

**A MEETING OF THE COUNCIL OF GOVERNORS OF  
THE SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST  
WILL BE HELD ON TUESDAY, 10<sup>th</sup> SEPTEMBER 2013 AT 3:30 PM  
IN THE PILOWSKY ROOM, MAUDSLEY LEARNING CENTRE**

**AGENDA**

- 1 Welcomes, introductions and apologies for absence.
- 2 To receive any declarations of interest.
- 3 Questions and answers (10 minutes – see overleaf).

**FOR DECISION**

- 4 To agree the minutes of the Council of Governors meeting held on Thursday, 13<sup>th</sup> June 2013 and to note any matters arising. Attachment A

**FOR DISCUSSION**

- 5 Report from the external auditor. Attachment B

**FOR INFORMATION**

- 6 To receive reports from the Council of Governors' Working Groups: Attachment C
  - Quality (Noel Urwin)
  - Annual Plan development (Noel Urwin)
  - Bids Steering Group (Noel Urwin)
  - Membership Development and Communications (Dr Dele Olajide) Attachment D
- 7 Kings Health Partners update (Prof Sir Robert Lechler to present) Verbal
- 8 Chief Executive's and Directors' reports. Attachment E
- 9 Forward planner.
- 10 Any other urgent business.
- 11 To note future dates of meetings of the Council of Governors in 2013:
  - 12<sup>th</sup> December at 5.00 pm - Maudsley Learning centre

Please send apologies to Carol Stevenson telephone 020 3228 2441 or email [membership@slam.nhs.uk](mailto:membership@slam.nhs.uk)

### Item 3 - questions and answers

At the joint meeting between the Council of Governors and Board of Directors held in November 2011 it was agreed that a 10 minute slot would be made available for members of the Trust to submit questions related to services provided by the Trust. In order that a considered response can be made at the meeting, members are asked to submit any questions to the Paul Mitchell, Trust Secretary by 10.00 am on Friday, 6<sup>th</sup> September 2013.

These can be made by:

**Post:** Trust HQ, Maudsley hospital, Denmark Hill, SE5 8AZ

**Telephone:** 020 3228 5376

**Email:** paul.mitchell@slam.nhs.uk

**Attachment A**

**COUNCIL OF GOVERNORS – SUMMARY REPORT**

<b>Date of meeting:</b>	10 <sup>th</sup> September 2013
<b>Name of Report:</b>	Minutes of the meeting held on 13 <sup>th</sup> June 2013
<b>Author:</b>	Paul Mitchell, Trust Secretary
<b>Presented by:</b>	Madeliene Long, Chair

**Purpose of the report:**

To agree the minutes and to note any matters arising:

- Welfare advice
- Constitution changes
- Joint Governor training

**MINUTES OF THE MEETING OF THE COUNCIL OF GOVERNORS OF  
 THE SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST (SLaM)  
 HELD ON THURSDAY 13<sup>th</sup> JUNE 2013  
 AT THE MAUDSLEY LEARNING CENTRE**

<b>PRESENT</b>	Madeliene Long	Chair
<b>Elected Governors</b>	Michelle Baharier Dr John Bainton Andrew Glyn Dr Caroline Hough Dr Francis Keaney John Muldoon Dr Dele Olajide Roger Oliver Noel Urwin	
<b>In attendance</b>	Yvonne Barrett Robert Coomber Nick Dawe Gus Heafield Olivia Howarth Kim Hutchings Matthew McKenzie Paul Mitchell Nash Momori Iyoni Ranasinghe Zoe Reed  Gabrielle Richards Tom Rodrigo Jane Sayer  Carol Stevenson Dr Tom Werner	Staff member Non Executive Director Director of Finance Acting Chief Executive Business Manager, CE Office Foundation Trust Network (FTN) Carer member Trust Secretary Service User member Staff member Director of Strategy and Business Development Head of Occupational Therapy Public member Acting Director of Nursing and Education Membership Officer Staff member
<b>Apologies</b>	Dr Martin Baggaley Stephanie Correia Ian Creagh David Dean Harriet Hall Rachel Heywood Shitij Kapur Catherine McDonald Louise Norris Crada Onuegbu Paul Paterson Tim Smart	Medical Director Elected member Kings College London (KCL) Elected member Non Executive Director Lambeth Council Non Executive Director Southwark Council Director of Human Resources Lewisham Council Elected member Kings College Hospital (KCH)

Ref	Issue	Who
MC/ 13/09	<p><b>DECLARATIONS OF INTEREST</b></p> <p>It was noted that declarations of interest could be given at any time during the meeting.</p>	
MC/ 13/10	<p><b>QUESTIONS AND ANSWERS</b></p> <p>Noel Urwin had asked a question about the advice provided by Trust staff to service users and carers in respect of the state welfare benefits system.</p> <p>A response from Carol Waylett and Gabrielle Richards was tabled.</p> <p><b>Discussion:</b></p> <ul style="list-style-type: none"> <li>• It was acknowledged that the Trust's Welfare staff were proactive, but across the Trust staff knowledge of welfare issues was considered to be patchy.</li> <li>• MIND maintains lists of welfare contacts for each Borough – alert staff to this resource.</li> </ul>	<b>PM</b>
MC/ 13/03	<p><b>MINUTES OF THE MEETING OF 13<sup>TH</sup> DECEMBER 2012</b></p> <p>The minutes of the meeting of 13<sup>th</sup> December 2012 were <b>AGREED</b> to be a correct record.</p> <p><b>Matters arising:</b></p> <p>South London Healthcare Trust – a high court review was due on 2<sup>nd</sup> July 2013.</p>	
MC/ 13/04	<p><b>MINUTES OF THE MEETING OF 7<sup>TH</sup> MARCH 2013</b></p> <p>The minutes of the meeting of 7<sup>th</sup> March 2013 were <b>AGREED</b> to be a correct record.</p>	
MC/ 13/05	<p><b>NOMINATIONS COMMITTEE</b></p> <p>Madeliene Long tabled a paper. She confirmed that the Nominations Committee had met on 11<sup>th</sup> June 2013.</p> <p><b>Recruitment of Non Executive Director(s)</b></p> <p>It was agreed that steps should be put in place to recruit up to two Non Executive Directors. Professional skills and experience would be particularly sought in business development/marketing and/or clinical or academic research. A fuller brief would be worked up by the Committee.</p>	

	<p><b>Re-appointment of Robert Coomber</b></p> <p>It was noted that Robert Coomber was due to come to the end of his present term as a Non Executive Director on the Foundation Trust Board on 30<sup>th</sup> June 2013. He had been subject to appraisal by the Chair on annual basis. He had been an active Non Executive Director, particularly in his role as Chair of the Audit Committee and through his participation in the Activity and Finance Committee. The Chair's review of the performance had been concluded and endorsed Robert Coomber's continued ability to contribute to the Board in the light of the knowledge, skills and experience required. His combination of financial skills and local knowledge would be difficult to replace.</p> <p>The Nominations Committee recommended the reappointment of Robert Coomber for a period of up to three year term as a Non Executive Director. Dr Dele Olajide and Noel Urwin spoke in his support.</p> <p><b>Appraisal of the Chair</b></p> <p>Paul Mitchell informed the meeting of the process of Madeliene Long's appraisal. The Nominations Committee had considered the outcome of the process for the Chair's appraisal on an annual basis. The review had been conducted by independent consultants – initially by KPMG, and subsequently by Debbie de Haas from Renew Consulting. Paul Mitchell stressed that this process was both more independent and more robust than the guidance set out in the Monitor Code of Governance, which suggested that the Chair's appraisal be conducted by a 'Senior Independent Director' – one of the Non Executive Directors on the Board of Directors. Instead, every year, the Nominations Committee had reviewed performance on the basis of feedback obtained independently from a wide range of stakeholders. This process will be continued for the Chairs appraisal in 2013.</p> <p><b>AGREED:</b></p> <ul style="list-style-type: none"> <li>• To progress the recruitment of up to two further NEDs.</li> <li>• To re-appoint Robert Coomber as a NED for a period of up to three years.</li> <li>• To update on the Chair's appraisal at the September meeting.</li> </ul>	
<p><b>MC/ 13/06</b></p>	<p><b>CONSTITUTION</b></p> <p>Paul Mitchell explained the recommended changes to the FT Constitution:</p> <ul style="list-style-type: none"> <li>• The name should change from Members' Council to Council of Governors (CoG).</li> <li>• The size of the CoG should remain the same.</li> <li>• The Clinical Commissioning Groups (CCG) and NHS England be asked to appoint members to replace those previously appointed by the abolished Primary Care Trusts and NHS London.</li> <li>• Amendments should be made to the wording in relation to commercial activities and significant transactions.</li> <li>• To remove the geographical divisions between constituencies. The total of eight public and nine service user (patient) elected places on the CoG would remain.</li> </ul>	

	<p>If approved the Constitution would need to:</p> <ul style="list-style-type: none"> <li>• Be approved by the Board of Directors.</li> <li>• Go to the APM (10<sup>th</sup> September) for approval.</li> </ul> <p>Paul Mitchell asked the meeting to support these changes and delegate to him the responsibility for drafting these changes.</p> <p><b>Discussion</b></p> <ul style="list-style-type: none"> <li>• The use of the term 'Service User' was queried – could 'Lived Experience' or 'Patient' be used instead?</li> <li>• Could the time limit on membership (to have used SLaM services in last 5 years) be removed?</li> <li>• Staff are signed up on an 'opt-out- basis. Can this be extended to people using the Service User Inclusion Register and Recovery College?</li> <li>• Is a replacement being sought for the National Charity representative? Answer – Yes.</li> </ul> <p><b>AGREED:</b></p> <p>The meeting agreed that Paul should continue drafting the changes to the constitution and process as listed.</p>	<b>PM</b>
<p><b>MC/ 13/07</b></p>	<p><b>RECOVERY COLLEGE</b></p> <p>Gabrielle Richards and Nash Momori gave a presentation on the Recovery College. It would be based on the St George's model, as it will be run as a college accessible by staff, users, carers, friends and families.</p> <p><b>Discussion:</b></p> <ul style="list-style-type: none"> <li>• Publicity – Gabrielle and Nash have made a number of presentations. Marketing will then be via website and targeting CAGs and user groups – further ideas are welcomed.</li> <li>• The budget includes funding of the courses.</li> <li>• A 'Recovery Language' in-house course was mentioned as a good example. Suggestions for other courses would be welcomed.</li> <li>• Students could be encouraged to become members of SLaM. A membership page could be included in the Prospectus.</li> </ul>	
<p><b>MC/ 13/08</b></p>	<p><b>GOVERNWELL</b></p> <p>Paul Mitchell and Kate Hutchings from FTN spoke about the national Governor Training Programme, GovernWell which had been commissioned to ensure Governors were equipped to meet their new responsibilities in the Health and Social Care Act 2012.</p> <p>The programme will include information for people who are considering becoming Governors, induction, day courses on various topics and on-line training</p>	

	<p>packages. In house course and refresher courses would be available.</p> <p>Discussions were ongoing regarding holding some courses at the Maudsley Learning Centre.</p> <p>Further information and booking would be via Paul Mitchell.</p>	
<b>MC/ 13/09</b>	<p><b>KINGS HEALTH PARTNERS</b></p> <p>Madeliene Long updated on the timetable for the production of the Full Business Case for options up to and including merger of the three Foundation Trusts.</p> <p>The next Joint Governors meeting would be on Thursday 18<sup>th</sup> July, hosted by SLaM and would be held at the Maudsley Learning Centre.</p>	
<b>MC/ 13/10</b>	<p><b>MEMBERS' COUNCIL WORKING GROUPS</b></p> <p><b>Quality</b> Noel Urwin reported.</p> <ul style="list-style-type: none"> <li>• He drew the meeting's attention to the statement added to the Quality Account by the Quality Group on behalf of the Council of Governors.</li> <li>• The group have requested that a Plain English version of the Quality Account and Annual Report to be made available.</li> </ul> <p><b>Annual Plan Development</b> Noel Urwin reported</p> <ul style="list-style-type: none"> <li>• Four public meetings are planned for later in the year.</li> </ul> <p><b>Bids Steering Group</b> Noel Urwin reported</p> <ul style="list-style-type: none"> <li>• A programme of visits to bidders had commenced – volunteers to help would be welcomed.</li> </ul> <p><b>Membership and Communications</b> Dele Olajide reported.</p> <ul style="list-style-type: none"> <li>• Elections: There were 4 staff and 4 service user (local) nominees, so there will be elections in these constituencies. There was one carer nominee.</li> <li>• Data protection The exercise was ongoing.</li> <li>• Discount scheme This has been launched at Maudsley but businesses are still being signed up in the Croydon area and there will be another launch at the Bethlem royal Hospital.</li> <li>• Plain English. It was recommended that SLaM take up lifetime membership. This was <b>AGREED.</b></li> </ul>	<b>CS/OH</b>
<b>MC/ 13/11</b>	<b>CHIEF EXECUTIVE'S REPORT</b>	

	<p>Gus Heafield presented his report.</p> <p>He updated on the organisational changes resulting from the Health and Social Care Act 2012 and actions taken following the Francis Report. The Care Bill was currently going through the House of Lords.</p> <p>Local organisational changes include the planned integration of Psychology and Psychotherapy leadership, recruitment for a CEO and Directors, and initial discussions on the co-location of adult mental health services at Dulwich Hospital.</p> <p>Gus Heafield confirmed that the Friends and Family Test was being introduced in the NHS, initially for A&amp;E and Acute areas, but mental health services would be included later. He confirmed that the Trust was working towards introducing a Friends and Family type of test. It might be used alongside PEDIC. This could be a useful discussion for the CoG Quality group.</p>	
<p><b>MC/ 13/12</b></p>	<p><b>AUDIT COMMITTEE REPORT</b></p> <p>Gus Heafield reported that there had been an issue in the Quality Account relating to reporting on Home Treatment Teams (HTT) where a technical issue meant SLaM had not been compliant with Monitor's requirements. There was a detailed workplan to resolve this going forwards.</p> <p>Noel Urwin reported that he will be meeting with the External Auditor on 25<sup>th</sup> July and would welcome any Governor who would like to join him.</p>	
<p><b>MC/ 13/13</b></p>	<p><b>ANY OTHER BUSINESS</b></p> <ul style="list-style-type: none"> <li>• Francis Keaney brought to the CoG's attention an issue he has been working on and about which he recently discussed with the Minister of State, Norman Lamb MP. Mental health care for men who present to A&amp;E in crisis, under the influence of alcohol tends to be poor. He felt this was an issue that might be suitable for a presentation to the CoG.</li> <li>• Madeliene Long thanked Dr Caroline Hough for her work on the CoG. Caroline's term expires at the beginning of August.</li> </ul>	
<p><b>MC/ 13/14</b></p>	<p><b>NEXT MEETING</b></p> <p>Tuesday, September 10<sup>th</sup> at 3.30pm in the Maudsley Learning Centre.</p>	



South London and Maudsley NHS Foundation Trust  
Findings and Recommendations from the 2012/13 NHS  
Quality Report External Assurance Review

18 June 2013



The Council of Governors  
South London and Maudsley NHS Foundation Trust  
Bethlem Royal Hospital  
Monks Orchard Road  
Beckenham BR3 3BX

18 June 2013

Dear Governors

We have pleasure in setting out in this document our report to the Council of Governors of South London and Maudsley NHS Foundation Trust on our external assurance review of the 2012/13 Quality Report. This report covers the principal matters that have arisen from our review.

We take responsibility for this report which is prepared on the basis of the limitations set out below. The matters raised in this report are only those which came to our attention during the course of our work and are not necessarily a comprehensive statement of all the deficiencies that may exist or all improvements that might be made. Any recommendations made for improvements should be assessed by you for their full impact before they are implemented.

This report is confidential and prepared solely for the purpose set out in our engagement letter. You should not, without our prior written consent, refer to or use our name on this report for any other purpose, disclose them or refer to them in any prospectus or other document, or make them available or communicate them to any other party. No other party is entitled to rely on our report for any purpose whatsoever and thus we accept no liability to any other party who is shown or gains access to this report. We agree that a copy of our report may be provided to Monitor for their information in connection with this purpose but, as made clear in our engagement letter dated, only on the basis that we accept no duty, liability or responsibility to Monitor in relation to our Deliverables.

Yours faithfully

**Matthew Hall**  
**Senior Statutory Auditor**

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Deloitte LLP  
3 Victoria Square  
Victoria Street  
St Albans  
AL1 3TF  
United Kingdom

Tel: +44 (0) 1727 885245  
Fax: +44 (0) 1727 831111  
[www.deloitte.co.uk](http://www.deloitte.co.uk)

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Appendix 1: Independent Assurance Report

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*We would like to take this opportunity to thank the management team for their assistance and co-operation during the course of our review work*

The contacts at Deloitte in connection with this report are:

**Matthew Hall**

Partner

Tel: 01727 885245

mathall@deloitte.co.uk

**Lucy Bubb**

Senior Manager

Tel: 01727 885726

lbubb@deloitte.co.uk

# 1. Executive summary

**Our signed modified opinion has been included in your 2012/13 Annual Report.**

## Status

We have completed our review, including validation of the reported indicators and receipt of the final signed Quality Report. The scope of our work is to support a “limited assurance” opinion, which is based upon procedures specified by Monitor in their Detailed Guidance for External Assurance on Quality Reports. We have signed our modified opinion which is included in your 2012/13 Annual Report. The modified opinion is in relation to the additional exemptions applied by the Trust to the definition for Access to Crisis Resolution teams performance indicator over and above that set out by Monitor.

	Overall conclusion	Page
<p><b>Content</b></p> <p>We have reviewed the contents of the Quality Report compared to the requirements of Monitor’s Annual Reporting Manual (“ARM”). During the year, we have provided the Trust with our NHS Briefing “Quality Accounts: Preparing for 2012/13”, regular updates on the latest requirements, and benchmarking information to help support the drafting process. Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2013 the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual.</p>		5
<p><b>Consistency</b></p> <p>We have reviewed the contents of the Quality Account for consistency with various specified information sources, such as Board papers, the Trust’s complaints report, staff and patients surveys and Care Quality Commission reports. Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2013, the Quality Report is not consistent in all material respects with the sources specified in the Statement of Directors’ Responsibilities in respect of the quality report.</p>		5
<p><b>Data testing</b></p> <p>We performed data testing of three performance indicators. Our work considered:</p> <ul style="list-style-type: none"> <li>• The quality of the data supporting the indicator, compared to Monitor’s six dimensions of data quality.</li> <li>• Whether the indicators have been reported in accordance with the ARM requirements.</li> <li>• Whether recommendations from last year have been implemented</li> </ul> <p>The Trust is applying a number of exemptions over and above the DH/Monitor definition for Access to Crisis Resolution Teams, which has not changed since last year’s qualification. This has impacted on our public limited assurance report. Furthermore, during our work reviewing the Delayed Transfers of Care indicator, we were informed that the Trust applies one additional exemption, over and above those in the DH/Monitor definitions and, at our request, the Trust has disclosed this within the Quality Report. Our work on incidents resulting in severe harm or death found no issues although some background coding issues were identified by the NRLS, which the Trust is addressing.</p>	<p><b>Access to Crisis Resolution Teams</b> </p> <p><b>Delayed Transfers of Care</b> </p> <p><b>Incidents resulting in severe harm or death (this is not part of our limited assurance opinion)</b> </p>	<p>8</p> <p>9</p> <p>10</p>

Key:  No issues     Satisfactory, minor issues only     Requires improvement     Significant improvement required

## 2. Our approach and scope

This is our first year as your external auditor and we have applied our tested approach.

### Content and consistency work



### Performance indicators



### External assurance requirements

As part of our review, we are required to provide assurance over the Quality Report, following procedures set out in Monitor's Audit Code and detailed guidance published each year. We are required to:

- Review the content of the Quality Report for compliance with the requirements set out in the FT Annual Reporting Manual 2012/13.
- Review the content of the Quality Report for consistency with various information sources specified in Monitor's detailed guidance, such as Board papers, the Trust's complaints report, staff and patients surveys and Care Quality Commission reports.
- Perform sample testing of three indicators.
  - For 2012/13, all Trusts are required to have testing performed on Incidents resulting in severe harm or death, rather than selecting a local indicator.
  - The Trust has selected Access to Crisis Resolution Teams and Delayed Transfers of Care as its publically reported indicators – the alternative was CPA 7 Day Follow Up.
  - The scope of testing includes an evaluation of the key processes and controls for managing and reporting the indicators; and sample testing of the data used to calculate the indicator back to supporting documentation.
- Provide a signed limited assurance report, covering whether:
  - Anything has come to our attention that leads us to believe that the Quality Report has not been prepared in line with the requirements set out in the ARM; or is not consistent with the specified information sources; or
  - There is evidence to suggest that the Access to Crisis Resolution Teams and Delayed Transfers of Care indicators have not been reasonably stated in all material respects in accordance with the ARM requirements.
- Provide this report to the Council of Governors, setting out our findings and recommendations for improvements for the indicators tested: Access to Crisis Resolution Teams, Delayed Transfers of Care and incidents resulting in severe harm or death.

# 3. Our review of the content and consistency of the Quality Report

## The Quality Report meets regulatory requirements

### Content of Quality Report

We reviewed the content of the 2012/13 Quality Report against the content requirements set out in Monitor's 2012/13 Annual Reporting Manual.

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2013 the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual.

### Statement of Directors Responsibilities

Monitor require NHS FTs to sign a Statement of Directors' Responsibilities in respect of the content of the quality report and the mandated indicators. The guidance requires these to be published in the Quality Report. As part of our review we have reviewed the Statement of Directors Responsibilities and confirmed that it is an unamended version of the proforma provided by Monitor.

### Consistency of Quality Report

Monitor require Auditors to undertake a review of the content of the Quality report for consistency with the content of other sources of management information specified by Monitor in its "Detailed Guidance for External Assurance on the Quality Reports".

We reviewed the consistency of the quality report against this supporting information required by Monitor and:

- We did not identify any significant matters specified in the supporting information which are not specified in the Quality Report.
- We did not identify any significant areas of the Quality Report that could not be confirmed back to supporting evidence.

Therefore, based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2013, the Quality Report is not consistent in all material respects with the sources specified in the Statement of Directors' Responsibilities in respect of the quality report.

### Stakeholder Engagement

Monitor require Auditors to consider the processes which NHS FTs have undergone to engage with stakeholders.

Although the changing environment within the NHS has made it difficult for many trusts across the country to engage with commissioners, the Trust has endeavoured to develop relationships and engage them with the Quality Report.

## 4. Our review of the Trust's performance indicators

### There are no concerns with the quality of data

#### Quality of Data

Monitor require Auditors to undertake detailed data testing on a sample basis of three mandated indicators. In respect of the Access to Crisis Resolution Teams indicator:

- The reported performance in relation to this indicator is based on the Trust's interpretation of DH Technical Guidance and the Monitor Compliance Framework 2012/13 and includes additional exemptions to those defined by Monitor which are specified within the Trust's Quality Report as these are considered by the Trust to be best clinical practice.
- It is not possible to calculate the Trust's performance against the specified indicators as if they had applied the DH guidance without interpretation.

Based on the results of our procedures, except for the effects of the matters above, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2013:

- the indicators in the Quality Report subject to limited assurance (Access to Crisis Resolution Teams and Delayed Transfers of Care) have not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Detailed Guidance for External Assurance on Quality Reports.

**Our modified limited assurance opinion can be found in Appendix 1 and our signed modified limited assurance opinion has been included within your 2012/13 Annual Report.**

We have also undertaken detailed data testing of incidents resulting in severe harm or death, which has been mandated by Monitor for all FTs but is outside our limited assurance opinion. It is anticipated that this indicator may be included within the scope of our limited assurance opinion as part of our 2013/14 Quality Report external assurance.

#### Recommendations

The following pages show detailed findings for each of the Monitor mandated performance indicators against the six dimensions of data quality. The assessment includes the results from our sample testing and any related recommendations that should be implemented.

We have made some recommendations in relation to all the indicators tested, with particular reference to ensuring that the Trust either agrees additional exemptions to the definitions with Monitor or follows the definitions as stated. The recommendations and the management responses can be found at the end of our report.

# 4. Our review of the Trust's performance indicators

Assessed against the Monitor six dimensions of data quality

	Access to Crisis Resolution Teams	Delayed Transfers of Care	Incidents resulting in severe harm or death
<b>Accuracy</b> Is data recorded correctly and is it in line with the methodology.			
<b>Validity</b> Has the data been produced in compliance with relevant requirements.			
<b>Reliability</b> Has data been collected using a stable process in a consistent manner over a period of time.			
<b>Timeliness</b> Is data captured as close to the associated event as possible and available for use within a reasonable time period.			
<b>Relevance</b> Does all data used generate the indicator meet eligibility requirements as defined by guidance.			
<b>Completeness</b> Is all relevant information, as specific in the methodology, included in the calculation.			
<b>Overall Conclusion</b>			
	Modified Opinion	Unmodified Opinion	No opinion required

Key: No issues    Satisfactory, minor issues only    Requires improvement    Significant improvement required

# Access to Crisis Resolution Teams



Crisis Resolution / Home Treatment Services form part of the drive to ensure inpatient care is used appropriately and only when necessary, with service users being treated in the community setting, where possible. They are to provide a 'gateway' to inpatient care and are deemed to have 'gatekept' an admission if they have assessed the service user before admission and they were involved in the decision making process, which resulted in full admission.

**Reported Performance:**      **2012/13 Target = 95%**      **Trust reported performance = 99.08% (based on applying a number of additional exemptions over and above those in the DH/Monitor definition)**

## Approach

- We met with the Trust's leads to understand the process from identifying that a service user should have access to the crisis resolution team to the overall performance being included in the Quality Report. There were three recommendations from last year to follow up, which were made by the previous auditor.
- We selected a sample of 24 admissions from 1 April 2012 to 31 March 2013 including in our sample of mixture of admissions that had been gatekept and those that had not been gatekept. During our work we found 2 errors and therefore extended our sample by a further 6 admissions.
- We agreed our extended sample of 30 admissions to the underlying information held within the Electronic Patient Journey System (EPJS).

## Results

- From our original sample testing of 24 admissions we found some errors. We extended our sample for an additional 6 admissions. From our sample testing we identified the following:
  - **Exemptions** – From our extended sample of 30 admissions, we identified 10 cases that the Trust had recorded as exemptions for reasons not permitted by Monitor. This was an issue highlighted by the previous auditors that led to the Quality Report being qualified last year. In addition to the permitted exemptions, SLaM apply a number of their own exemptions to this indicator: Is already known to the Trust and where alternative home treatments are known to not be appropriate; Is a prison transfer or has no fixed abode; Comes in in a 'very disturbed state'; When brought in under s135. We have seen a letter that the Trust sent to Monitor in 2008 stating the additional exemptions that would be applied. These exemptions are not permitted and impact the calculation of the indicator.
  - **Incorrect Inclusion** - We identified 1 case where the service user was noted as gatekept but there was no evidence on EPJS to support this and as such had been incorrectly included within the indicator.
- Following discussions with management and review of Internal Audit reports during the year, we have confirmed the previous year's recommendations have been implemented.
- The results of our testing indicated that, based on applying the additional exemptions over and above those in the DH/Monitor definition which the Trust considers to be best clinical practice, the Trust had correctly recorded the performance for the year in the Quality Report.
- It is not possible to calculate the Trust's performance as if the DH guidance had been applied without interpretation.

## Recommendations

- Ensure that the exemptions being applied to the indicator are either agreed with Monitor/DH or ceased.

# Delayed Transfers of Care

Patients who are discharged from a mental health in-patient episode on a Care Programme Approach should receive a follow-up contact within seven days of the discharge. Relevant discharges include patients discharged to their place of residence, care home, residential accommodation, or to non-psychiatric care. All avenues must be exploited to ensure that the patients are followed up within seven days of discharge.

<b>Reported Performance:</b>	<b>2012/13 Target = &lt;7.5%</b>	<b>Trust reported performance 2012/13 = 3.8% (based on applying an additional exemption over and above those in the DH/Monitor definition)</b>
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## Approach

- We met with the Trust's lead to understand the process the service user readiness for discharge being determined to the result being included in the Quality Report.
- We selected a sample of 24 discharges from 1 April 2012 to 31 March 2013 including both discharges that had been delayed and those that had not.
- We agreed our sample of 24 discharges to the underlying information held within the EPJS.

## Results

## Recommendations

- Our sample testing found no issues, although we noted that the Trust is incorrectly counting the length of delay and discussed this with management, who were aware of the discrepancy and are starting to address it. As the numerator of the indicator in the Quality Report is 'number of patients' whose transfer was delayed, not the actual period of delay, there is no impact on the indicator for the purposes of our work, however, we have made a recommendation.
  - The results of our testing indicated that the Trust had correctly recorded the Delayed Transfers of Care performance for the year in the Quality Report, based on applying an additional exemption over and above those in the DH/Monitor definition. Following our request, the Trust disclosed this additional exemption (those patients under continuing care) within their Quality Report.
- Amend the EPJS to flag the number of days of delay correctly.
  - Ensure that the DH/Monitor definition is applied in full when reporting performance both internally and externally.



# Patient safety incidents resulting in severe harm or death

Patient safety incidents are any unintended or unexpected incident which could have, or did, lead to harm for one or more patients receiving NHS-funded healthcare. Organisations with a culture of high reporting are more likely to have developed a strong reporting and learning culture.

**Trust reported performance 2012/13: Total patient safety incidents = 7,028; Total incidents resulting in severe harm or death = 114;  
Percentage of incidents resulting in severe harm or death = 1.62%**

## Approach

- We met with the Trust's lead for the patient safety incidents to understand the process from a patient safety incident being identified to the result being included in the Quality Report.
- We selected a sample of 24 cases from 1 April 2012 to 31 March 2013 from a population of all incidents reported onto Datix to ensure the completeness of the indicator. The sample was selected judgmentally in order to obtain a breath of incidents across the period under review and also to reflect our assessment of risk and our knowledge of the processes in place at the Trust.
- We have agreed the data reported by the Trust in its 2012/13 Quality Report back to the Trust records. Our work does not cover the accuracy or the validity of the data provided to the National Reporting and Learning Service (NRLS) as there is no regulatory requirement of the Trust to report on this basis and the accuracy of this data cannot be verified. This indicator relies on clinical judgement to determine the correct classification of each incident. In addition, each incident may also be subject to potentially lengthy investigation which may result in the classification subsequently being changed. We have not challenged the clinical judgements made regarding the classification of each incident. In addition, although we have checked a sample of patient safety incidents excluded from the severe harm indicator to confirm the exclusion is valid, we are only able to confirm that this exclusion is accurately recorded. We have asked the Trust to include this caveat within its Quality Report.

## Results

- Our sample testing found no issues; however, we are aware that the Trust was contacted by the NRLS in April 2013 about the increase in incidents graded as 'severe' during 2012/13. After investigation it was discovered that there was a background coding issue during upload to the NRLS and, as a result, the Trust is re-submitting all data again. We were unable to conclude on the timeliness of reporting to the NRLS as our testing only highlighted the most recent submission date that, in most cases, gave the impression that submission was up to a year after the incident occurred. According to the NRLS analysis of Trust performance in the period April – September 2012, the Trust reported 50% of incidents more than 36 days after the incident.
- The results of our testing indicated that the Trust had correctly recorded the indicator in the Quality Report.

## Recommendations

- Ensure the data uploaded from Datix to NRLS is reconciled each month to identify any coding issues such as those identified during the year by the NRLS.

## 5. Our recommendations for improvement

Pg	Indicator	Priority Rating (H/M/L)	Recommendation	Agreed	Management response	Responsible Person	Time-scale
8	Access to Crisis Intervention Teams		Ensure that the exemptions being applied to the indicator are either agreed with Monitor/DH or ceased	✓	Trust will be implementing Monitor exemptions forthwith.	Roy Jaggon	From 2013/14 Q1
9	Delayed Transfers of Care		Amend the EPJS to flag the number of days of delay correctly.	✓	An amendment to the PJS data collation will be made.	Roy Jaggon	From 2013/14 Q1
9	Delayed Transfers of Care		Ensure that the DH/Monitor definition is applied in full when reporting performance both internally and externally.	✓	The reporting formula will be amended in line with the DH/Monitor definition.	Roy Jaggon	From 2013/14 Q1
10	Incidents resulting in severe harm or death		Ensure the data uploaded from Datix to NRLS is reconciled each month to identify any coding issues such as those identified during the year by the NRLS.	✓	Data will be reconciled before each return (every 4-8 weeks).	Jennie Ahronson	From next 2013/14 return

Key:  High  Medium  Low

# Appendices

# Appendix 1: Independent Assurance Report

## **Independent Auditor's Report to the Council of Governors of South London & Maudsley NHS Mental Health Foundation Trust on the Quality Report**

We have been engaged by the Council of Governors of South London & Maudsley NHS Mental Health Foundation Trust to perform an independent assurance engagement in respect of South London & Maudsley NHS Mental Health Foundation Trust's Quality Report for the year ended 31 March 2013 (the "Quality Report") and certain performance indicators contained therein.

This report, including the conclusion, has been prepared solely for the Council of Governors of South London & Maudsley NHS Mental Health Foundation Trust as a body, to assist the Council of Governors in reporting South London & Maudsley NHS Mental Health Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2013, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and South London & Maudsley NHS Mental Health Foundation Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

### **Scope and subject matter**

The indicators for the year ended 31 March 2013 subject to limited assurance consist of the national priority indicators as mandated by Monitor:

- Delayed Transfers of Care;
- Access to Crisis Resolution Teams.

We refer to these national priority indicators collectively as the "indicators".

### **Respective responsibilities of the Directors and auditors**

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* issued by Monitor.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual*;
- the Quality Report is not consistent in all material respects with the sources specified in the guidance; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the *NHS Foundation Trust Annual Reporting Manual* and the six dimensions of data quality set out in the *Detailed Guidance for External Assurance on Quality Reports*.

We read the Quality Report and consider whether it addresses the content requirements of the *NHS Foundation Trust Annual Reporting Manual*, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with the documents specified within the detailed guidance. We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively the "documents"). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

### **Assurance work performed**

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – "Assurance Engagements other than Audits or Reviews of Historical Financial Information" issued by the International Auditing and Assurance Standards Board ("ISAE 3000").

# Appendix 1: Independent Assurance Report

Our limited assurance procedures included:

- Evaluating the design and implementation of the key processes and controls for managing and reporting the indicators.
- Making enquiries of management.
- Testing key management controls.
- Limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation.
- Comparing the content requirements of the *NHS Foundation Trust Annual Reporting Manual* to the categories reported in the Quality Report.
- Reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

## Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Report in the context of the criteria set out in the *NHS Foundation Trust Annual Reporting Manual*.

The scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by South London & Maudsley NHS Mental Health Foundation Trust.

## Basis for Qualified Conclusion

In respect of the Access to Crisis Resolution Teams indicator:

The reported performance in relation to this indicator is based on the Trust's interpretation of DH Technical Guidance and the Monitor Compliance Framework 2012/13 and includes additional exemptions to those defined by Monitor which are specified within the Trust's Quality Report as these are considered by the Trust to be best clinical practice.

It is not possible to calculate the Trust's performance against the specified indicators as if they had applied the DH guidance without interpretation.

## Qualified Conclusion

Based on the results of our procedures, except for the effects of the matters set out in the basis for qualified conclusion paragraph, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2013:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual;
- the Quality Report is not consistent in all material respects with the sources specified in Monitor's Detailed Guidance for External Assurance on Quality Reports 2012/13; and
- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Detailed Guidance for External Assurance on Quality Reports.

Deloitte LLP  
Chartered Accountants  
St Albans, UK

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**Attachment C**

**COUNCIL OF GOVERNORS – SUMMARY REPORT**

<b>Date of meeting:</b>	10 <sup>th</sup> September 2013
<b>Name of report:</b>	Report from working groups
<b>Author:</b>	Paul Mitchell
<b>Presented by:</b>	Noel Urwin

**Purpose of the report:**

To receive an update on the recent activity of the Working Groups:

- Quality
- Annual plan development
- Bids steering group

## **REPORT FROM WORKING GROUPS**

### **Quality Group**

The Quality Group met on Tuesday, 20<sup>th</sup> August 2013.

The main focus of the meeting was the Mental Health Act Management Annual Report, with Peter Hasler leading a very useful discussion.

The External Auditor's report was discussed, this is a separate item on the agenda.

The implications of the report 'Working Together' from the CQC were also examined.

### **Annual plan development group**

The Annual Plan and Strategy group will next meet on 14<sup>th</sup> October 2013.

This meeting will include planning for the Public Consultation meetings in the four Boroughs:

Lewisham: Monday 18<sup>th</sup> November, 5.00 to 7.00pm, at Lewisham Carers' Centre, Forest Hill, SE23 2LB.

Southwark: Tuesday 19<sup>th</sup> November, 2.00 to 4.00pm, at ORTUS Learning and Events, 82-96 Grove Lane, SE5 8SN.

Lambeth; Monday 25<sup>th</sup> November, 2.00 to 4.00pm, at Lambeth ACCORD, 336 Brixton Road, SW9 7AA.

Croydon: Thursday 28<sup>th</sup> November, 5.00 to 7.00pm, at CVA Resource Centre, West Croydon, CR0 2TB.

### **Bids Steering Group**

The Bids Steering Group meeting is scheduled for 5<sup>th</sup> September 2013. Noel Urwin will give a verbal report.

CS / PM / August 2013

**Attachment D**

**COUNCIL OF GOVERNORS – SUMMARY REPORT**

<b>Date of meeting:</b>	10 <sup>th</sup> September 2013
<b>Name of report:</b>	Report from the Membership and Communications working group
<b>Author:</b>	Paul Mitchell
<b>Presented by:</b>	Dr Dele Olajide

**Purpose of the report:**

To receive an update on the recent activity of the Membership and Communications Working Group.

## **REPORT FROM MEMBERSHIP AND COMMUNICATIONS WORKING GROUP**

### **Plain English**

SLaM FT is now subscribing to Plain English.

Plain English versions of the Annual Plan and Quality account have been commissioned.

### **Council of Governors elections**

Five new governors have been elected: Matthew McKenzie (carer); Chris Anderson, Chris Collins and Nash Momori (service users); Iyoni Ranasinghe and Dr Tom Werner (staff).

Elections for the remaining vacancies (1 carer and 4 service users) will commence after the adoption of the new Constitution which the APM will be asked to approve later.

Internal and external induction sessions are being arranged for the new governors.

### **Governors' role in relation to the CQC**

Dr Dele Olajide will be meeting with the SLaM local CQC manager, Jane Brett, with a view to her making a presentation to the Council of Governors in the future.

CS / PM / August 2013

**MEMBERS' COUNCIL – SUMMARY REPORT**

**Date of meeting:** 10<sup>th</sup> September 2013

**Name of Report:** Chief Executive's report

**Author:** Paul Mitchell, Trust Secretary

**Presented by:** Gus Heafield, Acting Chief Executive

**Purpose of the report:**

To update the Council of Governors on Trust and national issues.

# Chief Executive's Report

September 2013

## 1. National issues

### **NHS 'faces £60bn funding gap by 2025'**

The health service faces a funding gap of £60bn by 2025, according to NHS England. The figure is based on an NHS England forecast that underpins a major recently published report. The document reveals a £30bn funding deficit by 2020. NHS England director of strategy Robert Harris said that the predicted deficit doubled when the timeframe is extended to 2025. The revelation comes as Monitor chief executive David Bennett issued a bleak assessment of the service's viability, concluding that even if the NHS made all the savings the regulator could conceive of, it would still have a minimum funding gap of £2.5bn in eight years' time. The projected deficit assumes health service funding remains flat in real terms until 2025 and takes into account rising demand for services resulting from demographic pressures. The report, *The NHS belongs to the people: a call to action* is expected to say the health service will become unsustainable without a fundamental rethink of service provision, and call for a national debate to help shape a new 10-year strategy.

### **Competition in the NHS**

The Foundation Trust Network has criticised the policy conflicts related to competition in the NHS. NHS England is arguing that mergers are essential to delivering sustainable safer services whilst the Competition Commission says mergers are not in the best interest of patients. This has been highlighted in the process for the proposed merger of the Royal Bournemouth and Christchurch Hospital and Poole Hospital NHS Foundation Trusts.

The Secretary of State for Health, Jeremy Hunt, is being urged to follow up his recent public comments on reviewing the applicability of the general UK merger control regime to NHS mergers that are considered to be key to ensuring clinical and financial sustainability.

### **Connecting to service users and patients**

SLaM has been approached and asked to participate in the DH post Francis initiative to connect civil servants to the front line. Eventually all 2,000 DH Civil Servants will participate – currently though they are developing programme for the top 160.

Zoe Reed has met with DH staff recently and discussed a possible approach to developing a programme for SLaM. The aim would be to offer them approx 20 x 1 week placements this financial year in cohorts of about 5 at a time which equates to about 3 or 4 Programmes. Our Programmes would involve them attending the first day of the Trust Induction and then they return to undertake a week's immersion. We will need to offer a local Induction and debrief to enable them to reflect as part of the week – and the Civil Service also does the same. It would be sensible to obtain DBS clearance and DH will pay for this.

In terms of content and design for the programme, the benchmark of success is when the participant says they feel part of the service/directorate at the end of their week and that they have formed meaningful relationships which they can follow up afterwards.

### **Berwick report into NHS patient safety**

Professor Don Berwick, an international expert in patient safety, was asked by the Prime Minister to carry out the review following the publication of the Francis Report into the

breakdown of care at Mid Staffordshire Hospitals. His report highlights the main problems affecting patient safety in the NHS and makes recommendations to address them. It says that the health system must:

- recognise with clarity and courage the need for wide systemic change
- abandon blame as a tool and trust the goodwill and good intentions of the staff
- reassert the primacy of working with patients and carers to achieve health care goals
- use quantitative targets with caution - they should never displace the primary goal of better care
- recognise that transparency is essential and expect and insist on it
- ensure that responsibility for functions related to safety and improvement are established clearly and simply
- give NHS staff career-long help to learn, master and apply modern methods for quality control, quality improvement and quality planning
- make sure pride and joy in work, not fear, infuse the NHS

## **2. Trust issues**

### **£18m boost to tackle major health challenges in south London**

The Department of Health has awarded £9 million to fund the National Institute for Health Research (NIHR) Collaboration for Applied Health Research and Care (CLAHRC) South London. The CLAHRC will also receive £9 million of matched funding from the local partners taking the total to £18 million over five years.

The collaboration pools the clinical and research expertise of both the NHS and universities in south London as it brings together King's Health Partners with St George's Healthcare NHS Trust and St George's, University of London - as joint leaders of the CLAHRC.

The money will help make sure that patients benefit from innovative new treatments and techniques that could revolutionise future health care. Researchers will work together to investigate new methods to prevent and treat chronic diseases such as stroke, and tackle public health issues including reducing alcohol-related harm. In south London up to 30 per cent of acute medical admissions and 50 per cent of mental health admissions are alcohol related.

Funding will also establish education programmes, and a new Centre for Implementation Science will be set up as a central resource to support research and test innovations in these nine areas: alcohol; diabetes; infection; palliative and end of life care; psychosis; public health; stroke; women's health; and patient and public involvement.

### **Care Quality Commission Revisit**

An unannounced inspection was carried out to check whether The Bethlem Royal Hospital had taken action to meet the essential standards of safety and suitability of premises. This was carried out on 6 August 2013. At the previous inspection on 7th February 2013 they found the environment on the wards visited to be stark, unclean and the furniture had been damaged. At this inspection the assessors found that improvements had been made to the environment. The wards visited were clean and provided a welcoming environment with pictures and notice boards on the walls. The damaged furniture had been replaced. The wards now provided a safe and secure environment for people using the service.

### **CEO and Director recruitment**

Dr Matthew Patrick will be taking up his position as Chief Executive on Monday, 14<sup>th</sup> October 2013 so this will be my last report as Acting Chief Executive. We all offer Matthew a warm welcome and will be looking forward to working with him.

Final interviews for the Director of Nursing post will be taking place in early September. Congratulations to Dr Jane Sayer, currently Acting Director of Nursing and Education, as she is leaving the Trust at the end of October to take up the post of Director of Nursing, Quality and Patient Safety at Norfolk and Suffolk NHS Foundation Trust. Dr Jane Sayer has worked at SLaM and its predecessor Trusts for 26 years. The Trust will ensure that interim arrangements are in place pending the successful candidate taking up their post.

Welcome to Louise Hall who has been appointed as our new Interim Director of Human Resources and Organisational Development. Louise has a wealth of HR experience across the public and private sectors in the UK and beyond. She has held a variety of senior posts, working closely with the NHS, Department of Health and Public Health England.

Congratulations to Jo Fletcher who has been appointed as the CAMHS Service Director.

**Gus Heafield**  
**Acting Chief Executive**  
**June 2013**

Z / MC / meeting 2013 06 13 / Chief Exec report june 13