savings. The principal shortfalls are the infrastructure review scheme £4.7m (slipped to next year), agency reduction £0.5m, CAG wide schemes £0.4m, mobile working £0.3m, new business £0.3m and others £0.3m. These shortfalls have in part been offset by additional in year budget savings of £3.6m and additional income and cost avoidance (£1.25m).
REPORT TO THE TRUST BOARD: PUBLIC
28 FEBRUARY 2017

<table>
<thead>
<tr>
<th>Title</th>
<th>CHIEF EXECUTIVE’S REPORT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author</td>
<td>Dr. Matthew Patrick</td>
</tr>
</tbody>
</table>

Purpose of the paper

To inform the Board about significant issues affecting the Trust.

A – CQC re-inspection

- On the 23rd January, we received the important news that the Care Quality Commission would be carrying out a re-inspection of our acute care services. This was an opportunity for the CQC to follow up on some of the issues that were raised during the main inspection in September 2015. At that time the Trust received an overall rating of “good”, but three pathways - including acute inpatient provision - were identified as requiring improvement.

- The re-inspection started on 30th January and it was an extremely exacting and busy week for the large numbers of our staff who were directly affected. The inspections were wide-ranging and involved groups of inspectors spending many hours on the wards alongside our staff. We were pleased to hear from the inspectors at the end of the week that they had had a good experience and felt very welcomed to the Trust.

- We will explore some of the themes from the initial feedback during the specific Board update on the re-inspection, but I want to thank everybody involved in the inspection for their hard work over the past few weeks and people across the organisation for their commitment to improving care and service user outcomes on a daily basis.
B – Inquest into the death of Olaseni Lewis

- The inquest into the tragic death of Mr. Olaseni Lewis began on the 6th February. Olaseni Lewis died on 4 September 2010 following his restraint by a number of Metropolitan Police Service officers at the Bethlem Royal Hospital. Olaseni was aged 23 and an IT graduate with a promising career ahead of him and without any history of mental health problems.

- The Trust has again communicated messages of condolence to the Lewis family and we remain fully committed to working closely with the Coroner throughout this inquest so that the full circumstances and facts surrounding Mr Lewis's death can be established. It is important to note that there is only one person remaining on the board or senior management team who was here at the time. For this reason, we are ensuring that a member of the senior management team is present on each day of the inquest so that we establish real continuity with the events of 6 ½ years ago, and ensure that all learning is properly embedded. I have personally met with the Lewis family and have been clear that we are not interested in defending historic reputations but very much interested in ensuring that to the best of our abilities such an event never happens again.

C – Mental Health investment by Clinical Commissioning Groups

- NHS England wrote to Clinical Commissioning Groups (CCGs) and to Chief Executives of mental health providers on the 15th February setting out how they will approach the assurance of the national commitments for mental health.

- The letter confirms that Chief Executives of mental health providers will be expected to jointly sign a letter from their CCGs confirming that their mental health returns are an accurate reflection of the investment in mental health and ensure a joint commitment to meeting the national expectations set out in the Five Year Forward View.

D - Recent media coverage

- We have received media coverage of positive events happening around the Trust. Some of the stories published and broadcast over the last month include:

  - A new study from the Trust and King’s College London has shown for the first time that cognitive behaviour therapy (CBT) strengthens
specific connections in the brains of people with psychosis, and that these stronger connections are associated with long-term reduction in symptoms. Dr Liam Mason is lead author at King’s College London and a clinical psychologist at the Maudsley Hospital where the research took place. He was interviewed by the BBC’s Today Programme on 18 January 2017.

- Also in January - Mental Health Today reported that news of our 24-mental health helpline was one of their ‘top 10 most read’ articles in 2016 and the Nursing Times covered the news that our South London Mental Health Partnership has been awarded £800k in funding from Health Education England to attract and recruit mental health nurses. The nursing development programme aims to address recruitment and retention challenges across south London. It is part of the wider work we are doing in partnership with South West London and St George’s trusts to share best practice, improve the quality of our services and reduce costs.

- Finally, on 3 February the South London Press published a colourful double page spread about Lambeth Clean & Care, a commercially successful cleaning company that employs people with mental health problems, or a history of mental illness. The organisation generates its own income and receives core funding from the Trust. The article explains some of the brilliant work that the organisation has done working with people who, because of their mental illness have previously been excluded from the workplace.

**E - Launch of staff recognition awards 2017**

- Nominations for the Trust’s staff recognition awards 2017 opened on Tuesday 14th February. The aim of our awards is to recognise the efforts and achievements of our dedicated staff who go the extra mile to improve the lives of the people and communities we serve.

- We are asking staff, service users and carers to shine the spotlight on the great work of a colleague, service or team that has gone to extraordinary lengths to help provide exceptional service, care and support. Nominations can be submitted by visiting our website: [www.slam.nhs.uk/staffawards](http://www.slam.nhs.uk/staffawards)

**Dr Matthew Patrick**
**Chief Executive**
Purpose of the paper

To update the Board on the current areas of Governor activity.

Appointment of New Lead Governor and Deputy Lead Governor

1. Following the resignation of the previous Lead Governor, an election process was launched on the 9th January for a new Lead Governor and Deputy Lead Governor. There was one application for the role of Lead Governor and one application for the role of Deputy Lead Governor. In circumstances where there is only one nomination for a position, the nominee for that position is considered to have been elected without contest.

2. As a result, the Trust was delighted to confirm Jenny Cobley as our new Lead Governor and Brian Lumsden as our new Deputy Lead Governor. The term of office for both roles will run to November 30th 2017.

Governors-only meeting

3. There was a successful Governors-only meeting on the 16th January. This was an informal opportunity for Governors to reflect on their role and to raise any thoughts and concerns. All attendees agreed that it had been a useful opportunity and should be repeated on a quarterly basis.

Membership and Communications / Involvement and Social Responsibility Working Group

4. The first meeting bringing together the Membership and Communications and the Involvement and Social Responsibility Working Group was scheduled for February 6th but was cancelled because it was not quorate. The meeting has been rescheduled for 22nd February. The
Chair, Tom Flynn, with support from the Trust, will be encouraging new joiners to the Working Group. This will be a focus at the Council of Governors meeting on 16th March.

Planning and Strategy Working Group

5. The Working Group met on 14th February. They received an update on the Lambeth Alliance – which brings together organisations such as NHS Trusts, Local government and the voluntary sector to oversee the investments made into adult mental health across; health, social care and the voluntary sector.

6. This was followed by a discussion of the Quality Improvement programme undertaken by the Trust and the development of the Estates Strategy which is due to come to the Board in April 2017.

7. Francis Keaney was nominated and appointed to the role of Deputy Chair of the group.

Quality working group

8. This Working Group will meet on 23th February to consider Complaints, Serious incidents, and PLACE. They will also select a quality priority for the external auditors to audit as well as elect a new chair and deputy chair.

Next Council of Governors meeting

9. The next Council of Governors meeting will take place on the 16th March 2017 from 1.30 – 3.30pm.
REPORT TO THE TRUST BOARD: PUBLIC
28th FEBRUARY 2017

Title  Briefing from Quality Sub Committee

Author  Amanda Pithouse, Director of Patient Experience and Quality/Deputy Director of Nursing

Accountable Director  Dr Neil Brimblecombe, Director of Nursing

Purpose of the paper

To present a brief summary of key points discussed at the meeting of the Quality Sub Committee of the Board held on 17th January 2017 drawing the Board’s attention to key points for consideration.

Executive summary

Key issues were discussed at the committee and actions identified relating to:

- Service user and carer experience
- Quality and performance dashboard
- Fire Safety and Health and Safety
- CQC action plans

Committees where this item has been considered

<table>
<thead>
<tr>
<th>Date</th>
<th>Committee / Meeting</th>
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<tr>
<td>17th January</td>
<td>Quality Sub Committee</td>
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</table>

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.

Meeting of the Quality Sub Committee – 17th January 2017

1. Themed Review – Service User and Carer Experience
The Trust Patient Engagement and Involvement Lead gave an overview of the main points of the review. It was suggested that additional data be included in future reports on service user and carer experience which would also include benchmarking data where available.

Action agreed:

- A more detailed look at the involvement register activity to be presented at a future QSC
- A paper outlining plans to implement the Patient and Public Involvement Policy to be presented at the March QSC.

2. **Quality and Performance dashboard**

The committee discussed the possibility of the performance team providing a report that triangulated information on vacancies and absence rates with reported safe staffing levels. There will be a review of QUESTT escalation processes to ensure that escalation is occurring at the correct point.

Action agreed:

- A 6 monthly review of Safer staffing to be presented to the February 2017 QSC and Board meeting.

3. **Fire Safety and Health and Safety**

An issue of concern was raised in regard to the Trusts level of compliance with fire safety standards. This is being addressed and monitored through the Trust Health and Safety committee.

4. **CQC Update – Action Plan**

An update on CQC must and should do actions was provided by pathway leads from the Forensic inpatient pathway, MHOA inpatient pathway and the Acute pathway.

It was recognised that significant progress has been made and ongoing challenges were highlighted and discussed.

Action agreed:

- To continue monitoring and reporting progress to the QSC monthly

**Next meeting**: 21st February 2017
REPORT TO THE TRUST BOARD: PUBLIC
28 FEBRUARY 2017

Title
WELL-LED 2015 ACTION PLAN – NEXT STEPS

Author
Rachel Evans

Accountable Director
Rachel Evans

Purpose of the paper

To decide next steps on the implementation of the 2015 ‘Well-led review’ carried out by Deloitte. The updated action plan is attached, together with a report from Peter Allanson, the Trust Secretary at Guy’s and St Thomas Hospital. Peter was commissioned in December to assess our progress against the action plan and provide a light-touch peer review.

The Board is asked to note the conclusions of the Allanson report and to agree that the updated action plan should now be closed. It is also asked to agree the allocation of responsibilities going forward so that progress is maintained.

Executive summary

The Allanson report (at Annex A) examines the progress against the Deloitte recommendations in five key areas: risk, performance management, learning from complaints and incidents, stakeholders and strategy, and hard to reach staff. The report provides some assurance that the Trust has responded appropriately to the Deloitte recommendations in each of these areas.

Given the Allanson report and the updated Well-Led action plan (at Annex B), it is recommended that the Action Plan is now closed. The following key steps are recommended to ensure continued delivery against the recommendations and the Well-Led requirements:

- Allocation of actions rated “amber” to identified owners, as described in paragraph 5;
- Continued focus on (a) ensuring that the learning from complaints and serious incidents is embedded across the Trust and (b) engaging with stakeholders to inform strategy.
- Individual leads required to ensure that there is no slippage in the “green” areas and that progress continues.

According to the current rules, the next formal Well-Led Review would need to be commissioned in 2018. But NHSI and CQC are currently consulting on changes to the content and process on the Well-Led domain, which could require annual reviews coupled with a more targeted approach for core services.
Introduction

1. In 2015, the Trust invited Deloitte to undertake a Well-Led Review into its governance arrangements. In their final report dated October 2015, Deloitte identified a package of possible improvements. These related to a range of issues, including risk management, the Board Assurance Framework, performance management, board reporting and learning from serious incidents. The recommendations – some regarded as high priority, others as medium priority - were incorporated into the Trust’s Well-Led Action Plan.

2. Progress against the Action Plan to implement the recommendations has been considered by the Board on two occasions – February and April 2016. It has been reviewed more regularly at the Senior Management Team meetings. The most recent version of the Action Plan is attached at Annex B, as updated this month.

3. In December, Peter Allanson, the Trust Secretary at Guys and St Thomas’ Hospital, was invited to carry out a peer review of our progress against the plan. The methodology he adopted, as agreed with the previous Board Secretary, is set out in the body of his report. The Board is invited to note the content of his report which is attached at Annex A.

4. As recognised in the report and demonstrated in the action plan, there has been substantial progress against the Deloitte recommendations over the last 16 months. Some elements are, and will always be, a work in progress. It is recommended that the action plan itself is now closed, but that this is coupled with allocating clear ownership for the continuing actions and agreeing the oversight role of the relevant Board Committees. It is also recommended that the Director leads (set out in the 5th column of the plan) are tasked with ensuring that there is no slippage in relation to those actions with a “green rating”, i.e. those where progress has already been achieved.

Recommendations

5. There are a small number of actions in the plan that are currently given an “amber rating”. The recommendations relating to those continuing actions are as follows:

   a. Recommendation 5 (high priority): The amber rating relates to the resourcing on risk and assurance. The new Head of Risk and Assurance has been appointed, but there will be a short delay before she takes up the post – we are currently finalising the start date. She will be responsible to the Director of Nursing and the Director of Corporate Affairs. Both Directors will ensure that her objectives include the need to drive increased pace and join-up between local risk management and the Board Assurance Framework. The effectiveness of the risk and assurance systems will be kept under review by the Audit Committee.

   b. Recommendation 1 (medium priority): The amber rating relates to the ongoing work to deliver our new strategy and to align this with our Board Assurance Framework. This is being led by the Director of Strategy and Commercial and is a central part of his performance objectives. Key decisions will be brought to the Business Development and Investment Committee and to the Board.

   c. Recommendation 21 (medium priority): The amber rating relates to the governance resource for the Clinical Academic Groups. This is being addressed as part of the infrastructure review – due to be completed over the next few months and taken forward by the Chief Operating Officer and the Director of Human Resources. This also feeds in to the early feedback that has been received from the recent CQC re-inspection which referenced
the significant and positive structural changes that had been effected (creating the acute care CAG), but also noting that new lines of reporting and accountability would take some time to bed in. The Quality Committee is currently making changes to the way that the Clinical Academic Groups report in to the Committee, with a view to identifying the issues of concern and relevance to the individual CAG.

d. Recommendation 27 (medium priority): The amber rating here relates to the ongoing work to redesign the Trust website so that it includes performance indicators. The Business Intelligence team are implementing new tools that enable performance indicators to be published in a clear and accessible format – these were presented to the Senior Management team on the 6th February. Delivery of the new website is a key part of the performance objectives of the Head of Communications and progress will be kept under review by the Senior Management Team.

e. Recommendation 30 (medium priority): The amber rating here relates to the ongoing work to further improve the reliability of the data presented to the Board, to ensure consistency across the Clinical Academic Groups and compliance with the relevant IT standards. This work will be brought together more closely with the work of the Quality Improvement team. This work is being taken forward by teams reporting to the Chief Operating Officer, the Chief Information Officer and the Medical Director. It will be kept under review by the Chief Executive and the Senior Management Team.

6. Themes addressed in the report and which continue to be a key priority for the Trust are:

   a. Learning from complaints and serious incidents: The Board and the Quality Committee receive regular reports on the learning from complaints and serious incidents and continue to drive improvements to ensure that the learning is embedded throughout the Trust and that improvements are firmly embedded. An element of the Board’s Development work has been to look closely at particular serious incidents and identify the key learning for the Trust – in terms of performance, process and culture.

   b. Engaging with stakeholders to inform strategy: The Trust is committed to supporting local engagement events between governors and local constituencies. There is annual engagement with internal and external stakeholders to agree the year’s quality priorities and all stakeholders were involved in agreeing the Trust’s 5 Year Quality Strategy. It is planned for this to be supplemented with increased support for governors to engage in existing community events and debates, as well as to build on the recent Community engagement pilots undertaken at CAG level. This should help us to reach a wider audience than would otherwise be possible. This is being taken forward by the Planning, Equality, Organisation and Community team and the Director of Corporate Affairs.

7. **Does the Board agree that the Action Plan should be closed and the outstanding actions addressed as set out above?**

**Future developments**

8. The current guidance recommends that external reviews of governance arrangements are undertaken every three years. This would require the Trust to undertake its next Well-Led Review in 2018. There are, however, proposals currently under consultation that would make changes to the system for the future – both in terms of content and process.
9. In terms of content, it is proposed that there will be an increased emphasis on financial and resource governance as well as systems leadership across new partnerships. It is also proposed that the new aligned frameworks refer to five conditions that NHSI and CQC regard as being necessary to produce a culture of continuous learning and improvement. These are set out below and clearly support the strategic importance that the Trust attaches to its Quality Improvement agenda:

   a. leaders are equipped to develop high quality local health and care systems in partnership
   b. leaders at all levels demonstrate inclusion and compassion in all their interactions
   c. individuals and teams at every level know established improvement methods and use them in partnership with patients, communities and citizens to improve their work processes and systems
   d. there are support systems for learning at local, regional and national levels
   e. the regulation and oversight system gives local organisations and systems control of driving learning and improvement.

10. In terms of process, it is proposed that from 2017 CQC would assess the well-led criteria Board level on a regular basis for all trusts, approximately annually. This would be alongside a more targeted and risk-based approach to inspecting a selection of core services. The guidance makes it clear that Trusts will be expected to keep their governance under review using a range of tools, including external assurance, annual self-assessments, internal audit, peer review and board development programmes.

Annex A

REPORT FROM PETER ALLANSON: FOLLOW UP TO THE DELOITTE REVIEW
1st February 2017

Introduction

Paul Mitchell asked me to review the progress your trust has made in implementing the recommendations made by Deloitte in their October 2015 Well Led Review. This was intended as a “light touch” activity with the aim of giving you indicative assurance – I cannot pretend that it is an in-depth analysis of the impact of the work undertaken to put the recommendations into place. But I can report a reassuringly consistent response to my questions and discussion from all the colleagues I spoke to. There were some differences of emphasis but no deviation from the general views.

Methodology

After spending some time reading through the action plan and progress and then a preliminary discussion with Paul Mitchell, I have spent about 30 minutes on the telephone with Roger Paffard and Duncan Hames, Matthew Patrick and Gus Heatfield and with Jenny Cobley.

I focussed the conversations on a number of themes and issues that I felt had come from the report; I initially tested these with Paul and confirmed that they were the key ingredients during my discussions with Roger and Matthew, who I spoke to first. These were the approach to risk, performance management, learning from incidents and complaints, stakeholders and strategy and staff engagement particularly with
harder to reach staff. One or two of the conversations ranged more widely but the read across comes from those five areas.

Findings

Risk

Everyone I spoke to felt that good progress had been made. There was some frustration that it had taken longer to get going than it should have done which meant that risk assurance remained about a year behind where it should be. All were content that the main risks to the trust had been identified at strategic level and were now on paper with mitigations and plans in place. To that extent the letter of Deloitte's recommendation had been met but there was less confidence that the spirit of the recommendation was there.

What is still missing includes embedding a risk culture into CAGs - a recent presentation by a CAG to the Audit Committee which included risk was seen as a positive and welcome development but the sense that a living system had been created which was a part of day to day business was still some way away. The recent appointment of a new risk manager in place of a series of interim staff was seen as essential to the continued development of what all regard as a high priority piece of work. A strategic issue for the board to consider was what the risk appetite of the trust was or should be as this would help to frame the grading of risks identified within the organisation.

In summary, the journey is under way and there is commitment to keeping going.

Performance Management

My discussions about the changes introduced following the review were all strongly positive. Everyone acknowledged the beneficial impact of the arrival of the Chief Operating Officer and the changes introduced. Reports had been restructured, they were less complex and therefore told the story better; the integrated report and its evolution were also welcomed. The programme management arrangements for initiatives were also seen as a powerful support mechanism. The establishment of the Finance and Performance Committee alongside the Quality Committee gave reassurance that NEDs understood how the trust was performing overall and the continued progress gave real assurance to the board as a whole. All felt that the quality of NED questioning and involvement was about right – there was no evidence of their concerns turning them into an additional layer of management – in fact one respondent suggested they could ask more and another questioned whether the decisions made were driven hard enough through the organisation on implementation.

This had been a helpful recommendation from Deloitte and it seems that the trust has embraced it and is seeing the benefits of implementing it so thoroughly.

Learning from Complaints and Incidents

I think most trusts struggle with this and the response from those I spoke to was that work had started but there was some way to go. All thought it a strength that the chairman of the Quality Committee was very focussed on this and had confidence that improvements would become evident. Comments included we need to be more systematic in our follow up...what is reported needs better implementation tracking...learning needs to be spread across the organisation...process is lengthy so we need to find ways of learning and adopting before all the “i”s are dotted.

In an organisation the size of yours this set of comments is hardly surprising but the reassurance comes from having a strong NED advocate for improvement.
Stakeholders and Strategy

This recommendation came from the medium priority list. I was told about the meetings held twice a year in the four boroughs in which the trust mainly operates. Everyone could see that there was a point to the meetings and welcomed some of the immediate feedback. No-one wanted to stop doing them but there was less consensus as to whether they really helped inform the strategy (as opposed to informing about the strategy). Clearly the risk of town hall style meetings is that they are unrepresentative in every sense and are at the mercy of the loudest voice in the room.

Provided this was not the only method of consulting service users and members, there appeared to be some merit in continuing these but they were seen as resource heavy and relatively usefulness light but nevertheless something to continue perhaps with a sharper focus and emphasis on helping governors to find out more about what their constituencies are thinking. Finding out more about the STP and other collaborations were also mentioned as subject areas to pursue.

Hard to reach staff

This was generally welcomed as a good initiative – or rather set of initiatives as visits were a part of a wider strategy visibly led by the Chief Executive – and that seems to be their strength. It takes effort to cover even a limited geography and making the commitment tells its own story. As in other trusts there are pockets of staff who have not been supported to develop as much as others and there was awareness of these groups in SLaM and a preparedness to tackle the issues – which has to be set within the positive context of staff positivity – people want to come to work at the trust.

Unprompted comments

Almost every respondent commented about the change of culture and attitude they could see and feel at the top of the trust. Deloitte's report was commissioned and delivered in a different time with different people in charge and a different ethos and climate. Whilst the NEDs were relatively new, they were seen to work well together, had the experience to balance the type of question they ask – well short of micro-management – and had a grasp of the issues. This is why I think the important issues raised by Deloitte and dealt with by the trust felt so much a part of business as usual and embedded, or becoming embedded, in the way the board works.

The commitment to continued development was also mentioned more than once and an acceptance that the changes seen were part of a process for improvement that would not finish but would be a part of restless continuum.

Conclusion

Meeting the challenges of the next few years will require NHS FT boards to be resilient, pragmatic and willing to embrace change. We are all going to be subject to "events" which threaten to blow us off course and distract from the parallel relentless focus on delivery. I hope that this brief survey gives the board at SLaM some reassurance that it has responded appropriately to the recommendations made by Deloitte; none is complete in the sense that little is ever complete, but the commitment to continuous change and improvement came through the discussions I had and I hope will encourage you to carry on.

Peter Allanson
# DELOITTE WELL LED REVIEW – ACTION PLAN UPDATE

## A. HIGH PRIORITY

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<tr>
<th>No</th>
<th>Recommendation (H/M)</th>
<th>Action</th>
<th>Update and evidence</th>
<th>Lead</th>
<th>When</th>
<th>RAG</th>
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| 4  | In regard to risk management arrangements across the Trust:  
  − Review the risk register access rights for ward and team managers, and ensure that staff at all levels of the organisation receive regular risk management training appropriate to their roles and responsibilities;  
  − Introduce rolling audits of risk registers to ensure current and future risks are appropriately captured; and  
  − Clearly define roles and responsibilities for all levels of staff in appropriate strategies, policies and job descriptions. | Work Ongoing on Risk Action Plan as reported to the Board October 2015.  
  4 workstreams to address the recommendations in 4 and 5 (below)  
  1. Individual RAR optimisation and Trustwide integration  
  2. Datix Utilisation and enhancement  
  3. Risk-related training assessment and development  
  4. Risk management Strategy Policy review (including structure and resourcing to ensure sustainability) | Update to QSC 17 Nov 2015.  
  Board Report for endorsement 24 Nov 2015.  
  Deep dive for further consideration 10 Dec 2015 and follow up made on the issues raised.  
  Revised policy to QSC in March 2016.  
  Updated Board Assurance Framework and risk management strategy approved at the Board September 2016.  
  Interim resource in place to oversee BAF and risk pending permanent recruitment.  
  BAF to go to QSC and Board in November 2016. | DoN/CFO | Dec 16 | Green |
| 5  | The Board needs to further review a number of areas in regard to risk and namely:  
  − The presentation and format of the BAF and Corporate Risk Log;  
  − The role of the Committees in relation to strategic risks;  
  − More frequent discussion and referencing to the risk appetite and the introduction of a risk profile at Board and in Committees; and  
  − Ownership of the BAF and Corporate Risk Log, including resourcing requirements. | See narrative above  
  Datix functionality for linking risks and generating the BAF is under review, including the production of trend data of risk/assurance  
  Risk appetite will be discussed following the conclusion of RAR review | JD for Head of Assurance and Risk agreed, aim for resource to be in place by April 2017.  
  This will form part of the portfolio for the new Director of Corporate Affairs.  
  Interim resource in place pending recruitment of permanent member of staff.  
  Migration to new version of Datix took place in March 2016.  
  The Board Assurance Framework has been updated and is being sustained until the substantive post Head of Risk and Assurance commences their role.  
  Risk management has been introduced, or is being introduced, to areas such as preparation for the CQC re-inspection and work with Trust Governors | DoN/CFO | April 2017 | Green |
<p>| 7  | Relaunch the Trust guidance for assessing the impact on quality of service changes and ensure compliance. | Review being set up by NB/MB and performance team. | New procedure implemented. Update report being taken to the Board meeting in January 2017. | DoN/MD | Complete | Green |</p>
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<td></td>
<td>particular, all schemes should be assessed post implementation. <strong>H</strong></td>
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<td>8</td>
<td>The new COO should fundamentally refresh the mechanisms in place for considering operational interdependencies including the operations executive, performance management reviews and regular interaction with Service Directors. <strong>H</strong></td>
<td>Review of operational executive and performance management completed and commenced in November 15. New ToR and timetable agreed.</td>
<td>COO</td>
<td>Complete</td>
<td></td>
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<td>9</td>
<td>The Board should consider scope for enhancing corporate level engagement with CAG leaders through their participation in a selection of Board development sessions, away days or other forums. <strong>H</strong></td>
<td>Board decision taken not to move forward this recommendation at this stage.</td>
<td>Chair/CE</td>
<td>N/A</td>
<td></td>
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<td>14</td>
<td>Introduce a Board forum that scrutinises operational financial performance through the creation of a new Committee or by extending an existing Committee. Also consider the need to formally include a focus on operational performance and workforce in either the Quality or the Finance Committee (if established). <strong>H</strong></td>
<td>Agreed. An initial set up meeting took place 9 Nov 15. Interim arrangements of two separate committees have been established for six months conjoined with common membership. Diary dates have been set. First meeting being held on 18 January 2016. A review of arrangements will be made in mid-2017.</td>
<td>Chair</td>
<td>Complete</td>
<td></td>
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<td>16</td>
<td>The Trust should introduce an accountability framework which clearly sets out: •the respective accountabilities of Service Directors, Clinical Directors and Academic Directors. Ensure this is applied consistently across the CAGs; •the respective accountabilities and responsibilities of support <strong>H</strong></td>
<td>A draft has been produced to describe the current accountability arrangements. Initial draft discussed by the SMT. Further work undertaken by service and clinical directors in CAG workshop. Final version discussed and agreed at Senior Management Team meeting.</td>
<td>TBS/COO</td>
<td>Nov 16</td>
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**Recommendation (H/M)**

functions across the CAGs; and  
• the parameters under which  
CAG governance arrangements should operate, ensuring that the framework is developed by bringing together the best of practices currently in place across the CAGs. **H**

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<td>18</td>
<td>The Board should consider the need to further explore the appropriateness and sustainability of the current distribution of CAGs in terms of both scale and number. <strong>H</strong></td>
<td>A wider infrastructure review is underway as part of the business planning process for 2015/16 which will have an impact on this issue.</td>
<td>CE/COO</td>
<td>Complete</td>
<td></td>
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<td>19</td>
<td>The Board should see some causal factor analysis for complaints, incidents, and claims to ensure key themes are being addressed, lessons learned and changes in practice sustained. <strong>H</strong></td>
<td>A recommendation has been agreed regarding a revised process.</td>
<td>DoN</td>
<td>Complete</td>
<td></td>
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<td>22</td>
<td>The Trust should revisit the format of the performance management reviews to ensure that they enable the right balance of corporate support and executive scrutiny. <strong>H</strong></td>
<td>A review of performance management team and function has been commissioned alongside the development of a performance framework which will underpin process and structures for reporting and management.</td>
<td>COO</td>
<td>Complete</td>
<td></td>
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| 28 | The Trust should consider a number of areas for enhancing its Board/Committee reporting to include:  
• streamlining Board level performance information to capture the comments made in this report;  
• increasing CAG focus of reported information; and  
• Executive Directors presenting performance information to the Board. **H** | Board level performance and quality report has been reviewed and refined. New structure presented at October 15 Board which incorporated CAG reporting for exceptions. This has continued to iterate and develop further to capture additional workforce and social care performance measures. | COO | Complete |     |
### B. MEDIUM PRIORITY

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<th>No</th>
<th>Recommendation (H/M)</th>
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<th>Update and evidence</th>
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<td>1</td>
<td>More clearly communicate the strategic objectives of the Trust and ensure alignment between the 2 year plan, 5 year strategy and the BAF. Also consider a refresh of the Trust's vision and values (commitments) in conjunction with the communications initiatives that are referred to in the Communications Strategy. <strong>M</strong></td>
<td>To be considered as part of the Annual Planning Process for 2016/17. A re-fresh of the Trust’s vision and values may be considered. If so this will be brought to the Board for approval. This will also be linked to the Comms Strategy. Work contributing to the STPs will provide a vehicle to ensure alignment.</td>
<td>The Trust’s vision and values remain valid for this planning round and we have made significant progress on our strategic priorities. These have been developed with the organisation and the Board (Board Away Day) and the next stage of development and deepening will be discussed in the November Board. These are entirely consistent with assumptions put in our plan for FY 17-18 and FY 18-19 which is also in the process of development for initial, first cut submission on November 24. The full strategy will be completed by the end of April 2017 and the risk register will be aligned with our strategic risks, in full, by then. The Communications Strategy of the trust will be aligned with the development of the strategy, and thought is currently being given to a refresh on vision and values – though core vision and values are unlikely to change.</td>
<td>DSC</td>
<td>In progress</td>
<td></td>
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<td>2</td>
<td>The executive strategy meeting should be more engaged in the development and on-going evolution of individual CAG strategies, and there should be provision for more regular presentations on these to this forum. Terms of Reference for the strategy and operations executive meetings need to be reviewed to ensure the purpose of each is clear and that appropriate value is derived by all attendees. <strong>M</strong></td>
<td>Strategy Executive to look at this recommendation and the work undertaken by COO/SDs to draw up timetable of meetings and clarify purpose and work plan across all meetings including the Strategy Executive. TOR for operational executive meeting drafted and approved.</td>
<td>There has been some focus on the review of CAG strategies at the Strategy Executive meeting. Thought is being given as to how this will be further developed for the future.</td>
<td>COO</td>
<td>Complete</td>
<td></td>
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<td>3</td>
<td>Ensure key stakeholders are engaged in the strategic planning process and are appropriately appraised of the</td>
<td>As is customary we held key stakeholder events as part of the annual planning process 2016/17. The Trust integration group is now co-ordinating</td>
<td>The CoG has continued to take ownership of the annual membership/public meetings held in each of the 4 Boroughs this year. These are now two-part meetings led by Governors and attended by either</td>
<td>DSC</td>
<td>Initial tasks complete, work</td>
<td></td>
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<td>No</td>
<td>Recommendation (H/M)</td>
<td>Action</td>
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<td></td>
<td>Trust strategy and methods of implementation. <strong>M</strong></td>
<td>senior management engagement with local clinical networks in all boroughs, enhancing awareness and engagement among a much wider range of local clinicians and stakeholders. Because of the CQC Inspection in September, additional stakeholder meetings were held.</td>
<td>Chair or CE. Part one is listening to what people say; part two [6 months later] is the Trust reporting on what we did with what people said to us. Regular meetings with commissioners are taking place as part of the development of the 2017/18 plan. Key engagement with stakeholders is now being taken forward via the two STPs.</td>
<td><strong>ongoing.</strong></td>
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<td>6</td>
<td>Review Committee briefing reports and consider the introduction of assurance based reports which RAG rate the issues discussed. <strong>M</strong></td>
<td>Agreed – to be considered further in discussion with the board committee chairs.</td>
<td>The committee reports have been moved to earlier on the agenda.</td>
<td>Chair/TBS Comm chairs</td>
<td>Complete</td>
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<td>10</td>
<td>Formally discuss and capture succession planning for all Board member and senior leadership positions. <strong>M</strong></td>
<td>This is already underway for NEDs via the Nominations Committee. The CE and HRD review succession planning for the Executives throughout the year on an ongoing basis and it is formally reviewed by the Remuneration committee at a minimum of twice a year. This includes retirements, career progressions, role expansions or changes, the need for new recruitment and for performance. The senior roles are reviewed in the light of Trust requirements and changes as well as personal circumstances. The CE and HRD also consider the wider executive talent pool to identify development needs and opportunities to operate at a higher level in readiness for a more senior role.</td>
<td>Three new NEDS appointed during 2016 in conjunction with Green Park. The Chair and CEO meet regularly with the NEDs. Confidential succession plan for Board members has been drafted and agreed by Chair and CE.</td>
<td>Chair/CEO/ TBS CEO/HRD</td>
<td>Complete</td>
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<td>11</td>
<td>Appraisals and mandatory training need to be phased throughout the year and monitored to allow early understanding of areas of underperformance. <strong>M</strong></td>
<td>The Trust has seen significant improvements in mandatory training compliance over 2015 and is very clear that continued progression to full compliance in all areas is a priority. The challenge of balancing the assurance of a well-trained workforce without adversely impacting on staffing levels and patient care is recognised and therefore all Clinical Academic Groups (CAGs) have submitted trajectories showing completions required to reach full compliance by March 2016; these figures will be monitored by the Chief Operating Officer through monthly</td>
<td>Work is ongoing. Recommendation not to be phased.</td>
<td>HRD</td>
<td>Complete</td>
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<td>Operational Performance meetings and CAG performance review meetings to identify and remedy early underperformance. CAGs will require teams to instruct staff members to schedule bookings and commit protected learning time for e-learning modules to meet these targets. The Education and Training department are reviewing face to face provision of all courses until March 2016 to ensure that training resources match these expectations. Staff are encouraged and supported to review their own mandatory training in a number of ways: all mandatory training without a physical skills element is available as e-learning to give greater flexibility, staff can access the WIRED system online which shows their personal requirements and mandatory training compliance is included as a core component of the Trust’s performance development process.</td>
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<td>Through the development of dashboards with IT and BI, performance development is in hand and operations are fully engaged in this process.</td>
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<td>COO</td>
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<td>The Strategy Executive is taking this forward. Lessons from the CQC inspection and Schwarz rounds have been included.</td>
<td>This has been picked up in the Action Planning following the CQC Inspection and via agenda setting for Strategy Executive. Action plans shared with CAGs. Schwarz rounds being embedded. Learning lessons being taken forward via the nursing directorate.</td>
<td>DoN/HRD</td>
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<td>ToR and membership of committees scheduled for December 15 Board.</td>
<td>Approach agreed at Dec 15 Board meeting.</td>
<td>TBS</td>
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<td>The academic leaders’ reviews are led by KCL.</td>
<td>MD has agreed with Dean of IoPPN that joint</td>
<td>MD</td>
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<td>Thresholds for quality performance should be revisited and expectations for compliance clearly articulated to Executive and CAG leads so that they can be held to account for delivery. M</td>
<td>The MD feeds into this process. appraisals will take place.</td>
<td>This is captured through the performance framework detailed above and the monthly performance reviews.</td>
<td>COO</td>
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<td>21</td>
<td>Review the governance resource for each of the CAGs and ensure appropriate roles are in place to support effective management of complaints, claims, incidents and audit. Establish a forum where corporate and CAG governance leads can meet to ensure alignment of systems and processes. M</td>
<td>This is an integral component of the infrastructure review being led by CFO where CAG and corporate functions will be reviewed and aligned.</td>
<td>Work is ongoing as part of infrastructure review. Project timeline developed. Proposals currently subject to formal consultation.</td>
<td>CFO/COO</td>
<td>Dec 16</td>
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<td>23</td>
<td>CAG clinical audit arrangements need to be reviewed to ensure consistency of approach and appropriate oversight at CAG executive and Board Committee levels. This will help to ensure that recommendations are progressed in a timely manner and that lessons learned are shared across the Trust. M</td>
<td>This has been reviewed by the Quality Committee. Initial discussions with the CAG CDs have taken place.</td>
<td>On the forward plan for CAGs to prioritise by May 16. Lessons learned report taken to Board in October 16.</td>
<td>MD/DoN</td>
<td>Complete</td>
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<td>24</td>
<td>Opportunities for engagement should be consistent across the CAGs and feedback coordinated to ensure service improvements are optimised. M</td>
<td>As part of the review of Strategy Executive ToR and purpose within whole suite of meetings to address this aspect.</td>
<td>With the review of the Operational Senior Management Team meeting as well as the Strategy Executive meeting, the opportunities for cross CAG engagement and learning are significantly enhanced.</td>
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<td>25</td>
<td>Ensure that staff and service users are made aware of changes that have resulted from their feedback. Engage hard to reach staff in focus groups or surveys in order to better inform communication methodologies.</td>
<td>Board papers September 2015 “Partnerships: with people who use our services, their friends, family, carers and communities” sets out the approach to achieving this recommendation for service users – update report on implementation to January 2016 Board.</td>
<td>Report back on Partnerships Priority took place at February 16 Board meeting. HR/ET/OD has held a number of focus groups with BME staff to review a number of options including restarting the BME staff Network.</td>
<td>DSC</td>
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<td>M</td>
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<td>Staff meet the Chair/CE monthly sessions – capture their feedback and then publish follow up actions in eNews.</td>
<td>Now the responsibility of the DoN.</td>
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<td>26</td>
<td>Key meetings should be rotated across the Trust sites or conferencing facilities made available to ensure attendance. M</td>
<td>SMT and Executive meetings have been held on the major sites. Conferencing facilities are regularly utilised. Previously agreed by Board.</td>
<td>The October Board meeting was held at BRH. Further meetings have been scheduled for 2017.</td>
<td>TBS</td>
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<td>27</td>
<td>Increase the availability of quality, performance and patient experience information on the Trust website. M</td>
<td>Through the development of the dashboards identified above, this information will aggregate to Trustwide indicators of performance which can be accessed on the Trust website.</td>
<td>Work underway with Business Intelligence and Communications to deliver this. This will form part of the brief for the re-design of the Trust website.</td>
<td>COO/HoC</td>
<td>June 17</td>
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<td>29</td>
<td>Introduce data quality kite marks / metrics to performance reports and ensure information can be traced to source. M</td>
<td>Business Intelligence team have recently been testing a new platform for reporting of data – Microsoft PowerBI. This is allowing for ‘data visualisation’ &amp; reporting and has been well received. The BI and performance teams are working together on the ongoing development of the performance management framework.</td>
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<td>CIO/COO</td>
<td>Ongoing</td>
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<td>30</td>
<td>Ensure that the Board receives appropriate assurance on governance arrangements and controls for data quality via clearly defined reporting routes. M</td>
<td>The recommendations from the Information Review project initiated by the CIO have recently been agreed, including the upgrading of the current Health Intelligence Platform, the formation of an Information Analyst network and the establishment of the new Business Intelligence Group (BISG). This is chaired by the CIO with attendance by the COO &amp; CIO, and representation from Health Intelligence, Performance &amp; Contract teams, and CAGs. Meeting monthly, this group will ensure Data Quality standards are enforced throughout the Trust, as set out in the ToR for the group. Output and reports will be made available to the Trust board where required. The BISG will agree the priorities for information &amp; data quality requirements of the Trust, coupled with a roadmap of improvements aligned to the strategic objectives of the Trust.</td>
<td>Following on from the above (Item No.29) We are now in active discussions with Microsoft to potentially use their PowerBI platform on the Azure Cloud. If the business case stacks up and we adopt this cloud solution, this would represent a massive leap forward for this Trust in terms of the data, the quality of reporting and the availability of dashboards for the Trust. With the close collaboration between CAGs, Contracts &amp; Performance and Business Intelligence, we are now removing the multiple ‘layers’ that have been built up over the years. Those layers have led to multiple manipulations of the data by analysts across the Trust, leading to an overall “mistrust” of the original source. We are also looking to review the role of the analysts across the Trust, with the view that they become an extension of the BI team and more</td>
<td>CIO</td>
<td>March 17</td>
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<td>The CIO has also now set up a Balanced Scorecard for IT, and one of the metrics is to measure data quality and consistency checks on systems e.g. replication of data, batch runs, report generation.</td>
<td>closely aligned. The BI team as a result of the above, is also evolving and taking on more activity and will need to be resourced accordingly with the relevant skills. The BI &amp; Performance teams are working together to shape the future service model and are subject to the Trust Infrastructure Review which is taking place. Data Quality checks are in place; alerts are sent when processing jobs fail, transaction logs are checked weekly and there is a monthly reconciliation process in place.</td>
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Code:
- **Green** – completed
- **Amber** – on schedule
- **Red** – not on schedule
Board of Directors Meeting

To be held 28th March 2017

3:00pm Learning Centre, Maudsley Hospital

AGENDA: Part 1

1. Opening Matters
2. Welcome and apologies for absence
3. Minutes, Action log review & Declarations of Interest
4. Patient Story: Serious Case Review
5. Public Sector Equality Duty

Strategy

6. QI Update
7. Violence Reduction

Quality & Safety

8. Performance and Finance Report
9. Finance Report
10. Workforce Report

Performance

11. Reappointment: Associate Hospital Mangers
12. Report from the Chief Executive
13. Update from the Council of Governors
14. Update from Quality Committee
15. Update from the Financial & Performance Committee
16. Update from the Business Development & Investment Committee
17. Wrap-up and Next Meeting

The next Board of Directors Meeting will be held on 25th April March 2017, at 3:00pm in the Learning Centre, Maudsley Hospital

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