AGENDA: Part 1

**Opening Matters**
1. Welcome, apologies for absence, declarations of interest
2. Minutes, Action log review
3. Patient Story – Acute Care CAG
4. Chief Executive’s Report

**Quality & Safety**
5. Retention and Recruitment Strategy
6. Health Based Place of Safety Update

**Governance**
8. Charity Independence – MOU & Articles of Association
9. Renomination of a Trustee for the Bethlem Art and History Collections Trust
10. CEO & Senior Management Team Objectives
11. Council of Governors Update
12. Quality Committee Update – June
13. Audit Committee Update, Signed & Sealed & TOR – June
14. Financial Performance Committee Update & TOR – June

**Performance**
15. Performance Report
16. Finance Report & Q1 NHSI Report
17. Report from previous Month’s Part II
18. Wrap-up, Next Meeting & 2018 Board Dates

The next Board of Directors Meeting will be held on 19th September 2017, at **12:30pm** 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 EIGHTH MEETING OF THE BOARD OF DIRECTORS 
OF 
THE SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST 
HELD ON 27 JUNE 2017

PRESENT

Roger Paffard  Chair
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
Altaf Kara  Director of Strategy and Commercial
June Mulroy  Non-Executive Director
Beverley Murphy  Director of Nursing
Dr Matthew Patrick  Chief Executive
Anna Walker  Non-Executive Director

IN ATTENDANCE

David James  Business Manager Trust Secretariat (Minutes)
Jenny Cobley  Lead Governor
Brian Lumsden  Deputy Lead Governor
Angela Flood  Governor
Zoe Reed  Freedom to Speak Up Guardian

Attendance for item (82/17)

Jane Lyons  Involvement Lead Psychosis CAG
Laura Troughton  Team Leader Psychosis CAG

Attendance for item (84/17)

Sir Robert Lechler  Executive Director King’s Health Partners Provost and Senior Vice President (Health) King’s College London

Attendance for item (86/17)

Joanne Adewole  Ward Manager, Hayworth Ward
Doreen Bryant  SUCAG representative
Sylvia Honeyman  SUCAG representative
Vanessa Smith  Service Director, Older Adults and Dementia

APOLOGIES

Professor Matthew Hotopf  Non-Executive Director

DECLARATIONS OF INTEREST
Amendments from Anna Walker were received and the Register amended. The next update of declarations will come to the Board in September 2017.

**The Board** Agreed that new Declaration Policy linked to NHS England guidance will go to the Senior Management Team for approval.

**MINUTES**

The minutes of the Board held on the 23 May 2017 were agreed, as an accurate record of the meeting

**BOD 81/17 MATTERS ARISING/ACTION POINTS REVIEW**

The progress made on action points was noted.

**Action:** Roger Paffard/Rachel Evans

**BOD 82/17 PATIENT STORY**

The presentation was introduced by Laura Troughton Team Leader for Psychosis in Croydon. The carers’ story was read out as KM was unable to attend the Board. The issue of concern related to KM’s mother who suffered from severe depression resulting in a diagnosis of Psychosis. The mother had been sectioned 3 times. During this time the mother had fallen off the radar with the community care team which has resulted in her not being compliant with her medication, resulting in self-neglect and her illness getting worse to the extent where she nearly died due to hyperthermia.

Investigation of the complaint by KM had found that changes in care co-ordinator staffing and a lack of senior management capacity had led to KM’s mother falling through the net. Once the situation was acknowledged a full apology was offered to KM. The apology regarded both the failures in care to her mother and the slow response to the initial complaint to the Trust. It was noted that the delivery of an apology is not acceptance of liability. The concern for the latter often inhibits some staff from apologising for problems with service delivery.

Action has now been taken to avoid a similar situation reoccurring; this involves: The team will check in with clients when there is a new care coordinator and, with their permission, share this information with the carer; Improve inclusive practice and value the role and needs of carers; Develop a protocol to guide good practice around change of care coordinator and the ‘promoting recovery’ service will co-develop an information leaflet with, and for, service users and carers to clarify what is to be expected when care coordinators change.

Mike Franklin asked what was the period between the initial compliant by KM and the response by the Trust, Laura Troughton replied approximately 6 weeks.
Julie Hollyman referred to the statement by KM that mentioned battling to get access to a psychiatrist; she asked if it is known why there had been no response. Laura Troughton responded that it was unclear what that comment referred to, but it was felt the breakdown in communication and access to services was linked to the changes in care co-ordinator staffing.

Altay Kara asked if the problems encountered with the service were systematic or specific. Laura Troughton believed that the issue was both systematic and specific but it had to be noted that large staff workloads and a focus on crisis management did lead to problems within the service which the KM complaint referenced.

Anna Walker asked if the lack of staff, specifically at senior levels within community services could be spotted by the Trust via its monitoring. Matthew Patrick and Kris Dominy responded that a QUESTT score for community services is being developed to identify such issues in the future.

Roger Paffard on behalf of the Boards thanked the speakers for their presentation.

The Board

Noted the Report

BOD 083/17  CHIEF EXECUTIVES REPORT

The paper was taken as read.

Matthew Patrick highlighted the London Bridge incident and the London NHS Mental Health response. The attack took place on the evening of 3rd June, resulting in the death of eight people and injuries to at least 48 others. The event demanded a huge response from dedicated NHS staff who only recently were grappling with the tragic events on Westminster Bridge and also supporting the victims of the Grenfell Tower disaster and the attack at Finsbury Park mosque.

Building on the excellent work undertaken by mental health colleagues in Greater Manchester, London has developed a comprehensive package of guidance and information to provide the best support for those dealing with horrific incidents. There is also work going on to ensure that those in the fire, ambulance, police and other public services are properly supported. There are discussions taking place with NHS England on establishing a standing committee to address issues of support during periods of crisis as future attacks or disasters cannot be discounted.

The Board were informed that an issue of significant current concern for the Trust is the Capped Expenditure Process (CEP) that is currently being applied to a number of Sustainability and Transformation Partnerships (TSP) including south east London. A concern expressed by the Trust is that the type of savings that STPs are being asked to contemplate include failing to meet national commitments or targets, potentially including those around mental health. Recent iterations of the CEP have taken out proposed ‘hard choices’ regarding mental health funding, but it was noted by the Board any final proposals will need to be: believable; deliverable and acceptable.
Congratulations were offered to Professor Graham Thornicroft, who was knighted in the 2017 Birthday Honours list. Graham is a consultant psychiatrist at the Trust and Professor of Community Psychiatry at the Centre for Global Mental Health and Centre for Implementation Science at the Institute of Psychiatry, Psychology and Neuroscience as well as performing a range of other important mental health roles.

The Board

Noted the Report

BOD 084/17 KHP UPDATE Q&A SESSION

Sir Robert Lechler gave a brief presentation to the Board. The Board were reminded that Academic Health Science Centres (AHSC) were established in 2009 to provide innovative treatment to the public at the earliest possible opportunity.

There was a brief verbal update on 4 areas of KHP activity. First the Centre for Translational Informatics was progressing well with capital funding in place. Greater detail on its progress will be available over the summer of 2017. Progress in regard to Population Health had not been as swift as hoped. Fresh leadership was being sought so as to develop an Institute of Population Health which will encompass a wide range of Social Sciences and mental health expertise. Third was fundraising; the last campaign “World Problems, King’s Answers” had recently closed and raised £600m. The new campaign would commence in early 2018 and it was his hope that mental health projects would form an important part of the new campaign. Finally the work integrating mental and physical health was progressing well with strong clinical leadership.

Alan Downey commented in relation to fundraising that he was of the view that the input made into KHP campaigns by the Trust had not resulted in a significant return. Sir Robert Lechler responded that he remained very hopeful that the new campaign would feature mental health programmes, but a compelling proposition had to be made to major donors before they would invest. Matthew Patrick added that the fine tuning of the Centre for Children and Adolescent Mental Health proposition as part of the proposed campaign was in process.

Duncan Hames asked on the progress with the Centre for Transitional Informatics in terms of partnership working, capability, skills and technology. Sir Robert Lechler responded that the new Dean of the Institute of Psychiatry, Psychology and Neuroscience was soon to take up their post to push forward this agenda and additional posts are being funded. Matthew Patrick also added for information that the Trust is now a global digital exemplar, and so part of NHS England’s flagship digital programme.

Roger Paffard asked were some aspects of the proposed campaign projects overlapping and therefore competing for the same resource. Sir Robert Lechler responded that the bids by the Evelina London Children’s Hospital regarding Child Health and Inequality and the Trust’s mental health and early intervention project did overlap, but at the same time were distinct. He felt the situation was a strength in terms of the overall campaign and did not weaken either proposal.
In relation to integrating mental and physical health Roger Paffard was of the view that there was a lack of traction in the acute sector. Sir Robert Lechler agreed that more could be done, but a strong argument had to be presented to commissioners showing the benefits of the approach. He mentioned the work being undertaken by the Institute of Haematology on the need and benefit of mental health input into areas of acute treatment.

Roger Paffard thanked Sir Robert Lechler for his attendance.

The Board

Noted the report

BOD 085/17 ESTATES STRATEGY

Altaf Kara introduced the paper and it was taken as read although a brief background was given to the Board.

The paper summarised the 5-year Trust estates strategy; gave an outline implementation plan; sought support for the strategic direction and for developing a full implementation plan; and support from the Board for moving forward with the new build for Douglas Bennett House.

Roger Paffard asked if the Board were being asked to approve the 5 year plan at this meeting. Altaf Kara stated that was not the case. The paper was to agree a direction of travel as each aspect of the plan that required significant expenditure would come to the Board with a Full Business Case.

June Mulroy asked if the strategy would address the under-utilisation of the present estates resource. Altaf Kara responded that he was aware of the issue and updates will come to the Board later in the year which will address the issue of space utilisation.

Anna Walker asked if the strategy fitted with the development of the South London Partnership (SLP) and the future use of beds. Altaf Kara replied that a working group as part of the Estates function is addressing the issues that arise from the SLP work such as the repatriation of patients back into the local area, such as is the case for Forensics.

Julie Hollyman queried if the focus on the strategy has, or will have a detrimental effect on addressing the Trust’s back log of repairs and maintenance issues. Altaf Kara noted the point, but advised the Board that there was a process underway to re-prioritise maintenance and refurbishment work across the Trust.

Roger Paffard sought assurance that a community hub would be up and running as soon as possible. After a short debate it was agreed that the Waldron hub in Lewisham showed the most promise and work there is progressing.

Gus Heafield advised the Board that the value of disposals within the paper were assumptions and there was no guarantee those values would be achieved. That would only be known once the assets were offered to the market.
Altaf Kara ended the report by advising the Board that the Trust had now obtained a possession order for Douglas Bennett House but as yet no action had been taken by the Trust to remove the squatters presently in the building.

The Board

**Endorsed** the strategic direction as described

**Approved** moving forward with the proposed implementation plan

**Approved** the recommended proposal for the rebuild of Douglas Bennett House

**BOD 086/17 CQC MENTAL HEALTH OLDER ADULTS**

Beverley Murphy introduced the paper and it was taken as read. A brief overview was given.

As a part of the Chief Inspector of Hospitals inspection regime the Trust was subject to a comprehensive Care Quality Inspection (CQC) in September 2015. The overall Trust rating was ‘good’. The rating for Mental Health Older Adults inpatient wards was ‘requires improvement’. An improvement plan was agreed, implemented and monitored. The Mental Health Older Adults inpatient wards were re inspected in March 2017. As a result, the rating for these wards significantly improved to ‘good’ overall and improved to ‘good’ in the domains of effective, caring and responsive.

There followed a short presentation by Vanessa Smith, Service Director, Older Adults, Doreen Bryant service user CAG representative, Sylvia Honeyman service user CAG representative and Joanne Adewole Ward Manager, Hayworth Ward

Vanessa Smith addressed the Board and stated that carers and patients are at the centre of what the CAG does. The report in September 2015 had been a shock to staff but actions since had been based on addressing the issues raised and staff had used the exercise to enhance learning and support improvement.

Doreen Bryant added she had been cared for by the CAG in question and she was passionate in seeing that improvement occurred within the wards. Her visits and discussions with patients allowed her to feedback anxieties to the Trust. Once raised these anxieties could and were addressed by staff. Sylvia Honeyman added she had seen more information available in the wards and better access and choice of refreshments. This had led to far higher levels of satisfaction from the patients.

Joanne Adewole concluded the presentation by stating that with the useful input of the support group the CAG had achieved higher standards of care and although now declared ‘good’ by the CQC the aim now is to push on and achieve an ‘outstanding’ rating.

Louise Hall and Kris Dominy added their congratulations to the CAG as the first CQC results could have resulted in a decline in motivation and effort. But that had not been the case and on the contrary the CAG had addressed the issues and produced a positive response.

The Board
Noted the key issues raised and the highlighted risks

BOD 087/17 QUALITY IMPROVEMENT UPDATE

Michael Holland introduced the paper. The paper was taken as read but a number of issues were highlighted.

Interviews took place in June 2017 for the Communications/Events manager post and unfortunately, the Trust was unable to appoint. The QI team are working with Communications to review next steps for the post. The Senior Data Analyst post is being shared with Contracts and Performance and the post holder has a key role in helping to generate data for QI work and dashboard development.

Regarding the Large Scale Initiative (LSI) for adult mental health the first two-day collaborative was held on May 18th/19th attended by 110 people involving frontline staff, senior clinicians, senior managers, service users, carers and representatives from social and primary care. The event was planned and delivered in collaboration with The Institute for Health improvement (IHI) and the QI team. There were 37 change ideas generated on day two of the collaborative and these are to be tested from May to September 2017.

Anna Walker noted the progress shown in the report, but asked how would QI capture and report outcomes. Michael Holland responded that there will be presentations to the Board and governance structures are being established that will allow for outcome reporting.

June Mulroy asked if outside stakeholder organisations were being included in the QI process and projects. Michael Holland replied that moves have been made to include local Clinical Commissioning Groups (CCGs). Lambeth CCG had been very responsive and talks continue with Lewisham and Southwark CCGs. In regard to the LSI for adult mental health Southwark CCG representatives had attended meetings.

Altaf Kara asked when a timescale would be available for the achievement of the targets for the LSI for adult mental health. Michael Holland advised that that detail was not yet available as the LSI was still in its pilot stage.

In relation to the South London Partnership the Board were informed that all the QI leads had met but there were slightly different priorities in each Trust with Oxleas FT NHS Trust being closer to the Trust’s in terms of methods used and issues to be addressed.

Louise Hall asked what the blockages to progress were in progressing with the QI projects. Michael Holland advised the Board that staff had referred to a lack of time to do their own work and QI activity as well.

Kristin Dominy added that the present daily reporting in relation to overspill beds and the accumulation of knowledge regarding this issue would feed well into the QI process. This was noted by the Board.

The Board
Noted There is one system for leadership workaround's that includes Board members, SMT/CAG executive/governors/service users/carers

Agreed to test the QI dashboard in the July Board meeting and provide feedback

Agreed QI Board slot every two months, to start in September 2017 and to move to monthly presentations in 2018. A team involved in a QI initiative will present their work to the Board

BOD 088/17 REVALIDATION

The paper was taken as read and presented by Michael Holland

At the end of the 2016/17 appraisal cycle there were 349 Consultant and Specialty and Associate Specialist Doctors (SAS Doctors) employed by the Trust of whom 332 had completed appraisals. 17 appraisals were not complete due to maternity leave, new starters to the Trust or appraisals were awaiting final sign off. Over the appraisal cycle the Trust made 16 positive recommendations with 6 deferrals and 1 non-engagement notice issued.

The governance arrangements are that the Medical Director is the Trust’s Responsible Officer and Dr Rosalind Ramsay has been appointed Deputy Medical Director for QI and Medical Workforce and became the revalidation lead on 1 March 2017.

The Trust is compliant with required processes but there is room to develop different aspects of appraisals. The Trust’s aim is to use QI methodology to start to address these issues, initially with a focus on getting more effective processes to support Doctors to be revalidation ready before the start of the second cycle of revalidation.

Julie Hollyman highlighted a couple of typographical errors in appendix D and E of the report which Michael Holland agreed to address after the Board.

The Board

Approved and accepted the Report.

Approved the ‘Statement of Compliance’ confirming that South London and Maudsley NHS Foundation Trust, as a designated body, is in compliance with the regulations.

BOD 089/17 FIRE SAFETY

Kristin Dominy introduced the paper.

Following the recent tragedy at Glenfell Tower on the night of 12th June 2017, where many of the residents of the high-rise block of flats lost their lives, the Quality Committee of 20th June requested that the Director of Nursing and Chief Operating Officer brief the Board on next steps and to provide additional assurance on managing and mitigating risk associated with fire hazards. Also NHS Improvement
(NHSI) have written to all NHS Trusts since the tragedy and asked for an assessment of any buildings that could reasonably be considered to present a similar risk to those found at Glenfell Tower.

The assessment by the Trust found four buildings in the Trust have cladding but none of these buildings house in-patients. Also the cladding found is not the same as that used on Glenfell Tower, but the material will be re-inspected. Assurances have been fed back to NHSI.

Anna Walker gave thanks to Kris Dominy as the issue of fire safety had already been raised by her with the Board in late 2016. The national picture of fire safety was not presently coherent and therefore it is commendable that the Trust was already focussed on this work.

Mike Franklin concurred with the views expressed by Anna Walker, but added that the issue went beyond cladding and included fire escapes, alarm systems and sprinklers being available. This was particularly relevant to the Trust as many sites used by the staff which were not owned by the Trust. He noted the size of the task and so a process of prioritisation would be required.

Beverley Murphy agreed with the view expressed by Mike Franklin and added there would be a need for annual safety assessments for buildings owned and used by the Trust and the necessary good practice is being sought and implemented.

The view of the Director of Nursing and Chief Operating Officer was that Health, Safety and Fire should sit with Clinical Safety. Therefore, there will be a transfer of responsibility and accountability for this Board level function to the Director of Nursing. This transfer will take place over the summer.

Also a suitably qualified Fire Safety Manager is to be appointed by the Trust. Once in place this person will review the fire safety work plan considering the recent events and monitor any changes to regulation. Progress against the work plan will be monitored and reported to the Health Safety and Fire Committee and rapid escalation of any risks will be to the weekly Senior Management Team meeting

The Board

Noted the report

BOD 090/17 UPDATE FROM THE COUNCIL OF GOVERNORS

Jenny Cobley took her paper as read. She highlighted a number of areas for the Board

Governors are concerned about the development of STPs and the CEP and hope that Matthew Patrick will be able to attend the Planning and Strategy Working Group in August to inform governors about these developments. The Board were informed that Jenny Cobley had attended a Lambeth event where healthcare developments had been reported and that was a reminder that governors need to be kept informed of changes in the health policy landscape. She hoped governors could become involved in work such as the STP as it potentially affects the work of the Trust.
Concern was also expressed about the situation in Croydon as there is a worry that people with mental health problems are not getting the care they require due to financial pressure in that borough.

Staffing levels within the Trust remain a concern for governors but they do realise that this is partly due to the cost of living in London. There was recognition that the Trust is working to improve recruitment and retention.

The report ended with congratulations to Kristin Dominy and her team on the improving Performance Report, Jenny Cobley was very pleased to see more data, as this had been requested by governors over a period of time.

**The Board**

**Noted** the report.

**BOD 091/17 QUALITY COMMITTEE REPORT**

The Report was taken as read.

**The Board**

**Noted** the report.

**BOD 092/17 FINANCE AND PERFORMANCE COMMITTEE REPORT**

The report was taken as read. The Board noted the issue of overspill beds and the challenges presented by the proposed CEP. It was agreed the Board would be kept updated of any further developments with the CEP.

**The Board**

**Noted** the report.

**BOD 093/17 BUSINESS DEVELOPMENT AND INVESTMENT COMMITTEE REPORT**

The Report was taken as read.

June Mulroy advised that the Maudsley Health revised strategic Outline Business Case had been approved to go the July Board meeting with a recommendation to launch in 2017/18.

Regarding Abu Dhabi CAMHS the committee had endorsed the plan and agreed the business case should go to the Board subject to making explicit the financial risk of the project.
The Board

Noted the report

BOD 094/17 AUDIT COMMITTEE REPORT

Duncan Hames reported as of 1 October 2013 Parkhill merged with TIAA Limited, and from that time TIAA acted as The Trust’s internal audit provider. On 31 March 2017 TIAA’s contract with the Trust ended and was replaced with a shared service arrangement with Guy’s and St Thomas’ NHS Foundation Trust for provision of internal audit services.

Roger Paffard asked if the actions to alleviate any limited assurance in the report had been implemented. Duncan Hames replied that recommendations had already been actioned and Gus Heafield added that areas of limited assurance had been picked up previously in the Board agendas.

The Board

Noted the report

BOD 095/17 PERFORMANCE AND QUALITY REPORT

Kris Dominy introduced the paper and it was taken as read, but a number of issues were highlighted.

The Board were informed that NHSI Access and Effectiveness indicators for the Single Oversight Framework are now reported to the Finance and Performance Committee and NHSI Quality related indicators are reported to the Quality Sub-Committee.

Kris Dominy was pleased to inform the Board that three service directors had been appointed and the internal candidates for the posts had made a very strong showing in the selection process.

Whilst the IAPT waiting time standards were met, Trust provision is being affected by the reduced service commissioned by Croydon CCG targeting 12% access against the national CCG target of 16.8% access for population with depression or anxiety disorders.

Lewisham and Lambeth recovery rate continues to exceed or be close to the 50% target. However the overall recovery rate has not met the 50% standard in May with continuing problems in Southwark and Croydon.

Croydon performance is beneath the target following the significant cuts as part of the implementation of the Croydon affordability bridge in June 2016. The focus for Croydon has been minimizing the impact on access targets and the recovery rate has been affected. Following a further reduction in the finance available for the service in 2017/18, the team is subject to further formal staff consultation and the
loss of posts. The Trust is awaiting a variation from the CCG to extend the contract until March 2018 and is considering the tender for the service beyond that date.

The Acute Pathway trajectory to reduce external overspill has not been achieved this continues to be a focus of the Senior Management Team (SMT). The overspill figures are reviewed daily by the SMT. To assist with discharge regular interface meetings between Community and In-patient wards are occurring with a particular focus on strengthening the joint working and awareness between community teams and wards.

Croydon CCG continues to face a significant financial challenge. The CCG has proposed a significant reduction in the available budget for Adult (70% reduction) and CAMHS (50% reduction) specialist services. Letters have been sent to the CCG asking them for clarification of their plan for delivering these changes and highlighting some of the clinical implications of such a large reduction. The Trust is awaiting responses to its correspondence. Possible escalation of the issue to Chief Officer level is being considered as a way of making progress.

Following the recent ransomware/cyber security incident that affected a number of NHS organisations on 12th May 2017 the Trust Emergency Preparedness, Resilience and Response (EPRR) team, along with the Information and Communication Technology (ICT) will be liaising with NHS Digital to determine a way forward in relation to Disaster Recovery (DR), and Business Continuity (BC) within the trust; specifically in relation to ICT and levels of assurance required by NHSE (London). The Trust will be holding an ICT Based BC workshop on 26th July 2017.

In light of the recent incidents of terrorism in both Manchester and London, the Trust is continuing to update and exercise its emergency and major incident planning processes. A number of individuals across the organisation have already taken part in Project ARGUS (an exercise which considers the impact on health care sites following a terrorist attack) with the Metropolitan Police.

The Board

Approved the Report and

Noted the developing performance data

BOD 096/17 FINANCE REPORT

Gus Heafield took the paper as read

A number of issues were highlighted. At Month two the Trust made a deficit of £2.9m, an adverse variance of £1.3m against its control total. The monthly deficit is similar to April and is being driven by a combination of cost pressures, particularly acute overspill, and unmet CIPs and QIPPs.

Overall 50 overspill beds were used by the Trust in May, an increase of 9 compared to the previous month and 47 beds above our original plan. The use of overspill beds has been back at levels not seen since 2015/16. The Board were informed that the figure was now down to 30 overspill beds with a target for early July 2017 of 20. Matthew Patrick stated the issue had to be resolved by the middle of July and then the task of the Trust in August was not to fall back from its planned position.
Agency usage in the first two months improved, compared to the final months of 2016/17, and the Trust is potentially on track to deliver within its NHSI ceiling of £17.4m. A number of high usage areas have been targeted with the aim of bringing about a 35% reduction in agency costs.

Early feedback from Month three provided some positive news regarding one off gains on the disposal of properties to help reduce the unidentified savings gap but the Board were informed that these are non-recurring and would not detract from the task in hand.

Duncan Hames commented that although the disposal of assets will mean finances were described as being ‘on track’ at the end of the first quarter of 2017/18 this was better described as being in the ‘right place’ as the income to achieve this outcome was non-recurring. The underlying problem would remain unless addressed by the Trust. Gus Heafield noted and agreed with the observation.

The Board

Approved the Report

BOD 097/17 WRAP UP

No other business was discussed.

BOD 098/17 FORWARD PLANNERS & DRAFT AGENDA –

This was noted by the Board.

The date of the next meeting will be:
Tuesday 25 July 2017 – 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 25 July – Action points

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<td>Finance Report</td>
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<td>Place of Safety Review on Agenda PICU costs sent to Finance and Performance Committee</td>
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<td>Chief Executives Report</td>
<td>OL lessons learned. Board to work with Mike Franklin (NED) to understand how best to reduce external delays to process.</td>
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<td>Workforce Race Equality Standard Metrics for 2016-2017</td>
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<td>Matters Arising</td>
<td>Chair to write to Croydon CCG expressing concern over access to CAMHS in that Borough.</td>
<td>RP</td>
<td>Sept 2017</td>
<td>Agreed to follow current escalation protocol whilst seeking clarity on the impact of Lambeth CCG role in commissioning decisions in Croydon. Summit to agree next</td>
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Code:
- **Green** – completed
- **Amber** – on schedule
- **Red** – not on schedule
Patient Story  
25\textsuperscript{th} July 2017  

Acute Care CAG

The Patient Story

For a number of years now I have needed to use crisis services including the Place of Safety on a fairly regular basis. In addition to my mental health issues I would like to highlight that I have a number of disabilities which require me to use a wheelchair to get around.

During a recent admission at the Place of Safety the staff had difficulties in arranging transport for me to get home. I had been discharged but the problems organising transport delayed me leaving for several hours. As a wheelchair user I need wheelchair accessible transport. The taxi company SLaM uses can only provide this between Monday- Friday 9-5pm. Crises don't just happen in working hours and people don't always get discharged in working hours. I feel you need to find other companies that can help. I feel this is unacceptable and it's breaching the DDA ACT 2005.

During this particular admission at the Place of Safety it was raining and quite late at night at the time I was able to be discharged. Because the nursing team couldn't arrange a taxi for me they wanted me to stay in the Place of Safety until the morning which I didn't want to do. I suggested that they could use some other taxi companies that I use frequently. However, they said they couldn't do this because they didn't know how they would be able to pay for it. I suggested that I pay for it to start with and then bring in a receipt to the manager to be reimbursed from petty cash. The nurses didn't agree to this though.

At the time I didn't feel the nurses were fully appreciating that I am an adult and able to make my own decisions. Ultimately after seeing a doctor again I was allowed to go and make my own way home by bus. I don't mind doing this normally but as it was raining on this occasion I would have appreciated a taxi.

This is one example of how the Place of Safety and other SLaM services do not meet the needs of people who use wheelchairs. For example, although the Place of Safety has a bedroom and a toilet that are larger and easier to use as a wheelchair user they do not have things like shower facilities which other non-wheelchair users have access to. On another admission at the Place of Safety I was there for nearly 72 hours waiting for a bed I wasn't able to have a shower because there is no equipment to meet my needs. Staff had to borrow a shower chair from another ward I think one should be bought for the place of safety.

I would appreciate it if you can think about these issues as I feel they are important not just to me but other people that have disabilities.

What we did well

Thought about how to get her home safely.

Sourced equipment from another service – shower chair.
Raised the issue as a Datix.
Tried to explore other options with the patient.

What we didn’t do well

- Not respecting that the patient was able to make her own decisions and travel home independently if she chose to do so.
- Thinking creatively about how to access a wheelchair accessible taxi or other means of transport.
- Explaining our concerns to the patient.

<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>Hold a teaching session for the team centred on the concept of capacity and legal aspects of someone who has been discharged from S136 MHA.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Order equipment to facilitate use of shower facilities for persons with mobility issues.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Liaise with the trust transport lead and equalities lead to address transport issue.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>As a team check with service users at the point of admission if they have any particular needs in terms of mobility for example so that we can start to plan for this at the earliest opportunity; being proactive rather than reactive.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
A - CQC re-inspection of Community

We were informed on the 3 July that there would be an inspection of our Community services by the Care Quality Commission starting on 17 July. The inspection will cover Assessment and Liaison, Promoting Recovery and Early Intervention Services. This inspection has been expected and teams have been preparing for some time.

B - Inquest into the death of Mr. Olaseni Lewis – Preventing Future Deaths report

The Coroner in the inquest into the tragic death of Mr. Olaseni Lewis announced at the end of June that she would be issuing a Report to Prevent Future Deaths (PFD Report) to the Metropolitan Police and to the Trust. The report relates to the Trust in relation to (1) Working arrangements with the police and (2) The training levels of staff on the ward and action that should be taken in those circumstances. The Trust will need to submit its response by the 23rd August.

In the six and a half years since this incident occurred, the organisation has learnt a great deal and we have made changes to how we work. New processes have been put in place to improve how we train and support staff so that they can deliver safe care to people who become mentally unwell and, working alongside the police, we have improved how staff communicate and collaborate with them in high risk situations. We will study the report carefully and ensure that we do everything we can to ensure that this never happens again.

The Board is also working with Non-Executive Director Mike Franklin, a former Commissioner with the Independent Police Complaints Commission, to ensure that we learn from the extensive external delays that occurred in this case. We are seeking to understand how we can use our influence in the future to minimise any external delays and support affected families.

C - Sustainable Transformation Partnership - public engagement events

As part of Our Healthier South East London’s (OHSEL) programme of engagement on the South East London Sustainability and Transformation Plan (STP), local borough events have taken place for Lambeth, Lewisham and Southwark over the last month, facilitated by Healthwatch.
The events included the opportunity for members of the public to visit a range of stalls focussed on the key elements of the STP plans, including Mental Health. This was then followed by the opportunity to pose questions to a panel of senior leaders from the borough and the STP, including local councillors, Directors of Commissioning, CCG Chairs, Directors of Adult Social Care and a member of the SLaM Senior Management Team.

Events were well attended, and provided the opportunity for engagement and debate around a number of key themes including the financial implications, quality and indeed how communities could be involved and provide assistance. OHSEL will publish a round up of feedback from these events later in the year. The feedback will help to inform STP plans for NHS England’s national priority areas – cancer, primary care, urgent and emergency care and mental health.

**D – Lambeth Alliance**

Lambeth Clinical Commissioning Group (CCG) and Lambeth Local Authority (LA) are working on the commissioning of a “Living Well Network Alliance contract” (LWN Alliance) to lead, co-ordinate and manage support and services for those experiencing mental health issues in Lambeth.

An alliance contract is an innovative form of contracting which helps bring together NHS, Local Authority and voluntary sector organisations into an equal partnership to deliver an integrated offer, working to one budget, one contract and one set of outcomes. SLaM is already working successfully in this way in Lambeth for one group of service users through our alliance contract for rehabilitation services, IPSA.

The new LWN Alliance will take the next step by becoming responsible for delivering all working age adult mental health services in Lambeth across health, social care and the voluntary sector. The contract will focus on improving outcomes for people with mental illness. The outcomes have been designed by people with lived experience, carers and staff over a number of years through the Collaborative. It would support us to come together as a system around how we best use the £66m per year that is spent across health and care in Lambeth, building on the strong collaboration that already exists.

The contract would include community support, crisis, beds, vocational services, and voluntary sector offers such as supported accommodation, housing, welfare advice and peer support. The Alliance would also take on some responsibility for commissioning services as well as delivering services, and would have a contract for 7 to 10 years.

The overall aims would be to improve outcomes by focussing on prevention, early intervention and support, and deliver care closer to home, as well as financial efficiency.

The CCG and Local Authority launched their procurement process in early March by inviting interested Alliances to submit an Expression of Interest based on the attached Commissioner proposal. SLaM, the Local Authority, Thames Reach and Certitude formed an Alliance to bid for the LWN Alliance contract, and submitted a joint response to the Expression of Interest just before Easter.

We are currently waiting to hear the outcome of this stage of the procurement, the timing of which was affected by the recent General Election. We anticipate we will know more later this month.

**E – Grenfell Fire – Health and Safety**

Following on from the update at the Board last month regarding the tragic Grenfell Fire incident, the Trust has continued to implement its checks, now including rental properties, and has responded effectively to requests for assurance from central government as relevant.

**Dr Matthew Patrick**
**Chief Executive**
REPORT TO THE PUBLIC BOARD
25 July 2017

Title | RETENTION & RECRUITMENT STRATEGY
---|---
Authors | Louise Hall, Beverley Murphy, Gus Heafield, Rachel Evans

Purpose of the paper

To agree the strategic direction for our Retention and Recruitment Strategy and to note the proposed recommendations.

Executive summary

The Trust is currently experiencing high levels of turnover. The paper sets out a package of interventions to improve retention and recruitment, including:

- Getting the basics right – reducing pressures and violence, improving recruitment processes and gathering accurate workforce data
- Improving Staff Engagement
- Providing an enhanced and comprehensive Development and Training offer
- Redesigning Community roles

The Trust has been selected to be in the first wave of mental health trusts to be offered additional support by NHSI and we plan to take full advantage of the opportunities and resources available.

A paper will come to the Board in September on staff engagement following the Quality Improvement engagement initiatives being undertaken over the summer.

A. Context

1. Retaining and recruiting key staff is one of the biggest challenges faced by the NHS. There is a national shortage of suitably qualified nursing applicants and numbers are reducing – a situation likely to be compounded by the change to the bursary and the impact of Brexit. The problems are even tougher in London, where the combination of higher cost of living and pay restraint presents a significant additional challenge.

2. In the past, we have depended on our name, reputation and development offer alone to recruit, retain and grow a strong workforce. This is starting to change. We are
now seeing unprecedented numbers of staff leaving the Trust – over 16% a year – meaning that we starting to lose key skills and knowledge. This high level of churn also has a damaging impact on morale, engagement and safety.

3. Thanks to a major push, we have been successful in boosting our recruitment performance. We are now recruiting at almost twice the rate that we were recruiting in 2012/13. Given the national and local shortages, however, it is likely that this higher level of recruitment performance will become harder to sustain over the longer term. This level of recruitment activity also consumes significant management time. And even with this increased activity, there remain various roles and locations that are difficult to fill – particularly Band 6 Community workers.

4. This underlines the conclusion that increased recruitment alone will not solve our staffing problem. We must deliver a step-change in our ability to keep staff by delivering a package of interventions that amounts to best-in-class offer to our people. This is particularly important given that the age profile of our Nursing workforce suggests that we are soon likely to see significant increases in the rates of nurse retirement.

5. NHS Improvement have recently announced a new initiative to help trusts improve retention levels. Our Trust has been selected to be in the first wave of 17 mental health trusts to be offered additional support. We are keen to take full advantage of the opportunities and resources available and will keep the Board informed as the offer becomes clearer.

B. **Key recommendations**

6. Delivering changes of this magnitude will involve significant commitment and targeted financial investment over a 3-year programme.

7. There is a large body of work that we need to undertake to get the basics right, using QI methodology to deliver the improvements. We need:

   a. **Reduced pressure and violence** – high caseloads, violence and high bed occupancy rates directly affect job satisfaction and work pressures. Quality Improvement initiatives need to help us to reduce the heat in the system, including by achieving 85% bed occupancy rates and reducing violence by 50%.
b. Streamlined recruitment processes – the benchmarking data with comparable trusts suggests that there is considerable scope for efficiency gains in our recruitment processes.

c. Accurate vacancy and workforce information – gathering the data for analysis has revealed that we do not have a ‘single version of the truth’ for our workforce data. This needs addressing urgently to ensure that we can measure the impact of our interventions and incentivise the right behaviours.

8. We need to deliver a step-change to the quality of our staff engagement. Our staff engagement levels have stalled and we are behind other Trusts when it comes to valuing, recognising and effectively communicating with our people. We have recently launched a comprehensive QI initiative to identify the drivers for improved engagement and are considering the best package of engagement support, including assessing the new NHSI engagement tool. We will report to the Board in September.

We need a distinctive and high quality Development and Training offer. We are committing to fund a range of development opportunities most valued by staff and which provide the best return and impact. These will include enhanced support for new nurses and best-in-class development opportunities that support the retention of nurses after two years of joining; development management capabilities; a review of our preceptorship so that it is also best-in-class and supported by a comprehensive and distinctive development offer; and a substantial increase in the visibility of our nursing role models. These activities will be supported by a targeted campaign to ensure that all staff are fully aware of the full range of existing development opportunities.

9. Redesign of the Community roles – recognising the pressures in community roles, we will redesign pathways and role banding and launch an intensive listening exercise that delivers tangible improvements in work experience.

10. We are also proposing to extend the car lease scheme and additionally offer white goods and electronics as a lease scheme option, to form another part of our benefits package.
11. There are a number of longer term considerations to our staff challenges around the cost of living in London and travel and various options have been considered at the Remuneration Committee to date. We are aware that there are a number of London wide lobbying groups and proposals that are currently being worked through to address this key issue for key workers in London and we have spoken to our governors about how they may also provide support for this on a pan London governor basis. The Mayor of London and the Cavendish Group are two such groups reviewing proposals and the STPs are similarly developing pan London pressure to address this key topic. As such, we have decided to be part of the lobbying and decision making groups to influence wider policy rather than doing specific activity within SLaM only. We will however continue to develop our partnerships with housing associations to identify accommodation for our people and to promote this internally and as part of our recruitment marketing material.

12. The issue around London weighting and its potential expansion (HCAS) will be reviewed in 2017-18 following further evaluation of the data and the specific issues around this.

13. One significant piece of work will continue to be around our recruitment and retention aspirations and strategy for BME staff and whilst this document does not specifically outline the strategy for this, it remains a significant area of focus for the Trust and more detail will be provided in the Engagement Strategy that is due to come to the Board in September.

C. What the data tells us

On retention -

14. Staff turnover has increased from 10.8% in 2012/13 to 16.3% in 2016/17. Around 1% of this increase is attributable to the 2016-17 Mutually Agreed Resignation Scheme (MARS). See Table 1.

15. The key driver of attrition in Nursing is Band 6, where 111 whole time equivalents (‘wte’) left the Trust and only 57 wte were recruited. For both Band 5 and 6 nurses, significant attrition occurred in the first two years of employment. See Table 2.
16. Compared with 8 other London Mental Health trusts, we have the 4th highest leaver rate (c.17% using their data) over the 12-month period to the end of March. This data does include IoPPN trainee psychologists, transfers between staff groups etc. See Table 3.

17. The age profile of the Nursing Workforce indicates that we are soon likely to see significant increases in the rates of nurse retirement. See Table 4.

On recruitment –

18. The staff joiner rate has increased from 9.9% in 2012/13 to 18.6% in 2016/17. In 2016/17, 129wte external Band 5 nurses were recruited compared to 103wte in 2013/14. In the first three months of 2016/17, we have already recruited 30 Band 5 nurses compared to 12 in the same period last year. See Table 5.

19. Despite a significantly improved recruitment performance, we are still ranked 6th out of 9 London Mental Health trusts for our joiner rate this year. See Table 3.

20. An analysis of our recruitment processes suggests that there are numerous areas where we can make efficiency gains. Recruitment authorisation averages 9.4 days. Recruiting managers take more than 10 days to shortlist, putting us in the bottom quartile of comparable Trusts. It takes us 28 days to get from conditional offer to unconditional offer – delays usually caused by Occupational Health. See Table 6.

21. Despite considerable successes in reducing agency use by 37% by volume across the Trust since January 2017, we have made little progress in reducing agency use for Community Psychiatric Nurses (CPNs) or Care Support Workers. See Table 7.

22. 35% of Agency use is currently Community Psychiatric Nurses. Part of the problem is attributable to CPN agencies that have a stranglehold on the market. But qualitative evidence from Care Co-ordinators (and other Community workers) reveals that these key staff members are facing considerable pressures because of rising workloads and cuts to social care, leading to higher turnover in key roles.

23. The data shows that with sustained focus, significant improvements can be delivered. The Mental Health of Older Adults and Dementia CAG have given recruitment a
sustained focus over recent months and now have only 11wte vacancies for registered nurses across inpatient services, with many of those vacancies already appointed to – a model for success.

Why are people leaving?

24. Our career development and training offer increasingly does not stand out from other Trusts (Staff Survey 2016 KF13) and has been impacted by the 39% cuts to the external funding.

25. Staff do not feel well recognised, valued and supported by managers and the organisation – we are below the average for MH trusts on both counts (KF5 and KF10).

26. Staff do not believe that there is consistently good communication between senior management and staff – the Staff Survey 2016 demonstrates that we are 5% below the average for MH trusts (KF6).

27. We are not as inclusive as we should be – there is a marked difference in the numbers of BME staff entering the formal disciplinary process (more than 3 times greater than white colleagues). Only 66% of BME colleagues believe that we provide equal opportunities for career progression, compared with 85% of white staff. We have agreed ambitious targets and activity to eradicate these differences by 2021.

D. Proposals

(1) Getting the basics right

(a) Reducing pressure and workloads

28. We know that workload pressures, understaffing, violence and ward environment are key elements that reduce job satisfaction in the Trust and contribute to people choosing to leave. We need to reduce the significant heat in the system, both to improve the quality of our services and to improve the experience for staff.

29. For this reason, a central plank of our quality improvement work is the work to reduce admissions and the length of stay on the inpatient wards. This should allow us to
manage our emergency demand safely within our current capacity and make our inpatient wards calmer and more therapeutic environments. This will help reduce the enormous stress that is put on both inpatient services and within the community, which in turn will improve staff satisfaction by improving processes and allowing for better patient care and flow through the system.

30. Another large-scale quality improvement programme is ‘Four Steps to Safety’ which aims to reduce violence on inpatient wards by 50% over the next year. We know that violent incidents are the most common patient safety incident within the Trust and often result in staff injury and sickness. Through the implementation of Four Steps to Safety we aim to make the wards a safer place for both our staff and patients and reduce the risks of injury to staff and improve staff satisfaction.

(b) Streamlined recruitment processes
31. We have identified the following opportunities for speeding up our processes:
   a. We are enabling recruitment authorisation to happen at Deputy Director level, because bottlenecks sometimes occur at Service Director level.
   b. We have already ended the requirement that start dates coincide with our fortnightly induction events.
   c. The recruitment team will now escalate quickly to senior managers when there are shortlisting or other delays in the recruitment processes.
   d. We will tackle the significant delays that are currently attributable to Occupational Health. Once the transition to GSTT is complete by end July, we will ensure that service is tightly monitored against service level agreement requiring reports to be returned within 2 working days.

32. We will revisit our recruitment performance at the Senior Management Team meeting on 25th September to monitor progress.

(c) Workforce data – single version of the truth
33. Vacancy, sickness and turnover data is held in several locations - locally in CAGs, by finance and in e-roster. These data sets contain significant inconsistencies. We are currently unable to be confident about our vacancy data nor understand how it has changed over time. This significantly impedes our ability to identify targeted interventions for improvements and to monitor our progress.
34. We are starting urgent work to develop a single set of accurate workforce data available across all services and departments by September. Beverley Murphy is driving this work forward, in collaboration with HR and Finance. The Finance team are also exploring what changes could be made to our budget allocation processes to ensure that teams are incentivised to keep their vacancy data up to date and limit funding to those vacancies where there are active plans for recruitment.

(2) Staff Engagement

35. Our staff survey results demonstrate that there is significant scope for improve the extent to which staff feel valued and recognised and to improve staff communication. Our performance lags behind other Mental Health trusts and we need a sustained push to deliver improvements.

36. We have launched this month an extensive Quality Improvement programme to hear from staff about how we could improve staff experience and engagement and capture ideas for improvement. The aim is to have delivered a step-change in our levels of engagement with staff as measured by sustained improvements to our staff survey scores over the next year.

37. A wide-ranging programme of events will take place over the coming months and will be supported by individual discussions and email questionnaires. The themes from these engagement events will feed into an afternoon workshop on September 4th involving staff, leaders and Board members. The workshop will deliver a driver diagram and identify the change ideas for testing that are most likely to make a difference. This will inform a paper going to the Board in September and will consider what resources, support (both internal and external) and leadership engagement will be required to ensure that maximum progress is made.

38. Staff engagement is also at the heart of the Quality Improvement culture we are embedding across the organisation. More than 200 staff have already been trained in QI methodologies and are running projects at local level. As well as improving the overall care we deliver, QI empowers our staff to make improvements and should contribute to our people feeling that they have more control over the design of the delivery of care and to positively influence the operations of the Trust.
39. The Trust will be launching a new intranet in the next 12 months which will contain new features to boost engagement – including interactive elements and local team pages.

(3) Development and Training offer

40. The Trust has traditionally been recognised as being very strong on Education and Development but national funding has significantly diminished in recent years and is set to continue to decline. Development opportunities are highly valued by our people – we know that motivated and skilled staff are retained in organisations where they can see clear evidence of continued professional development and career pathways. We are committed to ensuring that our development offer is distinctive and an area of significant comparative advantage for the Trust going forward.

41. We are proposing the following package of interventions:

   a. **Clear development pathway for Band 5 - 6 nurses**

   This will start at preceptorship, moving into mentorship in practice and onto enhanced skill training in readiness for taking on a Band 6 role. This will be a 2 to 3-year process and will use mentorship and shadowing opportunities to engage registrants as valued employees in the organisation.

   b. **Best-in-class training offer for nurses**

   We want to attract and retain an ambitious and highly-skilled nursing workforce and we want our development offer to target the attrition rate amongst nurses in their first two years.

   We are proposing a guaranteed training offer to registered nurses after two years in the Trust, where they can choose from a Master’s degree, skills based training (e.g. Cognitive Behavioural Therapy, Dialectical Behaviour Therapy, Quality Improvement), study tours or support to undertake an advanced nursing practice course or a Doctorate.

   The costs involved are as follows: MSc (£10,000 per student over three years plus backfill); Skills based training (£2,000 – £3,000 per course per student plus backfill); Study tours
(£3,000 per nurse plus backfill); Masters in research / Doctorate (up to £5,000 per year and backfill for 4-5 years).

Assuming 30 MSc places, 10 skills based course places, 3 study tour places, 2 doctorate places per year, plus development support costs, this would amount to a maximum of £362,000 per year at year 4 - 5. There is some scope for the costs to be mitigated by HEE funding, direct educational commissioning and NMET funds although these cannot be relied upon.

A 1% reduction in turnover of nurses would save the Trust £170,000 in the first year in direct costs and a significant amount of money based on the cost of recruitment, on boarding and backfill in future years.

c. *Improved Preceptorship*

In September 2017, there will be 92 nurses who are in training with the Trust eligible to register as nurses. They will have been training with Trust for 2 – 3 years from a partner Higher Education Institution (Kings, University of Greenwich or London South Bank University). During the training period, they will form a view about the organisation based on their experience and the messages they hear from our staff.

To deliver an excellent preceptorship, we will

- Introduce a professional forum for nurses in training;
- Include student and preceptee representation in established Trust-wide nursing fora;
- Provide immediate access to a professional preceptorship programme at registration including increased mentorship, shadowing opportunities and action learning;
- On completion of preceptorship increase pay by one spine point, at a cost of £75,000 for roughly 100 nurses per year (based on one spine point being between £500 and £1000 so an average of £750 used).

The opportunities are cost neutral. There will be a cost pressure created by the need to professionally organise and consistently deliver in the region of £20,000.
d. **Management capability training**

We know that the capability of our managers directly contributes to the extent that our people feel invested in and valued. Barbara Grey is modelling a combined QI and manager competency support learning approach. We will run 6 courses in the 2017-18 financial year and are exploring a further 2-year plan involving the IHI open school approach but also exploring other creative approaches designed at reaching larger numbers of staff, for example the Inclusive Leadership workshop approach.

Full details of the proposed approach and timings thereof are enclosed in the final appendices “Team Leader / Supervisor Apprenticeship Leadership & Management Programme (Level 3) draft curriculum” and “Team Leader / Supervisor Apprenticeships (Level 3) - dates for first 3 cohorts starting in October 2017”, which will be funded through the Apprenticeship levy.

e. **Communications drive**

We need to promote more widely our enhanced learning offer by ensuring all managers are aware of the opportunities available and explicitly refer to these opportunities during their regular development conversations with staff and end-year conversations. Information will also be disseminated through SLaM news, LEAP, newsletters and sharing through the Education and Training leads across all services.

The published training offer will include the new developments, but will also highlight more clearly the existing opportunities including secondments, acting-up, mentoring, enhanced apprenticeships, QI training etc.

(4) **Community workers**

42. We know that agency use amongst Community Psychiatric Nurses (CPNs) or Care Co-ordinators remains stubbornly high. We also know that Care Co-ordinators and other Community workers within certain teams (most particularly Assessment and Liaison teams) are facing considerable pressures because of rising workloads and cuts to social care. Significant changes across partner organisations and Local Authorities have meant that the role of care coordinator has expanded well beyond the original parameters. This all contributes to high levels of turnover.

43. We are proposing a package of measures to address this that includes –
• A series of listening events to hear directly from Care Co-ordinators;
• Reviewing the multi-disciplinary team to ensure that the skill mix meets the needs of the service user population;
• Enhancing the contribution of occupational therapy and social work;
• Reviewing of the current role banding;
• Evaluating the potential role of the assistant practitioner to support the role of the Care Co-ordinator.
• Development of a caseload weighting tool to support teams manage caseload complexity
• Developing a version of QUEST scoring for community teams to identify those in most need.

44. The impact of the various interventions and modelling of potential future interventions will be complete by end October 2017 and will be overseen by Kris Dominy.

(5) Leasing

45. We are proposing to launch an extended scheme whereby staff can purchase cars, white goods or electrical items and repay this over a period via salary reductions. Such an approach is already popular in several Trusts. The scheme enables the staff member to afford items for which they would otherwise need to save. It also has the side effect of disincetivising turnover because the sum or the item usually needs to be returned in the event of a move.

46. There are several organisations that manage these types of schemes for Trusts based on a monthly administration fee based on staff numbers. Such organisations include ‘Perkbox’ and ‘Stafftreats’ and a number of suppliers that offer discounts and group rates. We will explore the best deals available with a view to the scheme being launched in September.

E. Higher Cost Area Supplements (HCAS)

47. The difference between the inner London and outer London Higher Cost of Living Allowance (HCAS) can result in a difference in salary of up to £2,000 per annum between staff working in Inner London (Lambeth, Southwark and Lewisham) rather than in Croydon (outer London). This is sometimes cited as a reason why people prefer not to work in Croydon and can contribute to a sense of inequity.

48. However, the data suggests that recruitment and retention problems are not limited to Croydon and do not exist in all parts of Croydon. This is evident from the Month 1
finance figures, which suggest that Croydon ranks above Southwark, for example, on substantive recruitment and on agency. This suggests that a one-size-fits-all solution for Croydon using HCAS may not be the best solution in the first instance. It should also be noted that a wholesale expansion of the Inner London allowance to all our locations would impose hefty financial burdens for the Trust (c. £2.4m pa) which would be unaffordable this year.

F. **Next steps**

49. We found out at the beginning of the month that the Trust has been selected by NHS Improvement to be involved in a new initiative to improve retention levels. We will be in the first wave of 17 mental health trusts to be offered additional support.

50. We do not yet have detail about what is being proposed, but reporting in the HSJ suggests that this will “include an improvement guide and toolkit, classes for nursing and HR directors as well as piloting an engagement tool to help trusts understand why staff may be leaving and analyse their data”. We are keen to take full advantage of the opportunities and resources available and will keep the Board informed as the offer becomes clearer.

51. There are also a number of initiatives highlighted in the Board report that will need to be kicked off and their impact evaluated over time in line with a PDSG approach but there are also a number of other areas that have been considered and that should be reviewed in the light of staff feedback and changing needs, as well as where initiatives are being lobbied on centrally such as those around accommodation and travel subsidies for staff. A programme management approach for the current and proposed initiatives should be put in place over the coming months and updates provided to the Board quarterly.

Finally, the wider piece of work around accommodation and travel will need to be planned out and fully developed and the role of SLaM identified as part of this. This will also form part of our communications strategy for us to tell our staff what we are doing to contribute to a wider solution.
Annex A: Key datasets

Table 1: Staff Turnover

Source: ESR Permanent and Fixed Term Contract leavers 2012-17
Table 2: Nursing: Leavers, Joiners & Promotion

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<th>Joiners FTE</th>
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<td>2.5</td>
</tr>
<tr>
<td>Community</td>
<td>0.0</td>
<td>1.0</td>
<td>0.0</td>
</tr>
<tr>
<td>In Hospital</td>
<td>4.5</td>
<td>6.0</td>
<td>1.5</td>
</tr>
<tr>
<td>5</td>
<td>81.6</td>
<td>126.2</td>
<td>44.6</td>
</tr>
<tr>
<td>Community</td>
<td>5.4</td>
<td>15.2</td>
<td>9.8</td>
</tr>
<tr>
<td>In Hospital</td>
<td>76.2</td>
<td>111.0</td>
<td>34.8</td>
</tr>
<tr>
<td>6</td>
<td>111.1</td>
<td>56.9</td>
<td>-54.3</td>
</tr>
<tr>
<td>Community</td>
<td>64.9</td>
<td>38.9</td>
<td>-26.0</td>
</tr>
<tr>
<td>In Hospital</td>
<td>45.6</td>
<td>16.0</td>
<td>-29.6</td>
</tr>
<tr>
<td>Other</td>
<td>0.6</td>
<td>2.0</td>
<td>1.4</td>
</tr>
<tr>
<td>7</td>
<td>29.0</td>
<td>20.7</td>
<td>-8.3</td>
</tr>
<tr>
<td>Community</td>
<td>15.1</td>
<td>13.5</td>
<td>-1.6</td>
</tr>
<tr>
<td>In Hospital</td>
<td>10.7</td>
<td>5.6</td>
<td>-5.1</td>
</tr>
<tr>
<td>Other</td>
<td>3.1</td>
<td>1.6</td>
<td>-1.5</td>
</tr>
<tr>
<td>8a</td>
<td>5.5</td>
<td>4.3</td>
<td>-1.2</td>
</tr>
<tr>
<td>Community</td>
<td>2.5</td>
<td>3.0</td>
<td>0.5</td>
</tr>
<tr>
<td>In Hospital</td>
<td>1.0</td>
<td>0.0</td>
<td>-1.0</td>
</tr>
<tr>
<td>Other</td>
<td>2.0</td>
<td>1.3</td>
<td>-0.7</td>
</tr>
<tr>
<td>8b</td>
<td>1.0</td>
<td>1.6</td>
<td>0.6</td>
</tr>
<tr>
<td>Other</td>
<td>1.0</td>
<td>1.6</td>
<td>0.6</td>
</tr>
<tr>
<td>8d</td>
<td>0.0</td>
<td>0.4</td>
<td>0.4</td>
</tr>
<tr>
<td>Other</td>
<td>0.0</td>
<td>0.4</td>
<td>0.4</td>
</tr>
</tbody>
</table>

Source: ESR nursing starters, leavers and promotions April 2016 – March 2017
Table 3: Benchmarks with other London MH Trusts

<table>
<thead>
<tr>
<th>Trust</th>
<th>Spend % of total Staff Costs N=35</th>
<th>Agency Spend vs ceiling</th>
<th>Agency Spend vs Ceiling Rank N=35</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camden and Islington NHS Foundation Trust</td>
<td>9</td>
<td>27.60%</td>
<td>24</td>
</tr>
<tr>
<td>East London NHS Foundation Trust</td>
<td>16</td>
<td>36.20%</td>
<td>26</td>
</tr>
<tr>
<td>Central and North West London NHS Foundation</td>
<td>21</td>
<td>21.60%</td>
<td>22</td>
</tr>
<tr>
<td>Barnet, Enfield and Haringey Mental Health NHS</td>
<td>24</td>
<td>25.90%</td>
<td>23</td>
</tr>
<tr>
<td><strong>South London and Maudsley NHS Foundation Trust</strong></td>
<td><strong>25</strong></td>
<td><strong>6.80%</strong></td>
<td><strong>12</strong></td>
</tr>
<tr>
<td>Oxleas NHS Foundation Trust</td>
<td>30</td>
<td>35.00%</td>
<td>25</td>
</tr>
<tr>
<td>North East London NHS Foundation Trust</td>
<td>31</td>
<td>6.70%</td>
<td>11</td>
</tr>
<tr>
<td>West London Mental Health NHS Trust</td>
<td>33</td>
<td>71.30%</td>
<td>35</td>
</tr>
<tr>
<td>South West London and St George’s Mental Health NHS Trust</td>
<td>35</td>
<td>67.80%</td>
<td>33</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Trust</th>
<th>Current Headcount - 12 Month</th>
<th>Headcount - 12 Months Previous</th>
<th>Net Change</th>
<th>Joiners - 12 Month</th>
<th>Leavers - 12 Month</th>
<th>Joiner Rate - 12 Month</th>
<th>Leaver Rate - 12 Month</th>
<th>Stability Index - 12 Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barnet Enfield &amp; H’gey</td>
<td>2,995</td>
<td>2,810</td>
<td>185</td>
<td>570</td>
<td>385</td>
<td>19.60%</td>
<td>13.23%</td>
<td>86.33%</td>
</tr>
<tr>
<td>West London</td>
<td>3,240</td>
<td>3,180</td>
<td>60</td>
<td>505</td>
<td>450</td>
<td>15.70%</td>
<td>13.96%</td>
<td>85.92%</td>
</tr>
<tr>
<td>North East London</td>
<td>5,485</td>
<td>5,485</td>
<td>0</td>
<td>795</td>
<td>795</td>
<td>14.51%</td>
<td>14.53%</td>
<td>85.47%</td>
</tr>
<tr>
<td>South West London &amp; George’s</td>
<td>2,045</td>
<td>1,935</td>
<td>110</td>
<td>405</td>
<td>300</td>
<td>20.40%</td>
<td>15.02%</td>
<td>84.56%</td>
</tr>
<tr>
<td>East London</td>
<td>4,960</td>
<td>4,815</td>
<td>145</td>
<td>980</td>
<td>835</td>
<td>20.06%</td>
<td>17.09%</td>
<td>82.65%</td>
</tr>
<tr>
<td><strong>South London &amp; Maudsley</strong></td>
<td><strong>4,460</strong></td>
<td><strong>4,420</strong></td>
<td><strong>40</strong></td>
<td><strong>805</strong></td>
<td><strong>770</strong></td>
<td><strong>18.15%</strong></td>
<td><strong>17.32%</strong></td>
<td><strong>82.61%</strong></td>
</tr>
<tr>
<td>Central &amp; North West London</td>
<td>6,430</td>
<td>6,155</td>
<td>275</td>
<td>1,370</td>
<td>1,095</td>
<td>21.75%</td>
<td>17.39%</td>
<td>82.22%</td>
</tr>
<tr>
<td>Oxleas</td>
<td>3,475</td>
<td>3,555</td>
<td>-80</td>
<td>540</td>
<td>620</td>
<td>15.36%</td>
<td>17.58%</td>
<td>82.61%</td>
</tr>
<tr>
<td>Camden &amp; Islington</td>
<td>1,975</td>
<td>1,900</td>
<td>75</td>
<td>495</td>
<td>420</td>
<td>25.64%</td>
<td>21.62%</td>
<td>77.94%</td>
</tr>
</tbody>
</table>

Source: NHS Digital iView March 2017 (Excluded trainee doctors)
Table 4: Nursing Workforce Age Profile

Source: ESR March 2017
Table 5: Joiner rates

Source: ESR joiners including Fixed Term Contracts, but excluding Junior Doctors 2012-17
Table 6: Recruitment Benchmarking slide

<table>
<thead>
<tr>
<th>Month</th>
<th>Jan-17</th>
<th>Feb-17</th>
<th>Mar-17</th>
<th>Apr-17</th>
<th>May-17</th>
<th>Jun-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time to post jobs</td>
<td>1.9</td>
<td>3.5</td>
<td>2.6</td>
<td>2.8</td>
<td>3.8</td>
<td>8.2</td>
</tr>
<tr>
<td>Time to shortlist</td>
<td>11.5</td>
<td>9.6</td>
<td>10.1</td>
<td>9.5</td>
<td>9.6</td>
<td>8.5</td>
</tr>
<tr>
<td>Time to setup interviews</td>
<td>0.9</td>
<td>0.8</td>
<td>0.9</td>
<td>0.4</td>
<td>0.6</td>
<td>0.6</td>
</tr>
<tr>
<td>Time to update interview outcomes</td>
<td>7.8</td>
<td>5.4</td>
<td>3.6</td>
<td>6.5</td>
<td>6.2</td>
<td>3.8</td>
</tr>
<tr>
<td>Time to send offers</td>
<td>4.9</td>
<td>5.2</td>
<td>2.8</td>
<td>1.1</td>
<td>2.7</td>
<td>2.2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month</th>
<th>Jan-17</th>
<th>Feb-17</th>
<th>Mar-17</th>
<th>Apr-17</th>
<th>May-17</th>
<th>Jun-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>From 1st ref request to checks ok</td>
<td>25.6</td>
<td>24.7</td>
<td>21.1</td>
<td>25</td>
<td>18.9</td>
<td>31</td>
</tr>
<tr>
<td>From conditional offer to unconditional offer</td>
<td>29.1</td>
<td>30.8</td>
<td>26.5</td>
<td>27.5</td>
<td>24</td>
<td>35</td>
</tr>
</tbody>
</table>

Source: Trac – excludes Corporate and Medical
Table 7: CPN / Care worker agency use

Source: NHSP bookings Jan – July 2017
Table 8: Staff Survey data

<table>
<thead>
<tr>
<th>Change since 2014 survey</th>
<th>Ranking, compared with all mental health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OVERALL STAFF ENGAGEMENT</strong></td>
<td></td>
</tr>
<tr>
<td>• No change</td>
<td>✓ Above (better than) average</td>
</tr>
</tbody>
</table>

| KF1. Staff recommendation of the trust as a place to work or receive treatment |  |
| (the extent to which staff think care of patients/service users in the trust's top priority, would recommend their trust to others as a place to work, and would be happy with the standard of care provided by the trust if a friend or relative needed treatment.) | ✓ Increase (better than 14) | • Average |

| KF4. Staff motivation at work |  |
| (the extent to which they look forward to going to work, and are enthusiastic about and absorbed in their jobs.) | • No change | • Average |

| KF7. Staff ability to contribute towards improvements at work |  |
| (the extent to which staff are able to make suggestions to improve the work of their team, have frequent opportunities to show initiative in their role, and are able to make improvements at work.) | • No change | ✓ Above (better than) average |
### Table 9: Exit data

<table>
<thead>
<tr>
<th>Band</th>
<th>Main reason for leaving</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Band 3</td>
<td>Career development</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Family/personal reasons (including relocation)</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Going into full time education</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Pregnancy</td>
<td>1</td>
</tr>
<tr>
<td>Band 5</td>
<td>Nature of job not meeting my expectations</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Service closure</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Life balance</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Career break</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Not being valued for my work</td>
<td>1</td>
</tr>
<tr>
<td>Band 6</td>
<td>Career development</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Not being valued for my work</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Family/personal reasons (including relocation)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Service closure</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Nature of job not meeting my expectations</td>
<td>1</td>
</tr>
<tr>
<td>Band 7</td>
<td>Retirement</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Lack of resources</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Would like more pay</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Relationship with manager</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Family/personal reasons (including relocation)</td>
<td>1</td>
</tr>
</tbody>
</table>

**Total**: 40

<table>
<thead>
<tr>
<th>Band</th>
<th>Overall, I enjoyed my time at the Trust.</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Band 3</td>
<td>Strongly agree</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Agree</td>
<td>1</td>
</tr>
<tr>
<td>Band 5</td>
<td>Strongly agree</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Agree</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Neither agree nor disagree</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Disagree</td>
<td>4</td>
</tr>
<tr>
<td>Band 6</td>
<td>Strongly agree</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Agree</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Neither agree nor disagree</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Disagree</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Strongly disagree</td>
<td>1</td>
</tr>
<tr>
<td>Band 7</td>
<td>Strongly agree</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Agree</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Disagree</td>
<td>1</td>
</tr>
</tbody>
</table>

**Total**: 41

<table>
<thead>
<tr>
<th>Band</th>
<th>LEAST positive aspect of working for StuMT?</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Band 3</td>
<td>Understaffing</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Having to work night shifts</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Commuting</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Mundane tasks/not enough work given</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Workload pressure</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Lack of appreciation</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Low pay</td>
<td>1</td>
</tr>
<tr>
<td>Band 5</td>
<td>Understaffing</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Low pay</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Poor line management style</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Mundane tasks/not enough work given</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Everything</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Other (please specify)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Political atmosphere</td>
<td>1</td>
</tr>
<tr>
<td>Band 6</td>
<td>Understaffing</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Bureaucracy/red tape</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Poor staff morale</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Lack of appreciation</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Everything</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Other (please specify)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Poor line management style</td>
<td>1</td>
</tr>
<tr>
<td>Band 7</td>
<td>Bureaucracy/red tape</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Poor resources to the service</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Workload pressure</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Low pay</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Poor leadership</td>
<td>1</td>
</tr>
</tbody>
</table>

**Total**: 41

<table>
<thead>
<tr>
<th>Band</th>
<th>Would you recommend friends/family to work for the Trust?</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Band 3</td>
<td>Yes</td>
<td>13</td>
</tr>
<tr>
<td>Band 5</td>
<td>Yes</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>5</td>
</tr>
<tr>
<td>Band 6</td>
<td>Yes</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>3</td>
</tr>
<tr>
<td>Band 7</td>
<td>No</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>2</td>
</tr>
<tr>
<td>Grand Total</td>
<td></td>
<td>41</td>
</tr>
</tbody>
</table>
This programme is for people in their first line management role. The programme is designed to run for 12 months not including end point assessment (guidelines suggest 12-18 months). It is anticipated that there will be 24 apprentices on each cohort.

<table>
<thead>
<tr>
<th>Day</th>
<th>Standard</th>
<th>Topic Area</th>
<th>Provider</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-programme assessment and preparation</td>
<td>Identify participants</td>
<td>SLaM E&amp;D</td>
<td>Either through LEAP or manually</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Literacy &amp; numeracy</td>
<td>E&amp;D to provide</td>
<td>To be delivered online</td>
</tr>
<tr>
<td></td>
<td>Personal Effectiveness: Self-awareness</td>
<td>Self-assessment; Meet with line manager; DIY 360 – feedback from 3 sources</td>
<td>Apprentice</td>
<td>Slam Partners to develop materials</td>
</tr>
</tbody>
</table>
|              |                                               | Prepare presentation for Discovery Day Complete on-line Myers – Briggs Type Indicator (MBTI) | Apprentice     | Self-assessment against leadership and management competencies
DIY 360: get feedback from 3 sources (e.g. peers, service-users, clients, line manager) about their leadership and management
Meet with their line manager to discuss their self-assessment and get feedback from line manager (this would feed into the DIY 360)
Prepare a short presentation for Discovery Day
Complete the on-line Myers – Briggs Type
<table>
<thead>
<tr>
<th></th>
<th>Personal Effectiveness:</th>
<th>Indicator (MBTI)</th>
</tr>
</thead>
</table>
| 1 & 2 | Personal Effectiveness:  
Self-awareness;  
Management of Self | Discovery Day  
(2 x 12 participants) | Slam Partners  
4 observer coaches at each DD  
Room requirements (cabaret):  
Large room for with enough space for small group work (e.g. Buddy 1 & 2) |
| 3 | Personal Effectiveness & Interpersonal Excellence:  
Self-awareness; coaching; active listening; building relationships; giving and receiving feedback | EMCC Coaching Skills (1) | Slam Partners  
2 SP facilitators  
Room requirements (horseshoe):  
Large room for with enough space for small group work (e.g. Buddy 1 & 2) |
| 4 | Personal Effectiveness & Interpersonal Excellence:  
Self-awareness; coaching; active listening; building relationships; giving and receiving feedback | EMCC Coaching Skills (2) | Slam Partners  
2 SP facilitators  
Room requirements (horseshoe):  
Large room for with enough space for small group work (e.g. Buddy 1 & 2) |
| 5 | Personal Effectiveness & Interpersonal Excellence:  
Self-awareness; management of self; role modelling; adapting style; managing conflict | Emotional Intelligence;  
Leadership Styles; Learning Styles; Conflict Management | Slam Partners  
2 SP facilitators  
Room requirements (cabaret):  
Large room for with enough space for small group work (e.g. Buddy 1 & 2) |
| 6 | Personal Effectiveness & Interpersonal Excellence:  
Self-awareness; coaching; active | EMCC Coaching Skills (3)  
Formal assessment | Slam Partners  
2 SP facilitators a.m.  
4 SP facilitators p.m. |
<table>
<thead>
<tr>
<th>Room requirements (horseshoe): Large room for with enough space for small group work (e.g. Buddy 1 &amp; 2 plus Buddy 3 for p.m.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interpersonal Excellence: Communication</td>
</tr>
<tr>
<td>Enhanced Communication: presenting; chairing meetings; challenging; providing constructive feedback</td>
</tr>
<tr>
<td>Coaching Learning Set (CLS) (1)</td>
</tr>
<tr>
<td>Interpersonal Excellence: Managing people</td>
</tr>
<tr>
<td>E&amp;D to provide</td>
</tr>
<tr>
<td>Interpersonal Excellence: Leading people</td>
</tr>
<tr>
<td>Teamwork; team management; managing change</td>
</tr>
<tr>
<td>Room requirements: Large room for a.m. (cabaret) plus 2 additional smaller rooms for p.m. (horseshoe) for CLSs (9 people: 8 participants + facilitator)</td>
</tr>
<tr>
<td>Room requirements (cabaret): Large room for with enough space for small group work (e.g. Buddy 1 &amp; 2)</td>
</tr>
<tr>
<td>Room requirements (cabaret): Large room for with enough space for small group work (e.g. Buddy 1 &amp; 2)</td>
</tr>
<tr>
<td>Room requirements (cabaret): Large room for with enough space for small group work (e.g. Buddy 1 &amp; 2)</td>
</tr>
<tr>
<td>Room requirements (cabaret): Large room for with enough space for small group work (e.g. Buddy 1 &amp; 2)</td>
</tr>
</tbody>
</table>

| Room requirements (cabaret): Large room for with enough space for small group work (e.g. Buddy 1 & 2) |
| Room requirements (cabaret): Large room for with enough space for small group work (e.g. Buddy 1 & 2) |
| Room requirements (cabaret): Large room for with enough space for small group work (e.g. Buddy 1 & 2) |

<p>| Room requirements (cabaret): Large room for with enough space for small group work (e.g. Buddy 1 &amp; 2) |
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| Room requirements (cabaret): Large room for with enough space for small group work (e.g. Buddy 1 &amp; 2) |</p>
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<th>Managing resources and risk; monitor progress and outcomes</th>
<th>E&amp;D to provide</th>
<th>On-line</th>
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</thead>
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<td>Managing resources and risk; monitor progress and outcomes</td>
<td>E&amp;D to provide</td>
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<td><strong>Organisational Performance:</strong> Project management</td>
<td>Contextualising on-line content to SLaM Coaching Learning Set (CLS) (2)</td>
<td>PMO Slam Partners</td>
<td>1-2 PMO staff a.m. 3 SP facilitators p.m.</td>
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<tr>
<td>14</td>
<td><strong>Personal Effectiveness &amp; Interpersonal Excellence:</strong> Self-awareness; building relationships; leading people; managing people</td>
<td>Unconscious bias; inclusion; equality &amp; diversity</td>
<td>L&amp;D + Workplace Development</td>
<td>1 L&amp;D trainer (e.g. Esther Craddock) 1 Workplace Development Advisor (e.g. Patience McLean)</td>
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<td>15</td>
<td><strong>Organisational Performance:</strong> Operational management; finance</td>
<td>E&amp;D to provide</td>
<td>PMO</td>
<td>1 PMO staff 1 Finance staff</td>
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Room requirements:
Large room for a.m. (cabaret) plus 2 additional smaller rooms for p.m. (horseshoe) for CLSs (9 people: 8 participants + facilitator)

Room requirements (cabaret):
Large room for with enough space for small group work (e.g. Buddy 1 & 2)
| 16 | **Interpersonal Excellence**: Leading people; building relationships; communication | Organisational culture; strategy; stakeholder mapping/engagement; influencing and negotiating | Slam Partners | 2 SP facilitators  
Room requirements (cabaret): Large room for with enough space for small group work (e.g. Buddy 1 & 2) |
| 17 | **Personal Effectiveness & Interpersonal Excellence**: Management of self; decision-making | Time management; problem solving; decision-making  
Coaching Learning Set (CLS) (3) | Slam Partners or L&D | 2 SP facilitators a.m. or 1-2 L&D trainers  
3 SP facilitators p.m.  
Room requirements: Large room for a.m. (cabaret) plus 2 additional smaller rooms for p.m. (horseshoe) for CLSs (9 people: 8 participants + facilitator) |
### Team Leader / Supervisor Apprenticeships (Level 3) - dates for first 3 cohorts starting in October 2017

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<thead>
<tr>
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<td>12</td>
<td></td>
<td></td>
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<tr>
<td>15/02/2019</td>
<td>16</td>
<td></td>
<td></td>
</tr>
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REPORT TO THE TRUST BOARD: PUBLIC
25th July 2017

<table>
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<th>Title</th>
<th>Health Based Place of Safety update</th>
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</thead>
<tbody>
<tr>
<td>Author</td>
<td>Lewys Beames, Unit Manager, Place of Safety and Beverley Murphy, Director of Nursing</td>
</tr>
<tr>
<td>Accountable Director</td>
<td>Beverley Murphy, Director of Nursing</td>
</tr>
</tbody>
</table>

Purpose of the paper
From January 2017, the trust provision to assess people detained on a 136 saw a significant change. The trust moved from four 136 facilities across the four Boroughs to one Centralised Place of Safety on the Maudsley Hospital site. Due to the significant change the Board has requested an update. The Board is asked to note the content.

Executive summary
Historically the trust operated found 136 detention facilities across the four Boroughs of Lambeth, Lewisham, Corydon and Southwark. In common with several mental health trust the facilities operated separately from one another and did not have dedicated staff. There were several challenges to quality including frequent closure of the facilities due to a lack of staff. The Trust decided to develop a dedicated and centralised place of safety.

The change was significant, required investment and was dependent upon agreement being reached with local authority and police partners. The change was scrutinised by the Joint Health Overview and Scrutiny Committee and following further engagement with partners was supported.

From January 2017, the Centralised Place of Safety on the Maudsley Hospital site became operational as the only place of safety to accept 136 detentions in the trust.

Since operation the number of people being detained in the Centralised Place of Safety has increased month on month. The use by Borough varies each month. It is too early to draw any firm conclusions about the number of people being detained, this is being closely tracked.

Since operation the average length of time for a detained person to be admitted to the unit has been less than 14 minutes and the average length of time Police Officers have needed to remain at the Centralised Place of Safety has been less than 24 minutes. This data will be compared with the pan London data set when more data is available over time however, anecdotally this is believed to be a positive change in practice.

The key learning is the positive impact this approach has had for the safety and the quality of experience for the people who are detained. The improvement is due to well trained and motivated staff, consistency of provision as well as a fit for purpose building that protects privacy and dignity. Data on patient experience is routinely collected and will be further analysed.

Committees where this item has been considered

<table>
<thead>
<tr>
<th>Date</th>
<th>Committee / Meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>
1. Introduction
April 2015 the decision was made to proceed with the plan for a Centralised Place of Safety (CPOS). In December 2016, the standalone Southwark 136 Suite attached to ES1 was decommissioned and relocated to the Central Place of Safety. In January 2017, the threeremaining standalone 136 suites were decommissioned and all 136 presentations transferred to the CPOS.

Due to the significant change the Board has requested an update.

1. Background
In March 2015, the difficulties SLaM was experiencing in being able to provide a satisfactory place of safety service were evident. The Trust had four places of safety, one on each of the main hospital sites – The Maudsley Hospital, Lambeth Hospital, Bethlem Royal Hospital and at the Ladywell Unit at Lewisham Hospital. The Trust was failing in its responsibility to provide immediate access to a place of safety for a person detained under Section 136, due to a combination of consistently high levels of demand and significant difficulties in being able to supply staff to keep the places of safety open and the physical state of two of the suites (Lambeth and Lewisham) was poor. The places of safety were often closed.

There were no dedicated resources attached to the provision of places of safety. When in use staff were drawn from the wards on site. Often this was not possible due to acuity levels on wards and staffing vacancy levels. The nurse coordinating the Place of Safety would have no additional training. Although this model of staffing is not unusual the trust wanted to provide a better service to people detained on a 136.

Table 1: Total number of closures by suite location January – December 2015.

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
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<tbody>
<tr>
<td>Croydon</td>
<td>86</td>
</tr>
<tr>
<td>Lambeth</td>
<td>28</td>
</tr>
<tr>
<td>Lewisham</td>
<td>25</td>
</tr>
<tr>
<td>Southwark</td>
<td>55</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>194</strong></td>
</tr>
</tbody>
</table>

Table 2: Number of Closures by reason and suite location January – November 2016.

<table>
<thead>
<tr>
<th></th>
<th>Southwark</th>
<th>Lambeth</th>
<th>Lewisham</th>
<th>Croydon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Shortage</td>
<td>15</td>
<td>28</td>
<td>15</td>
<td>36</td>
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<tr>
<td>High Acuity</td>
<td>2</td>
<td>5</td>
<td>5</td>
<td>1</td>
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<tr>
<td>Ward Seclusion</td>
<td>91</td>
<td>4</td>
<td>21</td>
<td>17</td>
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<td>Maintenance</td>
<td>7</td>
<td>17</td>
<td>6</td>
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<td>Deep Clean</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
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<tr>
<td>Hosting Patient</td>
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<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>119</strong></td>
<td><strong>55</strong></td>
<td><strong>49</strong></td>
<td><strong>56</strong></td>
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</table>
Choosing a New Model
Staffing, environmental, available estate and financial factors were key drivers for the new model. The single site option was best from both a financial and estates perspective as there was a location on the Maudsley suite which was of sufficient size to provide a state of the art, modern facility serving all four boroughs.

It was noted that the building works required would take several months to complete but in the meantime, the decision was made to proceed with the recruitment to a specialist place of safety team who, until the central place of safety unit was completed, could be deployed to the existing places of safety to ensure as far as possible, that they could be open and available for use.

There was some delay in the schedule of the project due to the requirements of the Joint Health Overview and Scrutiny Committee. Additional engagement work with the four local authorities on the provision of AMHP cover for the service was required which was problematic and challenging to resolve.

2. Centralised Place of Safety Model
The Centralised Place of Safety is a purpose-built facility located at the Maudsley Hospital. It serves the London Boroughs of Lambeth, Southwark, Lewisham and Croydon. It has 6 assessment spaces which provide a range of accommodation options for service users. The unit typically runs at a capacity of four. However, the two additional spaces are used flexibly to assist patient flow through the department particularly during peaks in activity. Typically, these additional assessment spaces are used to temporarily increase capacity or as waiting areas where the police can bring a person out of the vehicle used to transport the individual while capacity to formally accept the patient is arranged.

The unit has been designed on the principles of openness, least restrictive practices and safety. It has a central nursing office and reception area which is surrounded by a communal space. Five of the assessment rooms are located directly off the communal space. Three of these rooms have en-suite bathrooms. A further assessment room is larger than the others and has a separate wheelchair accessible WC.

The unit includes two high dependency rooms which are designed to seclusion specifications. One is located in a separate area of the department which has its own dedicated access. This enables persons who need immediate containment to be transferred directly from a vehicle to this assessment room without the having to walk through the main communal areas of this unit. The second-High Dependency Unit is located off the main communal area and has an attached private lounge area. This assessment space was designed to accommodate person under the age of 18.

The CPOS has a dedicated nursing team, Unit Manager, Associate Specialist SpR and Consultant Psychiatrist and operates daily on a team of five nurses (1x Clinical Charge Nurse, band 6; 2x Staff Nurses, band 5; 2x Clinical Support Workers, band 3). Leadership support is from the Unit Manager Monday to Friday 09:00 – 17:00 and from the Acute Referral Centre Clinical Service Lead out of hours.
At all times, the unit is coordinated by a nurse performing the specific role of the Flow Co-ordinator. This is the central point of contact with the unit ensuring the movement through the unit, triaging admission to ensure safety, and problem solving.

3. Activity in service since it opened
Table 3 shows the number of referrals received by the CPOS monthly. Accepted – Patients admitted to the unit. Diverted – Patients referred on to other service, e.g. to an Emergency Department for physical care/ treatment, S135(1) routed directly to a ward.

Table 3: Total Number Referrals Accepted and Rejected:

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Accepted</th>
<th>Diverted</th>
</tr>
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<tbody>
<tr>
<td>December</td>
<td>77</td>
<td>70</td>
<td>7</td>
</tr>
<tr>
<td>January</td>
<td>72</td>
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</tr>
<tr>
<td>March</td>
<td>109</td>
<td>93</td>
<td>16</td>
</tr>
<tr>
<td>April</td>
<td>139</td>
<td>107</td>
<td>32</td>
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</table>

Figure 2: Borough of Residence:

Figure and Table 4 show the average time in hours to complete an assessment and the average length of stay. The maximum time for March is 96.58 hours. This is skewed by three cases; 2 CTO recalls where the recall process was activated after a period of detention under Section 136 thus legally extending the period the
person could be held. The third case was a breach and involved a CAMHS patient for whom an emergency placement was required and not available. When they are discounted the average length of stay in 15.30 hours with a range of 67.17.

**Figure 3: Length of Assessment Vs. Length of Stay:**

![Graph showing average time in hours for April, March, February, and January.]

**Table 4:**

<table>
<thead>
<tr>
<th>Hours</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
</tr>
</thead>
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<td>54.72</td>
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<td>59.48</td>
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<td>2.12</td>
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<td>Maximum</td>
<td>55.17</td>
<td>56.05</td>
<td>96.58</td>
<td>61.60</td>
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</table>

Figure 4 shows the average time in minutes from point of arrival to admission in to the unit and total average time in minutes the police are at the Place of Safety.

**Figure 4: Admission Process:**

![Bar graph showing average time in minutes for April, March, February, and January.]

Table 4:

<table>
<thead>
<tr>
<th>Hours</th>
<th>January</th>
<th>February</th>
<th>March</th>
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<td>61.60</td>
</tr>
</tbody>
</table>

Figure 4 shows the average time in minutes from point of arrival to admission in to the unit and total average time in minutes the police are at the Place of Safety.
4. Learning

Peripatetic Working:

The nursing team generally found the previous model of working in a peripatetic way very challenging, staff members felt like they were treated like agency staff and utilised purely as a resource rather than a member of the team or indeed a member of the trust. The CPOS team now report feeling a part of a team/service.

Training:

The team undertook an extensive training package prior to the unit opening. The training strategy was formed on two main branches. Firstly, to utilise experts from across the trust to provide a theoretical knowledge in all the key areas relevant to working in the CPOS. Secondly, bespoke simulation sessions. All members of the team attended.

The team benefited hugely from this package, the key learning is the importance of completing training together to build a cohesive team with a shared understanding.

The simulation sessions were invaluable, without this training the team would have been much less effective and likely struggled in the initial weeks of operation.

Staffing:

The unit can be a very challenging place to work. During peaks in activity the workload, pressure and unpredictable nature of the service is very challenging. The team are also interfacing with many external agencies; it is an emergency service and there is an expectation that the unit will accept everyone who requires a CPOS admission. Protected space and time to have reflection and staff support would be of benefit to the team.

Recruitment:

Retention for newly registered staff may be difficult particularly for newly qualified staff members. The unit whilst providing a many learning opportunities is still entirely unique in the way it works. There is thus a tendency for newly qualified nursing staff
to feel they are not having the ‘typical’ preceptorship experience and are somehow missing out on development opportunities available in an acute ward. We need to address this.

Building:
The original timeframe for the project was quite unrealistic and meant that the planning stage of the build was progressed very rapidly. More time should have been devoted to the planning and design phase of the project. Room by room level discussions thinking about how a room needs to function for a team are required to prevent later disruption a poor financial control.

Perception of POS:
The perception of the Place of Safety has changed significantly during the process of this project. Previously it was an isolated service that most people would see as a burden. It was also a resource that could be used inappropriately which impacted on the ability of the service to be readily available when people needed it.

The service is now viewed as a positive service for people in distress and is ring fenced and protected as a valuable resource.

The learning is about people how it is within our control to make changes that realise the potential of a service.

Quality:
The quality of the service that patients now receive when coming in to the Place of Safety is drastically improved. This is closely monitored.

The 136 suite has been closed once during its implementation although there have been 20 occasions where occupancy has been at four and 22 occasions when five people have been detained into the HBPoS requiring staff to work on flow and potentially to reroute additional presentations to other 136 facilities or operate a queue. This is monitored very closely and is proactive.

Lewys Beames
Unit Manager
Place of Safety

Beverley Murphy
Director of Nursing

July 2017
REPORT TO THE TRUST BOARD: PUBLIC
25th July 2017

<table>
<thead>
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<th>Title</th>
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<td>Zoë Reed Freedom to Speak Up Guardian</td>
</tr>
<tr>
<td></td>
<td>Matthew Patrick Chief Executive</td>
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</table>

Purpose of the paper

The Freedom to Speak Up Guardian [FTSUG] has been a contractual requirement since October 2016. Zoë Reed took up the duties in April 2016 which was prior to the appointment of the National Guardian and establishment of the National Guardian’s Office in October 2016. A number of guidance documents have been generated since that time including the job role which states that

*The Freedom to Speak Up 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 FTSUG reports directly to the Chief Executive and makes regular reports to the Board. It is planned that this financial year there will be 3 Reports to the Board – July 2017, November 2017 and March 2018.

The Board is asked to note the report and the plans in place to contribute to the development of the culture across the Trust where Speaking Up and Being Heard is the norm.

Executive summary

This is the first of 3 reports from the FTSUG scheduled for the Board this financial year. It covers

- News from the National Guardian’s Office including the work with the CQC and establishment of Case Review process
- An update on the Promotional Campaign to spread the *Speak Up – Be Heard* message widely amongst staff
- Process underway to gather themes and issues raised as concerns with several services across the Trust
- Developing and maintaining the FTSU system in the Trust
- Learning from cases raised through the FTSU system.
1 National Guardian’s Office update

1.1 Establishment of Case Review Process

Dr Henrietta Hughes, the National Guardian for the NHS, has launched a 12 month trial of her case review process. The National Guardian will review the handling of concerns and the treatment of people who have spoken up, where there is evidence that good practice has not been followed. Cases which offer the greatest potential for learning will be prioritised.

The development of a process for reviewing the handling of concerns raised by NHS workers was a key recommendation of Sir Robert Francis’ Freedom to Speak Up Report. This measure was recommended alongside the creation of the Freedom to Speak Up Guardian role which is designed to promote a positive culture of speaking up and to provide an additional channel for workers to use when speaking up.

Dr Henrietta Hughes, the National Guardian for the NHS, said: “I want speaking up to become business as usual in the NHS and the work of this office, and that of Freedom to Speak Up Guardians is helping to create the culture in which this is possible. Staff are already speaking to Freedom to Speak Up Guardians in their thousands which shows that they are providing a vital additional channel. However, no speaking up process is perfect and I know that people have suffered as a result of speaking up. Case reviews will enable both poor and good practice to be identified so that failings can be addressed, and good practice learnt from.” The office will accept referrals for review from a wide variety of sources, including current NHS workers and anyone who has worked in the NHS within the last two years, regulators, and Freedom to Speak Up Guardians.

1.2 Speaking up and CQC Assessment

The NGO has advised FTSUGs that Speaking up will form an important part of CQC’s assessment of the Well Led domain and the guidance that CQC will be using has been created in partnership with the National Guardian’s Office, CQC and Freedom to Speak Up (FTSU) Guardians. The guidance leaflet is appended to this report Annex A.

1.3 Recording and Reporting

The NGO is establishing a process for quarterly reporting from FTSUGs. The current advice is that everything that comes to FTSUGs is to be reported – at high level and simply providing numbers and themes. A report was required for last financial year and it is worth noting that all trusts and foundation trusts now have Freedom to Speak Up Guardians and, to the end of March, they had already responded to 2,850 issues, 737 of which were related to patient safety.

1.4 Freedom to Speak Up Awards

The NGO has recently sent through the following information to FTSU Guardians and is reproduced here in full as it gives an indication of the expectation and role of Guardians.

“We are excited to announce the first ever Freedom to Speak Up Awards. We hope that these will be a welcome opportunity for us to celebrate and promote the great work that is happening around Freedom to Speak Up - I’d like to encourage all of you to think about nominating yourself or a colleague or team within your trust, or in another organisation. We will publish more information about the awards and the application process on our webpages next month. In the meantime, we wanted to give you some brief information about the award categories. The categories are:

- **Freedom to Speak Up Guardian or Network of the Year** – recognising excellence in promoting and supporting freedom to speak up across the board
- **“Speaking up”** – the freedom to speak up communication award – recognising creativity and innovation in spreading the freedom to speak up message
- **“Speaking up together”** – the freedom to speak up partnership award – recognising the connections and partnerships that are being forged to enable all staff to speak up
• “Learning from speaking up” – the freedom to speak up learning award – recognising how speaking up is being used to generate learning and improvement

• “Leading the change to speaking up becoming business as usual” - the freedom to speak up leadership award – recognising anyone who is demonstrating the leadership that will create the change to making speaking up becoming business as usual

The awards will be presented at our Freedom to Speak Up Guardian day on 19th October 2017 – this will be an all-day event held in County Hall, London.”

2. Promotional Campaign to spread the Speak Up – Be Heard message amongst all staff

At the National Conference in March 2017 a number of examples of campaigns were presented which demonstrated effective ways to promote the FTSU function across the organisation. This was further discussed by the Trust’s Steering Group of Ambassadors with the National Guardian Dr Henrietta Hughes when she visited the Trust on 17th March.

As a result of this learning, we have decided to call the people on the FTSU Steering Group the FTSU Ambassadors and to recruit more Advocates to have specific responsibility for promoting the function with staff in their local areas. This new approach is in the process of being launched this month (July 2017). A number of FTSU Advocates and an Ambassador have been allocated to each Borough that the Trust serves. Posters have been sent out to each Team which have a space on them to write in the names of Advocate and Ambassador. Some Team administrators have already been in touch asking for the names for their area. Advocates have been sent the list of teams in their borough and will be approaching them to make themselves known. They have been equipped with leaflets and business cards which will be helpful in their promotional work and to give to people who have expressed an interest in raising an issue. A copy of the leaflet is attached (Annex B) and shows the ‘route map’ for raising concerns. We are taking as our strap line Speak Up – Be Heard because it is already clear, nationally and locally, that some staff are Speaking Up but they are not Being Heard.

Education and Development advise that there is a new elearning package about FTSU and the Ambassadors and Advocates will test this to assess whether it is promoting an approach which is in accordance with ours.

The Trust’s FTSU Guardian has attended the training provided by the NGO. Regular network meetings are held with the Ambassadors and Advocates in the Trust where learning can be shared and any training and development needs can be discussed. It needs to be emphasised that the role is about offering an informal off-line opportunity for staff to go to, which will enable them to talk through their issues and identify the best course of action so that they can move forward and Speak Up - Be Heard. A number of advocates have applied for the role, or been put forward by their manager, either because they have used the service and found it helpful or because things have happened to them in the past which they feel would have benefitted from the FTSU service if it had been available to them at that time. This makes them ideal advocates able to talk from a practical perspective in helping and guiding others. If formal systems need to be used then the advocates will signpost appropriately but the main aim of the FTSU system is as an additional channel which hopefully keeps people off the “tram tracks” of the formal systems.

3 Process underway to gather themes and issues raised as concerns

As the knowledge of the FTSU function has grown across the Trust, a number of services have indicated that staff also raise issues of concern with them. In addition, some other functions, incidents and complaints for example, might well have learning about how earlier Speaking Up and Being Heard might have prevented issues occurring.

As a first step to think how the Trust might usefully use such material, a number of services have been contacted asking them to submit a high level summary of issues and themes that have been
raised by staff through the course of their work. The following services have indicated that they will be able to gather data on themes and issues and this will be analysed and included in the next Board report in November

- Staff Support Service – covering Critical Incident Staff Support Service; Schwartz Rounds and Reflective Practice.
- Education and Development
  - QI Team and Slam Partners
  - Staff Counselling Service
  - Spiritual and Pastoral Care Service

Trade Unions, Employee Relations, Ambassadors and Advocates are all part of the FTSU Steering Group and will similarly supply themes and issues. Complaints and SIs are being asked to consider any learning that might indicate where staff knew about the potential risk before the SI or Complaint occurred and any learning about what would have supported those staff to Speak Up and Be Heard. The purpose of this exercise will be to help the Trust identify themes which can then help shape action aimed at moving the Trust closer to the organisation becoming a more open and transparent place to work, where all are actively encouraged and enabled to speak up safely.

4 Developing and maintaining the FTSU system in the Trust

The FTSUG attends Regional and National network meetings and one of the issues which is preoccupying many FTSUGuardians is the resources required to sustain the systems in their Trusts. There are debates about whether staff undertaking Guardian and Advocate roles should have specific allocations of time and what the infrastructure is that surrounds the role. Some Trust FTSUGuardians seem heavily involved in a number of complex cases and this is very time consuming. Others have difficulty in accessing their CE and this makes their role very difficult. The main roles people are in who undertake the FTSU Guardian function varies enormously from Trust to Trust including retired NEDs; current ‘mainstream’ directors like HR; semi-retired managers; support services like radiographers; trade union reps. Some Trusts seem to have very few people involved e.g. One has 5 people each with a day a week, whereas others have large and growing networks of Advocates. The general advice seems to be that the Guardian needs to have easy access to the CE and to be independent without conflicts of interest with their main role. There is no national guidance on the structures or resource requirements although some Guardians who feel that they are insufficiently resourced and supported in their role many push for this.

In SLaM we have a FTSU Guardian who is a semi-retired, part time director with good understanding of how the Trust works and who reports to the CE - working on a portfolio of projects, many in related staff and culture areas, with FTSU as one of them. A Band 7 non-clinical team leader coordinates the Advocates Network and Ambassadors Steering Group and works with the Guardian to ensure that our plans are delivered e.g ensuring there are advocates attending induction sessions to promote FTSU to new staff. There are currently 14 Advocates and we envisage numbers growing as people express an interest in helping their colleagues and to ensure full cover of the Trust. No staff have specific time allocated to this, everyone understands that it has to be incorporated alongside their mainstream duties. Following this month’s relaunch it is envisaged that interest in Speaking Up – Being Heard will grow. An update will be included in the November Report with an initial assessment of whether it is envisaged this will be sufficient to ensure sustainability.

5 Learning from cases raised through the FTSU system.

As set out in paragraph 2 above, the Trust is about to launch a new approach to promotion in the knowledge that the existence of FTSU is as yet little known in the Trust. Nevertheless a few cases have come to the FTSU Guardian and have been summarised in previous Board Reports. As yet there are too few to generate themes from. The case below, case A – was summarised in a previous Board report but is described in more detail here as there are lessons to be learned and because the
teams and individuals concerned have responded proactively to improve the situation in the future based on their own learning.

### 5.1 Report on the FTSUG case – A

The Chief Executive asked me to investigate this case of a member of staff who had come to see him outlining their concerns. I investigated the case and a number of important organisational learning points have emerged as well as an apology to the individual about the way they had been treated after they had raised a concern. This case was extremely complex and issues to do with clinical practice have been reported appropriately elsewhere. The focus of this FTSUG report is on the consequences for the individual who had raised the concern as well as for their teams and the learning to make it more likely that people will Speak Up and Be Heard in the future.

In brief the individual had witnessed apparently inappropriate behaviour by a colleague practitioner. The colleague practitioner had only been based at the same location as the reporting individual for a very short while. The incident occurred late one evening when they were the only people in the building. The reporting individual was shocked by what they saw and the next morning emailed their manager to report what they had seen. The colleague practitioner was suspended, an investigation followed and the colleague practitioner was subsequently dismissed and struck off the professional register.

The consequences for the reporting individual were unfortunately unacceptable - particularly because they were suspended from clinical duties. This was extremely upsetting to them and attempts to understand why this had happened led to further distressing meetings and letters. The matter has now been resolved in that the individual has been issued with an apology on behalf of the Trust, because suspension was not proportionate or appropriate and was also out with the Trust's policy. The impact of the suspension on the morale of the team was also detrimental with learning points about the best way to handle the investigations so that a culture of openness within the team can be sustained.

The investigation into the colleague practitioner whose inappropriate behaviour was witnessed revealed that other colleagues in the previous work location had also witnessed inappropriate behaviour and early warning signs some 12 months prior to the dismissing action and had spoken up about their concerns. Management action was taken at the time but was not reported back to the individual colleagues who had raised their concerns. With the benefit of hindsight it is clear that the management action was insufficient and the individuals who raised concerns feel they were not taken seriously. A learning aspect of this is the need to encourage more open understanding about therapies in operation within the team in such a way that everyone clinical and non-clinical has a shared understanding.

Because of the unusual nature of the circumstances the whole matter has not been well handled and it has thrown up a number of areas for improvement. I am very pleased to say that the reporting individual, other colleagues from the previous work location and the current team manager of this previous work location have used this as an opportunity to encourage the development of a team culture whereby Speaking Up and Being Heard is the norm. It is recognised that it will take time to achieve this shift in culture and the plan to develop it has a number of aspects. There has been a whole team discussion and two of the people who had spoken up but not been sufficiently heard have now become FTSU Advocates and have advised their colleagues about the role. A survey has been developed, based on the national guidance *A vision for raising concerns in the NHS*, by the reporting individual and undertaken to ascertain the extent to which colleagues feel they can speak up and are confident that they will be heard and responded to appropriately. The teams are intending to refresh both the Reflective Practice Groups and the Clinical Reviews as they think these are one of the key components to preventing similar circumstances occurring again. Ideally they should involve the whole team and inevitably similarities and differences will come to light which can help facilitate a culture of informally checking things out. Whilst individual supervision and action/planning based team meetings/reviews are necessary they may not be sufficient, in helping develop an open learning culture.
5.2 Two other cases have been brought to the attention of the FTSU Guardian and the advice given has in one case helped the individual feel that they are better heard within the existing formal procedures and in another case to ensure that formal procedures were not required. In this latter case the individual was pleased to have received the helpful advice at the right time and, recognising the benefit of the approach, has become an advocate.

It is anticipated that with the launch of the new promotional approach more cases will be brought to the attention of the FTSU Advocates and Guardian and it will then be possible to advise the Board of emerging themes.

Annex A and Annex B follows
National Guardian
Freedom to Speak Up

CQC inspections

Information for Freedom to Speak Up Guardians
Types of inspections and the five domains

- CQC inspections can be planned, reactive to a concern, or a follow up to a previous inspection
- Inspectors assess the performance of a service in 5 different ‘domains’ and will ask in each case:
  
  - Is a service **SAFE**?
  - Is it **EFFECTIVE**?
  - Is it **CARING**?
  - Is it **WELL LED**?
  - Is it **RESPONSIVE**?
CQC inspections: an overview

- Inspections will generally involve the inspection of one core service and how well led the service is; occasionally a whole trust will be inspected.

- Inspection teams usually include specialist advisors (SPAs) with a clinical background.

- Inspectors will gather information through interviewing relevant persons, including staff, patients, families, as well as looking at documents.

- Additional evidence can come from data provided by services, members of the public and CQC monitoring.

- Inspection reports are drafted and then sent to the service for a factual accuracy check; CQC may agree or not to amend where challenged.

- All inspections result in a rating. There are 4 different ratings:

  1) OUTSTANDING
  2) GOOD
  3) REQUIRES IMPROVEMENT
  4) INADEQUATE

- Where inspectors find a breach of regulations the report will say that a service ‘MUST’ take steps to remedy this.

- Where inspectors find that improvements are required where this does not involve a regulatory breach the report will say a service ‘SHOULD’ take action.

- Services must produce an action plan to implement the MUSTS and SHOULDs.

- Inspection reports are published online.
Inspection of speaking up: an overview

- Inspection of how services support workers to speak up is done under the ‘Well Led’ domain
- The CQC also have new Well Led inspection which focusses only on this domain
- How trusts support speaking up will potentially affect the overall rating inspectors give for Well Led
- The National Guardian’s Office (NGO) has worked with the CQC to ensure that an assessment of speaking up is at the heart of inspecting the Well Led domain – including:
  - Drafting guidance for inspectors to assess speaking up
  - Meeting with inspection teams to explain the work of the NGO and Freedom to Speak Up Guardians (FTSU)
What inspectors may ask Freedom to Speak Up Guardians

1. How trusts support the role of FTSU Guardian – including:
   - Evidence that FTSU Guardians can regularly access their boards and CEOs
   - Evidence that the FTSU role is appropriately communicated and accessible
   - Evidence that the FTSU Guardian has the resources, support and independence to effectively undertake the role

2. How trusts respond to the concerns raised by their workers – including:
   - Is there an appropriate speaking up/whistle-blowing policy
   - Evidence that trusts investigate concerns and feedback

3. Evidence of a positive speaking up culture in the trust – including:
   - What steps or initiatives have trusts taken to promote speaking up?
   - The steps taken by a trust to support minority and vulnerable staff groups to have a voice?
   - Are staff who are suspended permitted access to their FTSU Guardian?
Inspections: points to note

- Inspectors are in the process of learning how to assess speaking up – NGO will provide ongoing guidance and support to assist CQC with this
- Guardians can contact their trust inspector at any time, to provide information on how trusts support speaking up
- Provide as much information to inspectors as possible – don’t just rely on the questions you are asked to elicit a full picture
- Inspection reports list who inspectors spoke with, but evidence do not make reference to individuals
- Inspectors’ focus will be on how trusts support speaking up, but may also ask Guardians about their independence and experience
- Guardians and NGO should review CQC inspection reports to check they are reporting on speaking up
For further information

Email  enquiries@nationalguardianoffice.org.uk

Phone  0300 067 9000

If you are concerned about preparing for a future inspection or how a recent inspection went, do speak to the NGO.
National Guardian’s Office

Sir Robert Francis’ Freedom to Speak up review in February 2015 found that patients could be at risk of harm because concerns were not being raised routinely by NHS staff.

In the report, he recommended the need for an independent National Guardian for the NHS to provide leadership for staff who have spoken up and feel that they have been poorly handled by their employer or other bodies.

The National Guardian supports Freedom to Speak Up Guardians in all NHS Trusts to help create a culture of openness within the NHS, where staff are encouraged to speak up, lessons are learnt, and care improves as a result.

SLAM Freedom to Speak Up Guardian is Zoe Reed

The work that Zoe and the ambassadors and advocates are doing is really important, as is your engagement. Please do contact them if you want help speaking up and being heard.

Dr Matthew Patrick
Chief Executive

The Trust’s Freedom to Speak Up Guardian is Zoe Reed, you can contact Zoe via email at Zoe.Reed@slam.nhs.uk or freedomtospeakup@slam.nhs.uk

SPEAK UP, BE HEARD

Who can I contact to raise a concern?
About the Trust’s Freedom to Speak Up Guardians, Ambassadors and Advocates

The Trust has established a network of advocates to help support everyone to speak up and be heard. Please look out for the poster in your area for their details.

You can also email freedomtospeakup@slam.nhs.uk for the name of your local advocate, or others in the network if you prefer to speak with someone outside your immediate work area.

They are supported by a steering committee of ambassadors who will help and advise them and shape policy for this work. Zoë Reed is the Trust’s Freedom to Speak Up Guardian and reports to the Chief Executive and Trust Board.

Email freedomtospeakup@slam.nhs.uk for the name of your local advocate, or others in the network if you prefer to speak with someone outside your immediate work area.

The Trust’s Freedom to Speak Up Guardian is Zoë Reed. Email: zoe.reed@slam.nhs.uk

You have a concern that you would like to raise

1. Speak to your line manager or senior manager for early resolution.
2. You don’t feel able to raise your concern with your line manager or senior manager.
3. Raise concern via Freedom to Speak Up Guardian / Advocate.
4. Advice is given on options for taking your concern forward.
The concern is logged and reviewed by the Advocate and support offered to implement the best course of action.

Your concern is heard and acted on

5. Concern is raised by the Guardian with the Chief Executive.
6. Investigation reviewed, appropriate action taken and feedback provided.
7. The Whistleblowing helpline provides free and impartial advice for NHS and social care employees.
8. They can be contacted on 0800 072 4725 Monday-Friday 0800-1800 or enquiries@whistlepline.org.uk

If necessary an investigation is undertaken by a nominated appropriate person with involvement from the Guardian/Advocate and feedback given to the person raising the concern following conclusion.
Timescales and confidentiality agreed.
Title

CHARITY INDEPENDENCE: MOU & ARTICLES OF ASSOCIATION

Accountable Director

Rachel Evans

Purpose of the paper

To agree the proposed Memorandum of Understanding and Articles of Association for the new Charity.
To delegate to the Chair the selection of three trustees for the entity.

Context

1. The Board agreed in June 2016 to support a change to the Maudsley Charity from the current corporate trustee model to that of an independent NHS charity. The Maudsley Charity is the last NHS charity with significant assets to retain a corporate trustee model.

2. The Board supported the move to independence because it was felt that this would provide a more effective governance model – one that could benefit from the external expertise that independent trustees would bring and be less open to potential or perceived conflict of interests. It could also unleash opportunities for fundraising that are not possible within a corporate trustee model.

3. The ambition is for the new Charity to be sufficiently independent to provide assurance as to the appropriate and efficient use of charitable funds. There is a strong commitment to ensure that there is greater and more strategic alignment between the Trust and new Charity going forward. Our plan is to work in even closer partnership with shared ambitions for mental health and aligned strategies.

4. Good progress is being made against the plans for Charity independence at the start of April 2018. Recruitment of independent trustees will begin at the end of the summer. The Charity and the Trust are committed to making significant progress on simplifying the property arrangements as between the Trust and the Charity in advance of independence.

5. The new Charity will not be wholly separate from the Trust. It will have a board that will initially comprising eight trustees, of which three will be nominated by the Trust.
6. The new Charity will be established as a legal entity and registered with the Charity Commission in September. It will exist in parallel to the current charity, in skeleton form, until the transfer of assets at the end of this financial year. Assets will be transferred via three legal orders which must be agreed by the Trust and Department of Health.

Documentation

7. A draft Memorandum of Understanding (MoU) and Articles are attached. The MoU has been constructed around the principles of collaboration which the Trust Charity Committee agreed in February of this year.

8. Copies have been shared with the internal working group which comprises the Chief Executive and Finance Director of the Charity, together with Rachel Evans (Director of Corporate Affairs) and Mark Nelson (Assistant Director of Finance) acting on behalf of the Trust. The drafts have been reviewed independently by legal advisors acting for the Trust who advise that the Articles of Association and Memorandum of Understanding are in order and do not contain unusual elements or issues that should be of concern to the Trust. They highlighted only one small issue and this concerned the entrenchment of the Trust’s rights to appoint trustees to the board. A small potential amendment is currently being considered.

9. These documents must be approved by both the Department of Health and the Charity Commission well in advance of our target date of 2 April 2018 for the transfer into the new entity. It would assist the process if the Board could identify its three proposed trustees of the new Charity by September 2017. This would facilitate the signing of legal documents for the creation of the new body without the creation of an interim board.

For decision

10. The Board is asked to agree to -
   a. The proposed Memorandum of Understanding with the proposed new Maudsley Charity;
   b. The proposed Articles of Association;
   c. The Board delegating to the Chair the selection by September 2017 of the three Trustees to the new Charity.
THE COMPANIES ACT 2006
COMPANY LIMITED BY GUARANTEE
NOT HAVING A SHARE CAPITAL

ARTICLES OF ASSOCIATION
OF

MAUDSLEY CHARITY

Date of Incorporation:
Company Number:
ARTICLES OF ASSOCIATION

- of -

MAUDSLEY CHARITY

DEFINITIONS AND INTERPRETATION

1 Definitions and interpretation

1.1 In these Articles the following words and phrases shall have the following meanings unless the context otherwise requires:

Act means the Companies Act 2006 including any statutory modification or re-enactment thereof for the time being in force;

Articles means these Articles of Association;

Charities Act means the Charities Act 2011 including any statutory modification, consolidation or re-enactment thereof for the time being in force;

Charity means Maudsley Charity;

Charity Commission means the Charity Commission for England and Wales;

clear days in relation to a period of notice means a period excluding the day when the notice is given or deemed to be given and the day for which it is given or on which it is to take effect;

Director means a director of the Charity and includes any person occupying the position of director, by whatever name called. The Directors are charity trustees as defined in the Charities Act;

document includes, unless otherwise specified, any document sent or supplied in electronic form;
electronic form has the meaning given in the Act;

Member means a person who is a subscriber to the Memorandum or who is admitted to membership in accordance with the Articles;

Memorandum means the memorandum of association of the Charity;

Model Articles means the model articles for private companies limited by guarantee contained in Schedule 2 of the Companies (Model Articles) Regulations 2008 (SI 2008/3229);

NHS Foundation Trust means South London and Maudsley NHS Foundation Trust or any Successor Body;

Nominated Director means a Director nominated by the NHS Foundation Trust in accordance with Article 22;

Objects has the meaning given in Article 4;

Ordinary Resolution means a resolution (of the Members or, if applicable, a class of the Members) passed:

(i) if a written resolution, by Members representing a majority of the total voting rights of eligible Members;

(ii) on a show of hands at a meeting, by a majority of the votes cast by those entitled to vote;

(iii) on a poll at a meeting, by Members representing not less than a majority of the total voting rights of the Members who (being entitled to do so) vote in person, by proxy or (if applicable) in advance;

Secretary means any person appointed to perform the duties of the secretary of the Charity;

Special Resolution means a resolution (of the Members or, if applicable, a class of the Members) passed:

(i) if a written resolution, by Members representing not less than 75% of the total voting rights of eligible Members;

(ii) on a show of hands at a meeting, by a majority not less than 75% of the votes cast by those entitled to vote;

(iii) on a poll at a meeting, by Members representing not less than 75% of the total voting rights of the Members who (being entitled to do so) vote in person, by proxy or (if applicable) in advance;

Successor Body means any statutory body to whom the functions or activities of the NHS Foundation Trust are transferred by legislation relating to the National Health Service or by order of any relevant regulatory body and whose
activities can be supported by the Charity pursuant to the Objects;

**United Kingdom** means the United Kingdom of Great Britain and Northern Ireland;

**writing** means the representation or reproduction of words, symbols or other information in a visible form by any method or combination of methods, whether sent or supplied in electronic form or otherwise.

1.2 Unless the context otherwise requires, words or expressions contained in these Articles shall bear the same meaning as in the Act but excluding any statutory modification thereof not in force when these Articles become binding on the Charity.

1.3 All words importing the singular number shall include the plural and vice versa and words importing the masculine gender shall include the feminine.

1.4 Headings in the Articles are used for convenience only and shall not affect the construction or interpretation of the Articles.

1.5 The Model Articles shall not apply to the Charity.

**CHARITY DETAILS**

2 **Name**

The name of the Charity is Maudsley Charity.

3 **Registered office**

The registered office of the Charity is to be situated in England and Wales.

**OBJECTS AND POWERS**

4 **Objects**

The Charity's objects (the **Objects**) are restricted specifically to:

4.1 any charitable purpose or purposes relating to the NHS Foundation Trust and the community health services associated with it;

4.2 the general or specific purposes of the national health service; and

4.3 the relief of sickness and the preservation of the health and social welfare of people living in the United Kingdom, particularly but not exclusively the mental health and wellbeing of such people.
5 Powers

The Charity has power to do anything which is calculated to further the Objects, or any of them, or is conducive or incidental to doing so. In particular, and without limiting the foregoing, the Charity’s powers include power:

5.1 to accept any gift or transfer of money or any other property whether or not subject to any special trust;

5.2 to raise funds, provided that in doing so the Charity shall not undertake any substantial permanent taxable trading and shall comply with any relevant statutory regulations;

5.3 to purchase or form trading companies alone or jointly with others;

5.4 to buy, take on lease or exchange, hire or otherwise acquire and hold any real or personal estate;

5.5 to maintain, alter or equip for use any real or personal estate;

5.6 to erect, maintain, improve, or alter any buildings in which the Charity for the time being has an interest;

5.7 subject to such consents as may be required by law to sell, lease or otherwise dispose of all or any part of the real or personal estate belonging to the Charity;

5.8 subject to such consents as may be required by law to borrow or raise money and to give security for loans or grants;

5.9 to make grants or loans of money, to give guarantees and become or give security for the performance of contracts and to grant powers of attorney by way of security for the performance of obligations;

5.10 to co-operate, including exchanging information and advice, and enter into arrangements with other bodies, international, national, local or otherwise;

5.11 to establish or support any charitable trusts, associations, companies, institutions or other bodies formed for any of the charitable purposes included in the Objects;

5.12 to acquire or merge with any other charity formed for any of the Objects;

5.13 to enter into partnership, joint venture or other arrangement with any body with objects similar in whole or part to the Objects;

5.14 to affiliate to or accept affiliation from any body with objects similar in whole or part to the Objects;

5.15 to set aside funds for special purposes or as reserves against future expenditure in accordance with a written reserves policy;

5.16 to deposit or invest funds with all the powers of a beneficial owner;

5.17 to delegate the management of investments to a financial expert but only on terms that:
5.17.1 the investment policy is set down in writing for the financial expert by the Directors;

5.17.2 make provision for appropriate and regular reporting obligations to the Directors or to a committee authorised by the Directors to receive such reports in respect of all transactions;

5.17.3 the performance of the investments is reviewed regularly with the Directors;

5.17.4 the Directors shall be entitled to cancel the delegation arrangement at any time;

5.17.5 the investment policy and the delegation arrangement are reviewed at least once a year;

5.17.6 all payments due to the financial expert are on a scale or at a level which is agreed in advance and are notified promptly to the Directors on receipt; and

5.17.7 the financial expert must not do anything outside the powers of the Directors;

and financial expert means a person who is reasonably believed by the Directors to be qualified to give advice in relation to investments by reason of his ability in and practical experience of financial and other matters relating to investments;

5.18 to arrange for investments or other property of the Charity to be held in the name of a nominee (being a corporate body registered or having an established place of business in the United Kingdom) under the control of the Directors or of a financial expert (as defined in Article 5.17) acting under their instructions and to pay any reasonable fee required;

5.19 to insure and arrange insurance cover of every kind and nature in respect of the Charity, its property and assets and take out other insurance policies to protect the Charity, its employees, volunteers or members as required;

5.20 to provide indemnity insurance to cover the liability of the Directors or any other officer of the Charity:

5.20.1 which by virtue of any rule of law would otherwise attach to them in respect of any negligence, default, breach of trust, or breach of duty of which he may be guilty in relation to the Charity but not extending to:

(a) any liability resulting from conduct which the Directors knew, or must reasonably be assumed to have known, was not in the interests of the Charity, or where the Directors did not care whether such conduct was in the best interests of the Charity or not;

(b) any liability to pay the costs of unsuccessfully defending criminal prosecutions for offences arising out of the fraud or dishonesty or wilful or reckless misconduct of the Directors;

(c) any liability to pay a fine or regulatory penalty.

5.20.2 to make contributions to the assets of the Charity in accordance with the provisions of section 214 of the Insolvency Act 1986 but not extending to any liability to make
such a contribution where the basis of the Director's liability is his knowledge prior to the insolvent liquidation of the Charity (or reckless failure to acquire that knowledge) that there was no reasonable prospect that the Charity would avoid going into insolvent liquidation;

5.21 to employ and pay any person or persons to supervise, organise, carry on the work of and advise the Charity provided that the Charity may only employ a Director to the extent permitted in Article 6 and subject to compliance with the conditions set out there;

5.22 subject to the provisions of Article 6 to pay reasonable annual sums or premiums for or towards the provision of pensions for officers or employees for the time being of the Charity or their dependants;

5.23 to enter into contracts to provide services to or on behalf of other bodies;

5.24 to establish subsidiary companies to assist or act as agents for the Charity;

5.25 to publish or distribute information;

5.26 to hold exhibitions, meetings, lectures, classes, seminars or courses either alone or with others;

5.27 to cause to be written, printed or otherwise reproduced and circulated, gratuitously or otherwise, periodicals, magazines, books, leaflets or other documents, films, recorded tapes or materials reproduced on electronic media;

5.28 to foster and undertake research into any aspect of the Objects and its work and to disseminate and exchange the results of any such research;

5.29 to act as trustee of any trust;

5.30 to make any charitable donation either in cash or assets;

5.31 to obtain any Act of Parliament or other order or authority or to promote, support or oppose legislative or other measures or proceedings or to petition the Crown, Parliament or other public persons or bodies in the United Kingdom in respect of any matter affecting the interests of the Charity;

5.32 to pay out of the funds of the Charity the costs, charges and expenses of and incidental to the formation and registration of the Charity as a company and as a charity.

APPLICATION, PAYMENT OR DISTRIBUTION OF THE CHARITY'S PROPERTY AND INCOME AND LIMITED LIABILITY OF MEMBERS

6 Application of income and property

6.1 The income and property of the Charity shall be applied solely towards the promotion of the Objects.

6.2 None of the income or property of the Charity may be paid or transferred, directly or indirectly, by way of dividend, bonus or otherwise by way of profit to Members of the Charity.
6.3 A Director:

6.3.1 shall be entitled to be paid reasonable out-of-pocket expenses properly incurred when acting on behalf of the Charity;

6.3.2 may receive an indemnity from the Charity in accordance with Article 35;

6.3.3 may benefit from insurance cover, including indemnity insurance, purchased at the expense of the Charity in accordance with Article 5.20;

subject thereto no Director may receive any payment or other material benefit, directly or indirectly, from the Charity unless:

6.3.4 the payment is expressly permitted in Article 6.4 below and the conditions set out in Article 6.5 are followed; or

6.3.5 the Directors obtain the prior written approval of the Charity Commission.

6.4 A Director may directly or indirectly:

6.4.1 receive a benefit in the capacity of a beneficiary of the Charity;

6.4.2 receive fees, remuneration or other benefit in money or money’s worth under a contract for the supply of goods or services to the Charity other than for acting as a Director;

6.4.3 receive interest on money lent to the Charity at a reasonable and proper rate not exceeding either 2% per annum below the base lending rate prescribed for the time being by a clearing bank in London selected by the Directors or 3%, whichever is the greater;

6.4.4 receive reasonable and proper rent for premises demised or let to the Charity.

6.5 The authority in Article 6.4 above is subject to the following conditions being satisfied:

6.5.1 the remuneration or other sums paid to or for the benefit of the Director do not exceed an amount which is reasonable in all the circumstances;

6.5.2 prior to any payment being made to the Director or for his benefit (other than in his capacity as a beneficiary) an appropriate written contract is concluded between the Director (or relevant person) and the Charity containing the full details of his duties and obligations to the Charity the amount of remuneration payable to him and all other relevant terms and conditions and copies of all such contracts are retained by the Charity for inspection by any authorised person;

6.5.3 the other Directors are satisfied that it is in the interests of the Charity to contract with that Director (or relevant person) rather than with someone who is not a Director (or relevant person). In reaching that decision the Directors shall balance the advantage of contracting with the Director (or relevant person) against the disadvantages of doing so (including the loss of the Director’s services as a result of dealing with the Director’s conflict of interests);
6.5.4 a majority of the Directors then in office are not in receipt of such payments;

6.5.5 the provisions of Article 7 below are observed in relation to any discussions of the Directors concerning that Director’s interest, his remuneration or any variation of his remuneration;

and, in this Article, where Article 6.4 applies in respect of a Director indirectly, a **relevant person** is a person (other than the Director) who proposes to enter into a contract with, lend money to or demise or let premises to the Charity under Articles 6.4.2, 6.4.3 or 6.4.4 as the case may be.

7 Conflicts of interests and conflicts of loyalty

7.1 Whenever a Director has a personal interest (including but not limited to a personal financial interest or a duty of loyalty owed to another organisation or person) directly or indirectly in a matter to be discussed at a meeting of the Directors or a committee of the Directors or in any transaction or arrangement with the Charity (whether proposed or already entered into), the Director concerned shall:

7.1.1 declare an interest at or before any discussion on the item;

7.1.2 withdraw from any discussion on the item save to the extent that he is invited expressly to contribute information;

7.1.3 not be counted in the quorum for the part of any meeting and any vote devoted to that item; and

7.1.4 withdraw during the vote and have no vote on the item.

7.2 Where a Director becomes aware of such a personal interest in relation to a matter arising in a resolution in writing circulated to the Directors, the Director concerned shall:

7.2.1 as soon as possible declare an interest to all the other Directors;

7.2.2 not be entitled to vote on the resolution in writing, and

the resolution shall take effect accordingly provided that any Director who has already voted on the resolution may, on being notified of the personal interest, withdraw their vote.

7.3 Articles 7.1.2 to 7.1.4 and 7.2 shall not apply where the matter to be discussed is in respect of a policy of insurance as authorised in the Articles.

7.4 If a conflict of interests arises for a Director, which may but need not be because of a duty of loyalty owed to another organisation or person, and the conflict is not authorised by virtue of any other provision in the Articles, then, on the matter being proposed to the Directors, the unconflicted Directors may authorise the conflict of interests (the **authorised conflict**) subject to the conditions in Article 7.5.

7.5 A conflict of interests may only be authorised under Article 7.4 if:
7.5.1 the unconflicted Directors consider it is in the interests of the Charity to do so in the circumstances applying;

7.5.2 the procedures of Articles 7.1 and 7.2 (as the case may be) are followed in respect of the authorised conflict; and

7.5.3 the terms of Article 6 are complied with in respect of any direct or indirect benefit to the conflicted Director which may arise from the authorised conflict.

7.6 Where a conflict is authorised in accordance with Articles 7.4 and 7.5 above, the unconflicted Directors, as they consider appropriate in the interests of the Charity, may set out any express terms of the authorisation.

7.7 A Director who owes a duty of loyalty to the NHS Foundation Trust shall be deemed to have declared that conflict of loyalty. That Director’s situational conflict arising because they owe duties to both the NHS Foundation Trust and the Charity shall be authorised unless those Directors who do not owe a duty of loyalty to the NHS Foundation Trust resolve otherwise. This Article shall not authorise a conflict of interest relating to any transaction with the NHS Foundation Trust.

8 Limited liability of Members

The liability of the Members is limited to £1, being the amount that each Member undertakes to contribute to the assets of the Charity in the event of the same being wound up while he is a Member, or within one year after he ceases to be a Member, for:

8.1 payment of the debts and liabilities of the Charity contracted before he ceases to be a Member,

8.2 payment of the costs, charges and expenses of winding up, and

8.3 adjustment of the rights of the contributories among themselves.

9 Surplus assets

9.1 If on the winding-up or dissolution of the Charity there remains, after the satisfaction of all its debts and liabilities, any property whatever of the Charity (the Charity’s surplus assets), the same shall not be paid to or distributed among the Members of the Charity, but shall be given or transferred in accordance with this Article.

9.2 The Members of the Charity may at any time before, and in expectation of, its dissolution resolve that the Charity’s surplus assets shall on or before the dissolution of the Charity be applied or transferred in any of the following ways:

9.2.1 directly for one of more of the Objects;

9.2.2 to any one or more charities for purposes which are similar to the Objects; or

9.2.3 to any one or more charities for use for particular purposes falling within the Objects.
9.3 Subject to any such resolution of the Members of the Charity, the Directors of the charity may at any time before and in expectation of its dissolution resolve that the Charity’s surplus assets shall on or before dissolution of the Charity be applied or transferred in any of the following ways:

9.3.1 directly for one of more of the Objects;

9.3.2 to any one or more charities for purposes which are similar to the Objects; or

9.3.3 to any one or more charities for use for particular purposes falling within the Objects.

9.4 In the event of no resolution being passed by the Members or the Directors in accordance with this Article on the winding-up or dissolution of the Charity, the Charity’s surplus assets shall be applied for charitable purposes as directed by the Court or the Charity Commission.

9.5 If the Charity is a trustee of any trusts at the time it is wound up or dissolved, the Charity shall procure the appointment of a new trustee or trustees of those trusts in the place of the Charity.

**MEMBERSHIP**

10 Members

10.1 Any Director shall, by agreeing to become a Director, agree to become a Member of the Charity and accordingly shall be admitted to membership of the Charity on his appointment as Director. No other person shall become a Member of the Charity.

10.2 Membership is not transferable.

10.3 The Charity shall maintain a register of Members.

11 Termination of membership

Membership is terminated if a Member ceases to be a Director.

**MEETINGS OF MEMBERS**

12 General meetings

12.1 The Directors may call general meetings.

12.2 On the requisition of Members pursuant to the Act the Directors shall forthwith proceed to convene a general meeting in accordance with the provisions of the Act. If there are not within the United Kingdom sufficient Directors to call a general meeting, any Director or any Member may call a general meeting in accordance with the provisions of the Act.
Notice of general meetings

13.1 General meetings shall be called by at least 14 clear days' notice.

13.2 A general meeting may be called by shorter notice if it is so agreed by a majority in number of the Members having a right to attend and vote at the meeting, being a majority together representing not less than 90% of the total voting rights at that meeting of all the Members.

13.3 The notice shall specify the place, the day and the time of meeting, the general nature of the business to be transacted and a statement pursuant to the Act informing the Member of his rights regarding proxies.

13.4 Subject to the provisions of the Articles and to any restrictions imposed on any classes of membership, notice of general meeting shall be given in any manner authorised by these Articles to:

13.4.1 every Member except those Members who (having no registered address within the United Kingdom) have not supplied to the Charity an address within the United Kingdom for the giving of notices to them;

13.4.2 the auditor for the time being of the Charity; and

13.4.3 each Director,

and no other person shall be entitled to receive notice of general meetings.

13.5 The accidental omission to give notice of a meeting to, or the non-receipt of notice of a meeting by, any person entitled to receive notice shall not invalidate the proceedings at that meeting.

13.6 A Member present at any meeting of the Charity either in person or by proxy shall be deemed to have received notice of the meeting and, where requisite, of the purposes for which it was called.

14 Proxies

14.1 A Member is entitled to appoint another person as his proxy to exercise all or any of his rights to attend and to speak and vote at a general meeting of the Charity.

14.2 Proxies may only validly be appointed by a notice in writing (a proxy notice) which:

14.2.1 states the name and address of the Member appointing the proxy;

14.2.2 identifies the person appointed to be that Member's proxy and the general meeting in relation to which that person is appointed;

14.2.3 is signed by or on behalf of the Member appointing the proxy, or is authenticated in such manner as the Directors may determine; and

14.2.4 is delivered to the Charity in accordance with the Articles and any instructions contained in the notice of the general meeting to which they relate.
14.3 The Charity may require proxy notices to be delivered in a particular form, and may specify different forms for different purposes.

14.4 Proxy notices may specify how the proxy appointed under them is to vote (or that the proxy is to abstain from voting) on one or more resolutions.

14.5 Unless a proxy notice indicates otherwise, it must be treated as:

14.5.1 allowing the person appointed under it as a proxy discretion as to how to vote on any ancillary or procedural resolutions put to the meeting, and

14.5.2 appointing that person as a proxy in relation to any adjournment of the general meeting to which it relates as well as the meeting itself.

14.6 Proxy notices may:

14.6.1 in the case of an instrument in writing be deposited at the office or at such other place within the United Kingdom as is specified in the notice convening the meeting or in any instrument of proxy sent out by the Charity in relation to the meeting not less than 48 hours (not counting any part of a day that is not a working day) before the time for holding the meeting or adjourned meeting at which the person named in the instrument proposes to vote; or

14.6.2 in the case of an appointment in electronic form, where an address has been specified for the purpose of receiving documents in electronic form:

(a) in the notice convening the meeting, or

(b) in any instrument of proxy sent out by the Charity in relation to the meeting, or

(c) in any invitation in electronic form to appoint a proxy issued by the Charity in relation to the meeting,

be received at such address not less than 48 hours before (not counting any part of a day that is not a working day) the time for holding the meeting or adjourned meeting at which the person named in the proxy notice proposes to vote;

14.6.3 in the case of a poll taken more than 48 hours after it is demanded, be deposited or received as aforesaid after the poll has been demanded and not less than 24 hours before (not counting any part of a day that is not a working day) the time appointed for the taking of the poll; or

14.6.4 in the case of a poll which is not taken forthwith but taken not more than 48 hours after it was demanded;

and a proxy notice which is not deposited, delivered or received in a manner so permitted shall be invalid.
14.7 A person who is entitled to attend, speak or vote (either on a show of hands or on a poll) at a general meeting remains so entitled in respect of that meeting or any adjournment of it, even though a valid proxy notice has been delivered to the Charity by or on behalf of that person.

14.8 An appointment under a proxy notice may be revoked by delivering to the Charity a notice in writing given by or on behalf of the person by whom or on whose behalf the proxy notice was given.

14.9 A notice revoking a proxy appointment only takes effect if it is delivered before the start of the meeting or adjourned meeting to which it relates.

15 Organisation at general meetings

15.1 No business shall be transacted at any general meeting unless a quorum is present.

15.2 Three persons entitled to vote upon the business to be transacted, each being a Member or a proxy for a Member or a duly authorised representative of a Member organisation, shall be a quorum.

15.3 There shall be a chairman of every general meeting:

15.3.1 The chairman, if any, of the Directors shall chair every general meeting of the Charity.

15.3.2 In his absence the vice-chairman, if any, of the Directors shall act as chairman.

15.3.3 If at any meeting neither the chairman nor the vice-chairman is present within ten minutes after the time appointed for the holding of the meeting and willing to act, the Directors present shall elect one of their number to chair the meeting.

15.3.4 If there is only one Director present and willing to act, he shall chair the meeting.

15.3.5 If at any meeting no Director is willing to act as chairman or if no Director is present within ten minutes after the time appointed for the holding of the meeting, the Members present shall choose one of their number to chair the meeting.

15.4 If within thirty minutes from the time appointed for the meeting a quorum is not present, or if during a meeting a quorum ceases to be present, the meeting:

15.4.1 if convened on the requisition of Members, shall be dissolved;

15.4.2 in any other case, shall be adjourned to the same day in the next week, at the same time and place, or to such other day and at such other time and place as the Directors may determine.

15.5 In relation to adjournment of meetings:

15.5.1 the chairman may, with the consent of any meeting at which a quorum is present (and shall if so directed by the meeting), adjourn the meeting from time to time and from place to place, but no business shall be transacted at any adjourned meeting.
other than the business left unfinished at the meeting from which the adjournment took place;

15.5.2 when a meeting is adjourned for fourteen days or more, the Charity shall give at least seven clear days’ notice of it to the same persons to whom notice of the Charity’s general meetings is required to be given, and containing the same information which such notice is required to contain;

15.5.3 otherwise it shall not be necessary to give any notice of an adjournment or of the business to be transacted at an adjourned meeting.

16 Attendance and Speaking at General Meetings

16.1 A person is able to exercise the right to speak at a general meeting when that person is in a position, during the meeting, to communicate to all those attending the meeting any information or opinions which that person has on the business of the meeting.

16.2 A person is able to exercise the right to vote at a general meeting when:

16.2.1 that person is able to vote, during the meeting, on resolutions put to the vote at the meeting, and

16.2.2 that person's vote can be taken into account in determining whether or not such resolutions are passed at the same time as the votes of all the other persons attending the meeting.

16.3 The Directors may make whatever arrangements they consider appropriate to enable those attending a general meeting to exercise their rights to speak or vote at it.

16.4 In determining attendance at a general meeting, it is immaterial whether any two or more Members attending it are in the same place as each other.

16.5 Two or more persons who are not in the same place as each other attend a general meeting if their circumstances are such that if they have (or were to have) rights to speak and vote at that meeting, they are (or would be) able to exercise them.

DECISIONS OF MEMBERS

17 Voting at General Meetings

17.1 A resolution put to the vote of a general meeting shall be decided on a show of hands unless before, or on the declaration of the result of, the show of hands a poll is duly demanded.

17.2 Unless a poll is duly demanded, a declaration by the chairman and an entry to that effect in the minutes of proceedings of the Charity that a resolution has on a show of hands been carried or carried unanimously, or by a particular majority, or lost, shall be conclusive evidence of the fact without proof of the number or proportion of the votes recorded in favour of or against such resolution.
18 **Votes of members**

18.1 Every Member, whether an individual or organisation, shall have one vote.

18.2 No objection shall be raised to the qualification of any voter except at the meeting or adjourned meeting at which the vote objected to is tendered, and every vote not disallowed at the meeting shall be valid. Any objection made in due time shall be referred to the chairman whose decision shall be final and conclusive.

19 **Written resolutions**

19.1 Save for a resolution to remove a Director before the expiration of his period of office or to remove an auditor before the expiration of his term of office, any resolution of the Members may be proposed and passed as a written resolution in accordance with the Act.

19.2 A written resolution shall lapse if it is not passed before the end of 28 days beginning with the date on which the resolution is circulated in accordance with the Act.

**DIRECTORS**

20 **Directors**

20.1 Upon incorporation of the Charity, there shall be an interim board (the *Interim Board*) which shall discharge all the functions of the Directors until such time as the Directors have been constituted, at which point the members of the Interim Board shall resign from office.

20.2 The Interim Board shall comprise such person or persons who complete, sign and deliver to the Registrar of Companies Form IN01 as the first Director or Directors, pursuant to the Act.

20.3 Save for the Interim Board, the minimum number of Directors shall be seven and the maximum number of Directors shall be twelve (unless otherwise determined by Ordinary Resolution).

21 **Appointment of Directors**

21.1 Any person who is willing to act as a Director, and is permitted by law to do so, may be appointed to be a Director:

21.1.1 by Ordinary Resolution, or

21.1.2 by a simple majority of all the Directors entitled to attend and vote at any meeting of the Directors.

21.2 No appointment of a Director, whether by the Charity in general meeting or by the other Directors, may be made which would cause the number of Directors to exceed any number fixed as the maximum number of Directors.

21.3 Subject to Articles 22 and 24 a Director shall hold office until his retirement in accordance with Article 25.
22 **NHS Foundation Trust nominees**

The NHS Foundation Trust shall have power to nominate:

22.1 up to three Directors where the total number of Directors for the time being, including those nominated by the NHS Foundation Trust, does not exceed ten; or

22.2 up to four Directors where the total number of Directors for the time being, including those nominated by the NHS Foundation Trust, is eleven or more,

provided that at no time shall the Directors nominated by the NHS Foundation Trust constitute a majority.

23 **Removal of Directors**

23.1 The Charity may by Ordinary Resolution of which special notice has been given to the Charity in accordance with the Act remove any Director before the expiration of his period of office notwithstanding anything in these Articles or in any agreement between the Charity and such Director.

23.2 The Directors may remove any Director before the expiration of his period of office by a resolution at a meeting of the Directors passed by at least two thirds of the Directors (excluding the Director whose proposed removal is the subject of the resolution) provided that:

23.2.1 the Director proposed to be removed shall have received at least 14 clear days’ notice in writing of the proposed resolution and the reasons for the proposal;

23.2.2 the Director or, at the option of the Director, the Director’s representative, who need not be a Director or Member, has been permitted to make representations to the meeting; and

23.2.3 the Directors passing the resolution determine that it is in the best interests of the Charity to do so.

24 **Disqualification or vacation of office of Directors**

The office of Director shall be vacated if:

24.1 the Director ceases to be a Director by virtue of any provision of the Act or becomes prohibited by law from being a Director;

24.2 the Director is disqualified from acting as a charity trustee by virtue of the Charities Act;

24.3 the Director becomes bankrupt or makes any arrangement or composition with his creditors generally;

24.4 a registered medical practitioner who is treating the Director gives a written opinion to the Charity stating that the Director has become physically or mentally incapable of acting as a director and may remain so for more than three months;
24.5 a court makes an order which wholly or partly prevents the Director from personally exercising any powers or rights which he would otherwise have and the Directors resolve that his office be vacated;

24.6 the Director resigns his office by written notice to the Charity provided at least seven Directors remain in office after the resignation takes effect;

24.7 the Director is absent from all Directors’ meetings without leave for six months and the Directors resolve that his office be vacated;

24.8 the Director is directly or indirectly interested in any contract with the Charity and fails to declare the nature of his interest as required by the Act or the Articles and the Directors resolve that the office be vacated;

24.9 the Director is deemed by HM Revenue & Customs not to be a fit and proper person to be a manager of the Charity and the Directors resolve that his office be vacated;

24.10 the Director fails to agree to a reasonable request by the Directors that the Director signs a declaration that they are a fit and proper person to act as such and the Directors resolve that his office be vacated; or

24.11 the Director fails to agree to a reasonable request by the Directors for a Disclosure and Barring Service (DBS) check (or equivalent).

25 Retirement of Directors

25.1 A Director shall be appointed for a term of three years at the end of which he shall retire.

25.2 Subject to Article 25.3, a person retiring from the office of Director shall be eligible for re-appointment.

25.3 No Director shall serve for a consecutive period of more than nine years save in exceptional circumstances and with the approval of at least two thirds of the other Directors.

26 Powers and duties of the Directors

26.1 Subject to the provisions of the Act and the Articles and to any directions given by Special Resolution, the business of the Charity shall be managed by the Directors who may exercise all the powers of the Charity.

26.2 No alteration of the Articles and no direction given by Special Resolution shall invalidate anything which the Directors have done before the making of the alteration or the passing of the resolution.

26.3 A meeting of the Directors at which a quorum is present may exercise all powers exercisable by the Directors.
27 **Proceedings and decisions of the Directors**

27.1 Subject to the provisions of the Articles, the Directors may regulate their proceedings as they think fit.

27.2 The Directors shall meet as often as they deem necessary properly to conduct the business of the Charity.

27.3 A meeting of the Directors:

27.3.1 may be called by any Director; and

27.3.2 shall, at the request of a Director, be called by the Secretary (if any).

27.4 Notice of any meeting of the Directors must indicate:

27.4.1 its proposed date, time and subject matter;

27.4.2 where it is to take place; and

27.4.3 if it is anticipated that Directors participating in the meeting will not be in the same place, how it is proposed that they should communicate with each other during the meeting.

27.5 In fixing the date and time of any meeting of the Directors, the person calling it shall try to ensure, subject to the urgency of any matter to be decided by the Directors, that as many Directors as practicable are likely to be available to participate in it.

27.6 Notice of a meeting of the Directors must be given to each Director, but need not be in writing.

27.7 Notice of a meeting of the Directors need not be given to Directors who waive their entitlement to notice of that meeting, which they may do by giving notice to that effect to the Charity seven days before or after the date on which the meeting is held. Where such notice is given after the meeting has been held, that does not affect the validity of the meeting, or of any business conducted at it.

27.8 Directors are to be treated as having waived their entitlement to notice of a meeting if they have not supplied the Charity with the information necessary to ensure that they receive the notice before the meeting takes place.

27.9 Any Director may participate in a meeting of the Directors by means of video conference, telephone or any suitable electronic means agreed by the Directors whereby all persons participating in the meeting can communicate with all the other participants and participation in such a meeting shall constitute presence in person at that meeting.

27.10 In relation to the quorum for a meeting of the Directors:

27.10.1 no decision other than a decision to call a meeting of the Directors or a general meeting shall be taken by the Directors unless a quorum participates in the decision-making process;
27.10.2 the quorum for decision-making by the Directors shall be three or the number nearest to one third of the total number of Directors for the time being, whichever is the greater, provided that the quorum shall not be met if the number of Nominated Directors present constitutes a majority;

27.10.3 if the total number of Directors for the time being is less than the quorum required for decision-making by the Directors, the Directors shall not take any decision other than a decision to appoint further Directors;

27.10.4 a Director shall not be counted in the quorum present at a meeting in relation to a resolution on which he is not entitled to vote.

27.11 Questions arising at a meeting shall be decided by a majority of votes.

27.12

27.12.1 At their first meeting the Directors shall elect a chairman and vice-chairman from among their number and shall determine the period for which they are to hold office, although they shall always be eligible for re-election.

27.12.2 If at any meeting neither the chairman nor the vice-chairman is present within ten minutes after the time appointed for holding the same, or if there is no chairman or vice-chairman, the Directors present shall choose one of their number to chair the meeting.

27.12.3 In the case of an equality of votes, the chairman shall have a second or casting vote. But this does not apply if, in accordance with the Articles, the chairman is not to be counted as participating in the decision-making process for quorum or voting purposes. No Director in any other circumstances shall have more than one vote.

27.13 All acts done by any meeting of the Directors or of a committee, or by any person acting as a Director, shall, notwithstanding that it be afterwards discovered that:

27.13.1 there was some defect in the appointment of any such Director or person acting as a Director, or

27.13.2 they or any of them were disqualified, or

27.13.3 they or any of them were not entitled to vote on the matter,

be as valid as if every such person had been duly appointed and was qualified to be a Director.

27.14 Save for a resolution to remove a Director from office under Article 23.2, a resolution in writing, signed by all the Directors entitled to receive notice of a meeting of the Directors and to vote upon the resolution shall be as valid and effectual as if it had been passed at a meeting of the Directors duly convened and held and may consist of several documents in like form each signed by one or more Directors.
27.15 Subject to the Articles, the Directors may make any rules which they think fit about how they take decisions, and about how such rules are to be recorded or communicated to the Directors.

28 Delegation by the Directors

28.1 The Directors may delegate any of their powers to any committee consisting of one or more Directors.

28.2 The Directors shall determine the terms of any delegation to such a committee and may impose conditions, including that:

28.2.1 the relevant powers are to be exercised exclusively by the committee to whom the Directors delegate;

28.2.2 no expenditure may be incurred on behalf of the Charity except in accordance with a budget previously agreed with the Directors.

28.3 Subject to and in default of any other terms imposed by the Directors:

28.3.1 the chairman and vice-chairman shall be ex-officio members of every committee appointed by the Directors;

28.3.2 the members of a committee may, with the approval of the Directors, appoint such persons, not being Directors, as they think fit to be members of that committee;

28.3.3 a committee may elect a chairman of its meetings; if no such chairman is elected, or, if at any meeting the chairman is not present within ten minutes after the time appointed for holding the same, the members present may choose one of their number to chair the meeting;

28.3.4 a committee may meet and adjourn as it thinks proper;

28.3.5 questions arising at any meeting shall be determined by a majority of votes of the committee members present, and

28.3.6 in the case of an equality of votes the chairman of the committee shall have a second or casting vote;

and subject thereto committees to which the Directors delegate any of their powers shall follow procedures which are based as far as they are applicable on those provisions of the Articles which govern the taking of decisions by the Directors.

28.4 The terms of any delegation to a committee shall be recorded in the minute book.

28.5 The Directors may revoke or alter a delegation.

28.6 All acts and proceedings of committees shall be reported to the Directors fully and promptly.
29 Delegation of day to day management

29.1 The Directors may delegate day to day management and administration of the Charity to one or more managers.

29.2 In respect of each manager the Directors shall:

29.2.1 provide a description of the manager’s role; and

29.2.2 set the limits of the manager’s authority.

29.3 The managers shall report regularly and promptly to the Directors on the activities undertaken in accordance with their role.

SECRETARY AND MINUTES

30 Secretary

30.1 Subject to the provisions of the Act, any Secretary shall be appointed by the Directors for such term at such remuneration and on such conditions as the Directors may think fit. Any Secretary so appointed by the Directors may be removed by them.

30.2 A Secretary who is also a Director may not be remunerated save as permitted in accordance with the Articles.

31 Minutes

31.1 The Directors shall ensure that the Charity keeps records, in writing, comprising:

31.1.1 minutes of all proceedings at general meetings;

31.1.2 copies of all resolutions of Members passed otherwise than at general meetings;

31.1.3 details of appointments of officers made by the Directors; and

31.1.4 minutes of meetings of the Directors and committees of the Directors, including the names of the Directors present at the meeting.

31.2 The Directors shall ensure that the records comprising 31.1.1 and 31.1.2 above shall be kept for at least 10 years from the date of the meeting or resolution, as the case may be.

ACCOUNTS AND AUDIT

32 Accounts

32.1 The Directors shall comply with the requirements of the Act and of the Charities Act for keeping financial records, the audit or other scrutiny of accounts (as required) and the preparation and transmission to the Registrar of Companies and the Charity Commission, as the case may be, of:
32.1.1 annual reports;
32.1.2 annual returns; and
32.1.3 annual statements of account.

32.2 Accounting records relating to the Charity shall be made available for inspection by any Director at any reasonable time during normal office hours.

32.3 The Directors shall supply a copy of the Charity’s latest available statement of account to any Director on request, and within two months of the request to any other person who makes a written request and pays the Charity’s reasonable costs of complying with the request.

33 Audit

Auditors shall be appointed and their duties regulated as required in accordance with the Act and the Charities Act.

COMMUNICATION

34 Means of communication

34.1 Subject to the Articles, the Charity may deliver a notice or other document to a Member:

34.1.1 by delivering it by hand to an address as provided in accordance with paragraph 4 of schedule 5 to the Act;

34.1.2 by sending it by post or other delivery service in an envelope (with postage or delivery paid) to an address as provided in accordance with paragraph 4 of schedule 5 to the Act;

34.1.3 by fax to a fax number notified by the Member in writing;

34.1.4 in electronic form to an address notified by the Member in writing; or

34.1.5 by a website, the address of which shall be notified to the Member in writing.

34.2 This Article does not affect any provision in any relevant legislation or the Articles requiring notices or documents to be delivered in a particular way.

34.3 If a notice or document:

34.3.1 is delivered by hand, it is treated as being delivered at the time it is handed to or left for the Member.

34.3.2 is sent by post or other delivery service in accordance with Article 34.1.2 above it is treated as being delivered:

(a) 24 hours after it was posted, if first class post was used; or
(b) 48 hours after it was posted or given to delivery agents, if first class post was not used;

provided it can be proved that a notice or document was delivered by post or other delivery service by showing that the envelope containing the notice or document was:

(c) properly addressed; and

(d) put into the postal system or given to delivery agents with postage or delivery paid.

34.3.3 is sent by fax, providing that the Charity can show that it was sent to the fax number provided by the Member, it is treated as being delivered at the time it was sent.

34.3.4 is sent in electronic form, providing that the Charity can show that it was sent to the electronic address provided by the Member, it is treated as being delivered at the time it was sent.

34.3.5 is sent by a website, it is treated as being delivered when the material was first made available on the website, or if later, when the recipient received (or is deemed to have received) notice of the fact that the material was available on the website.

INDEMNITY

35 Indemnity

Subject to the provisions of the Act, but without prejudice to any indemnity to which the person concerned may otherwise be entitled, every Director or other officer of the Charity (other than any person (whether an officer or not) engaged by the Charity as auditor) shall be indemnified out of the assets of the Charity against any liability incurred by him for negligence, default, breach of duty or breach of trust in relation to the affairs of the Charity, provided that this Article shall be deemed not to provide for, or entitle any such person to, indemnification to the extent that it would cause this Article, or any element of it, to be treated as void under the Act.

RULES AND BYELAWS

36 Rules or byelaws

36.1 The Directors may from time to time make or amend such rules or byelaws as they may deem necessary or convenient for the proper conduct and management of the Charity or for the purpose of prescribing classes and conditions of any group established to support the Charity. In particular but without prejudice to the generality of the above, they may by such rules or byelaws regulate:

36.1.1 the rights and privileges of members and the conditions of membership;
36.1.2 the conduct of members in relation to one another and to the Charity's employees and volunteers;

36.1.3 the setting aside of the whole or any part or parts of the Charity's premises at any particular time or times or for any particular purpose or purposes; and

36.1.4 the procedure at general meetings and meetings of the Directors and committees in so far as such procedure is not regulated by these Articles.
DATED 2017

(1) MAUDSLEY CHARITY

and

(2) SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST

DEED OF UNDERSTANDING
THIS DEED OF UNDERSTANDING is dated 2017

PARTIES

(1) SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST whose registered address is at Bethlem Royal Hospital, Monks Orchard Road, Beckenham BR3 3BX (the NHS Foundation Trust, which expression shall include any Successor Body); and

(2) [MAUDSLEY CHARITY], a company limited by guarantee with company number [TO BE INSERTED] and a charity registered in England with registration number [TO BE INSERTED], whose registered office is at the ORTUS Centre 82-96 Grove Lane, London SE5 8SN (the Receiving Charity).

RECITALS

(A) This Deed is supplemental to the Government Response (as hereinafter defined), which outlines the process by which the trustees of an NHS Charity (as hereinafter defined), may resolve to transfer the undertaking of an NHS Charity to an Independent Charity (as hereinafter defined) (an NHS Transfer).

(B) The Government Response provided that an NHS Transfer would be conditional upon the NHS Charity first procuring:

- the consent of its associated NHS Body (the Consent); and
- a commitment from the NHS Body to transfer from the date of the NHS Transfer any legacies, donations and gifts which the NHS Body may receive to the Independent Charity (the Commitment).

(C) The NHS Foundation Trust is corporate trustee of Maudsley Charity, which is registered with the Charity Commission with charity number 1055440 and which is an NHS Charity (the Fund), and the Receiving Charity is an Independent Charity (as hereinafter defined) for the purposes of the Government Response.

(D) The charitable objects of the Receiving Charity encompass the Fund Objects, including the objects of the Related Charities (as hereinafter defined).

(E) It is proposed that the NHS Foundation Trust and the Receiving Charity enter into a transfer deed for the purposes of transferring all of the assets, liability and undertaking of the Fund to the Receiving Charity on 1 April 2018, [save for the Excluded Assets (as defined below)].

(F) The NHS Foundation Trust shall procure from the Charity Commission an Order pursuant to section 105 of the Charities Act 2011 to authorise the transfer and a further Order pursuant to section 69 of the Charities Act 2011 to vest the property of the Fund in the Receiving Charity.

(G) Subject to this Deed being entered into, it is proposed that NHS Improvement shall terminate the appointment of the NHS Foundation Trust as corporate trustee of the Fund and remove the NHS Foundation Trust from the list of NHS Bodies capable of administering NHS Charity funds with effect from 1 April 2018.
In accordance with the process set out in the Government Response, the Receiving Charity wishes to procure the Consent and Commitment of the NHS Foundation Trust prior to 1 April 2018 to enable the undertaking of the Fund to be transferred to the Receiving Charity as outlined above.

The parties wish to record the basis of their understanding in this Deed, which sets out the terms agreed by the parties in relation to the proposed transfer (including how they will work together following the transfer of the undertaking of Fund) and acknowledges the additional steps required to bring the reorganisation to its fruition.

OPERATIVE PROVISIONS

1 Definitions

1.1 In this Deed:

2016/17 Accounts means the audited financial statements of the Fund for the year ended 31 March 2017 comprising a balance sheet, statement of financial activities together with the notes thereon, and the directors’ and auditors’ reports;

Assignment means the assignment of all of the NHS Foundation Trust’s rights, title and interest in the Fund save for the Excluded Assets to the Receiving Charity by means of a Transfer Deed as envisaged in recital (E) above;

Charity Funds means the restricted, unrestricted and endowment funds of the Fund, as described in the notes to the 2016/17 Accounts;

Charity Commission means the Charity Commission for England and Wales;

[Excluded Assets] [means any Permanent Endowment;]

Fund Balances means the prevailing net asset position of each Charity Fund at the date of the Assignment;

Fund Objects means the objects of the Fund, which are encompassed by the objects of the Receiving Charity, being to further charitable purposes relating to the provision of Hospital services (including research) or to any other part of the Health Service associated with any Hospital as the trustees think fit;

Gift means any legacies, donations and gifts received in future by the NHS Foundation Trust to provide or improve any services or any facilities or accommodation which is or are, or will be, provided as part of the Health Service, or which assists the NHS Foundation Trust in connection with its functions with respect to research, but excluding any benefits in kind provided directly to the NHS Foundation Trust in furtherance of the Health Service;
Guiding Principles means mutually agreed principles of future collaboration between the NHS Foundation Trust and the Receiving Charity as more fully described in Schedule 2;

Government Response means the Government response to the consultation concerning the regulation and governance of NHS charities published on 14 March 2014;

Health Service means the health service as defined in the NHS Act 2006;

Hospital means hospital as defined in the NHS Act 2006;

Independent Charity means a charity which:

(a) operates outside the NHS legislative framework; and

(b) is subject to the exclusive supervisory, advisory and regulatory powers of the Charity Commission;

NHS Act 2006 means the National Health Service Act 2006;

NHS Body has the meaning given in the NHS Act 2006 and includes the NHS Foundation Trust;

NHS Charity means a charity which is linked to an NHS Body and derives its remit from NHS legislation;

[Permanent Endowment] [means any assets of the Fund that are held subject to a permanent endowment restriction;]

Related Charities means the restricted funds and other charities of linked to the Fund as more fully described in Schedule 1;

SOSH means the Secretary of State for Health;

Successor Body means any statutory body to whom the functions or activities of the NHS Foundation Trust are transferred by legislation relating to the Health Service or by order of any relevant regulatory body and whose activities can be supported by the Receiving Charity pursuant to its charitable objects.

1.2 Unless the context otherwise requires the singular includes the plural and the masculine includes the feminine and vice versa.

1.3 Clause headings are for reference only and do not affect the interpretation of this Deed.

1.4 A reference to a particular statute, statutory provision or subordinate legislation is a reference to it as it is in force, taking account of any amendment or re-enactment and includes any statute, statutory provision or subordinate legislation which it amends or re-enacts and subordinate legislation for the time being in force made under it provided that, as between the parties, no such amendment or re-enactment shall apply for the purposes of this agreement to the extent that it would impose any new or extended obligation, liability or restriction on, or otherwise adversely affect the rights of, any party.
2 Consent

2.1 Provided that the Receiving Charity shall:

2.1.1 apply the assets, property, income and capital of the Fund only in furtherance of the Fund Objects;

2.1.2 use the Fund Balances of the Charity Funds to advance their respective charitable purposes;

2.1.3 use the assets of the Related Charities solely to advance their respective charitable purposes; and

2.1.4 confer on the NHS Foundation Trust the power to nominate:

(a) up to three trustees in circumstances where the number of trustees on the board of the Receiving Charity, including those nominated by the NHS Foundation Trust, equates to no more than ten; or

(b) up to four trustees in circumstances where the number of trustees on the board of the Receiving Charity, including those nominated by the NHS Foundation Trust, equates to eleven or more

provided in all cases that the trustees nominated by the NHS Foundation Trust shall not constitute a majority; and

2.1.5 acknowledge that any unrestricted Gifts it receives from the NHS Foundation Trust are likely to relate to the donors’ desire to recognise the work of the NHS Foundation Trust and to provide benefit to the Health Service patients whom it serves, and the Receiving Charity will have due regard to this when considering grant applications

the NHS Foundation Trust hereby consents to the Assignment.

3 Commitment to transfer Gifts

3.1 From the date of the Assignment and in exercise of the powers conferred on it by sections 47 and 222 of the NHS Act 2006 and of all other relevant powers the NHS Foundation Trust shall, if and insofar as it is legally entitled so to do:

3.1.1 promptly transfer any Gift to the Receiving Charity subject to any restrictions on the purpose for which such a Gift may be applied and, in the absence of any such restrictions, in furtherance of the Fund Objects; and

3.1.2 hold any Gift in trust and on a restricted basis for the Receiving Charity until it is transferred or paid.

4 Assignment

The parties agree that the Assignment shall be completed as soon as reasonably practicable, in a manner and on a date to be agreed by the Receiving Charity, the NHS Foundation Trust and the SOSH.
Collaboration between the parties

5.1 The parties’ intend to put in place suitably co-operative and collaborative arrangements governing their relationship following the Assignment as more fully described in the Guiding Principles. In particular, the NHS Foundation Trust and Receiving Charity will regularly discuss the fundraising opportunities and targets of the Receiving Charity and activities and projects of the NHS Foundation Trust that would be suitable to support or fundraise for, as well as their priorities.

5.2 The NHS Foundation Trust will co-operate with the fundraising and awareness-raising activities of the Receiving Charity including by the provision of access to its premises and staff on such terms as the parties may from time to time agree and generally will make reasonable endeavours to promote the activities of the Receiving Charity with its patients and staff.

Independence of Receiving Charity

The NHS Foundation Trust acknowledges and agrees that, following the Assignment, the NHS Foundation Trust will have no legal or other right, save as specified in this Deed, in relation to either the Receiving Charity or the Fund including its operations, the appointment and removal of trustees or the application of charitable funds.

Variation

No variation of this Deed shall be effective unless it is in writing and signed by each of the parties.

Costs

Except as otherwise provided, the parties shall each bear their own costs and expenses incurred in complying with their obligations under this Deed.

Status

Nothing in this Deed is intended to, or shall be deemed to, establish any partnership or joint venture between the parties, constitute either party as the agent of the other party, nor authorise either of the parties to make or enter into any commitments for or on behalf of the other party.

Dispute Resolution

10.1 If any dispute arises in connection with this agreement, the parties will attempt to settle it by mediation in accordance with the Centre for Effective Dispute Resolution (CEDR) Model Mediation Procedure. Unless otherwise agreed between the parties within 14 days of notice of the dispute, the mediator will be nominated by CEDR. To initiate the mediation a party must give notice in writing (ADR notice) to the other parties to the dispute requesting a mediation. A copy of the request should be sent to CEDR.

10.2 The mediation will start not later than 28 days after the date of the ADR notice.
11 Governing law and jurisdiction

This Deed shall be governed by and construed in accordance with English law and each party agrees to submit to the exclusive jurisdiction of the courts of England and Wales.

12 Counterparts

This Deed may be executed in any number of counterparts, each of which when executed and delivered constitutes an original of this Deed but all of the counterparts together shall constitute the same Deed.

This document has been executed as a deed and is delivered and takes effect on the date stated at the beginning of it.
# SCHEDULE 1

## Related Charities

<table>
<thead>
<tr>
<th>NAME OF CHARITY</th>
<th>LINKED NUMBER</th>
<th>DESCRIPTION OF PURPOSES</th>
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<tbody>
<tr>
<td>Maudsley Charity – Marina House Project</td>
<td>1055440-1</td>
<td>For the relief of sickness of patients who are treated at the South London and Maudsley NHS Trust Addiction Resource Centre at Marina House in particular by extending the opening and operating hours.</td>
</tr>
<tr>
<td>South London and Maudsley NHS Trust Special Purpose Charitable Fund</td>
<td>1055440-2</td>
<td>For any charitable purpose or purposes relating to the National Health Service wholly or mainly for the service provided by the South London and Maudsley NHS Trust.</td>
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</tbody>
</table>
| Bethlem Gallery Projects Limited              | 1055440-3     | To assist in the treatment and care and the advancement of the health of patients (including ex-patients) at the Bethlem Royal Hospital or those being treated by the South London and Maudsley NHS Foundation Trust (or any of its successor bodies) suffering from mental illness of any description or in need of rehabilitation as a result of such illness by showing the artistic work, celebrating and nurturing the creative talents and achievements of such patients at the Bethlem Gallery and thereby providing a therapeutic benefit to them.  
To undertake research into the relationship between health and creativity to improve the clinical services provided to and to advance the health of patients being treated at the Bethlem Royal Hospital or those being treated by the South London and Maudsley NHS Foundation Trust (or any of its successor bodies) suffering from mental illness of any description.  
To advance the education of the general public in all areas relating to mental illness of any description by challenging stigma, encouraging debate and increasing understanding of mental health through the publication of issues that are relevant to the care and treatment of patients suffering from mental illness of any description.  
To advance the education of and provide relief from unemployment for the benefit of patients (including ex-patients) at the Bethlem Royal Hospital or those being treated by the South London and Maudsley NHS Foundation Trust (or any of its successor bodies) suffering from mental illness of any description or in need of rehabilitation as a result of such illness by the provision of |
skills-based learning, professional development and assistance to secure educational and employment opportunities.

To advance the education of students in all areas relating to mental illness of any description by organising seminars, conferences and participating in educational collaborations with other persons or bodies.

To promote and advance the arts for the benefit of the public through the operation and maintenance of the Bethlem Gallery.
SCHEDULE 2

Guiding Principles

The NHS Foundation Trust and the Receiving Charity shall abide as far as reasonably possible by the following guiding principles:

(a) Ensure that NHS patients benefit as a result of the Assignment

The mutual over-riding intention of the NHS Foundation Trust and the Receiving Charity is that they will put in place suitably co-operative and collaborative arrangements between themselves to ensure that the NHS patients who are the Receiving Charity's beneficiaries will benefit and that their shared goal of improved mental health is achieved.

(b) Understanding strategic obligations

The NHS Foundation Trust and the Receiving Charity acknowledge the importance of understanding each other's strategic objectives and, to the extent compatible with their respective legal obligations, achieving alignment between them, together with a mutually supportive relationship which ensures that neither party acts in a way which could damage the other’s objectives.

(c) Regular communications

The NHS Foundation Trust and the Receiving Charity recognise the importance of regular communication in ensuring that these Guiding Principles are realised and drive success, and will maintain appropriate bilateral relationships at an executive and non-executive level to ensure effective working relations and communication.

(d) Briefing by clinical leaders

In particular, in the interests of ensuring understanding of the NHS Foundation Trust's priorities and future plans, the NHS Foundation Trust and Receiving Charity will ensure that the Receiving Charity's trustees are regularly briefed, including, where relevant, by clinical leaders, on any significant projects.

(e) Mutual recognition

The Receiving Charity recognises that grants which fund or support the activities of the NHS Foundation Trust either directly or indirectly (so far as those are deemed to be charitable) are the primary mechanism by which the Receiving Charity will advance its charitable purposes.

The NHS Foundation Trust recognises that by virtue of the breadth of the charitable activities which the Receiving Charity may support across all of the Hospitals administered by the NHS Foundation Trust that the Receiving Charity should be afforded special recognition as the NHS Foundation’s principal charity.

(f) Reputation

Neither the NHS Foundation Trust nor the Receiving Charity will bring the name of the other party into disrepute.
Signed as a deed by
MAUDSLEY CHARITY
acting by [ ]
and
[ ]
Director

Signed as a deed by
SOUTH LONDON AND MAUDSLEY
NHS FOUNDATION TRUST whose common
seal was hereunto affixed and authenticated by

<table>
<thead>
<tr>
<th>Authorised Signatory</th>
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REPORT TO THE PUBLIC BOARD
July 2017

<table>
<thead>
<tr>
<th>Title</th>
<th>RENOMINATION OF A TRUSTEE FOR THE BETHLEM ART AND HISTORY COLLECTIONS TRUST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accountable Director</td>
<td>Rachel Evans, Director of Corporate Affairs</td>
</tr>
<tr>
<td></td>
<td>Supported by Jill Lockett, Chair of BAHCT</td>
</tr>
</tbody>
</table>

Purpose of the paper

To agree the re-nomination of a SLaM nominee as a Trustee of the Bethlem Art and History Collections Trust.

1. Under the Bethlem Art and History Collections Trust Deed, SLaM nominates 5 of the 10 Trustees. This is an honorary appointment.

2. Prof Robert Howard comes to the end of his 5-year term on 26 July 2017 and has expressed an interest in serving another term. This is supported by the Chair and other Trustees.

3. It is recommended that Professor Robert Howard is re-appointed for a further 5-year term with effect from 26 July 2017.
Title | CEO & SENIOR MANAGEMENT TEAM OBJECTIVES
--- | ---
Author | Matthew Patrick, Altaf Kara & Rachel Evans

Purpose of the paper

To inform the Board about the proposed personal priorities for the Chief Executive for 2017 / 18, including those identified as key priorities for the Non-Executive Directors.

To inform the Board about the proposed objectives for the Senior Management Team for 2017 / 18.

Executive summary

This paper sets out the personal priorities for the Chief Executive and the Senior Management Team, in a way that is aligned with the organisational driver diagram for the Trust for 2017 / 18.

1. Chief Executive personal priorities 2017 / 18

The boxed priorities are those highlighted by NEDs as key personal priorities

Care and Prevention

1. To ensure that there has been a marked increase by April 2018 in the levels of traction achieved by Quality Improvement across the Trust with a view to QI being increasingly understood as “how we do things here”. This will be delivered by:

   a. Sustained Senior Management Team leadership, engagement and role-modelling;
   b. A package of impactful stories about the benefits that Quality Improvement has already delivered in SLaM;
   c. Relentless internal communications focus that brings the initiatives to life in a way that is accessible for staff across the Trust.
Also:
2. To ensure the successful delivery of the **Lambeth population health contract** and the evolution of an effective **borough / CAG management matrix**, taking opportunities to maximise the benefits of this new approach in the other three boroughs over the coming 6 – 9 months.

3. To oversee the launch of Phase 1 of the **Estates Strategy** and to provide effective senior leadership to ensure that plans are, wherever possible, well-received by local stakeholders. Ensuring that our day-to-day estates management service is fit for purpose and able to deliver what we need as an organisation by September 2017 at the latest.

**Workforce**

4. To ensure that the Board receives by July 2017 a targeted and evidence-based strategy for improved **retention and recruitment**. To oversee and monitor the implementation of recommendations in a way that drives progress and to have overseen, by the end of 2017, the introduction of a “single version of the truth” on workforce and vacancy data to support improved monitoring.

Also:
5. To deliver a marked change in the treatment of **BME staff** in the Trust, including by:

   a. Making linear progress towards achieving that the representation of BME staff at bands 8c and above by Spring 2021, by increasing the number of BME staff at those levels from 21 to around 28 by April 2018.

   b. Quickly eliminating the over-representation of BME staff in disciplinary proceedings, by the successful introduction of the review checklist and the introduction of new gateways in our disciplinary processes. To be approaching a position, by April 2018, where there is no over-representation of BME staff in disciplinary proceedings.

   c. To achieve a substantial improvement to the career development offer to BME staff by the publication of the Staff Survey results, such that the gap between white and BME staff responding to the career development questions in the Staff Survey 2017 survey is markedly narrowed.

6. To recruit high-quality staff members to the Senior Management Team on the departure of current members, including by September 2017 to have made suitable arrangements for filling the role of Human Resources Director. To build a cohesive team dynamic where colleagues pull together, where support is readily provided and where the strength of the team dynamics and relationships mean that challenge is welcomed and valued.
Research and Development

7. To establish a highly effective relationship with the new Dean of the IoPPN and to support the development of an IoPPN strategy that aligns with the Trust’s strategic direction. To identify and pursue opportunities for collaborative working that maximises the commercial benefits for the Trust in, for example, training and education and overseas development.

Also:
8. To oversee the design and delivery of a Digital Strategy that is set out in a comprehensive paper to the Board in September 2017 and that directly connects with, and supports, the Trust’s key objectives, maximising our new Digital Exemplar status alongside the strength of our BRC.

Partnership and engagement

9. To drive development of the SLMHCP expressed in:

a. the successful delivery of the Tier 4 CAMHS New Model of Care;

b. the delivery of c. £0.5m operational savings from ‘back office’ functions across the Trust by April 2018;

10. To oversee the design and implementation of a robust Public, Service User and Carer involvement strategy that positions the Trust as an exemplar across mental health FTs. This will include ensuring that the Deep Dive scheduled for October is evidence-based and ambitious.

Sustainable Finances and Government

12. Money remains very tight within the health service, no less so for mental health trusts then for others. Maintaining financial stability remains key, therefore. Priorities must be to deliver Control Total (based on challenging CIPs and QUIPP programmes)

13. To support, as appropriate, the development of the QSC so that it can fulfil its terms of reference and provide assurance to the Board on the delivery of the Trust’s quality strategy.

14. Maintaining operational performance remains key to delivery of our annual plan, most notably Out of Area placements and Length of Stay. As CEO, I set performance standards and expectations and ensure delivery against them.
2. **SMT Objectives 2017 / 18**

**Aim**
- To continuously improve the mental health outcomes for the population we serve whilst maintaining financial sustainability.

**Primary Drivers**
- **Care and Prevention**
  - Prompt, consistent and reliable care.
- **Workforce**
  - Well engaged and consistently excellent experience.
- **R&D**
  - Increased research activity with strong alignment to clinical delivery.
- **Partnerships & Engagement**
  - Effective and strong partnerships.
- **Sustainable Financial Governance**
  - To continuously improve efficiency & be financially sustainable.

**SMT Objectives 2017 – by team member**

**Michael**
- **Objective**: Obtain full benefit of R&D investment (Michael).
  - Transform culture so QI is at its heart (Michael).
- **Primary Drivers**:
  - Improved engagement by Doctors in leadership of change (Michael).
  -送货工作与过程与政策差距与医疗保健的改进 (Michael).
  - To address process and policy gaps with Medical HR (Michael).
- **SMT Objectives 2017 / 18**:
  - To increase research activity and align financial incomes to activity (Michael).
  - To work with our partners to develop QI across trusts (Michael).
  - Reduce agency spend for doctors & integrate drugs budget (Michael).

**Kris**
- **Objective**: Population health blueprint for Lambeth: railhead plan, borough based community services redesign (Kris).
  - Transform culture so QI is at its heart (Kris).
  - To develop the strategic partnership approach with housing providers (Kris).
- **Primary Drivers**:
  - To deliver QIPs, CQUINs & CIPs (Kris).
  - To address process and policy gaps (Kris).
  - To fully establish the PMO (Kris).
- **SMT Objectives 2017 / 18**:
  - To transform culture so QI is at its heart (Kris).
  - To deliver estates strategy and improve estates capability (Kris).
  - To develop the strategic partnership approach with housing providers (Kris).

**Altaf**
- **Objective**: Strategic enablement (Altaf).
  - Transform culture so QI is at its heart (Altaf).
  - To oversee execution of the new Trust strategy (Altaf).
- **Primary Drivers**:
  - To achieve a step change improvement in our commercial performance (Altaf).
  - To deliver estates strategy (Altaf).
  - To oversee execution of the new Trust strategy (Altaf).
- **SMT Objectives 2017 / 18**:
  - To achieve a step change in governance and enablement of R&D strategy (Gus).
  - To deliver estates strategy and improve estates capability (Altaf).
  - To develop and implement a new reward & recognition strategy (Louise).

**Matthew**
- **Objective**: Define and deliver AEC strategy across SL and STPs (Matthew).
  - Transform culture so QI is at its heart (Matthew).
  - To build an effective and collaborative culture that adds value (Rachel).
- **Primary Drivers**:
  - To focus on tackling bullying and harassment (Louise).
  - To implement staff health and wellbeing strategy (Louise).
- **SMT Objectives 2017 / 18**:
  - To deliver estates strategy (Altaf).
  - To achieve a step change improvement in our commercial performance (Altaf).
  - To focus on tackling bullying and harassment (Louise).

**Rachel**
- **Objective**: Deliver QCC outstanding in 19/20 including PPI strategy (Beverley).
  - Transform culture so QI is at its heart (Rachel).
  - To lead a dynamic workforce equality programme that delivers results (Rachel).
- **Primary Drivers**:
  - Develop reducing prone plans to give measurable improvement (Beverley).
  - To support a high-performing board through excellent support, processes & structured development (Rachel).
- **SMT Objectives 2017 / 18**:
  - To transform culture so QI is at its heart (Rachel).
  - To lead a dynamic workforce equality programme that delivers results (Rachel).
  - To improve management capability and career development offer (Louise).

**Gus**
- **Objective**: Medium range financial strategy and step change in governance (Gus).
  - Transform culture so QI is at its heart (Gus).
- **Primary Drivers**:
  - To support and build a cohesive, high-performing SMT (Rachel).
  - To improve management capability and career development offer (Louise).
- **SMT Objectives 2017 / 18**:
  - To support and build a cohesive, high-performing SMT (Rachel).
  - To develop and implement a new reward & recognition strategy (Louise).
  - To implement staff health and wellbeing strategy (Louise).
### SMT Objectives 2017 / 18 – by primary driver

#### Primary Drivers

<table>
<thead>
<tr>
<th>Strategic Strands</th>
<th>SMT Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Care and Prevention</strong></td>
<td>Deliver CCC outstanding in 18/19 including PPI strategy (Beverley)</td>
</tr>
<tr>
<td>Prompt, consistent and reliable</td>
<td>Medium range financial strategy and step change in governance (Gus)</td>
</tr>
<tr>
<td><strong>Workforce</strong></td>
<td>Define and deliver ACS strategy across SL and STPs (Matthew)</td>
</tr>
<tr>
<td>Well engaged and consistently excellent experience</td>
<td>To develop clear reducing prone plans that lead to measurable improvement (Beverley)</td>
</tr>
<tr>
<td><strong>R&amp;D</strong></td>
<td>Obtain full benefit of R&amp;D investment (Michael)</td>
</tr>
<tr>
<td>Increased research activity with strong alignment to clinical delivery</td>
<td>Improved engagement by Doctors in leadership / change / QI (Beverley)</td>
</tr>
<tr>
<td><strong>Partnerships &amp; Engagement</strong></td>
<td>Deliver estates strategy and improve estates capability (Altaf)</td>
</tr>
<tr>
<td>Effective and strong partnerships</td>
<td>To lead a dynamic workforce equals programme that delivers results and improves (Rachel)</td>
</tr>
<tr>
<td><strong>Sustainable Finances &amp; Governance</strong></td>
<td>To develop the strategic partnership approach with housing providers which support the LSI (Kris)</td>
</tr>
<tr>
<td>To continuously improve efficiency &amp; be financially sustainable</td>
<td>To work effectively with the Charity on independence, Museum &amp; Gallery direction etc. (Rachel)</td>
</tr>
</tbody>
</table>

#### SMT Objectives 2017 / 18 – by primary driver

<table>
<thead>
<tr>
<th>Primary Drivers</th>
<th>SMT Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Population health outcome</strong></td>
<td>To work with our partners to develop OI across trusts (Michael)</td>
</tr>
<tr>
<td><strong>Patient Experience</strong></td>
<td>To develop and implement a new reward &amp; recognition strategy (Louise)</td>
</tr>
<tr>
<td><strong>Staff Experience</strong></td>
<td>To ensure SLAM fully engaged in SLP HR stream (Beverley)</td>
</tr>
<tr>
<td><strong>Sustainable Financial Performance &amp; Governance</strong></td>
<td>To support and build a cohesive, high-performing SMT (Rachel)</td>
</tr>
</tbody>
</table>

### Aim

To continuously improve the mental health outcomes for the population we serve whilst maintaining financial sustainability.
REPORT TO THE TRUST BOARD: PUBLIC

25 JULY 2017

<table>
<thead>
<tr>
<th>Title</th>
<th>COUNCIL OF GOVERNORS’ REPORT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author</td>
<td>Carol Stevenson</td>
</tr>
<tr>
<td>Accountable Director</td>
<td>Rachel Evans</td>
</tr>
</tbody>
</table>

Purpose of the paper

To update the Board on the recent activity of the Council of Governors

Nominations Committee

1. The Nominations Committee met on Wednesday 28th June. The agenda included the appraisal of the Chair and the Non-Executive Directors; the objectives for Non-Executive Directors and recommendations to the Council of Governors in September for the reappointment of the Chair and June Mulroy.

The Committee also noted the news that Dr Julie Hollyman was intending to retire in January 2018 and would not be seeking a second term as a Non-Executive Director. The Committee reflected on Julie’s outstanding contribution to the Trust to date and her excellent working relationship with the Council of Governors.

The Committee agreed on the processes for recruiting a new NED by the end of the year and is seeking the views of the Board on the criteria for the appointment.

Governor only meeting

2. The governors met on 12th July. The involvement of Governors in the Involvement Oversight Group, plans for joint meetings with other Governors, the need to have a better discussion of the Finance and Performance Report, support for Trust staff and possible lobbying initiative (see below), and Staff Awards were discussed.

**Lobbying initiative:** Governors recognise the additional pressures facing staff living in and around the London area including transport and accommodation costs and the pay cap. We are pleased that some action is taking place on trying to address these challenges at SLAM. Some informal discussions have also taken place around the possibility of Governors from SLAM, KCH and GSTT lobbying to support our staff, including lobbying the Mayor of London, our local MPs and engaging the support of our local authority Governors.

**A&E:** Governors remain concerned about mental health patients arriving at local A&E departments. The situation is aggravated by difficulties in reaching A&E targets, a shortage of mental health beds and the impact of Social Care problems related to freeing up beds by reducing length of stay.
Site visit to Addictions CAG

3. A site visit took place on Tuesday 4th July; a very positive visit with exemplary work taking place and former service users actively engaged and participating in the work.

Disclosure and Barring Service (DBS) checks

4. We have received advice from CQC that governors require DBS checks for all inpatient visits.

Meeting with governors across the South London Mental Health Community Partnership (SLMHCP)

5. A joint meeting is being organised in October, hosted by SLaM.
REPORT TO THE TRUST BOARD:  PUBLIC
25th July 2017

<table>
<thead>
<tr>
<th>Title</th>
<th>Briefing from Quality Sub Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author</td>
<td>Amanda Pithouse, Director of Patient Experience and Quality/Deputy Director of Nursing</td>
</tr>
<tr>
<td>Accountable Director</td>
<td>Beverley Murphy, Director of Nursing</td>
</tr>
</tbody>
</table>

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 20th June 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:

- Themed Review - Mortality Review Progress and Reducing Premature Death
- Smoke Free Policy
- Safer Staffing
- NICE Guidelines/Clinical Audit
- Involvement Register
- Fire safety work plan and policy
- Policy Ratification process

Committees where this item has been considered

<table>
<thead>
<tr>
<th>Date</th>
<th>Committee / Meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>20th June 2017</td>
<td>Quality Sub Committee</td>
</tr>
</tbody>
</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 – 20th June 2017
1. Themed Review – Mortality Review Progress and Reducing Premature Death

An overview on national and local work relating to mortality review processes and work on reducing premature deaths was presented to the committee. It was acknowledged by the committee that the recommendations from the recently published CQC accountability report has its limitations, however it is clear within the guidance provided that learning from deaths is a priority for the NHS and a process should be in place in Trusts in order to ensure this happens. Assurance was provided to the committee that the Trust is achieving this through our mortality review processes.

**Action:** An update on further progress to be brought back to the committee in the future. The Committee Chair, Medical Director and the Director of Nursing will agree timeframes.

2. Smoke Free Policy

The Nurse Consultant (Health Promotion and Well Being), presented recent changes to the smoke free policy. This policy was ratified by the policy working group in April 2017. The policy changes include highlighting new treatment options for service users and practice issues related to this. The policy was very much welcomed by the committee and assurance was provided that there are clear implementation plans for delivery with very clear outcomes.

3. Safer Staffing

At the March Board meeting it was requested that future reports on safer staffing include the triangulation of data sets such as sickness absence rates, vacancy rates and staffing breaches. The Board requested that a paper be taken to a future Quality Sub Committee outlining a proposal on reporting content of the safer staffing report going forward. The Quality Sub Committee received this report and agreed the proposal, which included a CAG reporting template for completion. This template includes workforce data and quality data.

**Action:** The Director of Nursing to carry out a 6 monthly staffing review and report to the Board in September using the new template and format.

4. NICE Guidelines/Clinical Audit

An update on the Trust annual audit work plan and progress against NICE guidance was provided to the Committee. It was agreed a more detailed report would be presented at future committees.

**Action:** A paper will be presented to the QSC in the autumn with a more detailed qualitative assessment of progress against NICE guidance.

5. Involvement Register

An overview of the involvement register was provided which included data on involvement activity for those on the register across the Trust. Questions were raised regarding the bureaucratic element of joining the register and whether rewarded activity is unique only to those on the register. It was highlighted that the register enabled rewarded activity to be fair and consistent across services. It was recognised that the involvement register is just one of many mechanisms for involving carers and service users in Trust activity.

**Action:** It was agreed that a future report would be provided to the committee updating on progress against resolving some of the challenges raised in the paper and by the committee.

6. Fire safety work plan and policy

The fire safety work plan and policy were presented and discussed. It was noted that there has been challenges with the Fire policy in the past. The Fire Safety Management system was complicated,
lengthy and not very user friendly. A review of the Fire Safety Policy and the Fire Safety Management System has taken place and a work plan has now been developed. It was identified that the biggest gap within the processes was the absence of a fully qualified fire safety manager to lead on the delivery of the policy. This post is presently being recruited to. The committee was informed that Health, Safety and Fire will in future sit alongside patient safety and therefore will move to the Nursing Directorate and site safety and security will move to Operations.

**Action:** A qualitative report on fire policy and safety issues to be presented at a future Board meeting. It was agreed that the paper should cover how we assure ourselves that lessons are learned and outline steps to be taken to achieve this.

7. **Policy Ratification process**

The Committee previously requested a review of the process for policy ratification. This has been carried out and a paper was presented highlighting the key changes. The Committee agreed that the Policy Working Group should be renamed the “Clinical Policy Working Group” as its current title suggested its remit was much wider and broader than it actually is. The committee queried whether some policies needed to go directly to the Board. It was highlighted that the Board was required to own the Risk Management and Serious Incidents policy and has the responsibility to appropriately delegate the development and implementation of policies. It was noted that the Board may be interested in certain policies but did not have the responsibility for ratification.

**Action:** Non-clinical policies will go to the audit committee. QSC has delegated responsibility for Clinical Policies and will continue to receive periodic reports on progress and any significant issues. The Director of Nursing would consider how frequently such reports would be produced.

**Next meeting:** 18th July 2017
REPORT TO THE TRUST BOARD:  PUBLIC (AGENDA ITEM 12)

25th July 2017

Title | Audit Committee – update comprising
| (a) Key issues from June 2017 Audit Committee meeting
| (b) ‘Signed and sealed’ report
| (c) Terms of Reference for Board review/approval

Author | Steven Thomas (Audit Committee Secretary)
Accountable Director | Duncan Hames (Audit Committee – Non Executive Director)

Purpose of the paper

The following are regular reports to the Board following Audit Committee meetings, and are presented for the Board's information/discussion. The Board is requested to note the reports:

(a) key issues summary. This paper informs the Board about key issues noted at the Audit Committee meeting held on 27th June 2017. At this meeting the Audit Committee concluded that (minutes 14.1 refers) no matters required escalation for the attention of the Board. However the Audit Committee considers that the Board should be made aware of the Audit Committee’s concerns about the key potential issues/proposed resolutions shown in this key issues summary. On occasion the key issues summary may also include actions that the Audit Committee recommends the Board to deal with; and

(b) signed and sealed report. SLaM management is required to report to Audit Committee meetings on documents signed and sealed on behalf of the Trust, and the Audit Committee is required subsequently to present that report to the Board. The Audit Committee considered the attached signed and sealed report at its meeting on 27th June 2017.

The following report is presented for the Board's review/approval:

(c) Audit Committee terms of reference. These are unchanged from the version currently in force. The Audit Committee considered the current terms of reference at its meeting on 27 June 2017 and considered that no changes were needed.

Executive summary

Key issues summary. This report is itself a summary, and so is not further summarised.
Signed and sealed report. The CFO expanded on entries in the report and the Audit Committee Chair noted that information recorded in the report now appeared more complete and useful.
Audit Committee terms of reference. The document sets out the Audit Committee’s remit.

Committees where this item has been considered

<table>
<thead>
<tr>
<th>Date</th>
<th>Committee / Meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>27 June 2017</td>
<td>Audit Committee. The key issues report shows key issues arising from the Audit Committee’s meeting, and has been approved by the Audit Committee Chair. The Audit Committee considered the ‘signed and sealed’ report at this meeting. The Audit Committee considered the current terms of reference at this meeting and considered that no changes were needed</td>
</tr>
</tbody>
</table>

Note. To help ensure that the Board papers are as concise as possible, the key issues summary has been presented without the related Audit Committee minutes. These minutes are available upon request. The Audit Committee Chair may wish to expand or modify the key issues summary at the Board meeting.
**KEY ISSUES SUMMARY**

<table>
<thead>
<tr>
<th>Key potential issues noted at the Audit Committee meeting held on 27th June 2017</th>
<th>Mins ref</th>
<th>Actions proposed to address key issues as at 27th June 2017 (with timescales)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1). Adult Mental Health project. The Medical Director outlined what had worked well (in particular involvement of leadership and the Board), what had not worked well (in particular the impact of locums and vacancies on team development). The Medical Director advised that the project had been structured with little opportunity for reflection, as the project progressed, to identify and implement improvements as the need for these became apparent. The Medical Director confirmed that length of stay issues may arise again in particular as data availability, although improving, remains an issue.</td>
<td>7.1.1</td>
<td>The Medical Director confirmed that increasing involvement of the Project Management Office (‘PMO’) and a consistent approach to escalation of issues was helping to ensure improvement; The Medical Director confirmed that SLaM was improving the induction pack for new staff/locums to help address knowledge issues arising from the higher than average staff turnover experienced on this project, in common with other new projects.</td>
</tr>
<tr>
<td>(2). Payroll services. The CFO advised the issues around SLaM continuing with an in-house payroll service. The CFO advised that SLaM is reviewing its options for provision of payroll services for 2017/18 onwards, including outsourcing and through a shared service with two other Trusts.</td>
<td>8.1.1</td>
<td>The CFO advised that currently issues are being addressed through staff ‘acting up’, stressing that this is a short term solution only.</td>
</tr>
<tr>
<td>(3). External audit. The CFO advised that Deloitte’s term as SLaM’s external audit provider will end in September 2017 and, with appropriate Governor involvement, SLaM is procuring external audit services collaboratively with Oxleas NHS Foundation Trust to cover the period thereafter.</td>
<td>8.1.1</td>
<td>The CFO advised that timing issues are being resolved and confirmed he would keep the Audit Committee updated;</td>
</tr>
<tr>
<td>(4). Assurance Framework: scrutiny of SO.4. The COO presented the up-to-date entry for Strategic Objective 4 (‘SO.4’) ‘Right information’ and advised that the Business Information team now formed part of the Operations team, subsequent to a review of operations. The Director of Performance, Contracts and Operational Assurance advised that SLaM is working on improving integration of SLaM’s 12 main information systems relevant to the Assurance Framework, in particular through clarifying the relevant definitions of ‘levels’ at which information is integrated between systems.</td>
<td>8.2.1</td>
<td>The Director of Performance, Contracts and Operational Assurance: (a) confirmed that relevant training is being offered to users, encouraging use of the risk/assurance reports as part of their day-to-day roles; and (b) noted that the real time nature of risk/assurance reporting now possible would facilitate this (with previous systems, delays of up to 6 weeks in generating integrated risk/assurance reports rendered them of limited use).</td>
</tr>
<tr>
<td>(5). Assurance Framework: follow up ‘limited assurance’ internal audit report. The CFO advised that, following review of this report by SLaM’s Director of Nursing SLaM management had commented and agreed actions in response to internal audit recommendations, and would update the Board further at its September 2017 meeting. Audit Committee members confirmed that they were content with SLaM management’s responses. The Audit Committee Chair noted that the Director of Corporate Affairs would be able to compare and contrast the findings of internal audit’s report with those in the report provided to the Board by the secretariat of Guy’s and St Thomas’ NHS Foundation Trust earlier in the year</td>
<td>8.4.1 8.4.3</td>
<td>The CFO or Director of Nursing will update the Dec.2017 Audit Committee meeting on SLaM’s progress in implementing agreed actions in response to the 2016/17 internal audit report on the Board Assurance Framework, and any related comments arising at the Sep.2017 Board meeting (Dec.2017).</td>
</tr>
</tbody>
</table>

**Key points of assurance**

The actions noted above refer.

The Audit Committee received assurance reports from internal audit and the counter fraud service provider. External audit had no significant matters to raise, their audit of the 2016/17 annual accounts and related reports having been completed and reported at previous Audit Committee meetings

**Key risks to flag (as noted above)**

As discussed more fully above, issues around: Adult Mental Health; Payroll services; and Assurance Framework

**Issues to be brought to the attention of other Committees**

Nothing significant from this Audit Committee meeting
<table>
<thead>
<tr>
<th>Number</th>
<th>Date</th>
<th>Description</th>
<th>Value</th>
<th>Length of Time involved</th>
<th>Between</th>
<th>And</th>
<th>Signature</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>154</td>
<td>28/03/2017</td>
<td>Entered in error</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>155</td>
<td>28/03/2017</td>
<td>Engagement of the lease relating to Telecoms Equipment located at Bethlem Royal Hospital</td>
<td>£16,000 per annum</td>
<td>10 years from 06/12/12 - 07/12/22</td>
<td>SLaM EE Limited and Hutchison 3G UK Ltd</td>
<td>Gus Heafield</td>
<td>Altaf Kara</td>
<td></td>
</tr>
<tr>
<td>156</td>
<td>28/03/2017</td>
<td>Lease</td>
<td>£48,000 per annum</td>
<td>12 months</td>
<td>SLaM Cinema Museum</td>
<td>Altaf Kara</td>
<td>Gus Heafield</td>
<td></td>
</tr>
<tr>
<td>157</td>
<td>04/05/2017</td>
<td>Lease of the Museum at Bethlem Royal Hospital</td>
<td></td>
<td>2 years</td>
<td>SLaM Bethlem History and Art Collections Trust</td>
<td>Kris Dominy</td>
<td>Neil Brimblecombe</td>
<td></td>
</tr>
<tr>
<td>158</td>
<td>04/05/2017</td>
<td>Lease of the Gallery at Bethlem Royal Hospital</td>
<td></td>
<td>2 years</td>
<td>SLaM Bethlem Gallery Projects Ltd</td>
<td>Kris Dominy</td>
<td>Neil Brimblecombe</td>
<td></td>
</tr>
<tr>
<td>159</td>
<td>19/06/2017</td>
<td>Granville Park Licence to MIND Bromley</td>
<td>Licence fee: 01/04 to 31/03 2017/2018 fee £15,300 pa 2018/2019 fee £15,606 pa 2019/2020 fee £15,912 pa</td>
<td>3 years</td>
<td>SLaM Bromley &amp; Lewisham MIND</td>
<td>Gus Heafield</td>
<td>Matthew Patrick</td>
<td></td>
</tr>
<tr>
<td>160</td>
<td>08/06/2017</td>
<td>Contract for the Provision of Public Health Services</td>
<td>£12,391,025</td>
<td></td>
<td>SLaM London Borough of Lambeth</td>
<td>Michael Holland</td>
<td>Kris Dominy</td>
<td></td>
</tr>
</tbody>
</table>

For 157 & 158 The Maudsley Charity will pay £168k per annum to the Trust.
### Summary of Documents on behalf of the South London & Maudsley NHSFT where signing is required.

<table>
<thead>
<tr>
<th>Number</th>
<th>Date</th>
<th>Description</th>
<th>Value</th>
<th>Length of Time Involved</th>
<th>Between</th>
<th>And</th>
<th>Signature</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>528</td>
<td>11/05/17</td>
<td>Variation of agreement to provide flexible staffing services (1 copy)</td>
<td>Variation to original contract. No specific value change to the original contract as a result of this variation</td>
<td>SLaM</td>
<td>NHS Professionals Ltd</td>
<td>Gus Heafield</td>
<td>Kris Dominy</td>
<td></td>
</tr>
<tr>
<td>529</td>
<td>11/05/17</td>
<td>Change control note for the provision of a managed Staff Bank Service (1 copy) &quot;The care support worker Development Programme&quot;</td>
<td>Variation to original contract. No specific value change to the original contract as a result of this variation</td>
<td>SLaM</td>
<td>NHS Professionals Ltd</td>
<td>Gus Heafield</td>
<td>Kris Dominy</td>
<td></td>
</tr>
<tr>
<td>530</td>
<td>11/05/17</td>
<td>Change control note for the provision of a managed Staff Bank Service (1 copy) &quot;Addition of Personal Social Services Staff Group&quot;</td>
<td>Variation to original contract. No specific value change to the original contract as a result of this variation</td>
<td>SLaM</td>
<td>NHS Professionals Ltd</td>
<td>Gus Heafield</td>
<td>Kris Dominy</td>
<td></td>
</tr>
<tr>
<td>531</td>
<td>29/03/15</td>
<td>Research contract for NIHR BRC (2 copies)</td>
<td>£66,077,501</td>
<td>Until 2022</td>
<td>SLaM</td>
<td>Secretary of State for Health</td>
<td>Matthew Patrick</td>
<td>Gus Heafield</td>
</tr>
<tr>
<td>532</td>
<td>12/04/17</td>
<td>Research contract for NIHR Clinical Research Facility</td>
<td>£3,964,705</td>
<td>Until 2022</td>
<td>SLaM</td>
<td>Secretary of State for Health</td>
<td>Matthew Patrick</td>
<td>Michael Holland</td>
</tr>
<tr>
<td>533</td>
<td>12/04/17</td>
<td>NHS Standard Contract (2 copies signed) (2 copies Variation Agreement)</td>
<td>£6,002</td>
<td>1 year</td>
<td>SLaM</td>
<td>Croydon CCG</td>
<td>Matthew Patrick</td>
<td>Michael Holland</td>
</tr>
<tr>
<td>534</td>
<td>11/05/17</td>
<td>Contract for the provision of interpreting &amp; translation services</td>
<td>£501,811</td>
<td>2 years ending 31/06/2019</td>
<td>SLaM</td>
<td>D A Language Services</td>
<td>Gus Heafield</td>
<td>Kris Dominy</td>
</tr>
<tr>
<td>535</td>
<td>22/05/17</td>
<td>Contract for the provision of &quot;My HealthLocker&quot; (2 copies)</td>
<td>£280,000.00</td>
<td></td>
<td>SLaM</td>
<td>Mindwave Ventures</td>
<td>Gus Heafield</td>
<td>Kris Dominy</td>
</tr>
</tbody>
</table>
1. Composition
1.1. The Committee is a standing committee of the Board of Directors (‘the Board’) of South London and Maudsley NHS Foundation Trust (‘SLaM’) and is responsible to the Board. The Committee’s members are appointed by the Board from its non executive members. The Committee shall consist of at least three members of which one shall have relevant financial experience. The Board or the Chair of the Board will also appoint the Committee’s Chair.

2. Role of Committee
2.1. The overall role of the Committee is to promote the efficient and effective management of risk and excellent financial management and governance within SLaM. It will do this by putting in place arrangements:
(a) generally to review and periodically report to the Board on the adequacy of the Assurance Framework and the associated systems and procedures which support it; and
(b) specifically to monitor, review and periodically report to the Board on the adequacy of the financial systems and procedures used within SLaM.

3. Assurance Framework
3.1. The Assurance Framework is the strategic system for assessing, recording monitoring and managing all significant risks across SLaM. The role of the Committee is to ensure that risks are properly assessed, recorded and responded to in a manner which promotes the best possible use of resources and patient care and meets all appropriate governance and care standards.

3.2. The role of the committee is periodically to review the composition of the assurance framework in order to determine if it is both current and proportionate and to test the management systems which support it in order to assess the effectiveness and efficiency of risk management throughout SLaM.

3.3. To enable the Committee to fulfil this role, a risk report to the Committee from executive management should accompany the assurance framework. The risk report should identify changes to assessed risks, action taken to manage risks and decisions taken by each of the executive groups responsible for managing risks. The Committee will review the risk report with the aim of: ensuring that risks are being effectively managed; identifying areas of disagreement in the assessment of risk or the action taken; and where necessary escalating the Committee’s views to the Board.

4. Financial Assurance
4.1. The Committee shall have specific responsibility for ensuring that the principal systems and processes associated with financial management and financial governance within SLaM are efficient, effective and fit for purpose. These shall include:
(a) internal control including arrangements for the prevention and detection of fraud and corruption;
(b) internal audit;
(c) external audit; and
(d) financial management arrangements associated with resource planning, accounting, control, reporting and compliance.

4.2. The Committee shall review the annual financial statements (Trust accounts) and any formal public announcements related to financial performance before submission to the Board, focusing
particularly on: (a) changes in, and compliance with, accounting policies and practices; (b) major judgmental areas; and (c) significant adjustments resulting from the audit.

5. Operation of the Committee
5.1. The Committee may investigate any activity within its terms of reference and will be given unrestricted access to SLaM’s employees, its records, and documentation except that relating to confidential patient information which will only be available on an exception need to know basis. The same access shall generally be afforded to internal and external audit.

5.2. One of the principal resources available to the Committee will be internal audit which will report to the Committee both formally and informally as required and independently when requested.

5.3. External Audit will also report to and advise the Committee within their statutory independent framework.

5.4. The Chief Financial Officer will be responsible for ensuring that the Committee is kept informed of all significant financial risks, predicted changes in risk status and any significant weakness in SLaM’s financial management arrangements.

5.5. The Committee may obtain outside legal or other independent professional advice and may secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

Operation of the Committee – close working between Board Sub-Committees
5.6. In order for the Audit Committee to provide assurance for the Board on the efficient and effective management of risk and oversight of the functioning of the Trust systems of control, there needs to be a very close working relationship between the Audit Committee, the Finance and Performance Committee, The Quality Committee and the Business Development and Investment Committee. Each committee will be considering issues of risk and potential decisions on investment which have an impact on quality and finance.

5.7. The Audit Committee will receive a report at each regular quarterly meeting from the Quality Committee, the Finance and Performance Committee and from the Business Development Committee on key issues arising with a particular focus on risk and where there are concerns over the management of risk or variations and changes to the way risks are being managed. The feedback should cover any significant areas of risk or gaps in controls or assurance. The Audit Committee will consider whether to provide an update specifically for these committees on particular issues where this is not covered by the routine Board escalation reports.

5.8. Where possible the Board will consider the opportunity for explicit joint membership of the NEDs between these committees.

5.9. The Chairs of each of the sub-committees should meet together at least twice in each financial year (including one meeting immediately before the Audit Committee meeting to review the final draft annual audited accounts) in order to discuss the escalation reports and issues arising to ensure that there are no gaps in assurance or control emerging which have not been considered appropriately. The fact that these meetings have occurred should be recorded in the minutes of the respective committees.

5.10. The Audit Committee will schedule time at its meetings at least once a year to which the Chairs of the Quality Committee and the Business Development Committee will be invited to discuss common issues and assurances. There will be a standing invitation for the Chair of each committee to attend the meetings of the other committees.
5.11. Each Board sub-committee will consider the effectiveness of these arrangements as part of their annual review and report to the Board.

6. Internal Control and Risk Management
6.1. The Committee shall review the establishment and maintenance of systems and procedures associated with the management and control of SLaM’s financial assets and liabilities in order to ensure that:
(a) those systems and procedures are efficient, effective and compliant with current legislative and national standards;
(b) those systems promote the detection and prevention of error, fraud or corruption; and
(c) financial regulations and procedures are current, relevant and complied with.

7. Internal Audit
7.1. The Committee will:
(a) in conjunction with the Chief Financial Officer determine the appointment of the internal audit service, the audit fee and any questions of resignation and dismissal;
(b) review and approve the internal audit programme, consider the major findings of internal audit investigations and the adequacy of the management response. The Committee shall receive regular reports updating the Committee on the extent to which recommended changes have been implemented;
(c) ensure that the internal audit function is adequately resourced and has appropriate standing within the organisation; and
(d) annually assess the independence, objectivity, efficiency and effectiveness of the internal audit function.

8. Counter Fraud function
8.1. The Committee will:
(a) in conjunction with the Chief Financial Officer determine the appointment of the counter fraud service, the fee and any questions of resignation and dismissal;
(b) consider and comment on counter fraud’s proposed work programme (produced to meet mandated requirements), consider progress reports from the counter fraud function and the adequacy of the management response;
(c) ensure that the counter fraud function is adequately resourced and has appropriate standing within the organisation; and
(d) annually assess the independence, objectivity, efficiency and effectiveness of the counter fraud function.

9. External Audit
9.1. The Committee will:
(a) annually report to the Council of Governors as to the performance of the external auditor (including details such as the quality and value of the work, and the timeliness of reporting and fees) to enable the Council of Governors to consider whether or not to reappoint the external auditor. The Committee will also make recommendations to the Council of Governors as to the appointment, reappointment, termination of appointment and fees of the external auditor and (if the Council of Governors rejects the Committee’s recommendations) prepare an appropriate statement for the Board to include in the Annual Report;
(b) review the annual audit program in conjunction with the external auditor and the Chief Financial Officer;
(c) review external audit reports, including value for money reports and management letters, together with the management response, and the annual governance report (or equivalent);
(d) develop and implement policy on the engagement of the external auditor to supply non-audit services, taking into account relevant ethical guidance on this matter; and
(e) annually assess the independence, objectivity, efficiency and effectiveness of the external audit function.
10. Key Trust documentation
10.1. The Committee will review proposed changes to Standing Orders and Standing Financial Instructions for approval by the Board.

11. 'Whistleblowing' arrangements
11.1. The Committee should review arrangements by which SLaM's staff may raise, in confidence, concerns about possible improprieties in matters of: financial reporting and control; clinical quality; patient safety; or other matters. The Committee should ensure that arrangements are in place for the proportionate and independent investigation of such matters and for appropriate follow-up action.

12. Frequency of Meetings
12.1. Meetings will be held at least four times a year. In addition, the Committee’s Chair or the Board may convene one or more special meetings of the Committee. The external auditor or Head of Internal Audit may request a meeting if they consider that one is necessary.

13. Quorum
13.1. A quorum shall be two members.

14. Record Keeping
14.1. Archives of minutes and papers relating to Committee meetings are kept on SLaM's shared drive. The Personal Assistant to the Chief Financial Officer is responsible for maintaining the archive.

15. Other matters
15.1 Attendance at Committee meetings. All Committee members are expected to attend each Committee meeting. The Chief Financial Officer, the Chief Operating Officer, the Head of Internal Audit, the Local Counter Fraud Specialist ('LCFS') or a nominated representative and a representative of the external auditors shall normally attend meetings. Other members of the Board may attend if they wish. A representative of the Council of Governors will attend as an observer. No other party may attend without the Committee’s specific invitation. The Committee has the overriding authority to restrict attendance at a meeting if the Committee considers this to be appropriate in the specific circumstances of that meeting.

15.2. Private meetings with auditors and LCFS. At least once a year the Committee may wish to meet with the external and internal auditors and LCFS without any executive Board director present. This is without prejudice to the unrestricted right of access to the Committee’s Chair by the external auditor and/or the Head of Internal Audit.

15.3. Liaison with Council of Governors. The Committee’s Chair will report to the Council of Governors: annually on the Committee’s work; and (if and as the Committee considers it necessary) on matters needing action or improvement, and the corrective steps to be taken.

15.4 Liaison with the Maudsley Charity. Arrangements for such liaison are currently under discussion.

15.5. Availability of terms of reference to the public. These terms of reference shall be made available to the public upon request and shall be included on SLaM’s website.

16. Chart of relationships to other meetings: (not applicable)
### 17. Revision log

<table>
<thead>
<tr>
<th>Date</th>
<th>Name</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 2005</td>
<td>Audit Committee Chair</td>
<td>Terms of Reference formally adopted by Board (of Directors).</td>
</tr>
<tr>
<td>September 2006</td>
<td>Audit Committee Secretary</td>
<td>Terms of Reference updated for recent DH guidance and approved by Audit Committee.</td>
</tr>
<tr>
<td>October 2006</td>
<td>Audit Committee Secretary</td>
<td>Terms of Reference reformatted to fit Trust template and approved by Board (of Directors).</td>
</tr>
<tr>
<td>December 2006</td>
<td>Audit Committee Secretary</td>
<td>Terms of Reference updated for Foundation Trust status (including Sep 06 Foundation Trust Code of Governance)</td>
</tr>
<tr>
<td>September 2007</td>
<td>Audit Committee Secretary</td>
<td>Update for changes in Chair and Members, and for minor style points.</td>
</tr>
<tr>
<td>June/July 2009</td>
<td>Audit Committee Secretary</td>
<td>Minor clarification, update and style revision, also reflecting a review against the Foundation Trust Code of Governance and the AC’s review.</td>
</tr>
<tr>
<td>February 2011</td>
<td>Audit Committee Secretary</td>
<td>Update, reformatting and clarifications, also taking account of the latest current version of the Foundation Trust Code of Governance (March 2010 version) and the Bribery Act 2010.</td>
</tr>
<tr>
<td>December 2012</td>
<td>Audit Committee Secretary</td>
<td>References to the ‘Board Assurance Framework’ have been replaced with references to the ‘Assurance Framework’ to reflect current nomenclature. The AC meeting of 11 December 2012 considered that no further amendments were required and that the TOR were appropriate for Board approval.</td>
</tr>
<tr>
<td>March 2014</td>
<td>Audit Committee Secretary</td>
<td>Minor update to reflect current nomenclature.</td>
</tr>
<tr>
<td>June/July 2014</td>
<td>Chief Financial Officer and Audit Committee Secretary</td>
<td>Update to section covering operations of the Committee to incorporate more specific reference to escalation, communications and close working between the Audit Committee, Business Development and Investment Committee and Quality Committee paragraphs 5.6 to 5.11. New paragraph 3.3 clarifies the reports from SLaM management required by the Committee to enable it to fulfil its role regarding the Assurance Framework.</td>
</tr>
<tr>
<td>June 2015</td>
<td>Audit Committee Secretary</td>
<td>Minor interim update pending a fuller review of the terms of reference of all SLaM’s committees. The interim update includes: the Counter Fraud function (section 8 – the Counter Fraud function has confirmed it is content with this wording); the Governor Observer role (section 15.1); and liaison with the Maudsley Charity (section 15.4).</td>
</tr>
<tr>
<td>September 2015</td>
<td>Audit Committee Secretary</td>
<td>Interim update to refer to the attendance of the Chief Operating Officer at Audit Committee meetings (paragraph 15.1 refers). The Board’s ratification of this change will be sought as part of the next substantive update of the terms of reference.</td>
</tr>
<tr>
<td>July 2016</td>
<td>Audit Committee Secretary</td>
<td>No changes are proposed other than ratifying inclusion of the Chief Operating Officer in para 15.1 (as noted above) and inclusion of the Finance and Performance Committee in paras 5.6 and 5.7, as that Committee was formed after the Board most recently approved the Audit Committee’s terms of reference.</td>
</tr>
<tr>
<td>July 2017</td>
<td>Audit Committee Secretary</td>
<td>No changes proposed (as agreed at the Audit Committee meeting 27 June 2017)</td>
</tr>
</tbody>
</table>
Title: Finance and Performance Committee: terms of reference

Author: Steven Thomas (Finance and Performance Committee Secretary)

Accountable Director: June Mulroy (Finance and Performance Committee Chair)

Purpose of the paper

The Finance and Performance Committee’s terms of reference are presented for the Board’s review/approval.

Executive summary

The Finance and Performance Committee considered its current terms of reference at its meeting on 12 June 2017 and considered that minor changes to the section on membership were necessary, as shown in the attached document.

Committees where this item has been considered

<table>
<thead>
<tr>
<th>Date</th>
<th>Committee / Meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 June 2017</td>
<td>Finance and Performance Committee</td>
</tr>
</tbody>
</table>
SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST (‘THE TRUST’)

Finance and Performance Committee (‘The Committee’)

Terms of Reference

Current version approved by Board of Directors (‘the Board’): [25 July 2017]-01 November 2016

Date of next review: [July 2018]-August 2017

Overall aim or Purpose:
- The Board has established a sub-committee to provide assurance to the Board about the delivery and sustainability of performance and delivery against operational and financial plans and in delivery of the Trust strategy and financial strategy.

Key objectives:
- To provide assurance to the Board on the delivery of efficient and economical financial and operational performance against internal and external targets agreed by the Trust. This will include (where appropriate in parallel with the Quality Project or other relevant initiatives) consideration of:
  - benchmarking information, business modelling reports and other information comparing the Trust with other relevant entities; and
  - management arrangements for efficient and effective delivery of Trust programmes.
- To support the development, implementation and delivery of the Medium Term Financial Plan (MTFP).
- To support and promote the efficient use of financial resources in order to review the Trust’s Financial strategy, performance and business development.
- Review and endorsement of the annual revenue and capital budgets before they are presented to the Board for approval.
- Approve the development of financial and contractual reporting in line with best practice.
- To provide assurance to the Board on systems and processes, supporting submissions to the NHS Improvement FT Regulator.
- To review and approve submissions to NHS Improvement as delegated by the Board in order to meet external deadlines.

Chair:
- Non-Executive Director [JM]

Members:
- Non-Executive Director [RP]
- Non-Executive Director [AD]
- Non-Executive Director [Vacancy]
- Chief Executive [MP]
- Chief Financial Officer [GH]
- Chief Operating Officer [KD]
- Director of Strategy and Commercial [AK]
- Director of Finance [AB]

All members are expected to attend every meeting or nominate a delegated representative.

Others may be invited as appropriate in order to enable the Committee to meet its core purpose.
Responsible to:
- This is a sub-committee of the Board and is accountable to the Board of South London and Maudsley NHS Foundation Trust.
- The minutes of the meeting and an exception report will be provided to the next appropriate Board meeting and the Committee chair will report back to the Board on the main issues discussed and any decisions to be made, highlighting any matters of concern or significant risks identified.

Accountable for:
- Providing assurance to the Board in line with the core purpose
- Regular reviews of the functioning and Terms of Reference of the Committee to ensure that they meet the objectives established by the Board.

Roles and Responsibilities:
- Audit Committee Secretary will act as Secretary to the Committee.

Frequency of Meetings:
- The Committee will meet every two months (approx. six times a year) but there may be specific requirements for additional meetings – for example to agree the Annual Plan for the Trust.

Quorum:
- The meeting will be quorate when at least 3 members\(^1\) are present or represented with full delegated authority including at least one Non-Executive and one Executive member of the Committee.

Record Keeping:
- The minutes and papers of meetings will be kept and archived by the Committee Secretary. Committee support will be the responsibility of the CFO.

Terms of reference review:
- Criteria to be established by the Committee and agreed with the Board at the first meetings in January.
- The Terms of Reference will be reviewed at least annually and initially six months after establishment of the Committee (next review date: July 2018-August 2017).

Revision log:

<table>
<thead>
<tr>
<th>Date</th>
<th>Name</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/12/2015</td>
<td>Gus Heafield (CFO)</td>
<td>Initial draft of the terms of reference</td>
</tr>
<tr>
<td>24/02/2016</td>
<td>Steven Thomas (FPC Secretary)</td>
<td>Revised for points from Board meeting (23/02/2016) approving the document, and minor amendments of consistency/layout</td>
</tr>
<tr>
<td>02/09/2016</td>
<td>Steven Thomas (FPC Secretary)</td>
<td>Administrative amendments (membership section page 1)</td>
</tr>
<tr>
<td>12/07/2017</td>
<td>Steven Thomas (FPC Secretary)</td>
<td>Amendments to membership section (page 1)</td>
</tr>
</tbody>
</table>

\(^1\) Representatives with full delegated authority count for quoracy and voting purposes
Purpose of the paper
To report the Trust’s operational performance 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 and key areas of focus for the Project Management Office.
To report on emergency preparedness status and current actions.

Executive Summary:
The Trust continues to meet the majority of the performance-related NHS Improvement Single Oversight Framework indicators with a number of risks and associated actions noted in the report. The IAPT recovery rate performance continues to be an area of focus.
The new LEAP system is supporting an enhanced focus on training and a targeted approach is being used to improve compliance.
The pressure in the acute inpatient pathway remains significant. Actions continue to be based on a whole system approach covering both inpatient and community services to achieve the necessary flow.
The Programme Management Office is now supporting CIP, QIPP and CQUIN alongside major change initiatives.
Continued progress is evident with our emergency preparedness.
PERFORMANCE AND QUALITY BOARD REPORT

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Appendix A – May Performance Dashboard
Appendix B – May Quality Sub Committee Dashboard
1. NHS Improvement Indicators
NHSI Access and Effectiveness indicators for the Single Oversight Framework are reported to the Finance and Performance committee (including Waiting Times for IAPT, EI, and Home Treatment Team gatekeeping).

NHSI Quality related indicators (Seven Day Follow Up and IAPT Recovery rate) are reported to the Quality Sub-Committee.

Trust performance is detailed below. Performance for June is being validated at the time of writing.

![Fig. 1 Summary Table NHSI Indicators: Access and Effectiveness]

![Fig. 2 Summary Table NHSI Indicators: Quality]

1.1 Risks

1.1.1 Early Intervention in Psychosis 2 week standard
An operational dashboard, shown below, has been developed to monitor the EI performance and identify areas of poor data quality which may affect the national waiting time calculations. Patient details have been masked for this report and are available to members of the Early Intervention Service on the live system.
Throughout last year, the Trust has reported aggregated EI waiting times through the UNIFY2 online data reporting system. During 2017, this system will be retired and data will be supplied by the more detailed Mental Health Minimum Data Set (MHSDS). To prepare for this change, data validation processes within the Psychosis CAG, supported by Business Intelligence, are being adjusted. Lewisham CCG have been assisting the Trust in understanding the complexities involved.

Conversations with commissioners continue regarding concerns about delivery of part two of the standard based on existing CCG investment, the rising caseloads and the projected 70% total caseload increase over three years.

### 1.1.2 IAPT Standards – waiting times and access

Whilst the IAPT waiting time standards were met, Trust provision is affected by the reduced service commissioned by Croydon CCG targeting 12% access against the national CCG target of 16.8% access for population with depression or anxiety disorders.

### 1.1.3 IAPT Recovery

Since 2009 the IAPT model has been central to successive government’s mental health policy. IAPT currently is one of the major national mental health standards and is central to commissioning agendas.

The IAPT model provides early intervention to people with common mental health problems, thus preventing these experiences from worsening. The prevalence of common mental health problems in a local population is calculated and it is the role of the service to now provide access for 16.1% of that defined population (although Croydon has commissioned reduced capacity). The Five Year Forward View has set very ambitious access targets for IAPT services and the access target will incrementally increase to 25% by 2021. People with long term physical health condition will be a central target population. A challenge for the Trust is to understand how services will be commissioned in the future to meet these targets.
IAPT interventions were predominantly based on Cognitive Behaviour Therapy (CBT) at the outset but this has since extended to person centred/solution focused counselling, couple therapy and brief psychodynamic therapy. Supporting meaningful occupation and employment is also now a key driver for IAPT services.

Support Interventions are offered at Step Two or Step Three. Step Two is guided self-help (group or individual) for people with low level needs and provided by a wellbeing practitioner for approximately six sessions. Step Three is evidence based (mainly CBT) interventions, provided by a trained therapist and treatment should be 12-16 sessions. Group therapy at step Two or Three is efficacious but patient preference is often one to one.

Including access, the main indicators are

- Access
- Waiting Times
- Recovery rates

Clinical outcomes are measured thorough clinician and patient rated outcome measures, which is translated into overall recovery rates for each service. The expected recovery rate is 50%. NHS Digital continues to publish the official statistics for these measures. The most recent time period published is at the time of writing is March 2017.

Provisional data from internal reporting indicates the Trust has just met the 50% standard for June following performance below 50% in April and May. The overall quarterly performance based on internal Trust reporting is below the 50% standard.

The most recent data indicates Lewisham and Lambeth are sustaining the improvement and the most recent performance for Croydon has improved. Croydon performance has been impacted by the significant cuts requested by commissioners as part of the implementation of the Croydon Affordability Bridge in June 2016 and Croydon CCG focus on access targets. Southwark performance continues to be addressed in liaison with Southwark CCG.

Recovery rates are more readily achieved if a service user presents with a lone problem descriptor, such as depression or anxiety. Where a service user is experiencing co-morbid anxiety depression and/or a history of child trauma this can contribute to lowering the overall recovery rate. Although more complex cases may not in “IAPT model” terms have fully recovered, subjectively and clinically they will still have made significant improvement following an intervention. There are interventions that we can provide within the service, such as recovery focussed supervision that is a vehicle that focusses interventions to achieve recovery targets.

The proportion of people receiving Step Two and Three interventions is 70/30 respectively. Step Two will be greater if resources are limited in a service. Digital offers are becoming increasingly available.

The IAPT Recovery Rate remains a challenging target with action plans in place to improve performance.

1.1.4 Seven Day Follow-Up

Whilst Seven Day follow-up no longer has a national target attached (this was 95%), it is recognised as an important measure and remained a mandated component of the 2016/17 Quality Account. Therefore, it is intended to continue to report it to the QSC. Provisional performance for discharged patients in June indicated performance for the quarter of over 95%.
1.1.5 Data Quality for Mental Health Services Data Set submissions

The Mental Health Services Data Set (MHSDS) is a defined list of measures used by NHS England and CQC to help inform how mental health providers are performing. There is a requirement to achieve 95% data quality for patient identifier information and 85% for identified priority measures.

The priority measures are now ethnicity, employment and accommodation status (for adults only) with ICD10 primary diagnosis coding (all patients) and school attendance (for children and young people only) having been suspended from the definition in early 2017. Based on the revised definition, we are meeting both standards.

This is a national challenge and Trusts are awaiting clarification of the next steps regarding the detailed definitions and requirements. There has been limited progress in the past month.

1.1.6 Improving Physical Healthcare

Improving Physical Healthcare for people with Serious Mental Illness indicators for screening and interventions was included in NHS Improvement’s Single Oversight Framework and is also a national CQUIN. Monthly reporting on this is included in the Quality Priority summary within the new QI led Quality Dashboard.

2 Operational Performance and Activity

2.1 In-Patient Activity and Performance

External overspill aligns closely to the Mental Health Five Year Forward View target and the Crisp report recommendation to eliminate out of area placements.

There has been continued recovery in the number of Out of Area Placements (OAPs) with performance through to mid-July outlined in chart 2, showing the split between Acute and PICU beds.

![Fig. 4 – External Overspill](image-url)
The four boroughs have developed specific projects as part of the Large Scale Initiative (LSI) quality improvement. There are 15 projects working towards one of the four main drivers in addition to the mobile working initiative across all boroughs.

<table>
<thead>
<tr>
<th>Large Scale Initiative project themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective teamwork across boundaries</td>
</tr>
<tr>
<td>Patient and Staff experience</td>
</tr>
<tr>
<td>Patient experience</td>
</tr>
<tr>
<td>Recognition of and planning for possible deterioration</td>
</tr>
</tbody>
</table>

### 2.1.1 Occupied Bed Days: Acute Care Pathway

Patients with longer lengths of stay are reviewed weekly at clinical meetings. Longer lengths of stay can be attributable to delayed transfers of care, other reasons of social need and patient acuity. A higher proportion of current patients in Croydon wards and private overspill have a length of stay over 6 months.

Figure 5 clusters current inpatients within the acute care pathway (wk1, June) by their length of stay to that date. The first colour is 0-30 days, then 31-60 days and the final group is >180 days. The commissioners are in alphabetical order with one unidentified and then Croydon, Lambeth, Lewisham, Southwark and “other”. Lambeth CCG can be seen to have the highest number of inpatients whilst Croydon has the highest number (12) whose length of stay already exceeds 180 days.

Regular interface meetings between Community and In-patient wards are occurring with a particular focus on strengthening the joint working and awareness between community teams and wards.

The CCG’s have commissioned In-patient activity using OBD out-turn and QIPP reductions in 2017/2018. The following charts show performance for each CCG for Acute and PICU beds. Southwark PICU beds are commissioned by gender, hence two charts.
Fig. 6 – LSLC Acute and PICU OBD performance against commissioned trajectory
2.1.2 Admissions and Discharges

Fig. 7 – LSLC Admissions and Discharges by month

Figure 7 confirms the area of focus needs to be on managing discharges to deliver a reduced length of stay. The overall profile of admissions for the last six months for LSLC has been consistent.

Fig. 8 – LSLC Admissions and Discharges by week

Figure 8 presents the same information from chart 12 on a weekly basis. This highlights that whilst the broad number of admissions is consistent, there is variation in the profile on a weekly basis which increases the complexity and challenge in managing the system.
2.1.3 Delayed Transfers of Care

The Trust makes a monthly submission to NHS England providing a snapshot of delays and lost bed days. The charts below provide a snapshot of patients with a delayed transfer of care and the corresponding number of beds days unavailable to new admissions or transfers. The reporting is by local authority as the reason for delay can be attributable to NHS or social care.

In May, the Trust recorded 1,039 bed days being lost to delayed transfers of care, just under 5%. This is comparable to the previous month.

![Delayed Transfers of Care (DTOC)](image)

**Fig. 9 – Delayed Transfer of Care lost bed days**

![Lost Bed Days by Local Authority (May)](image)

**Fig. 10 – May Delayed Transfers of Care**

Figure 10 describes the number of days lost by patient’s local authority. The attribution of responsibility for delays process follows NHS England guidance and attribution agreed in consultation with local authorities.
The Director of Social Care is currently determining the funding allocations to the 4 Local Authorities over 3 years as announced at the Spring budget to understand with them individually whether they have received additional funding and what their spending intentions are for mental health.

In recognition of the priority of reducing DToC, meetings with commissioners are being planned in August focusing on the reconciliation of DToC data and any necessary improvements to the current system wide processes.

2.2 Community Activity & Performance
This section provides an update on key developments. The reporting for community will be further developed in subsequent months.

2.2.1 A&E Mental Health Liaison
The number of presentations to A&E Mental Health Liaison team are broadly consistent with indicative activity plans.

### A&E Liaison Services (MHLT Related)

![A&E Liaison Services Chart]

**Fig. 11 Mental Health Liaison Team Presentations**

2.2.2 Community Teams
The new community information has highlighted a continued growth in the caseload size of our community assessment and liaison teams. The updated information to June is shown in chart 17. The report is being refined to factor in the different model of care in Lambeth with the Living Well Hub. However, the overall trend in growth remains noteworthy.

Analysis of the information has highlighted the need to invest time in reviewing the Trust Service Directory to ensure there is a clear and consistent structure for all teams with a consistent way to map them between the numerous data systems (eg Finance, Datix and ePJS). This is being prioritised in August and a full work programme for information developments is being developed with priorities agreed by representatives from all CAGs.
3. CAG Performance Reviews Summary

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 key issues and associated actions at M2 pertaining to the FPC are similar to M1:

- Development of new CIP schemes for 17/18
- Development of QIPP plans and other commissioner cost reduction plans in response to commissioned schemes
- Agency expenditure and achieving the NHSI reduction trajectory
- External overspill and Delayed Transfers of Care (DToC) – the full system approach to tackling this has now commenced although significant pressure remains in this area

3.1 Training

3.1.1 Mandatory Training Compliance (May 2017)

Compliance against most mandatory and role specific training targets increased in May 2017 and overall compliance reached 77.77%. This continues to fall short of the 85% compliance target but the trend is upwards.

3.1.2 Health and Safety

Following advice from the Trust’s Health and Safety Risk Manager, two health and safety course were changed from once-only completions to 3-year renewals. This has had an impact on compliance rates for these courses:

- Health and Safety for Managers
- Health, Safety and Welfare

Early signs from June compliance data indicate that the dip will be temporary.
3.1.3 Moving and Handling – Loads (group 2)
Compliance in this group has dropped from 91.30% to 77.78%. However, this is a small training audience comprising staff at Kent CAMHS. The drop in compliance reflects four individuals joining the group in May and they will be encouraged to update their compliance.

3.1.4 Infection Control
The continued fall in infection control compliance for clinical staff is under review by the E&D team.

3.1.5 Safeguarding Children
The provision of level three Safeguarding Children training continues to be a concern. Following the departure of the last Safeguarding Children Lead, there is a gap in the provision of face-to-face level three training. The Education & Development Committee advised that the level three eLearning on offer was not a suitable substitute. Compliance is dropping as individuals are not able to refresh their knowledge. This will be addressed with the new Lead as soon as possible.

3.1.6 Induction
There are on-going problems with setting up full LEAP profiles for new starters and this is delaying the completion of essential training by new starters. The Education & Development team continues to work with colleagues from Employee Services, Digital Services and Finance to address these issues. The target date for resolution is 1 September 2017.
<table>
<thead>
<tr>
<th>Tier Level</th>
<th>Certification Name</th>
<th>Target - 85%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 Level A</td>
<td>Tier 1 Level A</td>
<td>70-85%</td>
</tr>
<tr>
<td>Tier 1 Level B</td>
<td>Tier 2 Level B</td>
<td>&gt; 85%</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Tier 1 Level A</td>
<td>70-85%</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Tier 2 Level B</td>
<td>&gt; 85%</td>
</tr>
<tr>
<td>Tier 3</td>
<td>Tier 1 Level A</td>
<td>70-85%</td>
</tr>
<tr>
<td>Tier 3</td>
<td>Tier 2 Level B</td>
<td>&gt; 85%</td>
</tr>
<tr>
<td>Tier 4</td>
<td>Tier 1 Level A</td>
<td>70-85%</td>
</tr>
<tr>
<td>Tier 4</td>
<td>Tier 2 Level B</td>
<td>&gt; 85%</td>
</tr>
<tr>
<td>Tier 5</td>
<td>Tier 1 Level A</td>
<td>70-85%</td>
</tr>
<tr>
<td>Tier 5</td>
<td>Tier 2 Level B</td>
<td>&gt; 85%</td>
</tr>
</tbody>
</table>

Fig. 13 Mandatory Training Tier 1 Levels A & B
4. Commissioning

Croydon CCG continues to face a significant financial challenge. The CCG proposed a significant reduction in the available budget for Adult (70% reduction) and CAMHS (50% reduction) Specialist Services.

- For Adult services, Croydon CCG have confirmed that patients will be reviewed on a case by case basis by the tertiary panel who will be aware of the CCG’s Specialist Services financial envelope and their decision not to fund patients on the NPU. Any patients who are considered to be clinically at risk would be reviewed here and escalated if additional funding was required.
- There is a proposal that a CAMHS panel be set up as an interim solution in order that each patient is reviewed systematically. All current treatment packages will continue but any further sessions or new cases would require CCG approval.

The Trust is awaiting confirmation of the above proposals in writing from the Croydon CCG; a joint paper will be submitted to the Croydon / SLaM Mental Health Programme Board in September. QIAs have been submitted for both Adult and CAMHS Specialist services and are awaiting review.

Clarification is being sought from the CCG to confirm the governance arrangements for the multiple system-wide transformation programmes being developed as well as the on-going challenges in delivering mental health services. The CCG has documented the central role to be played by the existing Programme Board although this is not functioning in a robust way. The Director of Commissioning is reviewing these arrangements.

The LSLC commissioners have expressed their desire to support our focus on tackling our inpatient demand. They have confirmed their willingness to expedite plans for overcoming blockages in the system.

Various initiatives under the Five Year Forward View are now proceeding and a system of oversight is being implemented with commissioners. The Psychological Medicine and Integrated Care CAG is leading on this. This oversight of the implementation and results achieved will be particularly important to assist our negotiations for making the new funding recurrent and part of our core contracts in the future.

4.1 Commissioner-related Quality Impact Assessments (QIAs)

The Programme Management Office has managed QIAs for CIP schemes and this is extending to include commissioner-related QIAs including the Quality, Innovation, Productivity, and Prevention (QIPP) programme. The QIA process is being reviewed to ensure more timely approval of QIAs.
4.2 Commissioning Programmes 2017-18
2017-18 QIPP and CQUIN schemes are being managed using the PMO principles.

4.2.1 Quality, Innovation, Productivity and Prevention (QIPP) programme
QIPP has been rated into four categories:

<table>
<thead>
<tr>
<th>Rating</th>
<th>Definition</th>
<th>£‘000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Red</td>
<td>Requires significant work</td>
<td>4,139</td>
</tr>
<tr>
<td>Amber</td>
<td>Requires some work</td>
<td>2,730</td>
</tr>
<tr>
<td>Green</td>
<td>Requires little work</td>
<td>725</td>
</tr>
<tr>
<td>Blue</td>
<td>Delivered</td>
<td>2,775</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>10,369</td>
</tr>
</tbody>
</table>

A full QIPP forecast is being developed to reflect the Q1 position and will be available for the next FPC reporting cycle. The QIPP risk dashboard is below:

**QIPP Dashboard 13-Jul-17**

<table>
<thead>
<tr>
<th>QIPP Ref</th>
<th>CCG</th>
<th>QIPP plan</th>
<th>progress</th>
<th>CAG</th>
<th>Value (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>QIPP04</td>
<td>STH</td>
<td>Contribution of housing to DTC (delayed transfers of care) - will require a £200k reduction in obs</td>
<td>CIP over delivers against QIPP</td>
<td>Acute Care</td>
<td>2,742,331</td>
</tr>
<tr>
<td>QIPP17</td>
<td>NHS England</td>
<td>Tier 4 Acute Adolescent Inpatient Kent - FYE 16/17</td>
<td>NHS Kent, Surrey, Sussex have not engaged proactively with QIPP</td>
<td>CAMHS</td>
<td>833,408</td>
</tr>
<tr>
<td>QIPP25</td>
<td>NHS England</td>
<td>PMIC C&amp;V Services aim is to recover QIPP through marginal rates of additional activity</td>
<td></td>
<td>PMIC</td>
<td>563,136</td>
</tr>
<tr>
<td>QIPP07</td>
<td>Lewisham</td>
<td>Reduction in placements Funding from Surrey/Sussex</td>
<td>draft complete, plan value = £450K</td>
<td>Psychosis</td>
<td>365,000</td>
</tr>
<tr>
<td>QIPP15</td>
<td>Croydon</td>
<td>Increase in cross boundary flow income</td>
<td></td>
<td>Acute Care / Psychosis</td>
<td>600,000</td>
</tr>
<tr>
<td>QIPP18</td>
<td>NHS England</td>
<td>Secure &amp; Specialised MH - secure male VH - FYE 16/17</td>
<td>CAG confirmed action is complete. SLAM agreement with NHS to reduce QIPP target with each repatriation must be tested against SLP finance arrangements</td>
<td>BDP</td>
<td>764,855</td>
</tr>
<tr>
<td>QIPP03</td>
<td>Southwark</td>
<td>Treatment teams redesign (JD leading health based model)</td>
<td>Each CAG to produce £100K plan</td>
<td>PMIC &amp; Psychosis</td>
<td>200,000</td>
</tr>
<tr>
<td>QIPP01</td>
<td>Southwark</td>
<td>Residential placements structure of teams</td>
<td>Action plans agreed, review of high cost placements underway</td>
<td>Psychosis</td>
<td>800,000</td>
</tr>
<tr>
<td>Amber</td>
<td>Definition</td>
<td>Requires some work</td>
<td>Total Amber</td>
<td>2,729,855</td>
<td></td>
</tr>
<tr>
<td>QIPP10</td>
<td>Lewisham</td>
<td>LITT Team - move from Psychosis to primary</td>
<td>agree final transition model with CCG</td>
<td>Psychosis</td>
<td>217,000</td>
</tr>
<tr>
<td>QIPP16</td>
<td>Croydon</td>
<td>Reduction in IAPT Costs/Activity</td>
<td>contract reduced and team removed but overhead contribution will not be saved</td>
<td>PMIC</td>
<td>300,000</td>
</tr>
<tr>
<td>QIPP11</td>
<td>Lewisham</td>
<td>Lewisham Community Teams - A&amp;L Team plan to cover with CIP and recover CIP from elsewhere in CAG</td>
<td></td>
<td>PMIC &amp; Psychosis</td>
<td>208,000</td>
</tr>
<tr>
<td>Green</td>
<td>Definition</td>
<td>On track / requires little work</td>
<td>Total Green</td>
<td>725,000</td>
<td></td>
</tr>
<tr>
<td>QIPP05</td>
<td>Lewisham</td>
<td>Withdrawal from START (FYE from 1/7/16)</td>
<td>Complete</td>
<td>Psychosis</td>
<td>109,000</td>
</tr>
<tr>
<td>QIPP06</td>
<td>Lewisham</td>
<td>CASCAD (FYE from 1/7/16)</td>
<td>Complete</td>
<td>Psychosis</td>
<td>44,250</td>
</tr>
<tr>
<td>QIPP08</td>
<td>Lewisham</td>
<td>Cease AMH Programme Management</td>
<td>Complete</td>
<td>Psychosis</td>
<td>36,270</td>
</tr>
<tr>
<td>QIPP07</td>
<td>Lewisham</td>
<td>IAPT (15% reduction)</td>
<td>Complete</td>
<td>PMIC</td>
<td>110,000</td>
</tr>
<tr>
<td>Accounts</td>
<td>Croydon</td>
<td>MHDA Acute OBn reduction</td>
<td>Complete</td>
<td>MHDA</td>
<td>44,250</td>
</tr>
<tr>
<td>Accounts</td>
<td>Lewisham</td>
<td>Reduction in CAMHS Transformation (Perinatal MH plus extension of Adult APT)</td>
<td>Complete</td>
<td>PMIC</td>
<td>36,270</td>
</tr>
<tr>
<td>Accounts</td>
<td>Lewisham</td>
<td>Reduction in CAMHS Transformation (Disabilities &amp; Long Term Med Conditions)</td>
<td>Complete</td>
<td>CAMHS</td>
<td>80,000</td>
</tr>
<tr>
<td>Accounts</td>
<td>Lewisham</td>
<td>MHDA Acute OBn reduction</td>
<td>Complete</td>
<td>MHDA</td>
<td>50,000</td>
</tr>
<tr>
<td>Accounts</td>
<td>Lambeth</td>
<td>MHDA - Continuing Care</td>
<td>Complete</td>
<td>MHDA</td>
<td>204,000</td>
</tr>
<tr>
<td>Blue</td>
<td>Definition</td>
<td>Delivered</td>
<td>Total Complete</td>
<td>2,775,100</td>
<td></td>
</tr>
<tr>
<td>Blue</td>
<td>Definition</td>
<td>Delivered</td>
<td>Total Overall</td>
<td>10,368,890</td>
<td></td>
</tr>
</tbody>
</table>

Fig. 14 QIPP dashboard
**QIPP Red risks**

- **OBD (across LSLC).** The biggest single risk in QIPP is the reduction in OBD to release £2,742K. However, this is reflected in the CIP overspill reduction programme of £3,333K and therefore there is no double count and the risks and recovery plan for the CIP capture the QIPP.
- **Tier 4 Adolescent services (NHSE).** Value £833K. NHSE London have proposed the QIPP to change CAMHS services in Kent, but NHSE Kent have rejected it. NHSE London are engaged with defining a way forward which could result in a delayed implementation. If this is not possible, NHSE London have been asked to either withdraw the QIPP or present a different proposal.
- **PMIC C&V Services (NHSE).** Value £563K. The aim is to recover the QIPP reduction through marginal rates on additional activity, this will require close monitoring as it requires a significant uplift in activity delivered within the same cost base.

**4.2.2 Commissioning for Quality and Innovation (CQUIN) Schemes**

CQUIN is valued at £5.9M and delivery progress is reported in full at the QSC. The following represents the financial position for CQUIN.

- **Q1 Award.** Specific award criteria was agreed with LSLC CCGs on 25 April and with NHSE on 29 June. There has been agreement to move some Q1 targets to Q2 due to late starts, but these do not affect the financial milestones, therefore the Trust is anticipating full award of Q1 CQUIN. A full breakdown of CQUIN awards will be provided next month as part of Q1 reporting.
- **Flu Risk.** The Trust is working toward full achievement of the Flu CQUIN and has started the campaign planning. However, the increase in uptake from last year to achieve the target is over 300%, therefore all £160k of flu award is at risk. This risk is extremely likely to be realised.
- **STP engagement.** There are still no definitive plans on how to achieve the joint targets across the STP, therefore the £1.92M CQUIN award remains at risk.
5. Programme Management Office (PMO)

5.1 Cost Improvement Programme (CIP)

In order to deliver on its control total for 2017/18, the Trust set a savings target of £27M (16/17 £29.2M). The portfolio comprises of two broad sections:

- schemes that were identified in 2016/17 and carried over to 2017/18 with a total of £12.6M
- a 4% challenge across all budgets with a total of £14.4M

£1.5m of the schemes from 2016/17 were unidentified and have been carried over to this year in the form of unmet CIP, whilst £1.16M of 2016/17 bed overspill schemes were downgraded to £0. The 4% challenge has £2.9M of unidentified schemes. These combine to give an opening position of £5.6M below the target of £27M (20.7%).

The newly implemented PMO assurance cycle has tested the likelihood of delivery of all CAG and Estates schemes, and has identified a forecast shortfall against the plans of £2.15M.

Fig. 15 Trust May CIP position

In order to deliver on its control total for 2017/18, the Trust set a savings target of £27M (16/17 £29.2M). The portfolio comprises of two broad sections:

- schemes that were identified in 2016/17 and carried over to 2017/18 with a total of £12.6M
- a 4% challenge across all budgets with a total of £14.4M

£1.5m of the schemes from 2016/17 were unidentified and have been carried over to this year in the form of unmet CIP, whilst £1.16M of 2016/17 bed overspill schemes were downgraded to £0. The 4% challenge has £2.9M of unidentified schemes. These combine to give an opening position of £5.6M below the target of £27M (20.7%).

The newly implemented PMO assurance cycle has tested the likelihood of delivery of all CAG and Estates schemes, and has identified a forecast shortfall against the plans of £2.15M.

Savings from the reduction in external overspill costs constitutes the Trust’s largest individual savings scheme. The Trust continues to experience high levels of overspill significantly above what had been assumed in the Plan and the M2 savings forecast assumes that none of the anticipated savings from this source will be achieved in Q1. As a result, the overspill savings forecast has been
downgraded by a further £1.3M, making the total impact of overspill on this year’s plan £2.5M. In order not to be exposed beyond the £2.5M, the Trust must reduce overspill by 10 beds per month with an aim to sustain a position of no more than 3 overspill beds per month by December. The overspill position remains a significant risk to the Trust and may require further downgrades in subsequent months.

The following table summarises the above position and shows a combined gap of £9M.

<table>
<thead>
<tr>
<th>Item</th>
<th>Value (£000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016/17 schemes carried over</td>
<td>12,583</td>
</tr>
<tr>
<td>4% across all budgets</td>
<td>14,438</td>
</tr>
<tr>
<td><strong>Total Target</strong></td>
<td><strong>27,021</strong></td>
</tr>
<tr>
<td>2016/17 unmet CIP</td>
<td>-1,500</td>
</tr>
<tr>
<td>M1 bed overspend forecast</td>
<td>-1,160</td>
</tr>
<tr>
<td>Planning gap against 4%</td>
<td>-2,944</td>
</tr>
<tr>
<td>Unidentified start position subtotal</td>
<td><strong>-5,604</strong></td>
</tr>
<tr>
<td>Unassured schemes</td>
<td>-2,150</td>
</tr>
<tr>
<td>M2 additional bed overspend forecast</td>
<td>-1,340</td>
</tr>
<tr>
<td><strong>Total gap beyond M2</strong></td>
<td><strong>-9,095</strong></td>
</tr>
</tbody>
</table>

5.1.1 Red Risk Schemes
The assurance system established by the PMO ensures that any high-risk schemes within the portfolio are devalued to their delivery forecast and recovery plans are established, therefore while there may now be a forecast shortfall of £7.75M (excluding the additional bed pressure), only £1.5M high risk schemes remain contributing to the delivery forecast; these are all non-CAG schemes and will undergo PMO assurance against M3 performance. This presents a red-risk position of £9.25M after assurance, against a like for like red-risk position of £10.77M before assurance (excluding the additional bed pressure). Therefore, we have reduced our value of red-risk schemes and are now able to focus on recovery programmes for unassured schemes and additional programmes for unidentified schemes.

On a positive note, feedback from M3 has confirmed approximately 30% agency reduction and significant one off gains on the disposal of properties (albeit a non-recurrent saving) to reduce the unidentified savings gap.

The PMO successfully completed the first assurance cycle in M2 but is still insufficiently resourced to complete all the recovery planning and assurance actions, interviews are underway to provide a permanent PMO which will start to be put in place as a result.

5.1.2 Audit Committee Recommendations
There is an FPC CIP recommendation from the Audit Committee - action point 519, May 2017:

“The Audit Committee recommends that the Finance and Performance Committee should:
(a) review the elements that SLAM management includes in Cost Improvement Plans and changes proposed thereto by SLAM management;
(b) monitor achievement of Cost Improvement Plan targets during the year.”

The recommendation will be met by:
(a) The PMO report any changes to the CIP portfolio to the FPC, this has been completed this month in the summary of the CIP position and will be completed each month hereafter with a report on recovery of, and changes to, the portfolio.
(b) The PMO continues to report the achievement and forecast of CIP targets.
6. Emergency Planning
The Trust is continuing to work with NHSE (London), and the London Ambulance Service (LAS) to create a bespoke Hazardous Material (HazMat) and Chemical Biological Radiological Nuclear and explosives (CBRNe) ‘train the trainer’ course, specifically aimed at Mental Health Trusts. The training will be rolled out over the next quarter.

The Business Continuity and Business Impact Analysis documentation is being completed to create contemporary plans in the new format.

Following the recent ransomware / cyber security incident that affected a substantial proportion of NHS organisations, the SLaM EPRR team, along with the Information and Communication Technology (ICT) team are liaising with NHS Digital to review plans for Disaster Recovery and Business Continuity within the trust, specifically in relation to ICT and levels of Disaster Recovery assurance required by NHSE (London). The trust will be holding an ICT Based Business Continuity workshop on the 26th July.

Trust representatives attended a Public Health England (PHE) facilitated pan-London exercise on the 12th July. The objective was to exercise the recovery elements of a mass casualty event involving large numbers of patients in London. Aspects of operational recovery, along with the consideration of mitigating actions for any possible psychological effects of trauma were included in the exercise.

7. Conclusion
The Trust met its performance-related Single Outcome Framework NHS Improvement indicators.

The IAPT Recovery Rate remains a challenging target with action plans in place to improve performance.

External overspill has reduced since May. The actions to tackle this are based on a whole system approach covering both inpatient and community services to achieve the necessary flow. This complements existing work on delayed transfers of care in collaboration with commissioners and local authorities.

Continued progress is being made with training compliance.

The report highlights specific concerns regarding the provision of specialist services to Croydon which will need to be monitored to ensure both financial and clinical risk are being managed as required. Quality Impact Assessments have been produced to evaluate the impact of this and other initiatives and it is important that plans are in place to evaluate these.

Plans are now in hand to ensure that services are aligned to deliver the commissioned requirements in 2017/18. The effective use of the PMO is expanding and supporting major change initiatives, CIPs, QIPPs and also CQUINs for 2017/18. Continued progress is evident with our emergency preparedness.
## Appendix 1 - Glossary

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ascom</td>
<td>Alarm / communications system supplied by Ascom UK, a telecommunications company</td>
</tr>
<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>
</tr>
<tr>
<td>CBT</td>
<td>Cognitive Behavioural Therapy (CBTp is CBT of psychosis)</td>
</tr>
<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>
</tr>
<tr>
<td>CIP</td>
<td>Cost Improvement Programme</td>
</tr>
<tr>
<td>CPA</td>
<td>Care Programme Approach</td>
</tr>
<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>
</tr>
<tr>
<td>CYP</td>
<td>Children &amp; Young People</td>
</tr>
<tr>
<td>DBT</td>
<td>Dialectical Behaviour Therapy</td>
</tr>
<tr>
<td>DTOC</td>
<td>Delayed Transfers of Care</td>
</tr>
<tr>
<td>EI</td>
<td>Early Intervention: First Episode Psychosis</td>
</tr>
<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>
</tr>
<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>
</tr>
<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>
</tr>
<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>
</tr>
<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>QIA</td>
<td>Quality Impact Assessment</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>
</tr>
<tr>
<td>YTD</td>
<td>Year to Date</td>
</tr>
</tbody>
</table>
Appendix A Performance Management Framework Trust Summary

Finance & CIPs

May-17

Acute CAG overspill (also included in main report)

Activity

Delayed Discharges - Days Lost

Adult OBD Against Monitor Plan (excl. Private Overspill)

Workforce

Agency Cost (Phased NHSI Ceiling)

Admin Vacancies, Bank & Agency WTE Usage (in arrears)

Sickness (in arrears)

All Staff - Annual Leave Planning

Nursing Vacancies, Bank & Agency WTE Usage (YTD) (in arrears)

Safer Staffing: Wards Breaching 20% of shifts (in arrears)

Sickness (in arrears)

Admin Vacancies, Bank & Agency WTE Usage (in arrears)

Agency Cost (Phased NHSI Ceiling)

Admin Vacancies, Bank & Agency WTE Usage (in arrears)

Sickness (in arrears)

All Staff - Annual Leave Planning

Nursing Vacancies, Bank & Agency WTE Usage (YTD) (in arrears)

Safer Staffing: Wards Breaching 20% of shifts (in arrears)

Sickness (in arrears)

All Staff - Annual Leave Planning

Nursing Vacancies, Bank & Agency WTE Usage (YTD) (in arrears)

Safer Staffing: Wards Breaching 20% of shifts (in arrears)

Sickness (in arrears)

All Staff - Annual Leave Planning

Nursing Vacancies, Bank & Agency WTE Usage (YTD) (in arrears)

Safer Staffing: Wards Breaching 20% of shifts (in arrears)

Sickness (in arrears)

All Staff - Annual Leave Planning

Nursing Vacancies, Bank & Agency WTE Usage (YTD) (in arrears)

Safer Staffing: Wards Breaching 20% of shifts (in arrears)

Sickness (in arrears)

All Staff - Annual Leave Planning

Nursing Vacancies, Bank & Agency WTE Usage (YTD) (in arrears)

Safer Staffing: Wards Breaching 20% of shifts (in arrears)

Sickness (in arrears)

All Staff - Annual Leave Planning

Nursing Vacancies, Bank & Agency WTE Usage (YTD) (in arrears)
Appendix A Performance Management Framework Trust Summary

Customer (Patient & Commissioners)

<table>
<thead>
<tr>
<th>Category</th>
<th>Data</th>
<th>Data</th>
<th>Data</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Day Follow Up</td>
<td>95.0%</td>
<td>92.0%</td>
<td>100.0%</td>
<td>5%</td>
</tr>
<tr>
<td>CPA 12 Month review</td>
<td>-1.7%</td>
<td>-0.4%</td>
<td>1.7%</td>
<td>-0.4%</td>
</tr>
<tr>
<td>HTT Gatekeeping (Target 95%)</td>
<td>72%</td>
<td>87.4%</td>
<td>99.2%</td>
<td>-1.2%</td>
</tr>
<tr>
<td>NHS Improvement &amp; Contract KPIs (Latest Month)</td>
<td>-1.2%</td>
<td>-0.3%</td>
<td>variation to the previous month</td>
<td>variation to the previous month</td>
</tr>
<tr>
<td>IAPT Waiting Time (6 Weeks)</td>
<td>92%</td>
<td>92%</td>
<td>92%</td>
<td>92%</td>
</tr>
<tr>
<td>IAPT Waiting Time (18 Weeks)</td>
<td>-1.2%</td>
<td>-1.0%</td>
<td>-1.0%</td>
<td>-0.9%</td>
</tr>
<tr>
<td>Early Intervention in First Episode Psychosis</td>
<td>99%</td>
<td>92%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Accommodation Recording (CPA Patients)</td>
<td>5451</td>
<td>449</td>
<td>5444</td>
<td>132</td>
</tr>
<tr>
<td>Employment Recording (CPA Patients)</td>
<td>5459</td>
<td>464</td>
<td>5167</td>
<td>0</td>
</tr>
<tr>
<td>Full Risk Screen (CPA Patients)</td>
<td>5451</td>
<td>449</td>
<td>5444</td>
<td>132</td>
</tr>
<tr>
<td>Child Need Risk Screen (CPA Patients)</td>
<td>5459</td>
<td>464</td>
<td>5167</td>
<td>0</td>
</tr>
</tbody>
</table>

Learning and Growth

<table>
<thead>
<tr>
<th>Category</th>
<th>Data</th>
<th>Data</th>
<th>Data</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends and Family</td>
<td>88.4%</td>
<td>87.6%</td>
<td>87.8%</td>
<td>92.9%</td>
</tr>
<tr>
<td>Patient Surveys (PEDIC)</td>
<td>619</td>
<td>593</td>
<td>1382</td>
<td>1682</td>
</tr>
<tr>
<td>Early Intervention in First Episode Psychosis</td>
<td>Completed Pathways (50% target) by Month</td>
<td>50%</td>
<td>92%</td>
<td>92%</td>
</tr>
<tr>
<td>Accommodation Recording (CPA Patients)</td>
<td>12 Month review</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Employment Recording (CPA Patients)</td>
<td>CPA 12 Month review</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Mandatory Training

<table>
<thead>
<tr>
<th>Category</th>
<th>Data</th>
<th>Data</th>
<th>Data</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Surveys (PEDIC)</td>
<td>Do you feel involved in your care? (%)</td>
<td>61%</td>
<td>78%</td>
<td>85%</td>
</tr>
<tr>
<td>Early Intervention in First Episode Psychosis</td>
<td>Completed Pathways (50% target) by Month</td>
<td>50%</td>
<td>92%</td>
<td>92%</td>
</tr>
<tr>
<td>Accommodation Recording (CPA Patients)</td>
<td>12 Month review</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Employment Recording (CPA Patients)</td>
<td>CPA 12 Month review</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Training Completions (in areas)
QSC Quality Dashboard
Period: May (Month 2) 2017
Circulation: QSC Circulation July 2017 For Review

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

The Finance & Performance Committee continues to receive updates on a number of key regulator operational performance indicators (Effectiveness: including waiting time standards for IAPT, Early Intervention, Delayed Transfers of Care, Home Treatment Team Gatekeeping and Acute Overspill).

The Quality Improvement Team led Quality Dashboard continues to be developed. This report will be discontinued in due course with the relevant information reported in either the QI QSC Dashboard or the Chief Operating Officers report to the QSC.

The report has been amended to reflect the next iteration of the QI QSC dashboard, and the Trust Quality Priorities are now reported through the QI dashboard. Therefore safer staffing, violence and prone restraint reporting as Trust Quality Priorities have been removed from this dashboard.

Exception reporting:

IAPT Recovery Rate is reported in the main body of the Chief Operating Officer’s Quality report to the QSC.

**Safe**

<table>
<thead>
<tr>
<th>Total QUESTT Scores by Ward, May 2017</th>
</tr>
</thead>
</table>

**QUESTT** incorporates the following Metrics:

1. New or no Ward Manager in post (within last 6 months),
2. Vacancy rate higher than 7%,
3. Bank shifts is higher than 6%,
4. Sickness absence rate higher than 3%,
5. No monthly MPT review of key quality indicators (e.g. peer review or governance team meetings),
6. Planned annual appraisals not performed,
7. Planned clinical supervision sessions not performed,
8. No formal feedback obtained from patients during the month (e.g. questionnaires or surveys),
9. 2 or more formal complaints in a month,
10. No evidence of resolution to recurring themes,
11. Unusual demands on service exceeding capacity to deliver,
12. Number of hours of enhanced levels of observation exceed 120,
13. Ward/department appears untidy/disrepair,
14. No evidence of effective multidisciplinary/multi-professional team working,
15. On-going investigation or disciplinary investigation

**Level 0 (Score = 9 or less)**

**Level 1 (Score = 10 – 16)**

**Level 2 (Score = 17 – 23)**

158 of 178
Safety Continued

- 95.3% of patients followed up within 7 days of discharge
- 90.9% of patients had a brief or full risk screen
- 97.7% of patients had a child need risk screen

### Graphs

**Full Risk Screen (CPA Patients)**
- 5414 cases
- 540 cases above average

**Child Need Risk Screen (CPA Patients)**
- 5815 cases
- 139 cases above average

**New Serious Incidents**
- Number of incidents: 0 to 16

**Unauthorised Absences (Detained Patients)**
- Number of incidents: 0 to 100
Well Led

The LEAP system for training and learning was introduced in December. November data was not available due to the transition. For the core skills framework subjects a total of 25 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%).
Purpose of the paper

The Finance Report provides an update on the financial position of the Trust as at 30th June 2017 (month 3). The summary financial statement and calculation of the Use of Resource rating from the NHSI Q3 submission is attached to the report in Table 2.

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

At Month 3 ytd, the Trust had made a deficit of £1.7m, a favourable variance of £0.04m against its surplus control total. The position improved this month largely due to the profit made from the disposal of 2 properties – Inglemere and Foxley – and some non recurring items going through in corporate areas. The Trust also received an additional £0.4m of NHSI 2016/17 incentive funding following a reconciliation of the position at a national level. Whilst this is a cash benefit, it cannot be used to fund day to day revenue operations and has been adjusted as such in the NHSI control total.

The underlying position remains as before, driven by a combination of cost pressures, particularly acute overspill, and unmet CIPs and QIPPs. The phasing of the plan is such that the NHS Improvement (NHSI) target surplus of £2.2m is largely delivered in the second half of the year with a £2.6m deficit planned for the first half. The change in position is planned to be brought about through the impact of savings plans not scheduled to deliver until later in the year. However these plans are either still to be identified or are assessed as high risk. Given their criticality to the delivery of the plan, considerable progress is required to be made to identify schemes, progress and de-risk very high risk schemes and/or provide additional mitigations.

Table 1 highlights the year to date (ytd) position by service including a brief narrative regarding their main financial issues.

The Trust is currently rated by NHSI as a 3 against use of resources (where 1 is best out of a 1-4 range – see Table 2). The rating was originally scored at 2 but due to overrides has been downgraded to a 3. The overrides kick in due to scores of 4 against the Trust’s capital service cover and its I&E margin. Both of these relate to the deficit position planned for the first half of the year. The Trust retains good ratings against liquidity (cash position), distance from financial plan and being below the NHSI agency cost ceiling.
2) Key Issues

- Acute overspill averaged 40 beds in the month—a reduction of 10 compared to May following the opening of additional capacity on Fitzmary 1 and the Trust Executive instituting a range of measures to bring about a decrease in the overspill position. The main decrease occurred in Croydon but it is worth noting that although overspill fell, the overall usage of beds (SLaM beds plus overspill) actually increased across the 4 CCGs. At the same time CCG contracted bed numbers continue to fall in line with QIPP plans leading to a £1.6m variance from plan after application of risk shares. The target trajectory aims to contain the Trust’s financial exposure to £2.5m by increasing average discharge rates and reducing overspill to c3 beds by February.

- As at month 3, the Trust had generated CIP savings of £4.7m. The CIP position has been supported this month by non recurring gains from property disposals. This has resulted in the Trust actually being ahead of its NHSI CIP plan by £0.9m at Q1. However, forecast CIPs include £7.5m of schemes that are currently risk rated red. This includes the projected costs of the overspill beds above target of £2.5m for the year. The Trust’s PMO will continue to focus their assurance work on ensuring that any slippage is arrested/minimised and that substitute schemes are developed where this is not possible. Further gains from property disposals are expected to yield an additional c£3m in savings by year end.

- Southwark placements are £0.48m overspent (before application of risk shares and the 17/18 QIPP). Although additional CCG funding was put into the 2017/18 contract, a higher value QIPP of £800k has also been applied to placements leaving a net reduction in funding this year. The plans to address both the QIPP and current underlying overspend are likely to prove a considerable challenge. Lewisham placements (where a QIPP of £365k has been applied) is also starting to overspend. Lambeth placements, under the Integrated Personalised Support Alliance, remain in balance.

- Agency usage over the first 3 months continues to remain around 30% below the NHSI ceiling—a much improved position compared to 2016/17. The monthly ceiling is set to fall over the remainder of the year and to ensure we remain on track a number of high usage areas have been targeted with the aim of bringing about a 35% reduction in agency costs. If achieved, this would lead to a c£1.6m reduction in net costs based on agencies costing 20% more than employed staff—this will meet the CIP target within the Trust overall programme.

- Given the pressure on acute beds, ward nursing costs also remain a concern with 7 wards now +20% above funded establishment (adding £0.6m to the Trust deficit). The ward budgets in the ACP CAG have been fully revised in 2017/18 and most are now operating within plan. However 2 of the PICUs and Gresham 1 continue to employ more staff than funding whilst slippage on Triage conversions has meant that the staffing budgets no longer match the cost of running the wards. The Johnson Unit is subject to a QI special observations project and other issues are being addressed with the CAG.

- CCG and NHSE QIPP schemes total £10m in 17/18.

The CCG schemes are aimed primarily at reductions in Adult/MHOA acute occupied bed days (obds) and complex placements and changes to community services including IAPT. All 4 CCGs are above their contracted adult bed numbers and this is impacting on the delivery of their QIPP schemes, particularly in Lambeth where no QIPP is currently being realised. There are also high risks attached to the Southwark placements QIPP of £800k where, despite a milestone plan being worked through with the CCG, the forecast overspend requires significant savings to be made beyond just the QIPP reduction. Detailed plans are also required to be agreed in Lewisham where several community services are undergoing changes that will result in the delivery of a net QIPP after some additional investment. In Croydon a proposed QIPP of £600k involving recharging other CCGs for their use of beds has been disputed following a review of data and is expected to fall significantly.
The NHSE schemes also involve a reduction in beds across forensic, CAMHS and Eating Disorder. The Trust continues to meet with NHSE to ensure there is clarity about the £1.2m of savings plans in CAMHS and Eating Disorders but to date no agreement has been reached as to how these QIPPs will be delivered.

- Last year the Trust performed well against its cost and volume income targets (higher risk income that relates directly to increases/decreases in activity). However the performance overall, masked areas where income was not on plan. Some of these areas have continued to underperform going into 2017/18 and are now driving the bottom line deficit of £0.4m at month 3. These areas include Heather Close, Neuro Psychiatry and Eating Disorder Outpatients and the Anxiety Disorders Residential Unit.

3) Forecast

At Q1, the Trust is still forecasting to meet its NHSI control total. The Trust has identified financial risks totalling £14m by year end. The principal drivers behind this figure are –

- Red rated CIPs
- Delivery of QIPPs
- Demand pressures on beds and placements
- Other net pressures

Plans are currently being implemented to mitigate these risks utilising the Trust PMO Function, including significant clinical engagement on variation and delivery of the acute bed targets, QI programmes, further collaborative savings through our South London Mental Health and Community Partnership with Oxleas and South West London and St Georges Trusts and the STPs and on non-recurrent savings measures such as asset sales.
Performance against the main cost drivers is detailed below –

**1) Financial Summary**

<table>
<thead>
<tr>
<th>Service Analysis</th>
<th>Full Year Live Budgets (£)</th>
<th>Current Month Actual (£)</th>
<th>Variance From Live Budgets (£)</th>
<th>Year To Date Actual (£)</th>
<th>Variance From Live Budgets (£)</th>
<th>Variance Last Month (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01. Psychosis</td>
<td>51,934,600</td>
<td>4,488,100</td>
<td>178,700</td>
<td>13,662,600</td>
<td>862,000</td>
<td>503,200</td>
</tr>
<tr>
<td>02. Acute Care Pathway</td>
<td>44,385,900</td>
<td>4,233,000</td>
<td>531,000</td>
<td>12,815,200</td>
<td>1,716,800</td>
<td>1,185,800</td>
</tr>
<tr>
<td>03. P Med &amp; Integrated Care</td>
<td>(582,400)</td>
<td>(72,200)</td>
<td>(4,700)</td>
<td>117,900</td>
<td>172,100</td>
<td>176,800</td>
</tr>
<tr>
<td>04. Behavioural And Dev. Psych</td>
<td>(337,600)</td>
<td>(42,800)</td>
<td>(14,400)</td>
<td>(119,100)</td>
<td>(63,400)</td>
<td>(18,900)</td>
</tr>
<tr>
<td>05. Child &amp; Adolescent Service</td>
<td>561,800</td>
<td>200,500</td>
<td>136,600</td>
<td>323,300</td>
<td>173,600</td>
<td>37,100</td>
</tr>
<tr>
<td>06. MHOA And Dementia</td>
<td>579,800</td>
<td>54,400</td>
<td>13,400</td>
<td>8,400</td>
<td>(128,900)</td>
<td>(142,300)</td>
</tr>
<tr>
<td>07. Addictions</td>
<td>0</td>
<td>19,800</td>
<td>19,800</td>
<td>38,200</td>
<td>38,200</td>
<td>18,400</td>
</tr>
<tr>
<td>08. Clinical Support Services</td>
<td>1,878,700</td>
<td>222,100</td>
<td>43,200</td>
<td>675,000</td>
<td>137,100</td>
<td>94,000</td>
</tr>
<tr>
<td>09. Infrastructure Directorates</td>
<td>56,394,000</td>
<td>4,580,900</td>
<td>(151,800)</td>
<td>14,260,900</td>
<td>198,000</td>
<td>319,800</td>
</tr>
<tr>
<td>10. Corporate Income</td>
<td>(102,526,400)</td>
<td>(8,768,100)</td>
<td>(220,600)</td>
<td>(25,662,900)</td>
<td>(231,600)</td>
<td>(10,900)</td>
</tr>
<tr>
<td>Operational Deficit</td>
<td>52,288,400</td>
<td>4,915,700</td>
<td>531,200</td>
<td>16,119,500</td>
<td>2,683,900</td>
<td>2,163,000</td>
</tr>
</tbody>
</table>

**EBITDA**

15. Post EBITDA Items

|                  | 22,420,000 | (363,200) | (1,836,100) | 2,230,900 | (2,222,800) | (386,700) |

Trust Financial Position

|                  | 2,517,900 | (1,239,700) | (1,669,300) | 1,652,200 | (459,500) | 1,263,000 |

Items Not Included In NHSI Target

|                  | (4,780,000) | 376,000 | 419,000 | 290,000 | 419,000 | 0 |

NHSI Control Total

|                  | (2,262,100) | (863,700) | (1,250,300) | 1,942,200 | (40,500) | 1,263,000 |

**Area**

<table>
<thead>
<tr>
<th></th>
<th>2016/17 Mth 11 Variance £000</th>
<th>2016/17 Mth 12 Variance £000</th>
<th>2016/17 Total Variance £000</th>
<th>2017/18 Mth 1 Variance £000</th>
<th>2017/18 Mth 2 Variance £000</th>
<th>2017/18 Mth 3 Variance £000</th>
<th>2017/18 Total Variance £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAGs</td>
<td>(1,264)</td>
<td>831</td>
<td>3,081</td>
<td>1,052</td>
<td>708</td>
<td>831</td>
<td>2,591</td>
</tr>
<tr>
<td>Infrastructure Directorates</td>
<td>64</td>
<td>316</td>
<td>508</td>
<td>95</td>
<td>319</td>
<td>(80)</td>
<td>334</td>
</tr>
<tr>
<td>Corp Income</td>
<td>98</td>
<td>932</td>
<td>751</td>
<td>(72)</td>
<td>61</td>
<td>(220)</td>
<td>(231)</td>
</tr>
<tr>
<td>Other including reserves &amp; provisions released</td>
<td>2,324</td>
<td>(1,586)</td>
<td>3,810</td>
<td>548</td>
<td>104</td>
<td>31</td>
<td>683</td>
</tr>
<tr>
<td>Use of Reserves</td>
<td>(255)</td>
<td>(674)</td>
<td>(7,944)</td>
<td>(848)</td>
<td>(317)</td>
<td>(449)</td>
<td>(1,614)</td>
</tr>
<tr>
<td>Total EBITDA</td>
<td>967</td>
<td>(181)</td>
<td>206</td>
<td>775</td>
<td>875</td>
<td>113</td>
<td>1,763</td>
</tr>
</tbody>
</table>

**2) Key Cost Drivers**

(unmitigated by alternative income, risk shares etc.)

<table>
<thead>
<tr>
<th></th>
<th>2016/17 Mth 11 Variance £000</th>
<th>2016/17 Mth 12 Variance £000</th>
<th>2016/17 Total Variance £000</th>
<th>2017/18 Mth 1 Variance £000</th>
<th>2017/18 Mth 2 Variance £000</th>
<th>2017/18 Mth 3 Variance £000</th>
<th>2017/18 Total Variance £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ward Nursing*</td>
<td>124</td>
<td>196</td>
<td>1,868</td>
<td>109</td>
<td>51</td>
<td>296</td>
<td>456</td>
</tr>
<tr>
<td>Agency Premium @ 20%</td>
<td>288</td>
<td>316</td>
<td>3,756</td>
<td>251</td>
<td>209</td>
<td>223</td>
<td>683</td>
</tr>
<tr>
<td>Acute Overspill***</td>
<td>229</td>
<td>467</td>
<td>5,024</td>
<td>941</td>
<td>509</td>
<td>530</td>
<td>1,983</td>
</tr>
<tr>
<td>Unmet CIPs**</td>
<td>495</td>
<td>208</td>
<td>6,143</td>
<td>344</td>
<td>281</td>
<td>(864)</td>
<td>(239)</td>
</tr>
<tr>
<td>Placements***</td>
<td>53</td>
<td>45</td>
<td>1,462</td>
<td>154</td>
<td>167</td>
<td>199</td>
<td>520</td>
</tr>
<tr>
<td>CPC/C&amp;V Income</td>
<td>(307)</td>
<td>(315)</td>
<td>(1,346)</td>
<td>147</td>
<td>147</td>
<td>95</td>
<td>389</td>
</tr>
<tr>
<td>Total</td>
<td>882</td>
<td>917</td>
<td>16,907</td>
<td>1,946</td>
<td>1,364</td>
<td>479</td>
<td>3,792</td>
</tr>
</tbody>
</table>

* includes safer staffing funding ** see Section 3 *** before application of risk shares
• **Acute/PICU Overspill**

Overall 40 overspill beds were used by the Trust in June, a decrease of 10 compared to the previous month but still 37 beds above our original plan. Most of this month’s decrease occurred in Croydon. The use of overspill beds has resulted in a cost pressure, after application of risk shares, of £1.6m after 3 months. The Trust response to this is picked up in the Performance Report.

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

<table>
<thead>
<tr>
<th>CCG</th>
<th>Plan Beds @ 95%</th>
<th>Actual Beds</th>
<th>Variance Beds</th>
<th>Variance %</th>
<th>Last Mth Variance Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lambeth</td>
<td>80</td>
<td>103</td>
<td>23</td>
<td>29.4%</td>
<td>23</td>
</tr>
<tr>
<td>Southwark</td>
<td>74</td>
<td>78</td>
<td>4</td>
<td>6.1%</td>
<td>1</td>
</tr>
<tr>
<td>Lewisham</td>
<td>64</td>
<td>69</td>
<td>4</td>
<td>7.0%</td>
<td>2</td>
</tr>
<tr>
<td>Croydon</td>
<td>86</td>
<td>90</td>
<td>4</td>
<td>4.4%</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>304</strong></td>
<td><strong>340</strong></td>
<td><strong>36</strong></td>
<td><strong>11.9%</strong></td>
<td><strong>32</strong></td>
</tr>
</tbody>
</table>

Overall local CCG bed usage increased again in June whilst contracted bed numbers decreased. The increase occurred in Lewisham and Southwark with a small reduction in Croydon. When compared to contracted bed numbers, the main outlier continues to be Lambeth where bed numbers are 29% above their contracted level of activity resulting in a potential risk share payment to the Trust of £0.5m. The second graph above indicates the potential disparity between CCG contracted beds which are falling and the Trust’s bed stock and actual use of beds which are increasing. If the Trust could eliminate overspill and keep to its bed stock numbers, additional net income could be generated through the CCG risk share arrangements.
• **Use of Agency Staff**

NHSI have set a ceiling to spend no more than £17.4m on all agency staff. In 2016/17 the Trust spent £22.6m on agency. Agency spend is still below the ceiling after 3 months although the target is phased to decrease over the remainder of the year. A number of initiatives are in place to bring about a reduction targeting band 5 nurses, CPNs, care support workers, nurse team leaders, A&C and medical. These plans are predicted to reduce agency spend by c£8m, thereby saving the Trust c£1.6m compared to 2016/17 (assuming a 20% agency premium). At this early stage this is still an indicative estimate, and will require continued focus to realise such reductions. The forecast below is more prudent and based on a simple extrapolation of the year to date position.

![Cumulative agency spend against NHSI ceiling](image)

• **Ward/Unit Nursing Costs**

At month 3 ward nursing costs overspent by £296k (£456k ytd). This is similar to the 2016/17 average but still 3% above budgets that have been set at safer staffing levels. The majority of the overspends occurred in the ACP CAG including the 2 remaining Triage wards where plans to convert them to acute wards have been delayed and 2 of the PICUs which together are +20% over budget.

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

• **Cost per Case/Cost and Volume Income**

The position has deteriorated from 2016/17, particularly in 3 of the CAGs –

- Psychosis – Heather Close is £70k below target levels following an increase in the income target and a continuing number of unused cost per case beds. It is also £76k over on expenditure budgets.
- Psych Medicine & Integrated Care – are not meeting activity/income targets in several outpatient services particularly neuro psychiatry (£83k ytd) and eating disorders (£77k ytd). Both have savings plans under review. It is a similar position in 2 of the inpatient services - the Anxiety Disorders

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167 of 178
Residential Unit (£72k ytd) and Eating Disorders £122k ytd). Anxiety Disorders should improve through an expected increase in activity but Eating Disorders has an NHSE QIPP applied where there is currently no compensating increase in income or reduction in cost. The Trust is in discussions with NHSE regarding the QIPP and how it expected to be realised.

- CAMHS – the underperformance currently relates to outpatient services where many of the teams are currently off target. This is expected to improve but there remain outstanding issues with NHSE regarding the £0.8m QIPP that has been applied to the Kent inpatient contract with no agreement as to how this saving is to be achieved.

<table>
<thead>
<tr>
<th>CAG</th>
<th>Income Target At Month 3 £'000</th>
<th>Actual Invoiced At Month 3 £'000</th>
<th>Surplus/ Deficit(-) At Month 3 £'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychosis</td>
<td>1,897</td>
<td>1,821</td>
<td>76</td>
</tr>
<tr>
<td>Behavioural &amp; Developmental</td>
<td>5,742</td>
<td>5,843</td>
<td>(101)</td>
</tr>
<tr>
<td>Psych Med &amp; Integrated Care</td>
<td>5,211</td>
<td>4,892</td>
<td>319</td>
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<tr>
<td>CAMHS</td>
<td>6,069</td>
<td>5,962</td>
<td>107</td>
</tr>
<tr>
<td>MHOA</td>
<td>15</td>
<td>27</td>
<td>(12)</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>18,934</strong></td>
<td><strong>18,545</strong></td>
<td><strong>389</strong></td>
</tr>
</tbody>
</table>

- Complex Placements

Lambeth placements remain within budget. However following some backdated recharges, Lewisham have now started to overspend (£45k ytd) which means their QIPP of £365k is only partially being delivered. In Southwark, placements continue to overperform on both the CCG and Local Authority elements of the budget. The ytd overspend of £477k is split between the CCG (£188k) and the local authority (£289k) but this excludes an £800k QIPP for which plans are still being developed/agreed. The local authority overspend is subject to a 100% risk share but –

- this is accessed via the CCG contract and requires agreement from the local authority to pay the CCG. Issues are being raised by the local authority regarding the timeliness of reviews and these will need to be addressed to ensure full payment is made
- the CCG and local authority are still examining 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. Until these issues are resolved there remains a risk that retrospective shifting of responsibility/liability will impact on the Trust’s risk share values with both the Local Authority and the CCG
- The QIPP referred to above applies to CCG funded placements only and so any Local Authority savings resulting from the QIPP plan are likely to impact on the risk share rather than the CCG QIPP target

The CCG are undertaking bi monthly reviews with the Local Authority and Trust to review progress, monitor action plans, and improve processes and quality of information but significant action will be required if financial targets are to be met.

3) Cost Improvement Programme (CIP)

In order to deliver on its control total for 17/18, the Trust has set a savings target of £27m (16/17 £29.2m). At the start of the year, schemes with an estimated value of £21.4m had been identified, leaving an unidentified savings gap of £5.6m.
The value of identified schemes included £3.9m that was red risk rated. Combined with the unidentified schemes means the Trust started the year with £9m of its £27m target assessed as being high risk. This represented approximately 2.5% of total expenditure.

As at month 3, the Trust had generated savings of £4.7m. There is currently a £0.8m shortfall arising in the Acute Care Pathway (ACP) CAG and relates to lower than anticipated savings from the reduction in overspill as the Trust continues to experience overspill levels significantly above what had been assumed in the Plan. Considerable senior management focus is being applied to this issue and a rapid reduction trajectory is being targeted. It is projected that this trajectory will result in overspends which equate to a shortfall against this savings scheme of £1.8m.

The overall shortfall in the forecast savings is £7.5m (72% delivery). The major factor contributing to the forecast shortfall is the write down of the forecasts in relation to unidentified schemes of £5.6m. Additionally the value reflects the impact of overspill of £1.8m and further key shortfalls including:

- **ACP** - £0.2m (delayed conversion of the remaining triage wards to acute wards which is offset by the delayed opening of Fitzmary1).
- **Psychosis** - £0.4m following a prudent write down on a number of schemes where the assurance process suggests the savings will not be delivered.

However, as a result of gains on property disposals, the value of unidentified schemes has fallen to £4.1m. Further assurance work is on-going to de-risk identified schemes and to identify additional savings. The PMO has implemented a recovery planning process with services where there are red rated schemes and potential shortfalls against forecasts which is targeting reducing the shortfall in recurrent savings by at least £4m.

The value of red rated identified schemes now stands at £5.5m which would have been lower but for all overspill savings now being rated as red. This means the current value of high risk schemes is £9.6m after addition of the additional overspill costs compared with £9.5m at the beginning of the year.

The PMO will continue to focus their assurance work on ensuring that any slippage is highlighted with a view of getting significant traction on the recovery plans at an early stage to increase assurance over delivery of the target.

Tim Greenwood & Mark Nelson
Finance Department, July 2017
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMH</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>CAG</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>CCG</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>CIPs</td>
<td>Cost Improvement Programme</td>
</tr>
<tr>
<td>CPC/C&amp;V</td>
<td>Cost per Case and Cost and Volume income varies depending upon the amount of clinical activity being undertaken</td>
</tr>
<tr>
<td>EBITDA</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>ICT</td>
<td>Information and Communications Technology</td>
</tr>
<tr>
<td>MHOA</td>
<td>Mental Health of Older Adults</td>
</tr>
<tr>
<td>NCA</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>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>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 - 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>PoS</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>QIPP</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>STF</td>
<td>Sustainability &amp; Transformation Fund that is intended to support providers to move to a sustainable financial footing</td>
</tr>
<tr>
<td>Triage</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>WTE</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>YTD</td>
<td>Year To Date</td>
</tr>
</tbody>
</table>
Summary

1) At Month 3 the Trust made a deficit of £1.9m after excluding items not included in the NHSI deficit control.

2) This represents a small favourable variance from the deficit control figure of £2m.

   The position improved this month largely due to the profit made from the disposal of 2 properties – Inglemore and Foxley – and some non recurring items going through in corporate areas. The underlying position remains as before, driven by a combination of cost pressures, particularly acute overspill, and onerous CPs and QIPPs. The phasing of the plan is such that the NHS (NHSE) target surplus of £2.2m is largely delivered in the second half of the year with a £2.6m deficit planned for the first half. The change in position is planned to be brought about through the impact of savings plans not scheduled to deliver until later in the year.

3) The Trust is currently rated by NHSI as a 3 against use of resources (where 1 is best out of a 1-4 range). The rating was originally scored at 2 but due to overrides has been downgraded to a 3. The overrides kick in due to scores of 4 against the Trust’s capital service cover and its I&E margin. Both of these relate to the deficit position planned for the first half of the year. The Trust retains good ratings against liquidity, distance from financial plan and agency spend.

4) Acute overspill averaged 40 beds in the month – a reduction of 10 compared to May following the opening of additional capacity on Fitzmary 1 and the Trust Executive instituting a range of measures to bring about a decrease in the overspill position. The main decrease occurred in Croydon but it is worth noting that although overspill fell, the overall usage of beds (SLaM beds plus overspill) actually increased across the 4 CCGs. At the same time CCG contracted bed numbers continue to fall in line with QIPP plans leading to a £1.6m variance from plan after application of risk shares.

5) The Trust has generated CIP savings of £4.7m. The majority of the current shortfall. The CIP position has been supported this month by non recurring gains from property disposals. This has resulted in the Trust actually being ahead of its NHSI CIP plan by £0.9m at Q1. However, forecast CIPs include £7.5m of schemes that are currently risk rated red. The Trust’s PMO will continue to focus their assurance work on ensuring that any slippage is arrested/minimised and that substitute schemes are developed where this is not possible.

6) Given the pressure of acute beds, ward nursing costs also remain a concern with 7 wards now +20% above funded establishment (adding £0.6m to the Trust deficit). 2 of the PICOs are Graham 1 and 2 continue to employ more staff than funding whilst slippage on Triage conversions has meant that the staffing budgets no longer match the cost of running the wards.

7) CCG and NHSE QIPP schemes total £10m in 17/18 plan. The CCG schemes are aimed particularly at reductions in Adult/MHOA acute occupied bed days (obds) and complex placements and changes to community services. All 4 CCGs are above their contracted adult bed numbers and this is impacting on the delivery of their QIPP schemes. There are also high risks attached to the Southwark placements QIPP of £800k where, despite a milestone plan being worked through with the CCG the forecast overspend requires significant savings to be made beyond just the QIPP. The NHSE schemes also involve a reduction in beds across Forensic, CAMHS and Eating Disorders. The Trust continues to meet with NHSE to ensure there is clarity about the £1.2m of savings plans in CAMHS and Eating Disorders but to date no agreement has been reached as to how the QIPPs will be delivered.

Key Financial Drivers

Performance v CIP - £0.2m above - 5% > target (inc profits on sale of assets)

Ward Nursing - £0.4m overspend

Complex/Non Secure placements - £0.5m overspend excluding impact of risk shares & Swk QIPP

Cost per Case/Cost & Volume - £0.4m std + target

Other Matrix

Forecast FJAR less than 2 is not a good indicator

British payment practice code (non-NHS by value)

Cash at bank and in hand

£45.9m

£0.6m £2.4m £14.3m £19.9m

0.6% 2.5% 3.8% 5.3%

£-1.7m £-2.1m

£m’s

Cumulative EBITDA

Operational performance - I&E control total margin

Use of Resources Risk Rating

Balance sheet sustainability - Debt service cover YTD

EBITDA

Debt service cover

YTD YTD Plan Forecast/Actual FY Plan

M12 M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12

M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12

M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12

M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12

M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12

M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12

M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12

M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12

M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12

M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12

M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12

M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12

M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12

£m’s

Cost Improvement Programme

Working Capital

Agency ceiling target £17.4m

Performance against plan - I&E control total margin

% variance

£m’s

Income and Expenditure

Financial Position

Use of Resources Risk Rating

Balance sheet sustainability - Debt service cover YTD

EBITDA

Debt service cover

YTD YTD Plan Forecast/Actual FY Plan

M12 M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12

M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12

M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12

M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12

M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12

M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12

M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12

M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12

M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12

M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12

M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12

M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12

Performance against plan - I&E control total margin

% variance

Capital spend against plan

£m’s

£m’s

£m’s

£m’s

£m’s

£m’s

£m’s

£m’s

£m’s

£m’s
Table 1

The South London and Maudsley NHS Foundation Trust - Operating Budgets

### Monthly Figures

<table>
<thead>
<tr>
<th>Service Analysis</th>
<th>Year to Date Figures</th>
<th>Variance From Live Budgets (£)</th>
<th>Variance From Live Budgets (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Full Year Live)</td>
<td>(Actual)</td>
<td>(Budget)</td>
</tr>
<tr>
<td>01. Psychosis</td>
<td>51,244,600</td>
<td>4,488,100</td>
<td>178,703</td>
</tr>
<tr>
<td>02. Acute Care Pathway</td>
<td>44,385,800</td>
<td>4,233,000</td>
<td>531,000</td>
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<tr>
<td>03. P. Med &amp; Integrated Care</td>
<td>(560,400)</td>
<td>(72,200)</td>
<td>(4,700)</td>
</tr>
<tr>
<td>04. Renal &amp; And Anc. Psychiat</td>
<td>(337,600)</td>
<td>(42,800)</td>
<td>(14,400)</td>
</tr>
<tr>
<td>05. Child &amp; Adolescent Service</td>
<td>516,800</td>
<td>200,500</td>
<td>136,800</td>
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<tr>
<td>06. MHDA &amp; Demerits</td>
<td>579,800</td>
<td>54,400</td>
<td>13,400</td>
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<tr>
<td>07. Addictions</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>08. Clinical Support Services</td>
<td>1,878,700</td>
<td>222,100</td>
<td>43,200</td>
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<tr>
<td>09. Infrastructure Directorates</td>
<td>56,394,800</td>
<td>4,869,900</td>
<td>(151,800)</td>
</tr>
<tr>
<td>10. Corporate Income</td>
<td>(10,536,400)</td>
<td>(23,700,703)</td>
<td>(23,609,600)</td>
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<tr>
<td>11. Operational Deficit</td>
<td>52,288,400</td>
<td>4,913,790</td>
<td></td>
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<td>12. Corporate Other</td>
<td>(84,445,700)</td>
<td>(1,752,200)</td>
<td>(16,698,200)</td>
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<tr>
<td>13. Unmet Capital CIPs</td>
<td>(9,000,000)</td>
<td>0</td>
<td>0</td>
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<tr>
<td>14. Contingency planned</td>
<td>1,500,000</td>
<td>0</td>
<td>(125,000)</td>
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<tr>
<td>15. Other revenues/proceeds</td>
<td>4,851,100</td>
<td>0</td>
<td>(315,100)</td>
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<tr>
<td>16. Corporate Other</td>
<td>(71,140,500)</td>
<td>(5,752,200)</td>
<td>(384,400)</td>
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<tr>
<td>17. EBITDA</td>
<td>(19,862,100)</td>
<td>(670,900)</td>
<td>160,000</td>
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<tr>
<td>18. Trust EBITDA before</td>
<td>22,425,800</td>
<td>363,200</td>
<td>(1,835,100)</td>
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<tr>
<td>19. Trust EBITDA</td>
<td>(386,700)</td>
<td>0</td>
<td>0</td>
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<tr>
<td>20. Items Not Included in NHSI Target</td>
<td>10,780,000</td>
<td>376,000</td>
<td>419,000</td>
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<tr>
<td>21. NHSI Target</td>
<td>(1,263,100)</td>
<td>(683,700)</td>
<td>(1,250,300)</td>
</tr>
<tr>
<td>22. NHSI Target Balance</td>
<td>1,283,000</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Notes Re Mth 3

- Bank placements are 47% ytd over excluding risk shares and S360k QIPP. Not clear what the split is between CCG and LA until CCG completed their review (have different risk share arrangements).
- Overpends on Heather Close (£140k) and THU (£40k) - Income, expenditure and new CIPs. Net £26k ytd of unmet CIPs/QIPPs held centrally inc. Sack £800k QIPP. Law Community QIPP and impact of Mackenzie closure on CAG management income. £0.7m of AMH CIPs in Lambeth, Lewisham and Croydon to be allocated.
- Adverse acute overspill variance of £1.6m comprising average of 45 beds over plan. Main decrease in overspill activity occurred in Croydon this month but Lambeth numbers not falling. Inpatient nursing £376k overspent inc Gresham 1 - 102k over (obs and sickness), Johnson £83k and slippage on Triage wards (£209k)
- Includes an additional 16/17 STP incentive payment made in 17/18 of £419k
- Includes apprentice levy and 0.5% CQUIN held against non achievement of STP control total.
- Restructuring underspend, reduction in value of assets impacting favorably on capital charges plus profit of disposal of assets (Inglemere and Foxley - £1.5m)
Table 2
NHSI Summary For South London & Maudsley NHS Foundation Trust

### Key data

<table>
<thead>
<tr>
<th>PLAN YTD £'000</th>
<th>ACT YTD £'000</th>
<th>VAR YTD £'000</th>
<th>PLAN CY £'000</th>
<th>FOT CY £'000</th>
<th>VAR CY £'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance against control total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surplus/(deficit) before impairments and transfers</td>
<td>(2,090)</td>
<td>(1,652)</td>
<td>(438)</td>
<td>1,628</td>
<td>2,259</td>
</tr>
<tr>
<td>Adjusted financial performance surplus/(deficit) including STF</td>
<td>(1,961)</td>
<td>(1,942)</td>
<td>(19)</td>
<td>2,344</td>
<td>2,356</td>
</tr>
<tr>
<td>Control total</td>
<td>(1,961)</td>
<td>(1,942)</td>
<td>0</td>
<td>2,262</td>
<td>2,262</td>
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<tr>
<td>Performance against control total</td>
<td></td>
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<tr>
<td></td>
<td>21</td>
<td>40</td>
<td>(19)</td>
<td>82</td>
<td>94</td>
</tr>
</tbody>
</table>

#### Performance against control total excluding STF

<table>
<thead>
<tr>
<th>PLAN YTD £'000</th>
<th>ACT YTD £'000</th>
<th>VAR YTD £'000</th>
<th>PLAN CY £'000</th>
<th>FOT CY £'000</th>
<th>VAR CY £'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surplus/(deficit) before impairments and transfers</td>
<td>(2,090)</td>
<td>(1,652)</td>
<td>(438)</td>
<td>1,628</td>
<td>2,259</td>
</tr>
<tr>
<td>Adjusted financial performance surplus/(deficit) including STF</td>
<td>(1,961)</td>
<td>(1,942)</td>
<td>(19)</td>
<td>2,344</td>
<td>2,356</td>
</tr>
<tr>
<td>Control total</td>
<td>(2,301)</td>
<td>(2,321)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Performance against control total excluding STF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>21</td>
<td>40</td>
<td>(19)</td>
<td>82</td>
<td>94</td>
</tr>
</tbody>
</table>

#### Adjusted financial performance as a % of Turnover (I&E Margin)

<table>
<thead>
<tr>
<th>PLAN YTD</th>
<th>ACT YTD</th>
<th>VAR YTD</th>
<th>PLAN CY</th>
<th>FOT CY</th>
<th>VAR CY</th>
</tr>
</thead>
<tbody>
<tr>
<td>EBITDA as a percentage of related income</td>
<td>2.0%</td>
<td>0.6%</td>
<td>(1.4%)</td>
<td>4.7%</td>
<td>3.4%</td>
</tr>
</tbody>
</table>

#### EBITDA

- EBITDA value: 1,867
- as a percentage of related income: 2.0%

#### Total recurrent efficiencies

- Total: 3,838

#### Total identified efficiencies

- Total: 2,922

#### Total efficiencies

- Total: 3,838

#### Total efficiencies as a percentage of expenditure

- Total: 3.9%

#### Capital

- Gross capital expenditure: 3,502
- Disposals / other deductions: (1,500)

#### Charge after additions/deductions

- Total: 2,002

#### Cash

- Cash and cash equivalents at period end: 40,119
- DH capital financing: 0
- DH interim revenue financing: 0

#### Agency and contract

- Total agency costs excluding outsourced bank: 4,741
- Agency ceiling: 4,741

#### Use of resources risk rating summary

<table>
<thead>
<tr>
<th>PLAN YTD</th>
<th>ACT YTD</th>
<th>VAR YTD</th>
<th>PLAN CY</th>
<th>FOT CY</th>
<th>VAR CY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital service cover rating</td>
<td>4</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Liquidity rating</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>I&amp;E margin rating</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Distance from financial plan</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Agency rating</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Risk rating after overrides</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Table 3
### SLAM summary CIP status report
#### Trust Overview
##### Jun-17

<table>
<thead>
<tr>
<th>£000s</th>
<th>Plan</th>
<th>YTD</th>
<th>Actual YTD</th>
<th>YTD variance from current Plan</th>
<th>Value of Additional Schemes</th>
<th>Full year Forecast of Additional Schemes %</th>
<th>Overview comment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CAG schemes:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3,108</td>
<td>2,066</td>
<td></td>
<td>(1,042)</td>
<td>3</td>
<td>12,416</td>
<td>9,907</td>
</tr>
<tr>
<td><strong>Corporate schemes:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>661</td>
<td>507</td>
<td></td>
<td>(154)</td>
<td>-</td>
<td>5,498</td>
<td>5,219</td>
</tr>
<tr>
<td><strong>Trust wide schemes:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>746</td>
<td>2,181</td>
<td></td>
<td>1,435</td>
<td>1,460</td>
<td>9,109</td>
<td>4,404</td>
</tr>
<tr>
<td><strong>Trust Total</strong></td>
<td>4,515</td>
<td>4,754</td>
<td></td>
<td>239</td>
<td>1,463</td>
<td>27,022</td>
<td>19,530</td>
</tr>
</tbody>
</table>

| **CIPs / Cost Reduction** |      |       |            |                                 |                             |                                           |                  |
| CIP Schemes            | 2,762| 3,976 |            | 1,214                                       | 1,463                        | 18,526                                    | 13,148           | (5,378)                        | 1,491            |                  |
| Cost Reduction Schemes | 1,753| 778   |            | (975)                                        | -                           | 8,496                                     | 6,382            | (2,114)                        | -                |                  |
| **Trust Total**        | 4,515| 4,754 |            | 239                                          | 1,463                        | 27,022                                    | 19,530           | (7,492)                        | 1,491            |                  |
REPORT TO THE TRUST BOARD: PUBLIC
25th July 2017

<table>
<thead>
<tr>
<th>Title</th>
<th>Report from previous month’s Part 2 meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author</td>
<td>David James, Business Manager, Corporate Affairs</td>
</tr>
<tr>
<td>Accountable Director</td>
<td>Rachel Evans, Director of Corporate Affairs</td>
</tr>
</tbody>
</table>

Purpose of the paper

To produce a summary report for consideration in the part of the Board meeting held in public which lists the items which were discussed in the Part 2 (private) meeting the previous month.

Executive summary

There was no Private Board in June 2017. The detail attached refers to May 2017 when there were two issues for discussion. Details are listed below.
<table>
<thead>
<tr>
<th>Ref</th>
<th>Item discussed</th>
<th>Summary of discussion</th>
<th>Lead Director</th>
<th>Reason for taking in P2</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOD PTII 26/17</td>
<td>Fundraising Proposal for a Centre for Children and Adolescent Health</td>
<td>King’s College London Campaign concerning advice and guidance for the No 1 KHP fundraising priority: Mental Health Awareness for Children &amp; Adolescents.</td>
<td>Matthew Patrick</td>
<td>Commercial in confidence.</td>
</tr>
</tbody>
</table>
Board of Directors Meeting

To be held 19th September 2017
12:30pm Learning Centre, Maudsley Hospital

AGENDA: Part 1

Opening Matters
1. Welcome, apologies for absence, declarations of interest
2. Minutes, Action log review 3:00pm
3. Patient Story - Safeguarding Kathryn 3:05pm
4. Chief Executive’s Report Rachel

Quality & Safety
6. Mortality Report Michael Page
7. Public and Patient involvement Amanda Page
8. Carers Strategy (Sept action) Beverley Page
9. Q1 Incidents & Complaints Report Beverley Page

Strategy
10. Digital Services Update Stephen Page

Governance
11. Board Assurance Framework (3 monthly report) Beverley Page
12. Council of Governors Update Rachel Page
13. Quality Committee Update – July Amanda Page
15. Quality Sub Committee Update – September Amanda Page
16. FPC Update – July Stephen Page
17. BDIC Update – July Altaf Page

Performance
18. Performance Report Kris Page
19. Finance Report Gus Page
20. Report from previous Month’s Part II Rachel Page
21. Wrap-up and Next Meeting

The next Board of Directors Meeting will be held on 19th September 2017, at 12:30pm 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
Date and Venues for Board of Directors meetings in 2018

All Meetings to commence at 2:30pm and finish by 4:45pm

<table>
<thead>
<tr>
<th>DATE</th>
<th>VENUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday 23rd January</td>
<td>Learning Centre, Maudsley Hospital</td>
</tr>
<tr>
<td>Tuesday 20th February</td>
<td>Learning Centre, Maudsley Hospital</td>
</tr>
<tr>
<td>Tuesday 20th March</td>
<td>Learning Centre, Maudsley Hospital</td>
</tr>
<tr>
<td>Tuesday 24th April</td>
<td>Learning Centre, Maudsley Hospital</td>
</tr>
<tr>
<td>Tuesday 22nd May</td>
<td>Learning Centre, Maudsley Hospital</td>
</tr>
<tr>
<td>Tuesday 19th June</td>
<td>Boardroom, Bethlem Royal Hospital</td>
</tr>
<tr>
<td>Tuesday 24th July</td>
<td>Learning Centre, Maudsley Hospital</td>
</tr>
<tr>
<td>Tuesday 18th September</td>
<td>Learning Centre, Maudsley Hospital</td>
</tr>
<tr>
<td>Tuesday 30th October</td>
<td>Learning Centre, Maudsley Hospital</td>
</tr>
<tr>
<td>Tuesday 27th November</td>
<td>Learning Centre, Maudsley Hospital</td>
</tr>
<tr>
<td>Tuesday 18th December</td>
<td>Learning Centre, Maudsley Hospital</td>
</tr>
</tbody>
</table>