A MEETING OF THE COUNCIL OF GOVERNORS
WILL BE HELD ON TUESDAY, 19 SEPTEMBER FROM 3PM TO 5PM
CONNECT SUITE, MAUDSLEY LEARNING CENTRE

AGENDA

<table>
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<th>Item</th>
<th>Att</th>
<th>Lead</th>
<th>Time</th>
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<tr>
<td>1</td>
<td></td>
<td>RP</td>
<td>3.00</td>
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<tr>
<td></td>
<td>Introductions, welcome to Sally Storey, Charlotte Hudson and thanks to David James, apologies for absence.</td>
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<td></td>
<td>Declarations of interest.</td>
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<td>3</td>
<td>A</td>
<td>RP</td>
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<tr>
<td></td>
<td>To agree the minutes of the meeting held on 8 June 2017.</td>
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<td>Action log</td>
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STANDING ITEMS

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<th>Item</th>
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<tr>
<td>5</td>
<td>C</td>
<td>DH</td>
<td>3.10</td>
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<td></td>
<td>Non-Executive Director (NED) presentation &amp; Q&amp;A: Duncan Hames. To include the Report to the Governors from the Audit Committee.</td>
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<tr>
<td>6</td>
<td>D</td>
<td>AF</td>
<td>3.20</td>
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<tr>
<td></td>
<td>Auditor’s Report (Angus Fish, Deloitte)</td>
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<tr>
<td>7</td>
<td>E</td>
<td>JM</td>
<td>3.30</td>
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<td></td>
<td>F</td>
<td>GH</td>
<td></td>
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<tr>
<td></td>
<td>G</td>
<td>KD</td>
<td></td>
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<td></td>
<td>Finance and Performance reports (June Mulroy, Gus Heafield, Kris Dominy, Andy Bell)</td>
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<tr>
<td></td>
<td>• Mental health benchmarking</td>
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<td>• Update on financial risk to services</td>
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<td></td>
<td>• Finance Report (revised format) - to receive an update on the Trust’s financial position.</td>
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|      | • Performance Report – to receive an update on the Trust’s performance.  
(Remote to follow) |     |      |
| 8    | GH / IN |      | 3.55 |
|      | Auditor appointment – verbal update on the Audit tender (Gus Heafield, Professor Ian Norman) |     |      |
| 9    | JC / BL |      | 4.00 |
|      | Lead and Deputy Lead Governor report |     |      |
| 10   | H   |      | 4.10 |
|      | Working groups and committee reports: |     |      |
|      | • Quality (Marnie Hayward) |     |      |
|      | • Planning and Strategy (Angela Flood) |     |      |
|      | • Membership and Involvement (Tom Flynn) – including recommendations for Membership Engagement pilots |     |      |
|      | • Bids (David Blazey) |     |      |
|      | Reports to be taken as read. Opportunity for Governor Q&A. |     |      |
### DECISION

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| 11 | Nominations Committee report, including -  
• To agree the recommendation for the re-appointment of the Chair and reappointment of a Non-Executive Director  
• To note the process for recruiting a new Non-Executive Director  
• To note the 2016 / 17 appraisal process for the Chair and the Non-Executive and the objectives for 2017 / 18. | I | JH | 4.20 |

| 12 | Governance Committee Report, including –  
• To agree a new travel expenses policy for Governors  
• To agree an addition to the Code of Conduct signature sheet consenting to membership constituency verification  
• To decide that the Committee should be dissolved. | J | RE | 4.30 |

### INFORMATION

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| 13 | Trust Reports:  
• Chair’s report  
• Chief Executive Report, including update on the South London Mental Health & Community Partnership  
Reports to be taken as read. Opportunity for Governor Q&A. | K | RP | 4.40 |

| 14 | South London Mental Health and Community Partnership  
• Plans for the meeting on 12th October. | RE | 4.50 |

| 15 | Future reports back from NEDs:  
• Performance – December 2017 (TBC)  
• Quality – March 2018 (TBC) | RP |

| 16 | Any other urgent business. | RP |

| 17 | Dates:  
Annual Members Meeting – Monday 25 September at 1.15pm in the England Suite, Kia Oval.  
Next Council of Governors meeting - Thursday 14 December at 11.00am in the Maudsley Learning Centre. | RP |

There will be an opportunity to suggest names for future Bids Schemes at this meeting.
COUNCIL OF GOVERNORS – SUMMARY REPORT

Date of meeting: 19 September 2017

Name of Report: Minutes of the meeting held on 8 June 2017

Author: David James, Trust secretariat

Presented by: Roger Paffard, Chair

Purpose of the report:

To agree the minutes and to note any matters arising.
MINUTES OF THE MEETING OF THE COUNCIL OF GOVERNORS OF THE SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST (SLaM) HELD ON THURSDAY 8 JUNE 2017 AT THE MAUDSLEY LEARNING CENTRE

PRESENT
Roger Paffard Chairman.

Elected Governors
David Blazey Staff Governor
Stella Branthonne-Foster Service user Governor
Handsens Chikowore Public Governor
Jenny Cobley Public Governor
Janet Davies Public Governor
Angela Flood Carer Governor
Marnie Hayward Service user Governor
Jeannie Hughes Carer Governor
Francis Keaney Staff Governor
Brian Lumsden Public Governor
Clara Martins De Barros Service user Governor
Rosie Mundt-Leach Staff Governor
Siobhan Netherwood Staff Governor
Susan Scarsbrook Carer Governor
Gill Sharpe Public Governor
Tom Werner Staff Governor

Appointed Governors
Ian Norman Kings College London (KCL)

In Attendance
Kris Dominy Chief Operations Officer
Rachel Evans Director of Corporate Affairs
Pauline Edwards Peer Recovery Trainer
Mike Franklin Non-Executive Director
Kirsty Giles Recovery College Manager (OT)
Gus Heafield Director of Finance
Michael Holland Medical Director
Julie Hollyman NED
David James Trust secretariat
Beverley Murphy Director of Nursing
Matthew Patrick Chief Executive (CEO)
Gabrielle Richards Head of Occupational Therapy

Apologies
Christine Andrews Service user Governor
Alan Downey Non-Executive Director
Simon Darnley Staff Governor
David Dawson Kings College Hospital
Jim Dickson Lambeth Council
Tom Flynn Southwark Council
Cath Gormally Director of Social Care
Duncan Hames Non-Executive Director
Paul Heenan Lambeth Clinical Commissioning Group

Page 1 of 10
Roger Paffard introduced Clara Martins De Barros as the new Service User Governor and also the new Director of Nursing Beverley Murphy to the Council.

Unfortunately the Focus on Social Care Report by Cath Gormally had to be deferred. A decision will be taken to either offer a tailor made session at another date or for the paper to return in September 2017.

No interests were declared.

An amendment was made to section MC/17/13 to clarify that Siobhan Netherwood had asked a question about Quality Improvement priorities and it had been answered by Matthew Patrick.

This was agreed.

Julie Hollyman stood in for Anna Walker who had an urgent commitment she had to attend.

It was reported that the Quality Committee was discussing changes in its processes and membership. Once these discussions were completed the Governors would be updated. Julie Hollyman, Anna Walker and Beverley Murphy are in process as to how best to assure the Board about risk issues. Once completed the Governors would be informed.
The strength and weakness of services offered by the Trust were being considered by the Quality Committee. To allow for this development a greater focus was being put on the work of CAGs. This may require more time at the Committee to be set aside for CAG reporting.

An aspiration of the Committee is to improve the public and patient involvement aspect of the Trust’s work. A sub group, the Involvement Oversight Group has been established and there has been recognition that the pressure and stress on the carers of patients’ needs to be recognised and addressed by the Trust. The Family and Carers Committee are looking at this issue in greater depth.

The Committee is also keen to see that the learning from Serious Incidents is acted upon by both the area of care in which the incident occurred, but also across the Trust there is effective learning. The Committee is seeking assurance that Trust wide learning is being achieved.

Thanks were given by Julie Hollyman to Marnie Hayward and Jenny Cobley for raising issues with the Committee regarding liaison with A&E departments when dealing with crisis in care issues; care and support for community staff and the role of Police when dealing with patients.

Note was also taken of the work by Beverley Murphy to address some of the concerns from NEDs regarding the process that defined the Trust’s priorities for 2017/18 as set out in the Quality Account. This issue had now been addressed.

Brian Lumsden asked if the NEDs assured that the Trust was responding adequately to CQC concerns or observations. Julie Hollyman responded that NEDs were assured that what needed to be done was being done. Subsequent follow up inspections by the CQC had in recent months supported this view by reporting improvements in both Older Adults and Acute Care services.

Angela Flood noted the mention of carers in the report and the Trust focus. But her observation was that this aspiration had yet to be realised and more work in this area was required. She added that services based in Croydon were a continuing concern as cutbacks there were affecting both patients and carers in that borough.

Roger Paffard noted the concerns of Angela Flood and restated that the Trust was moving its focus towards recognising and responding to the contribution of, and the stress that carers have, when supporting patients of the Trust.

The Council noted the report
but by registering an interest they would receive the relevant papers.

Quality (Marnie Hayward)

Marnie Hayward highlighted a few areas in the report and reported to the Council that Jeannie Hughes was now the Deputy Chair of the Quality Group. She thanked Beverley Murphy for recently organising the quality priorities session to address issues in the Quality Account.

The Council were informed of a meeting with Simon Jackson the local Security Management Specialist, who advised on such things as Police interventions, AWOL patients and personal alarms.

Information was shared on Critical Care incidents whereby a multi-agency response (police, LAS, SLAM staff) had been developed in 2014 from lessons learned from serious incidents. This was rolled out in 2016. A reduction in police interventions has been seen, but this may have been influenced also by 4 Steps to Safety and staff training. How Police interventions are monitored would be considered by QSC.

The next meeting of the Group is 27 July 2017 and new attendees would be welcomed.

Membership and Involvement

This report was taken as read.

Planning and Strategy (Angela Flood)

Angela Flood advised the Council that Planning and Strategy had received updates on the strategic direction of the Trust. Concern had been raised at the financial pressure on the Trust and its ability to retain services at an adequate level of quality whilst under such financial pressure. Reassurance had been given at the Group that quality improvement was a main driver of the Trust.

Also with the plan to sell off various buildings within the Trust portfolio as part of the Estates Strategy assurance was sought that services housed in those locations would be maintained. Assurance was given that the aim of the strategy was to improve the clinical environment in which services were delivered.

In relation to the bidding for new work or extending present contracts Angela Flood stated the Group’s concern that the Trust avoided a ‘race to bottom’ in terms of price resulting in pressure on the quality of the service. The Group were assured of the focus the Trust had on quality services.

In relation to the Sustainability and Transformation Plan for SE London it was applauded that this will now be a standing item for the Council.

Governors were encouraged to undertake Quality Improvement training and
to assist this; the Recovery College was planning a course for the autumn of 2017 which Governors could attend.

Thanks were given to all those who attended and contributed to the Group

**Governance** (Roger Paffard)

The report was taken as read. An amendment to the Governor exit interview process whereby the Director of Corporate Affairs or the Lead Governor could lead the interview, as required, was noted and **approved** by the Council.

**Bids Steering Group** (David Blazey)

David Blazey advised the Council that the Bids Group had experienced good engagement and it would welcome new attendees.

Micro grants were now being developed which would allow for direct bids and the visiting of projects had now commenced.

**The Council noted the Reports**

**MC/17/22 LEAD AND DEPUTY LEAD GOVERNOR REPORT**

Jenny Cobley spoke to this item.

She advised the Council that as well as the Groups and Committees that had reported today there were a number of other roles available to Governors. These included: Observers at Board sub-committees; Involvement in the Revalidation of Doctors; The Auditor tendering process (2017); The Involvement Oversight Committee; Mind and Body Board; Staff Awards – Steering Committee; Staff Awards – judges; Site visits with NEDs; PLACE visits; Best Practice visits (internal audit) and Quality improvement visits.

She encouraged Governors to come forward and contribute as there was such a wide range of opportunities available.

Siobhan Netherwood asked if the opportunities could be advertised and Jenny Cobley replied that this was being done via email.

She concluded that as this was the day of the General Election it was important to note that all the main Political Parties had mentioned the need to address mental health issues in their manifestos.

**The Council noted the Report**
CHIEF EXECUTIVE’S REPORT

Matthew Patrick took his report as read but raised a number of issues.

The first point of discussion was the findings of the Mr Olaseni Lewis (OL) Inquest. This concerned the restraint of OL 7 years ago that led to his subsequent death. A narrative verdict had been given but the coroner was still deciding if to issue a Prevent Future Death notice.

The Inquest had been a learning experience for the Trust and a senior member of the management team had attended on every day the Inquest sat. Work is on-going at the Trust, but there had been recognition that engagement with local communities needed to be improved. Therefore, the Trust was involved with Black Thrive in Lambeth and as that initiative spreads across London to other boroughs the Trust’s engagement will also expand.

Governors were concerned by the long period between the event of OL’s death and the Coroner’s verdict. Matthew Patrick noted the concern, but the process was not owned by the Trust and there had been a number of sequential investigations that delayed the start of the Inquest. The Board would discuss the process in July and consider if anything else could have been done by the Trust to increase the pace in the procedure before the Inquest began.

The results of recent CQC visits were noted and a further welcome was given to Beverley Murphy as the new Director of Nursing. The Council were informed of the CQC re-inspection of Acute and Older Adults services. The former previously had been defined as ‘inadequate’ for safety but that had been upgraded to ‘requires improvement’ after re-inspection. Older adults had been designated as ‘good’ with a ‘requires improvement’ for safety for which an action plan is being drawn up.

Brian Lumsden asked if there was an expectation of further re-inspections. Beverley Murphy replied that further inspections were expected, probably in the areas of Community and Forensics.

The Council would have been aware of the recent terror attacks in both Manchester and London the most recent being on London Bridge. One of the victims of the London Bridge attack was a nurse at Guy’s and St Thomas’ NHS Foundation Trust (GSTT). This had clearly had an effect on staff in that Trust especially after the previous attack on Westminster Bridge. Support for GSTT staff after the most recent event had been organised by Beverley Murphy and GSTT had passed on thanks to the Trust for the support given. Beverley Murphy added that many clinicians had also freely given time assist colleagues at GSTT.

The Council were informed that Matthew Patrick had been asked to convene and design a Mental Health response to the London Bridge event and possible similar future events. This would include both clinical and guidance elements in the architecture being developed, some aspects of which were described to the Governors.
Marnie Hayward expressed some concern that large numbers of people from the media had assembled on the Maudsley site after the London Bridge event. Matthew Patrick noted their presence, it was a surprise to him but permission had been given by the Communications team at the Trust on the understanding that no staff or patients of the Trust were to be interviewed. The focus of the media had been the King’s College Hospital site as some of the victims of the attack were being treated there.

Mention was made of the Capped Expenditure Process (CEP) which refers to putting health economies into financial balance. Due to the election being in process the issue was subject to ‘purdah’ and discussion was restricted. But it was agreed once ‘purdah’ was over the Governors would be fully informed of the potential challenges such a process might have on the Trust.

**Action:** CEP issue to return at September Council of Governors

The Report was noted.

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### FINANCE REPORT AND PERFORMANCE REPORT

Gus Heafield took his part of the report as read. It was noted that a minute of his presentation to the Planning and Strategy Group had been circulated prior to the Council meeting.

The Trust Accounts have been signed off and there was a better than expected outcome due to technical reasons that led to a declaration of a surplus for 2016/17. A full report will come to the September Council meeting.

The process to appoint external auditors has commenced with Governor input, as mentioned by the Lead Governor. The intention is this will be a joint appointment with Oxleas NHS Foundation Trust.

Regarding the financial year 2017/18 there are issues with the extent of bed Overspill and this is receiving senior management attention. But at the present time it is a concern.

Brian Lumsden asked about the extent of the gap between the proposed Cost Improvement Programme (CIP) and the savings that has been identified. Gus Heafield responded that there was a gap but since the paper was completed new CIP schemes have identified. There is still an issue but it is less extensive than it was and the remainder were being addressed.

Jenny Cobley asked if the number of delayed transfers of care was a reflection of the lack of nursing home resources. Gus Heafield replied that there were numerous reasons for the high level of delayed transfers of care. There is recognition that the Trust should have an effective escalation process if problems with discharge were perceived or encountered by staff.

Roger Paffard added that there had been extra Central Government funding to Local Authorities to enhance social care provision, but after seeing three of the four borough leaders, it was clear this had not fed through into the
system. Angela Flood thought more should be expected of stakeholder Governors from the boroughs to address this and other issues. Roger Paffard responded that he thought the input from these Governors had been positive and a benefit to the Trust.

PERFORMANCE REPORT

As with finance Kris Dominy took the performance part of the report as read. She highlighted that due to the Manchester terrorist attack the Trust had been required to assure NHSI that the Trust would be ready if such an attack were to occur in London.

A counter terrorism meeting with the Metropolitan Police had taken place and the necessary plans and actions were in place. The intention of all this activity is to increase awareness and not to heighten fears.

As to the recent cyber-attack that affected a number of Trust IT systems in the UK the Trust was not affected, but work is underway to develop a plan of action if such an attack were to affect Trust systems in the future.

As mentioned by Gus Heafield there has been and is senior management attention on the issue of Overspill beds and this focus is on-going.

A number of contractual discussions are underway including the Lambeth Alliance. Siobhan Netherwood expressed concern at the proposed cuts in the cost per case funding by Croydon in the area of Acute Adult and CAMHS care. Kris Dominy responded by stating the Trust’s concerns over this issue had been raised with the CCG and there was a need for them to be aware of the impact of the proposed reductions.

Brian Lumsden asked what action was being taken by the Trust to evict squatters from Douglas Bennet House. Kris Dominy replied that legal action was in process and it was expected that the Trust would take possession of the premises on 22 June.

AUDIT COMMITTEE REPORT

This report was taken as read.

The Reports were noted

MC/17/25

RECOVERY COLLEGE PRESENTATION

This presentation was led by Gabrielle Richards, Head of Occupational Therapy; Kirsty Giles Recovery College Manager and Pauline Edwards Peer Recovery Trainer.

There was first a short video followed by a presentation highlighting the work of the Recovery College. The work was described as a “quiet revolution” and although Recovery Colleges are found across the Country and the world, he Trust’s Recovery College is distinct as it does not have a central building for
the delivery of courses. Rather it operates across the 4 boroughs using community resources and private enterprise facilities. This was seen as a benefit as it allowed the work of the College to be community focussed and not fixed on the one distinct location.

Between the Summer of 2014 and Spring 2017 the College had seen over 2,500 students the majority of whom were service users who use the courses offered to aid recovery or support those who have recovered.

Mike Franklin commended the work of the College and thought more should be made of its achievements by the Trust, both as an act of recognition but also to enhance the status of the Trust. This was noted.

Angela Flood agreed with the points made by Mike Franklin, but added that she thought the work done should be added to the recovery pathway and Trust funding considered as presently the resource for the initiative is from the Maudsley Charity. This was noted.

Roger Paffard thanked the presenters for their presentation which was clearly appreciated by the Council.

The Report was noted

**MC/17/26**

**GOVERNORS HANDBOOK**

Rachel Evans presented this paper that sought to simplify the handbook for future users.

The duty of holding NEDs to account and what the work of a Governor involves was clarified. It was noted that the document was ‘living’ with regular amendments expected. But major amendments would require Council approval.

There was a belief that Governors would not need to go through the Disclosure and Barring Service process as they were not expected to have one to one interactions with patients.

However, after discussion with Governors and comments by Beverley Murphy regarding the Disclosure and Barring Service process it was agreed that element of the Handbook would be reviewed [this issue was addressed after the meeting and an email was sent to all governors updating them on the DBS issue].

Other than the need to clarify that the DBS issue the Handbook was approved.

The Council Approved the new Handbook with the understanding that the issue of DBS for Governors would be addressed and reported back to the Council.
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<tr>
<th>MC/17/27</th>
<th>GOVERNOR SURVEY</th>
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<tr>
<td>Rachel Evans presented this paper.</td>
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<tr>
<td>Results of the survey were shown to the Council and a brief resume of results given. There was a preference for early evening meetings and group work at the Council was seen as potentially useful. Induction is to be improved and behaviours based on ‘good challenge’ were to be encouraged.</td>
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<td>Jargon of the NHS was seen to be a barrier and to aid understanding an abbreviations list was circulated to the Council.</td>
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<td>There had been the intention to start in June 2017 with a series of presentations based on the boroughs that the Trust serves; but the General Election had led to a delay. It was hoped such a programme would now begin later in 2017.</td>
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<td><strong>The Report was noted</strong></td>
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<th>17/28</th>
<th>CHAIR’S REPORT</th>
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<tr>
<td>Roger Paffard took the paper as read.</td>
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<tr>
<td>He asked if the format was useful to the Council or if a different approach would be more worthwhile.</td>
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<td>After some discussion it was agreed the format would remain but the reporting would focus on specific elements within the report to aid understanding and give focus.</td>
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<td>Jenny Cobley asked about what had been learned about support for BME staff from visits to other Trusts. It was agreed that this would be considered at a future meeting.</td>
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<td><strong>The Council noted the Report</strong></td>
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<tr>
<th>MC/17/29</th>
<th>FUTURE NED REPORTS</th>
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<td>These were confirmed as: Audit September 2017; Performance December 2017 and Quality March 2018 are to be confirmed.</td>
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<th>MC/17/30</th>
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<tr>
<th>MC/17/31</th>
<th>DATE OF NEXT MEETING</th>
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<tr>
<td>Tuesday 19th September @ 3.00pm at the Maudsley Learning Centre</td>
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## COUNCIL OF GOVERNORS – SUMMARY REPORT

<table>
<thead>
<tr>
<th>Date of meeting:</th>
<th>19 September 2017</th>
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<tbody>
<tr>
<td>Name of Report:</td>
<td>Action Tracker</td>
</tr>
<tr>
<td>Author:</td>
<td>David James, Trust secretariat</td>
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<tr>
<td>Presented by:</td>
<td>Roger Paffard, Chair</td>
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**Purpose of the report:**

To note.
**Council of Governors – action tracker September 2017**

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<tr>
<th>Ref</th>
<th>Issue</th>
<th>Action</th>
<th>By</th>
<th>When</th>
<th>Status</th>
<th>RAG</th>
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<td>June Meeting</td>
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<tr>
<td>1</td>
<td>Briefing to be provided on social care</td>
<td>Cath Gormally has agreed to provide a session on social care for Governors at their convenience.</td>
<td>CG</td>
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<td>Governors to agree timing of event.</td>
<td>Yellow</td>
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<td>2</td>
<td>Chief Executives Report</td>
<td>Update on Capped Expenditure Process once out of Electoral “Purdah”</td>
<td>MP</td>
<td>September CoG</td>
<td>Report was given to Strategy and Planning Group in August 2017</td>
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**Code:**
- **Green** – completed
- **Amber** – on schedule
- **Red** – not on schedule
### COUNCIL OF GOVERNORS – SUMMARY REPORT

<table>
<thead>
<tr>
<th>Date of meeting:</th>
<th>19 September 2017</th>
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<tbody>
<tr>
<td>Name of Report:</td>
<td>Audit Committee Report</td>
</tr>
<tr>
<td>Author:</td>
<td>Steven Thomas</td>
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<tr>
<td>Presented by:</td>
<td>Duncan Hames</td>
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**Purpose of the report:**

To note.
South London and Maudsley NHS Foundation Trust (‘SLaM’)
Audit Committee Report to Council of Governors 2016/17

1. Nature and scope of this report
1.1 The current Terms of Reference of the Audit Committee (‘the Committee’), approved in July 2016 by the Board of Directors (‘the Board’) state the following:

- 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 (Terms of Reference 15.3 refers); and
- the Committee will 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’ (Terms of Reference 9.1(a) refers).

1.2 This report to the Council of Governors seeks to fulfil those reporting obligations. The format and general content of the report is consistent with reports issued in previous years. The report was reviewed and approved by the Committee at its meeting on 22 May 2017 subject to reflection of comments from the meeting in the final version, and subsequent circulation of the final version to Audit Committee members for confirmation, all of which was duly actioned. This report will be supplemented where appropriate by a verbal report to the Council of Governors from the Committee Chair (or by another Committee member deputised on his behalf).

2. Annual report on the Committee’s work for 2016/17
2.1 During 2016/17 the Committee held five meetings on: 18 May 2016 (special meeting to review the Trust’s 2016/17 audited accounts and related documents); 28 June 2016; 27 September 2016; 20 December 2016; and 28 March 2017. All meetings held were quorate. June Mulroy chaired the Committee until September 2016, when Duncan Hames became Chair. June Mulroy remains a Committee member.

2.2 On 22 May 2017 the Committee met to review SLaM’s 2016/17 draft audited accounts and related documents.

2.3 At these meetings the Committee considered reports that it had requested from Trust management, external audit, internal audit and counter fraud specialists. These reports were requested in accordance with an ongoing work programme specified and regularly updated by the Committee taking account of the Trust’s developing circumstances. After each meeting the Committee Chair has, on behalf of the Committee, reported to the Board of Directors flagging key issues for the attention of the Board of Directors as appropriate. Appendix 1 to this report summarises these issues. A Governor Observer attends Committee meetings and reports thereon to the Council of Governors (3.2 below refers).

2.4 The foregoing is in accordance with the Committee’s Terms of Reference.

3. Report on matters needing action or improvement
3.1 The Committee confirms that for 2016/17:

- no matters arose which it considers need to be raised with the Council of Governors; and
- no matters arose which needed to be escalated for the attention of the Board of Directors. The Committee reported certain key issues to the Board during the year, as set out in Appendix 1 of this report.

3.2 One or more Governor representatives attend Board meetings to which the Committee has reported. Further, the Committee’s Terms of Reference state that an observer representative of the Council of Governors shall attend Committee meetings, and a representative attended the Committee’s meetings in
May, June and December 2016. The observer representative receives copies of the Committee’s minutes, and of the Committee Chair’s key issues report to the Board of Directors, and reports as appropriate to the Council of Governors. These arrangements are intended to help ensure that Governors are kept appropriately informed.

4. External auditor

4.1 The Committee has reviewed the performance of the external auditors. That review took account of the reports from external audit, and other parties, considered at each Committee meeting. Based on this, the Committee considers that the performance of SLaM’s external auditors (including the quality and value of the work, the timeliness of reporting and the external audit fee) is and has been appropriate.

4.2 As permitted by the contract for provision of external audit services to the Trust by Deloitte, and as previously agreed with the Council of Governors, the contract was extended to 23 September 2017. That contract cannot be extended a further time. The Audit Committee Chair and SLaM management will work with the Council of Governors in the appointment of external auditors for the period after 23 September 2017.

Duncan Hames
Audit Committee Chair
For and on behalf of the Audit Committee
May 2017

APPENDIX 1: KEY ISSUES REPORTED TO THE BOARD BY THE COMMITTEE

Listed below are the key issues reported to the Board by the Committee arising from the Committee’s meetings during 2016/17 on the dates shown. The Committee considered that the Board should be made aware of the Committee’s concerns about the following key potential issues/proposed resolutions noted at the Committee’s meetings.

Note: the terms ‘the Trust’ and ‘the AC’ are synonymous with ‘SLaM’ and ‘the Committee’ respectively.

<table>
<thead>
<tr>
<th>Key potential issues (as at the date of the Audit Committee meeting)</th>
<th>Cttee mins ref</th>
<th>Actions proposed to address key issues (as at the date of the Audit Committee meeting)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>22 May 2017 Audit Committee meeting</strong></td>
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<tr>
<td>The Audit Committee Chair reported verbally to the Board at its meeting on 23 May 2017. The 27 June 2017 Board meeting will receive a written key issues summary.</td>
<td>-</td>
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<tr>
<td><strong>28 March 2017 Audit Committee meeting</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1). Annual 360º assessments</td>
<td>1.1</td>
<td>The meeting summarised its conclusion that the Audit Committee, external audit and TIAA had performed effectively, with certain points noted for improvement. The Audit Committee Secretary has drafted a separate note of these points and has issued it to all attendees of this session.</td>
</tr>
<tr>
<td>All present gave their views on the contribution of the Audit Committee and external audit to efficient and effective audit, governance and cost control arrangements at SLaM. The meeting referred as appropriate to a supporting checklist provided by the Audit Committee Secretary. The meeting thanked the outgoing internal audit and counter fraud provider (TIAA) for their highly professional and valuable contributions over the years.</td>
<td>7.2 7.3</td>
<td>SLaM management will in April 2017 circulate the draft 2016/17 Annual Report and draft Quality Report to Audit Committee members, Quality Committee members (Quality Report only) and external audit. SLaM management will liaise with external audit as to precise timings, and will ensure the Audit Committee and Quality Committee review these documents before presentation to Board members (April 2017 – this is in hand). SLaM management will prepare plans to ensure that the 2017/18 draft Annual Report and Quality</td>
</tr>
</tbody>
</table>
### Key potential issues
(As at the date of the Audit Committee meeting)

**Action proposed to address key issues (As at the date of the Audit Committee meeting)**

<table>
<thead>
<tr>
<th>Purpose. The Audit Committee commented on the draft. The Audit Committee noted that the draft Quality Report was not yet ready and would be circulated subsequently.</th>
<th>Report are circulated to Audit Committee members and external audit in March 2018 in forms allowing for substantive review and comment (March 2018).</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(3). AMH key issues and mitigating actions</strong> The Medical Director advised that, in summary, the Adult Mental Health (‘AMH’) exercise had not consistently achieved its aims. There was reduction in occupancy in one of the boroughs but not effectively across all the participating boroughs. There was also no evidence of improvement in safety or satisfaction. The Medical Director advised that the AMH programme would be merged into the improvement programme. Audit Committee members noted that the programme appeared to have been implemented as planned, but lack of understanding/adaptation in the light of changing external factors meant the exercise had not fully achieved its purpose.</td>
<td><strong>7.4</strong> The Medical Director will: (a) review internal audit’s report and recommendations re Adult Mental Health (‘AMH’), and will update the Audit Committee as regards implications for AMH going forward; and (b) with the Director of Consultancy and Coaching will prepare a concise summary of generic lessons learned from the AMH exercise applicable to all projects (in particular around management of changing context/external factors) and will present this to the Audit Committee (June 2017).</td>
</tr>
<tr>
<td><strong>(4). Assurance Framework: Audit Committee quarterly review</strong> After due discussion, the Audit Chair noted that the assurance framework is now in place, is being updated and used and is prompting discussion, albeit that improvements remain to be implemented and there are capacity issues around risk management</td>
<td><strong>8.3</strong> The CFO and Director of Corporate Affairs will address the issue around the vacant role of Risk Manager, and will update the Audit Committee (June 2017). The Chief Operating Officer, Chief Information Officer and relevant management team members will attend the Audit Committee to discuss the content of the assurance framework around ‘right information’ (SO4) (June 2017).</td>
</tr>
<tr>
<td><strong>(5). Internal audit quarterly report</strong> Internal audit flagged payroll issues identified. The Audit Committee noted that cultural factors may have played a major causal role in these issues, with staff not asking for support in prioritising resolution of problems faced. Internal audit flagged the issue of some practice managers bypassing the required process of using the NHSP interface to book temporary cover. The Audit Committee noted internal audit’s ‘CQC action implementation’ report, noting as key issues: (a) a lack of evidence of certain remedial actions actually taken; and (b) lack of clarity as to the processes in place to embed improvements after the CQC visit.</td>
<td><strong>11.1</strong> The CFO advised that staff capacity issues were now resolved, and a Payroll Manager was now in role (in hand) The Audit Committee noted the proposal to discourage ‘bypassing’ by identifying practice managers doing this in reports reviewed by appropriate Trust committees. The CFO confirmed that he and the Chief Operating Officer were intervening to address issues (in hand).</td>
</tr>
</tbody>
</table>

### 20 December 2016 Audit Committee meeting

**1. CQC key issues papers.** The meeting noted that the CQC key issues papers included in AC and Board agenda papers appeared to summarise the underlying minutes and was ‘process-focused’, but needed instead to focus on flagging risk issues identified.

**On this occasion, without setting a precedent, the QC Chair will work with the Director of Corporate Affairs (‘DCA’) to produce a paper flagging key risk issues arising from the QC’s most recent two meetings, and will circulate the paper to Board and AC members (Jan.2017).**

The DCA will work with Board members, the AC, QC, BDIC and CFC to agree a process and timetable for the drafting and agreeing of ‘key risk issue’ reports from AC, QC, BDIC and CFC meetings, and for the submission of such reports to the Board and other relevant committees (Jan.2017).

**2. Forensic Services.** The CFO confirmed that the Director South London Forensics Strategy would produce a draft Outline Business Case

**The AC Chair confirmed that he and the AC Secretary would arrange a meeting of the relevant 3 AC Chairs to consider the draft OBC (Jan.2017).**
### Key potential issues (as at the date of the Audit Committee meeting) | Cttee mins ref | Actions proposed to address key issues (as at the date of the Audit Committee meeting)
--- | --- | ---
(‘OBC’) by 31 Dec 2016 |  | The Head of Communications confirmed that the paper envisaged that ‘horizon scanning reports’ of upcoming events and issues would be circulated regularly to the QC Chair.
(3). Communicating adverse news: proposals paper. The AC Chair noted that the proposed system needed amendment to reflect the fact that governors and NEDs would need to use it to keep themselves duly informed. The QC Chair suggested that the proposals should specify clear criteria for determining when to release information publicly about a Serious Incident and when to circulate information internally within SLaM (including to governors and NEDs). | 9.4.1 9.4.2 | The FPC Chair advised that she had recently joined a team set up to review and improve the NHS regulatory system. The QC Chair considered that, based on its information requests, the NHSI appears to be moving from a regulatory role to a managerial role, in which case its information needs should not exceed those of the Board and the NHSI’s requests might be challenged on this basis.
(4). Agency cap: implications. The Director of HR and the CFO advised their view that the time burden of reporting to NHSI was likely to increase as NHSI would increase its reporting demands, and advised that one key means for SLaM to manage this was to coordinate responses to avoid duplication of effort. The FPC Chair confirmed she was aware of some regulatory demands from NHSI that were completely inappropriate. The QC Chair advised that she is Chair at the Office of Rail and Road (‘ORR’ – a regulatory body) and noted that the ORR applies a value for money rule when reviewing or changing its framework of regulations. | 9.5.1 9.5.2 | The AC Chair considered that, once SLaM had further updated it, the assurance framework could be most useful. (Post meeting note: update of the assurance framework is ongoing). The Director of HR should update coverage of assurance framework principal risk 2 to show further mitigations (Jan 2017).
(5). Assurance Framework: AC quarterly review. The CFO confirmed that this was the first live usage of the newly developed assurance framework and whilst it still required work (in particular as regards the Ward to Board risk flow) it formed an acceptable basis for the AC’s review purposes. The FPC Chair noted the prevalence of ‘red rated’ areas in the assurance framework. The QC Chair considered that ownership of risks should be flagged more prominently. The COO considered that the approach/basis for ensuring ‘safer staffing’ needed clarification. |  | The AC Chair considered that, once SLaM had further updated it, the assurance framework could be most useful. The FPC Chair advised that she had recently joined a team set up to review and improve the NHS regulatory system. The QC Chair considered that, based on its information requests, the NHSI appears to be moving from a regulatory role to a managerial role, in which case its information needs should not exceed those of the Board and the NHSI’s requests might be challenged on this basis.
(6). CQC recommendations follow up. Internal audit summarised findings from their follow up report on SLaM’s progress in resolving the CQC’s recommendations from its inspection of SLaM. The FPC Chair advised that when the CQC next visits SLaM, the CQC will check in areas other than those originally tested, so as to test whether SLaM has ‘rolled out’ resolutions of the CQC’s previous ‘must do’ recommendations across all relevant operations, not just those originally tested. | 12.1.1 12.1.2 | Internal audit will forward their ‘CQC action implementation’ report to the AC Secretary for circulation to AC members. (Post meeting note: done). The FPC Chair will discuss with the Director of Nursing how SLaM will ensure that CQC recommendations are addressed to the CQC’s satisfaction and evidenced as such (Jan 2017).

**27 September 2016 Audit Committee meeting**

(1). Board review of committee review/reporting arrangements. AW stressed that the Board should continue to review these arrangements in particular as regards review and reporting of risk by the Quality Committee (‘QC’) and, to address current issues, should not rely only on the work of the new Risk Manager nor on changing the form/content of the Assurance Framework. | 5.1 5.3 | Outside the meeting, the Chairs of the AC and QC will discuss committee review/reporting arrangements, in particular as regards risk (Oct 16).
(3). Forensic Services: update on business case. DM outlined the initial issues faced (eg data access, and finding an appropriate governance/legal structure for the project) and how these had been resolved. DM advised that the | 9.2.1 9.2.2 | The Director South London Forensics Strategy (DM) will circulate a paper to AC attendees clarifying how the project and the services it provides will be managed and controlled, with particular focus on risk-sharing and the project’s

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### Notes
- **Post meeting note:** update of the assurance framework is ongoing.
- **Post meeting note:** done.
## Key potential issues

<table>
<thead>
<tr>
<th>(as at the date of the Audit Committee meeting)</th>
<th>Actions proposed to address key issues (as at the date of the Audit Committee meeting)</th>
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<tbody>
<tr>
<td>project was likely to be hosted by Oxleas NHS Foundation Trust with Oxleas' Chief Executive acting as 'Managing Director' of the project. The meeting discussed arrangements for scrutiny of the project by an internal audit function. JM and KL flagged the need for risk-sharing arrangements between parties to the project to be clarified and agreed. JM expressed concerns in this regard. AW stressed the need for clarity in specifying/quantifying at the start of the project: the intended outcomes for the project (be they financial or service-related) noting that private sector bodies often achieve excellent outcomes as they adopt a benchmarking approach; and arrangements at the end of the pilot project.</td>
<td>organisational/legal structure (Oct.16).</td>
</tr>
<tr>
<td>(4). Assurance Framework: update on revisions project. AW considered the report indicated that SLaM was making useful progress, but on the next update iteration should specify strategic objectives with greater clarity. The meeting discussed the need for AC and QC members to clarify with other Board members: (a) the scope of the QC’s and AC’s remits, in particular as regards review of the assurance framework; and (b) the distinction between the roles of internal audit and external audit. The meeting discussed management of publicity about adverse news. The meeting discussed interaction between the Board and the Governors.</td>
<td>10.3.1 10.3.2. The Strategy and Commercial Director will present a written report to the next AC meeting with a recommended process for managing communication about adverse news (eg about Serious Untoward Incidents) within SLaM and with other parties. The AC Chair will speak with Governor(s) to advise them about the foregoing and will update the next AC meeting (Dec.16).</td>
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<tr>
<td>(5). Counter Fraud Progress report (with summary cover sheet). DH noted indications that the NHS Executive was taking declarations of interest increasingly seriously. SW advised the need: to improve declaration, review, reporting and scrutiny of gifts, hospitality and expense claims; and to ensure that the relevant policy is readily accessible on the intranet. GH advised that a policy existed, but noted that there were issues in its application.</td>
<td>11.1.1 11.1.2 The AC recommends that the Board should instigate a review of: (a) the current policy covering arrangements for declaring, reviewing, reporting and scrutinising gifts, hospitality and expense claims; and (b) the mechanisms for ensuring appropriate application of that policy (Oct.16).</td>
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<tr>
<td>(6). Internal Audit progress report. The meeting discussed ‘limited assurance’ reports on: (a) Procurement. GH advised that a review of Procurement options was underway. SB advised that the report indicated a potential Value for Money (‘VfM’) risk. GH considered there was no VfM issue, but agreed that SLaM needed to evidence this to external audit’s satisfaction; and (b) (b) Agency spend arrangements. GH advised that this area was subject to weekly reporting and PMO scrutiny. JM and AW noted that anecdotal evidence suggested that reporting thereon to NHS Improvement used excessive SLaM management time.</td>
<td>12.1.1 12.1.2 12.1.3 The CFO will update the AC as to: (a) the position on the Procurement options review; (b) how SLaM will integrate management of Procurement in the short and longer term; and (c) how SLaM will evidence to external audit’s satisfaction that there is no VfM issue (Dec.16). The Programme Director (PMO) and HR Director will work together to obtain evidence (not merely anecdotal) about whether the agency cap is unrealistic and unnecessarily absorbs management time in reporting to NHS Improvement (Dec.16).</td>
</tr>
<tr>
<td>(1). Quality Committee (‘QC’) reports The meeting considered the reports from the QC to the Board. These reports are also used to inform the AC of key issues raised at QC meetings. The AC Chair noted that it was difficult for Board</td>
<td>7.1 The AC recommends that the Board should consider its committees’ current arrangements for receiving and reviewing agenda items, and reporting thereon to the Board and to each other. The aim of such revisions should be to focus on</td>
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<tr>
<td>Key potential issues (as at the date of the Audit Committee meeting)</td>
<td>Cttee mins ref</td>
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<tr>
<td>member readers to pick out key risks and proposed responses thereto. An AC member noted that it would assist if reports to the QC (upon which QC meetings and hence the QC’s reports to the Board were based) flagged key risks and proposed responses and/or if the QC’s agenda were based on some form of QC risk framework report. Broadening the discussion, the meeting discussed SLaM’s arrangements for reviewing and reporting risk generally, both between committees (eg QC to AC) and by committees to the Board. A key concern raised was that reporting needs to highlight key risks and judgments made about these</td>
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<tr>
<td>(2). Internal audit: AMH review</td>
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<tr>
<td>Internal audit flagged their ‘limited assurance’ opinion arising from the Adult Mental Health (‘AMH’) Programme internal audit review. The meeting discussed the recommendations and actions proposed (agenda pages 114 et seq) to address the weaknesses identified. The Chief Operating Officer (‘COO’) confirmed that these recommendations and actions appeared appropriate. The Chief Financial Officer (‘CFO’) and COO advised that the AMH Programme was effectively a prototype model which had been running for some 18 months, which was now due for review, and which would continue to be flexed to meet changing circumstances, in particular as regards the link with length of stay and the increase in volume of service users. The COO confirmed that the Programme Management Office (‘PMO’) was available to review and control this and other SLaM prototype programmes generally. The meeting discussed an AC member’s view that currently the reporting to the Board about the AMH Programme (which is a major project with high expectations) may not give the Board an appropriate impression either of the major issues that the AMH Programme is encountering, or of the options/actions for addressing these.</td>
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<tr>
<td>(3). Internal audit: Information Governance review</td>
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<td>Internal audit outlined the Information Governance Toolkit review and its purpose, advising that internal audit was to meet SLaM’s Head of Information Governance on 5 July 2016 to agree a plan going forward.</td>
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<tr>
<td>18 May 2016 Audit Committee meeting</td>
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<tr>
<td>At the Board meeting held on 24 May 2016, the AC Chair tabled and spoke to a report of key issues arising from the AC meeting held on 18 May 2016. The report summarised the issues referred to in paras 4.9 to 4.19 of this AC Annual Report (external audit and internal audit).</td>
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COUNCIL OF GOVERNORS – SUMMARY REPORT

<table>
<thead>
<tr>
<th>Date of meeting:</th>
<th>19 September 2017</th>
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<tbody>
<tr>
<td>Name of Report:</td>
<td>Findings and Recommendations from the 2016/2017 NHS Quality Report External Assurance Review</td>
</tr>
<tr>
<td>Author:</td>
<td>Deloitte LLP</td>
</tr>
<tr>
<td>Presented by:</td>
<td>Angus Fish, Deloitte</td>
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</tbody>
</table>

Purpose of the report:

To note.
Independent auditor's report to the council of governors of South London and Maudsley NHS Foundation Trust on the quality report

We have been engaged by the council of governors of South London and Maudsley NHS Foundation Trust to perform an independent assurance engagement in respect of South London and Maudsley NHS Foundation Trust's quality report for the year ended 31 March 2017 (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 and Maudsley NHS Foundation Trust as a body, to assist the council of governors in reporting South London and Maudsley NHS 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 2017, 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 and Maudsley NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Scope and subject matter

The indicators for the year ended 31 March 2017 subject to limited assurance consist of the national priority indicators as mandated by NHS Improvement:

- Home Treatment Teams (Gateway); and
- Delayed Transfer of Care (DTOC)

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 NHS Improvement.

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 section 2.1 of the NHS Improvement 2016/17 Detailed guidance for external assurance on quality reports; 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
- board minutes for the period April 2016 to May 2017;
- papers relating to quality reported to the board over the period April 2016 to May 2017;
- feedback from the Commissioners dated May 2017;
- feedback from the governors dated May 2017;
- feedback from local Healthwatch organisations, dated May 2017;
- the trust’s complaints reports published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, Quarters 1, 2, 3 and 4 2016/2017;
- The 2016 national patient survey;
- The 2016 national staff survey;
- CQC quality and risk profiles published throughout the year; and
- the Head of Internal Audit’s annual opinion over the trust’s control environment dated May 2017.

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’). 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; and
- 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 affect 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 of these criteria, 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 testing of indicators other than the two selected mandated indicators, or consideration of quality governance.

Conclusion

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 2017:

- 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 2.1 of the NHS Improvement 2016/17 Detailed guidance for external assurance on quality reports; 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’.

Deloitte LLP
Chartered Accountants
St. Albans
30 May 2017
Executive Summary
We have issued an unqualified limited assurance opinion

Status of our work
- We have completed our review, including testing of the mandated reported and local indicators.
- The scope of our work is to support a "limited assurance" opinion, which is based upon procedures specified by NHS Improvement in their "Detailed Requirements for External Assurance on Quality Reports for Foundation Trusts 2016/17".
- We have signed an unmodified opinion for inclusion in your 2016/17 Annual Report.

Scope of work
We are required to:
- Review the content of the Quality Report for compliance with the requirements set out in NHS Improvement's Annual Reporting Manual ("ARM").
- Review the content of the Quality Report for consistency with various information sources specified in NHS Improvement's detailed guidance, such as Board papers, the Trust's complaints report, staff and patient surveys and Care Quality Commission reports.
- Perform sample testing of three indicators.
  - The Trust has selected Minimising Delayed Transfers of Care and Access to Crisis Resolution Teams as its publically reported indicators
  - For 2016/17, all Trusts are required to have testing performed on a local indicator selected by the Council of Governors. The Trust has selected the percentage of service users in in-patient services and community service users under CPA who have had a full risk assessment completed for each in-patient admission or CPA review.
  - 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 Minimising Delayed Transfers of Care and Access to Crisis Resolution Teams 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 as set out above.

<table>
<thead>
<tr>
<th>2016/17</th>
<th>2015/16</th>
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<tbody>
<tr>
<td><strong>Length of Quality Report</strong></td>
<td>57 pages</td>
</tr>
<tr>
<td>Quality Priorities</td>
<td>9</td>
</tr>
<tr>
<td>Future year Quality Priorities</td>
<td>9</td>
</tr>
</tbody>
</table>
Executive Summary (continued)
We have not identified any significant issues from our work.

<table>
<thead>
<tr>
<th>Content and consistency review</th>
<th>Overall conclusion</th>
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<tbody>
<tr>
<td><strong>Review content</strong></td>
<td></td>
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<tr>
<td><strong>Document review</strong></td>
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<tr>
<td><strong>Interviews</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Form an opinion</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Content**
Are the Quality Report contents in line with the requirements of the Annual Reporting Manual?

Yes

**Consistency**
Are the contents of the Quality Report consistent with the other information sources we have reviewed (such as Internal Audit Reports and reports of regulators)?

Yes

Performance indicator testing

| Interviews | Identify potential risk areas | Detailed data testing | Identify improvement areas |

NHS Improvement requires Auditors to undertake detailed data testing on a sample basis of three mandated indicators. We perform our testing against the six dimensions of data quality that NHS Improvement specifies in its guidance. From our work, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2017, the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the ARM and the six dimensions of data quality set out in the "Detailed Requirements for External Assurance on Quality Reports for Foundation Trusts 2016/17".

<table>
<thead>
<tr>
<th>Accuracy</th>
<th>Delayed transfers of care</th>
<th>Access to</th>
<th>Local Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>G</td>
<td>G</td>
<td>G</td>
<td></td>
</tr>
</tbody>
</table>

**Validity**
Has the data been produced in compliance with relevant requirements.

G

G

G

**Reliability**
Has data been collected using a stable process in a consistent manner over a period of time.

G

G

A

**Timeliness**
Is data captured as close to the associated event as possible and available for use within a reasonable time period.

G

G

G

**Relevance**
Does all data used generate the indicator meet eligibility requirements as defined by guidance?

G

G

G

**Completeness**
Is all relevant information, as specific in the methodology, included in the calculation.

G

G

G

**Recommendations identified?**
No

No

Yes

**Overall Conclusion**
Unmodified Opinion

Unmodified Opinion

No opinion required

G  No issues noted

B  Satisfactory – minor issues only

A  Requires Improvement

R  Significant improvement required
Content and consistency review findings

We have issued an unqualified conclusion in respect of our work on the content of the quality report and its consistency with other documentation.

The Quality Report is intended to be a key part of how the Trust communicates with its stakeholders.

Although our work is based around reviewing content against specified criteria and considering consistency against other documentation, we have also made recommendations to management through our work to assist in preparing a high quality document. We have summarised below our overall assessment of the Quality Report, based upon the points identified in our NHS Briefing on Quality Accounts.

<table>
<thead>
<tr>
<th>Key questions</th>
<th>Assessment</th>
<th>Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the length and balance of the content of the report appropriate?</td>
<td>Yes</td>
<td>Length: 52 pages</td>
</tr>
<tr>
<td>Is there a glossary to the Quality Report?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the number of priorities appropriate across all three domains of quality</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>(Patient Safety, Clinical Effectiveness and Patient Experience)?</td>
<td></td>
<td>Patient Safety: 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinical Effectiveness: 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Patient Experience: 3</td>
</tr>
<tr>
<td>Has the Trust set itself SMART objectives which can be clearly assessed?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Does the Quality Report clearly present whether there has been improvement</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>on selected priorities?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there appropriate use of graphics to clarify messages?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Does the Annual Governance Statement appropriately discuss risks to data</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>quality?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the language used in the Quality Report at an appropriate readability</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>level?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Deloitte view

The initial version of the Quality Report did not contain all of the items specified by NHS Improvement for inclusion in the report. NHS Improvement’s publication “Detailed requirements for quality reports for foundation trusts 2016/17 includes a number of statements of assurance which the Trust is required to make in its quality report. The document sets out both the prescribed information and the format of the statement. There were a number of more minor points where information was not provided in the prescribed form, in particular around its clinical audit programme, such as the number of cases submitted to each audit or national enquiry as a percentage of the number of registered cases. We recommend that the Trust systematically check the that all disclosure requirements have been met in the manner prescribed using the NHSI publication as checklist.
Delayed transfers of care
There were no issues identified by our testing in the current year

<table>
<thead>
<tr>
<th></th>
<th>Trust reported performance</th>
<th>Target</th>
<th>Overall evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016/17</td>
<td>4.8%</td>
<td>7.5%</td>
<td>G</td>
</tr>
<tr>
<td>2015/16</td>
<td>3.9%</td>
<td>7.5%</td>
<td>B</td>
</tr>
<tr>
<td>2014/15</td>
<td>3.1%</td>
<td>7.5%</td>
<td>B</td>
</tr>
</tbody>
</table>

**Indicator definition and process**

**Definition:** "The number of Delayed Transfers of Care per 100,000 population (all adults - aged 18 plus). A delayed transfer of care occurs when a patient is ready for transfer from a hospital bed, but is still occupying such a bed. A patient is ready for transfer when:

[a] a clinical decision has been made that the patient is ready for transfer AND
[b] a multi-disciplinary team decision has been made that the patient is ready for transfer AND
[c] the patient is safe to discharge/transfer."

This indicator measures the impact of community-based care in facilitating timely discharge from hospital and the mechanisms in place within the hospital to facilitate timely discharge. People should receive the right care in the right place at the right time and mental health trusts must ensure, with primary care organisations and social services, that people move on from the hospital environment once they are safe to transfer.

**Process flow**

1. Date admitted patient ready to be discharged from hospital entered on to Electronic Patient Record
2. Patient discharged on that date?
   - Yes: No delay recorded by the Trust
   - No: Reason why patient not discharged, entered on to Electronic Patient Record
3. Date patient actually discharged
   - Date when patient should have been discharged = Number of days delay recorded by Trust

Deloitte Confidential: Public Sector
Delayed transfers of care (continued)

Approach
- We met with the Trust’s leads to understand the process from an individual being ready to transfer care to the overall performance being included in the Quality Report.
- There were was one recommendation from the prior year which related to an error in the algorithm used by the Trust. No errors were identified in the current year.
- We selected a sample of 24 from 1 April 2016 to 31 March 2017 including both delayed and delay free transfers of care.

Findings
- This year we did not identify an exceptions.
Access to crisis resolution home treatment team
There were no issues identified by our testing in the current year

<table>
<thead>
<tr>
<th></th>
<th>Trust reported performance</th>
<th>Target</th>
<th>Overall evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016/17</td>
<td>96.5%</td>
<td>95.0%</td>
<td>G</td>
</tr>
<tr>
<td>2015/16</td>
<td>95.9%</td>
<td>95.0%</td>
<td>G</td>
</tr>
<tr>
<td>2014/15</td>
<td>91.5%</td>
<td>95.0%</td>
<td>G</td>
</tr>
</tbody>
</table>

**Indicator definition**

**Definition:** "The proportion of inpatient admissions gatekept by the crisis resolution home treatment 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.

**National context**

The chart below shows how the Trust compares to other organisations nationally for 2016/17, the latest national data available.

**Inpatient admissions with access to Crisis Resolution/Home Treatment teams - Q1-3 2016-17**

Source: Deloitte analysis of Health and Social Care Information Centre data
Access to crisis resolution home treatment team (continued)

Process flow

Patient requiring inpatient treatment

Patient referred to Trust e.g. by community teams

Patient visits A & E department

Patient assessed by Home Treatment Team?

Yes

No breach recorded

No

A breach is recorded

Yes

Admitted to hospital?

Is the patient:
- recalled on community treatment order;
- transferred from another NHS Hospital;
- an internal transfer between wards;
- on leave under section 17; or
- a planned admission?

No

Yes

No breach recorded

No breach recorded
## Access to crisis resolution home treatment team (continued)

<table>
<thead>
<tr>
<th>Approach</th>
</tr>
</thead>
</table>
| - 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 no recommendations from the prior year requiring follow up.  
- We selected a sample of 24 from 1 April 2016 to 31 March 2017 including both service users assessed by the Home Treatment Team and those who were not assessed. |

<table>
<thead>
<tr>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>- There were no issues identified by our testing in the current year</td>
</tr>
</tbody>
</table>
Local Indicator: Risk assessments
The Trust’s process is to sample the data used to calculate the indicator

<table>
<thead>
<tr>
<th></th>
<th>Trust reported performance</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016/17</td>
<td>91%</td>
<td>85%</td>
</tr>
<tr>
<td>2015/16</td>
<td>78%</td>
<td></td>
</tr>
<tr>
<td>2014/15</td>
<td>65%</td>
<td></td>
</tr>
</tbody>
</table>

**Indicator definition and process**
**Definition:** The percentage of service users in in-patient services and community service users under CPA who have received a full risk assessment completed for each in-patient admission or CPA review.

**Approach**
- We met with the Trust’s leads to understand the process collect data and calculate overall performance for inclusion in the Quality Report. There were no recommendations from the previous auditor’s review of last year’s Quality Report as this indicator was not part of the external assurance work.
- We selected a sample of 24 users included within the clinical audit. During our work we found no errors.

**Findings**
- No errors identified from our sample testing
- The data used to calculate the indicator is derived from a clinical audit of 87 users, selected and tested at a point in time in Q4 2016/17.

**Deloitte View:**
The data used to calculate the indicator is derived from a clinical audit of 87 users.

We understand that the Trust adopted this methodology as this information was not held electronically within the system in a way that enabled the data to be extracted across the population as a whole.

The sampling technique and the sample size used weakens the reliability of the reported measure, but the source of the data has been disclosed in the Quality Report. We have therefore given this an amber rating for reliability.
Purpose of our report and responsibility statement
Our report is designed to help you meet your governance duties

What we report
Our report is designed to help the Council of Governors, Audit Committee, and the Board discharge their governance duties. It also represents one way in which we fulfil our obligations to report to the Governors and Board our findings and recommendations for improvement concerning the content of the Quality Report and the mandated indicators. Our report includes:

- Results of our work on the content and consistency of the Quality Report, our testing of performance indicators, and our observations on the quality of your Quality Report.
- Our views on the effectiveness of your system of internal control relevant to risks that may affect the tested indicators.
- Other insights we have identified from our work.

What we don’t report
- As you will be aware, our limited assurance procedures are not designed to identify all matters that may be relevant to the Council of Governors or the Board.
- Also, there will be further information you need to discharge your governance responsibilities, such as matters reported on by management or by other specialist advisers.
- Finally, the views on internal controls and business risk assessment in our final report should not be taken as comprehensive or as an opinion on effectiveness since they will be based solely on the procedures performed in performing testing of the selected performance indicators.

We welcome the opportunity to discuss our report with you and receive your feedback.

Deloitte LLP
Chartered Accountants
30 May 2017

This report is confidential and prepared solely for the purpose set out in our engagement letter and for the Board of Directors, as a body, and Council of Governors, as a body, and we therefore accept responsibility to you alone for its contents. We accept no duty, responsibility or liability to any other parties, since this report has not been prepared, and is not intended, for any other purpose. Except where required by law or regulation, it should not be made available to any other parties without our prior written consent. 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. 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, only the basis that we accept no duty, liability or responsibility to Monitor in relation to our Deliverables.
COUNCIL OF GOVERNORS – SUMMARY REPORT

<table>
<thead>
<tr>
<th>Date of meeting:</th>
<th>19 September 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Report:</td>
<td>Mental Health Benchmarking report</td>
</tr>
<tr>
<td>Author:</td>
<td>Benchmarking Network</td>
</tr>
<tr>
<td>Presented by:</td>
<td>June Mulroy and Andy Bell</td>
</tr>
</tbody>
</table>

Purpose of the report:

To note.
South London and Maudsley
CCG Baseline Expenditure

Update to Governors
All 4 Primary SLaM CCGs are in the lowest quartile for Weighted Cost Mental Health spend per registered GP population.

This position has deteriorated in the last financial year due to increasing spend / funding nationally not reflected locally.

Weighted population costs are significantly below National (circa £170/head) and London (circa £145/head) with all 4 CCGs below £130/head.

Croydon is of particular concern as it is in the lowest quartile for both Weighted and Total cost per registered population.
Contents

- Overview of Results
- Total and Weighted Benchmarking Results
- What is Weighted Cost?
- Meaning and Next Steps
Overview

- Total and Weighted spend per GP registered population has been undertaken for all GP surgeries in England and aggregated up to CCG level.
- NHS Benchmarking Network have created 4 benchmarking outputs based on 2 measures:
  - Weighted vs Total population cost
  - England vs London CCG Comparison
- For total population spend SLaM appears reasonably well funded except for Croydon (lowest quartile) with LSL in top 2 quartiles. However, this is not adjusted for high cost area adjustments (MFF)
- For Weighted population costs all 4 primary SLaM CCGs are in the lowest quartile
- Weighted population costs are significantly below National (circa £170/head) and London (circa £145/head) with all 4 CCGs below £130/head.
- It has also been established that this position has worsened between 2016 and 2017 due to an increase in national weighted spend/funding above that seen for SLaM commissioners.
• Although total spend shows Lewisham, Lambeth and Southwark as above average spend this does not account for high cost adjustments in London (e.g. MFF)
• Regardless, Croydon remains in the lowest quartile alongside 5 other South London CCGs
All 4 primary SLaM commissioners are in the lowest quartile of weighted spend nationally.

It is understood this position has worsened in the last year due to increased funding/spend nationally not reflected locally to the same extent.
It is clear that weighted spend is lower for all 4 CCGs compared to both the National and London average.
Weighted Cost Methodology

- Based on agreed NHSE methodology PRAMHs (Person-based Resource Allocation for Mental Health). This is drawn from the MH minimum dataset.
- Looks at % of individuals who use MH services (Volume) and the cost weighted need for service using population (Acuity)
- Calculated at GP practice level – separate models for Male / Female, Under 24 / 24 – 64, Over 64.
- Considers a number of variables that determine need including:
  - Age
  - Psychological diagnosis
  - Severe mental illness prevalence
  - Quality & Outcomes Framework (QoF)
  - Category of condition of mental health severity
  - Ethnicity
  - % of population who are single
Meaning and Next Steps

- There is significant under investment in SLaM patients compared to the national average.
- The position has worsened as other areas of the country have increased their investment in Mental Health
- SLaM should be highlighting and challenging this position in 2 ways:
  - Challenging the 4 CCGs on how they intend to introduce / increase parity of esteem for SLaM service users based on this evidence.
  - Working with the wider health system in South London to challenge NHSE, NHSI, DH and other key influencers to remedy this issue.
- The support of Governors will be essential in maximising the impact of these actions.
## Attachment F

### COUNCIL OF GOVERNORS – SUMMARY REPORT

<table>
<thead>
<tr>
<th>Date of meeting:</th>
<th>19 September 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Report:</td>
<td>Finance report for Governors</td>
</tr>
<tr>
<td>Author:</td>
<td>Andy Bell, Director of Finance</td>
</tr>
<tr>
<td>Presented by:</td>
<td>Gus Heafield</td>
</tr>
</tbody>
</table>

### Purpose of the report:

To note.
Draft Finance Report for Governors

Month 04 (July) 2017/18
Meeting – Council of Governors (Sept. 2017)
Author / Presented by June Mulroy (NED Chair of Finance Committee) & Andy Bell (Director of Finance)
Financial Snapshot

An Overview of Key Financial Figures and Issues
## Executive Summary

<table>
<thead>
<tr>
<th>Financial Indicator</th>
<th>Summary Performance</th>
<th>RAG</th>
</tr>
</thead>
</table>
| Financial Position               | • YTD the Trust has a deficit of £2.1m which is £0.06m adverse to plan. The Trust year end target of £2.2m surplus is seen as challenging but achievable.  
• Key drivers in the financial position are Acute usage of private sector beds and excess bed days, CIP Pressure, QIPP (CCG driven demand management reductions) pressures and the Placements.                                                                 | A   |
| CIP (Cost Improvement Programme) | • YTD £0.5m favorable to plan the Trust currently expects to meet its CIP target of £27.5m but this remains at risk subject to additional plans and non recurrent schemes.  
• YTD position is mainly driven by recognition of sale of estate £1.4m  
• However, there is a gap of circa £1m without the estate sale driven largely by acute beds. In addition, the CIP challenge increases from M6 so further action will be required.                                                                 | A   |
| Capital & Investments            | • YTD the Trust has spent £1.1m on capex which is £2.7m adverse to plan. The Trust expects to spend its entire capital allocation of £20.1m subject to some roll forward of Douglas Bennett House investment.  
• The Trust is continuing its large scale Estates review and considering the relevant redevelopment and disposal consequences of those through the agreed NHSI business case process.                                                                 | A   |
| Cash (Liquidity)                 | • The Trust’s cash position remains robust at £60.4m in July which is £18.4m favourable to plan. This position is driven by improved working capital (£11.0m), unplanned STF funding (£7.0m), capital slippage (£2.8m) and property sales (£1.7m). This strong position is expected to continue for the remainder of the financial year.  
• Cash is important as it is a key measure of being a “Going Concern” i.e. it represents how long you can continue to operate before you run out of resources.                                                                                                                                                  | G   |
| Regulator Performance (Use of Resources) | • The Trust currently has a score of 3 (where 1 is highest and 4 lowest). The score has been limited to 3 (from 2) due to the planned deficit in the first 6 months of 17/18. this is expected to improve across the financial year to an overall score of 2.  
• The Use of Resources Scores are explained in more detail later in the paper.                                                                                                                                                                                                                                                                     | A   |
| Risks                            | • The key underlying risks are acute beds, placements, CIP and QIPP.  
• Mitigations include; continued focus on acute beds at exec level, reviewing and expanding the CIP programme, Negotiating on QIPPs with CCGs, Securing in year underspends across the trust.  
• There are 2 finance driven risks on the Trust Board Assurance Framework (BAF). These relate to Securing income and minimising spend.  
• Risk are explained in more detail later in this paper.                                                                                                                                                                                                                       |     |
| Bench-marking                    | • The Trust is looks at a range of benchmarking data including reference costs, the model hospital and within the SLP partnership  
• This report includes a summary of SLAM’s commissioner position based on NHSE funding methodologies which indicates that mental health funding / spending in South London is in the lowest quartile when compared to the national average. (A more detailed report is included separately)                                                                                                                            |     |
### Key Performance Indicators (KPIs)

#### Top 5 Issues Summary

<table>
<thead>
<tr>
<th>Issue</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overspill Beds</td>
<td>YTD £2.1m overspent but an improving position with private bed numbers reducing from 25 to 15 across the month.</td>
</tr>
<tr>
<td>Placements</td>
<td>YTD £0.8m overspent. This is a particular issue in Southwark. This requires a coordinated solution between SLAM, CCGs and the Local Authorities.</td>
</tr>
<tr>
<td>CIP &amp; QIPP</td>
<td>The trust is continuing to address a very challenging CIP target of £27.5m as well as commissioner led QIPPs of £10m. In total this represents circa 10% of total turnover.</td>
</tr>
<tr>
<td>Partnership</td>
<td>SLAM is continuing its commitment to developing sustainable care with both the South London Partnership (SLP) and SE London STP. This includes New models of care (Forensics and CAMHS) and back office consolidation</td>
</tr>
<tr>
<td>Contracts Risk</td>
<td>There are a number of new and existing contracts that require close scrutiny and negotiation. This includes existing risk share agreements for overperformance and new ventures such as the Lambeth Alliance.</td>
</tr>
</tbody>
</table>

#### Regulator Score (Use of Resources)

<table>
<thead>
<tr>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital Service Capacity</td>
</tr>
<tr>
<td>Liquidity (Cash)</td>
</tr>
<tr>
<td>EBITDA Margin</td>
</tr>
<tr>
<td>Distance from Plan</td>
</tr>
<tr>
<td>Agency Spend against cap</td>
</tr>
</tbody>
</table>

#### Initial UoR Score

Initial UoR Score: 2

#### Adjusted UoR Score

Adjusted UoR Score: 3
Areas of Interest

Benchmarking SLaM CCG spend on Mental Health (see separate report)
Information & Guidance

Explaining the key financial regulator metrics and glossary / list of acronyms
Use of Resources: How the regulator measures financial performance

NHS Improvement has worked with the Care Quality Commission (CQC) to introduce a unified oversight framework to measure both financial and clinical performance. For finance this has been introduced as the Use of Resources metrics.

All NHS Trusts are assessed against 5 key metrics related to:

1. **Financial Sustainability** - Do you have the available resources to meet your financial obligations for a reasonable time? In other words do you have sufficient physical cash in the bank.

2. **Financial Efficiency** – So far in the financial year are you delivering a surplus (good), breaking even (OK) or making a loss (poor).

3. **Financial Controls** – Do you make robust plans and deliver them? (Notably for Revenue, Capital and Agency spend).

Based on assessments in all the areas, trusts will be grouped into four categories: no concerns; emerging concerns/minor issues; serious issues; and critical issues (which will be given mandated support).

The use of resources assessment is intended usher in a greater focus on efficiency using the recommendations of the Carter report.

There are currently five metrics (Liquidity, Capital Servicing, EBITDA Margin, Distance from Plan, Agency Cap) see overleaf for details.
Use of Resources: What do the metrics mean?

• **Liquidity** - This is the Trust's score against the Liquidity Ratio metric and is expressed in days. The days represent the amount of time that the Trust's cash could 'cover' its expenditure before being used up. There is a score applied depending on the number of days calculated - zero or greater = 1, greater than -7 = 2, greater than -14 = 3, above 14 days = 4.

• **Capital Service Capacity** - This is the amount of times available trust revenue could cover total trust debt. A CSC of 2.5 times or greater is a score of 1, above 1.75 times scores 2, above 1.25 scores 3 anything less than 1.25 scores 4.

• **EBITDA Margin** – This is the number of times your surplus / (deficit) can be divided into your income a score of +5% or above = 1 a score of +3% to +5% = 2, A score of 0% to +3% = 3, Any score less than 0% = 4. This calculation has been revised to exclude donated assets and focus on EBITDA.

• **Distance from Plan** – This is a new measure emphasizing the importance of delivering on a robust financial plan. This measures the % distance from your planned I&E Margin (see above). 0% variance from plan or greater (positive) = 1, Between 0% and -1% = 2, Between -1% and -2% = 3, Less than -2% = 4.

• **Agency Metric** – This is a new measure that looks at the level of % overspend above the agreed agency “ceiling” or maximum spend (LAS ceiling is currently £7.0m). 0% overspent or underspend = 1, 0 – 25% overspend = 2, 25 – 50% overspend = 3, 50%+ overspent = 4.

• **Overrides** – The score of the 5 measures above can be adjusted via various overrides which include:
  • Limiting the overall score based on individual metrics (e.g. any individual score of 4 limits the overall score to 3)
  • If the Control Total is not accepted this can impact your maximum score to a maximum of 2 if there is a planned or forecast surplus or 3 if there is a planned or forecast deficit position.
  • If the provider is put into Financial Special Measures the maximum score is limited to 4
Glossary / Acronyms

<table>
<thead>
<tr>
<th>Acronym</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/atriage 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>
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</table>
# COUNCIL OF GOVERNORS – SUMMARY REPORT

<table>
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<tr>
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<th>19 September 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Report:</td>
<td>Performance report</td>
</tr>
<tr>
<td>Author:</td>
<td>Harold Bennison, Director of Performance, Contracts and Operational Assurance</td>
</tr>
<tr>
<td>Presented by:</td>
<td>Kirsty Dominy</td>
</tr>
</tbody>
</table>

**Purpose of the report:**

To note.
REPORT TO THE TRUST BOARD: PUBLIC

19 September 2017

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Author</td>
<td>Harold Bennison, Director of Performance, Contracts and Operational Assurance</td>
</tr>
<tr>
<td>Accountable Director</td>
<td>Kristin Dominy, Chief Operating Officer</td>
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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 – July Performance Dashboard
Appendix B – July 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 August is being validated at the time of writing.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>Q1</th>
<th>Jul</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions had access to crisis resolution / home treatment</td>
<td>95</td>
<td>98</td>
<td>100</td>
<td>100</td>
<td>99</td>
<td>96</td>
</tr>
<tr>
<td>Early Intervention in Psychosis 2 week standard</td>
<td>50</td>
<td>72</td>
<td>69</td>
<td>61</td>
<td>68</td>
<td>53</td>
</tr>
<tr>
<td>IAPT waiting times 6 week standard</td>
<td>75</td>
<td>89</td>
<td>87</td>
<td>88</td>
<td>88</td>
<td>86</td>
</tr>
<tr>
<td>IAPT waiting times 18 week standard</td>
<td>95</td>
<td>100</td>
<td>99</td>
<td>100</td>
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<td>100</td>
</tr>
</tbody>
</table>

Fig. 1 Summary Table NHSI Indicators: Access and Effectiveness

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPA follow up within 7 days of discharge</td>
<td>95</td>
<td>96.7</td>
<td>95</td>
<td>99.25</td>
<td>97.7</td>
</tr>
<tr>
<td>IAPT Recovery Rate</td>
<td>50</td>
<td>49</td>
<td>47.4</td>
<td>49</td>
<td>48.2</td>
</tr>
</tbody>
</table>

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 governments’ 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.
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.

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.

Including access, the main indicators are

- Access
- Waiting Times
- Recovery rates

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.

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 at the time of writing is April 2017.

- Southwark 46%
- Lewisham 52%
- Croydon 47%
- Lambeth 50%

Provisional data from internal reporting indicates the Trust is below the 50% standard for July at 48.2% and overall quarterly performance based on internal Trust reporting is also 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 and a report is being made to the Southwark Integrated Governance Committee in September. During August 2017, NHSI were invited to visit Southwark IAPT to review the clinical model and to review how corporate governance could be further improved regarding the data collection and assurance processes. The recommendations will be available in September 2017 and can then be extended to all IAPT services where relevant.
1.1.4  IAPT Payment by Results
There is a national initiative to change the mechanism by which IAPT services will receive income from April 2018. The new tariff system includes the measurement of clinical outcomes and the use of the mental health clustering tool. The Trust is liaising with NHSE and commissioners to understand the new model and guidance which is helping to shape an implementation plan. Whilst there is limited detailed guidance or clarification from local commissioners, a local plan is being finalised to introduce shadow monitoring from October 2017.

1.1.5  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 July indicated performance is above 95% for the financial year.

1.1.6  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 currently 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.

NHS Improvement has just announced proposals to the Single Oversight Framework which will see these two MHSDS data quality indicators replaced with the Data Quality Maturity Index (DQMI) score. This change will be effective from October 2017. The Trust is already meeting the target of 95%, evidenced in the most recent NHS Digital publication (May 2017), reviewing data Oct-Dec 2016. The indicator considers recording and validity of Ethnic Category, GP Practice, NHS Number, Commissioner, Gender, Postcode of usual address. Existing BI reports will be updated to reflect these changes to ensure appropriate monitoring and action is taking place.

1.1.7  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.

The number of Out of Area Placements (OAPs) fell to zero briefly in August although September performance has shown an increase. Chart 2 shows the position from April 2017 through to the first weeks in September, the colours represent the split between Acute and PICU beds.
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.

| Effective teamwork across boundaries | 9 |
| Patient and Staff experience        | 2 |
| Patient experience                  | 3 |
| Recognition of and planning for possible deterioration | 1 |

### Large Scale Initiative project themes

In September, the LSI is being re-focused and data analysis has highlighted priority areas of the Lambeth and Lewisham wards alongside the Lambeth PRT teams. The QI team are meeting with the teams to identify actions to improve support and effectiveness affecting length of stay and admissions.

#### 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.
Fig. 5 – Length of Stay Breakdown

Figure 5 clusters current inpatients within the acute care pathway (wk1, September) by their length of stay at that point. 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 and also the highest number (13) 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 up to and including July 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 eight months for LSLC has been broadly consistent. An improved format for this graph is being developed to flag whether any change is statistically significant.

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 July, the Trust recorded 1,097 bed days being lost to delayed transfers of care. At 5%, this has been at a consistent level over the last 6 months. A 3.5% target has been set from September by NHSE and an initial meeting with commissioners and Trust teams took place in August focusing on the reconciliation of DToC data and any necessary improvements to the current system wide processes. Initial actions were agreed and a follow up meeting with commissioners and local authorities is being arranged.
Figure 9 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.

2.2 Community Activity & Performance
This section provides an update on key performance. The reporting for community continues to be enhanced with recent developments supporting the reporting and analysis of which community teams are responsible for the current inpatient cohort. This supports the work to reduce length of stay already described.

Overall, the community picture remains one of increasing pressure in many areas of the system and this is being shared with commissioners to support their decision-making.
2.2.1 A&E Mental Health Liaison
The number of presentations to A&E Mental Health Liaison teams have increased in Croydon, Lewisham and Southwark since the beginning of this year and these boroughs are up to 20% above indicative activity plans.

![A&E Liaison Services (MHLT Related)](image)

**Fig. 10 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 August is shown in Fig. 11. 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). Agreement has been reached in August regarding the principles of the Service Directory and the mapping between different systems. This is being documented and finalised in September alongside implementing the necessary changes and standardisation which will assist future reporting.
Fig. 11  Adult A&L caseload, referrals and discharges Apr 16 – Aug 17
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 M4 pertaining to the FPC were similar to M3:
- Delivery of CIP schemes for 17/18 and identifying additional opportunities given the on-going CIP gap.
- Implementation 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 (to June 2017)
Training reports are made a month in arrears and the July report is being finalised at the time of writing. Overall compliance is the highest it has been in the previous year.

The Education and Development team continues to work to address issues previously highlighted including the provision of suitable Safeguarding Children level three training, streamlined mechanisms for LEAP account management and the delivery of induction pathways.

3.1.2 Physical Health Level 1 Awareness
In accordance with the Trust’s CQUIN targets, all staff are required to complete a level 1 awareness course on physical health. Since April, a session on physical health has been delivered to all new starters at Trust Values Day. Existing staff can now complete the training by watching a 15 minute interactive video either individually through LEAP or as a group in a team meeting. Compliance has been captured from April but reported for the first time in this month’s reports. Overall compliance stood at 15.56% on 26 June.
<table>
<thead>
<tr>
<th>Tier</th>
<th>Renewal Period</th>
<th>Certification Name</th>
<th>Target ≥ 85%</th>
<th>70-85%</th>
<th>&lt;70%</th>
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<td>Tier 1 Level A</td>
<td>26-Jul-16</td>
<td>81.66%</td>
<td>81.38%</td>
<td>80.48%</td>
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<tr>
<td>Tier 1 Level B</td>
<td>Tier 1 Level B</td>
<td>26-Jul-16</td>
<td>70.34%</td>
<td>69.31%</td>
<td>69.31%</td>
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<td>Tier 2 Level A</td>
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<td>81.64%</td>
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<td>65.06%</td>
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<td>Tier 1 Level A</td>
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<td>80.48%</td>
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<td>Tier 1 Level B</td>
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<td>82.18%</td>
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<tr>
<td>Tier 2 Level B</td>
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<td>66.89%</td>
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<tr>
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<td>80.01%</td>
<td>79.13%</td>
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<tr>
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<td>Tier 1 Level B</td>
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<td>66.44%</td>
<td>66.07%</td>
</tr>
<tr>
<td>Tier 2 Level A</td>
<td>Tier 2 Level A</td>
<td>26-Oct-16</td>
<td>83.06%</td>
<td>82.63%</td>
<td>82.18%</td>
</tr>
<tr>
<td>Tier 2 Level B</td>
<td>Tier 2 Level B</td>
<td>26-Oct-16</td>
<td>67.83%</td>
<td>67.36%</td>
<td>66.89%</td>
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<tr>
<td>Tier 1 Level A</td>
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<td>84.21%</td>
<td>83.78%</td>
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<td>70.52%</td>
<td>69.64%</td>
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<td>Tier 2 Level A</td>
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<td>Tier 2 Level B</td>
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<td>87.11%</td>
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<td>Tier 1 Level B</td>
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<td>77.77%</td>
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<tr>
<td>Tier 2 Level A</td>
<td>Tier 2 Level A</td>
<td>27-Jan-17</td>
<td>80.43%</td>
<td>80.36%</td>
<td>79.49%</td>
</tr>
<tr>
<td>Tier 2 Level B</td>
<td>Tier 2 Level B</td>
<td>27-Jan-17</td>
<td>79.51%</td>
<td>78.64%</td>
<td>77.77%</td>
</tr>
<tr>
<td>Tier 1 Level A</td>
<td>Tier 1 Level A</td>
<td>27-Feb-17</td>
<td>79.13%</td>
<td>78.26%</td>
<td>77.39%</td>
</tr>
<tr>
<td>Tier 1 Level B</td>
<td>Tier 1 Level B</td>
<td>27-Feb-17</td>
<td>76.20%</td>
<td>75.33%</td>
<td>74.46%</td>
</tr>
<tr>
<td>Tier 2 Level A</td>
<td>Tier 2 Level A</td>
<td>27-Feb-17</td>
<td>75.33%</td>
<td>74.46%</td>
<td>73.59%</td>
</tr>
<tr>
<td>Tier 2 Level B</td>
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<td>27-Feb-17</td>
<td>74.46%</td>
<td>73.59%</td>
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<tr>
<td>Tier 1 Level A</td>
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<td>86.24%</td>
<td>85.36%</td>
</tr>
<tr>
<td>Tier 1 Level B</td>
<td>Tier 1 Level B</td>
<td>27-Mar-17</td>
<td>79.49%</td>
<td>78.64%</td>
<td>77.77%</td>
</tr>
<tr>
<td>Tier 2 Level A</td>
<td>Tier 2 Level A</td>
<td>27-Mar-17</td>
<td>85.43%</td>
<td>84.56%</td>
<td>83.69%</td>
</tr>
<tr>
<td>Tier 2 Level B</td>
<td>Tier 2 Level B</td>
<td>27-Mar-17</td>
<td>79.49%</td>
<td>78.64%</td>
<td>77.77%</td>
</tr>
<tr>
<td>Tier 1 Level A</td>
<td>Tier 1 Level A</td>
<td>24-Apr-17</td>
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<td>83.78%</td>
<td>82.91%</td>
</tr>
<tr>
<td>Tier 1 Level B</td>
<td>Tier 1 Level B</td>
<td>24-Apr-17</td>
<td>79.51%</td>
<td>78.64%</td>
<td>77.77%</td>
</tr>
<tr>
<td>Tier 2 Level A</td>
<td>Tier 2 Level A</td>
<td>24-Apr-17</td>
<td>83.85%</td>
<td>83.06%</td>
<td>82.28%</td>
</tr>
<tr>
<td>Tier 2 Level B</td>
<td>Tier 2 Level B</td>
<td>24-Apr-17</td>
<td>79.51%</td>
<td>78.64%</td>
<td>77.77%</td>
</tr>
<tr>
<td>Tier 1 Level A</td>
<td>Tier 1 Level A</td>
<td>31-May-17</td>
<td>83.85%</td>
<td>83.06%</td>
<td>82.28%</td>
</tr>
<tr>
<td>Tier 1 Level B</td>
<td>Tier 1 Level B</td>
<td>31-May-17</td>
<td>79.51%</td>
<td>78.64%</td>
<td>77.77%</td>
</tr>
<tr>
<td>Tier 2 Level A</td>
<td>Tier 2 Level A</td>
<td>31-May-17</td>
<td>83.85%</td>
<td>83.06%</td>
<td>82.28%</td>
</tr>
<tr>
<td>Tier 2 Level B</td>
<td>Tier 2 Level B</td>
<td>31-May-17</td>
<td>79.51%</td>
<td>78.64%</td>
<td>77.77%</td>
</tr>
<tr>
<td>Tier 1 Level A</td>
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<td>26-Jun-17</td>
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<td>83.06%</td>
<td>82.28%</td>
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<tr>
<td>Tier 1 Level B</td>
<td>Tier 1 Level B</td>
<td>26-Jun-17</td>
<td>79.51%</td>
<td>78.64%</td>
<td>77.77%</td>
</tr>
</tbody>
</table>

Fig. 12 Mandatory Training Tier 1 Levels A & B
4. Commissioning

The BDP CAG has highlighted quality concerns for the ASD / ADHD service in Lewisham. Demand significantly exceeds capacity of this clinic, which has resulted in high waiting times for patients - approaching 2 years. In response, the service has temporarily closed their ADHD and psychology waiting list. An options paper has been developed for Lewisham CCG to address the current capacity and demand issues - each option includes a quality impact assessment. Lewisham commissioners are asking that SLaM sources the necessary additional funding from elsewhere within the block and they have been informed this is not a viable option.

Croydon CCG continues to face a significant financial challenge. A number of consultants are now supporting the CCG with McKinsey providing an initial report in August. The conclusions appear to confirm that Mental Health funding is not an area where further cuts can be made.

The Trust is awaiting confirmation of the Croydon CCG proposals for Specialist Services in writing, although there has been clarification that decisions will be made based on clinical need as a priority over financial constraints except for the National Psychosis Unit where the plan is to terminate access and the plan for a “one in one out” system for the National Autism Unit. This will be highlighted again in the September meetings.

There are continued efforts to improve alignment between the Older Adult Outcomes Based Commissioning (OBC) Alliance and the Mental Health commissioning team. The CCG has documented the central role to be played by the existing Mental Health Programme Board although this is not functioning in a robust way and the September meeting has been cancelled. 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. The broader programme for this work is reported through the Finance and Performance Committee and then to the Board.

Of particular note is inpatient activity in Lambeth which is running approximately 30% above plan. The Large Scale Initiative contains both system actions and bespoke local actions designed to tackle this.

Various initiatives under the Five Year Forward View are now proceeding and a system of oversight is being implemented with commissioners, using a simple template for each initiative referencing the national expectation and any local modifiers. The Psychological Medicine and Integrated Care CAG is leading on this given the current focus on IAPT, Core 24 liaison services and Perinatal services. 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.

In the recent 4 Borough Exec meetings, the Senior Mental Health commissioning leads have been asked to complete their template documentation to set out their priorities and expectations for each CCG. This was due at the end of August.

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.
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>1,363</td>
</tr>
<tr>
<td>Amber</td>
<td>Requires some work</td>
<td>833</td>
</tr>
<tr>
<td>Green</td>
<td>Requires little work</td>
<td>5,197</td>
</tr>
<tr>
<td>Blue</td>
<td>Delivered</td>
<td>2,975</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>10,369</td>
</tr>
</tbody>
</table>

The QIPP risk dashboard is below:

QIPP Dashboard 05-Sep-17

<table>
<thead>
<tr>
<th>QIPP Ref</th>
<th>CCG</th>
<th>QIPP plan</th>
<th>progress</th>
<th>CAG Value (£)</th>
<th>Forecast (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>QIPP01</td>
<td>Southwark</td>
<td>Residential placements structure of teams</td>
<td>Deliver plans agreed, review of high cost placements underway</td>
<td>Psychosis</td>
<td>800,000</td>
</tr>
<tr>
<td>QIPP19</td>
<td>NHS England</td>
<td>FM C&amp;V Services</td>
<td>Aim is to recover QIPP through marginal rates of additional activity</td>
<td>PMO</td>
<td>563,196</td>
</tr>
<tr>
<td>Red</td>
<td>Requires significant work</td>
<td>1,363,196</td>
<td>873,196</td>
<td></td>
<td></td>
</tr>
<tr>
<td>QIPP17</td>
<td>NHS England</td>
<td>The 4 Acute Adolescent Inpatient Kent (FYE 16/17)</td>
<td>NHSE will be invoiced 6 months at full value, Q3 4 under dispute</td>
<td>CAMHS</td>
<td>833,408</td>
</tr>
<tr>
<td>Amber</td>
<td>Requires some work</td>
<td>833,408</td>
<td>833,408</td>
<td></td>
<td></td>
</tr>
<tr>
<td>QIPP07</td>
<td>Lewisham</td>
<td>Reduction in Placements Funding</td>
<td>Delivered. However due to unexpected growth particularly with discharges from Acute wards we need to keep to agreed recovery plans to breakeven at year end</td>
<td>Psychosis</td>
<td>365,000</td>
</tr>
<tr>
<td>QIPP04</td>
<td>LSLC</td>
<td>Multiple OBD reduction plans</td>
<td>≤ CIP over delivers against QIPP. ≤ Bedstock will be reassessed after CIP is delivered. ≤ This results in reduced impact of CIP as £2.7m OBD cost is taken as QIPP, ≤ this is already accounted for but the CAG is in overspend, reported as CIP failure</td>
<td>Acute Care</td>
<td>2,742,331</td>
</tr>
<tr>
<td>QIPP15</td>
<td>Croydon</td>
<td>Increase in cross boundary flow income from Surrey/Sussex</td>
<td>Dispute with CCG on ownership</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 MR - (FYE 16/17)</td>
<td>CAG confirmed action is complete. StLM agreement with NHSE to reduce QIPP target with each repatriation must be tested against SLF finance arrangements</td>
<td>BDP</td>
<td>764,855</td>
</tr>
<tr>
<td>QIPP10</td>
<td>Lewisham</td>
<td>LIT 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>PMO</td>
<td>300,000</td>
</tr>
<tr>
<td>QIPP11</td>
<td>Lewisham</td>
<td>Lewisham Community Teams - A&amp;L Team</td>
<td>Plan to cover with CIP and recover CIP from elsewhere in CAG</td>
<td>PMO &amp; Psychosis</td>
<td>208,000</td>
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<tr>
<td>Green</td>
<td>On track / requires little work</td>
<td>5,157,186</td>
<td>5,014,686</td>
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<td></td>
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<tr>
<td>QIPP03</td>
<td>Southwark</td>
<td>Treatment teams redesign (KD leading health based model)</td>
<td>Delivered</td>
<td>PMO &amp; Psychosis</td>
<td>200,000</td>
</tr>
<tr>
<td>Croydon (Bridge)</td>
<td>Croydon (Bridge)</td>
<td>FYE delivery</td>
<td>Closed</td>
<td>Multiple</td>
<td>1,059,000</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>44,250</td>
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<tr>
<td>QIPP06</td>
<td>Lewisham</td>
<td>CASCARD (FYE from 1/7/16)</td>
<td>Complete</td>
<td>Psychosis</td>
<td>36,270</td>
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<tr>
<td>QIPP12</td>
<td>Lewisham</td>
<td>Direct Payment Budget</td>
<td>Complete</td>
<td>Psychosis</td>
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<tr>
<td>QIPP08</td>
<td>Lewisham</td>
<td>Cease AMTH Programme Management</td>
<td>Complete</td>
<td>PMO</td>
<td>110,000</td>
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<tr>
<td>QIPP09</td>
<td>Lewisham</td>
<td>IAPT (ISEN reduction)</td>
<td>Complete</td>
<td>PMO</td>
<td>467,000</td>
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<tr>
<td>Accounts</td>
<td>Croydon</td>
<td>MHOA Acute OBD reduction</td>
<td>Complete</td>
<td>MHOA</td>
<td>254,000</td>
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<tr>
<td>Accounts</td>
<td>Lewisham</td>
<td>Reduction in CAMHS Transformation (Prenatal MH plus extension of Adult IAPT)</td>
<td>Complete</td>
<td>PMO</td>
<td>88,000</td>
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<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>50,000</td>
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<tr>
<td>Accounts</td>
<td>Lewisham</td>
<td>MHOA Acute OBD reduction</td>
<td>Complete</td>
<td>MHOA</td>
<td>204,000</td>
</tr>
<tr>
<td>Accounts</td>
<td>Lambeth</td>
<td>MHOA - Continuing Care</td>
<td>Complete</td>
<td>MHOA</td>
<td>362,580</td>
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<tr>
<td>Blue</td>
<td>Delivered</td>
<td>Total Complete</td>
<td>2,975,100</td>
<td>2,975,100</td>
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</tr>
<tr>
<td>Blue</td>
<td>Delivered</td>
<td>Total Overall</td>
<td>10,368,900</td>
<td>9,696,390</td>
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<tr>
<td>Blue</td>
<td>Delivered</td>
<td>variance</td>
<td>-672,500</td>
<td>-672,500</td>
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</tbody>
</table>

Fig. 13 QIPP dashboard
QIPP Red risks

- **Southwark Placements.** Value £800K. The plan to move people from high cost placements to lower cost alternatives is off track. Work is underway to recover the programme, but the current forecast is to deliver approximately £400K. Recovery planning is underway.

- **PMIC C&V Services.** 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. Work is underway to measure the performance of the service, however £90K is assessed as at risk, hence the forecast is devalued to £473K. Recovery planning is underway.

Downgraded from last review

- **OBD.** OBD is no longer reported as a QIPP risk, notwithstanding the on-going cost pressure, and is downgraded from red to green as a QIPP. The income reduction of £2,742K has been accounted for and removed from the baseline and beds have been removed under the CIP programme in order to reduce the associated cost. However, this has resulted on the reliance on overspill as the expected reduction in admissions and length of stay has failed to materialise and is now the subject of a large scale QI initiative and concerted management effort. The overspill position is manifesting as an overspend in the Acute Care CAG of £2,500K and is currently being reported as an overspend against the CAG.

- **Tier 4 Adolescent services.** Value £833K, downgraded from red to amber. NHSE London have accepted that no proposal was offered for the first 6 months of the year, therefore they have agreed to a mid-year review after Q2 with an expectation of being invoiced for the necessary value. There is an expectation that NHSE will propose alternative QIPP schemes to recover as much of the income as possible, which may have implications for next year, and discussions are still underway.

- **Secure Mental Health.** Value £765K, downgraded from amber to green. The Forensic Alliance have already repatriated the required number of patients and the full value of QIPP has been delivered. The QIPP is not shown as blue (delivered) as the risk share arrangement means that any unexpected growth in patient numbers could impact QIPP before the end of the year.

- **Lewisham Placements.** Value £365K. The QIPP is delivered and downgraded to green, however due to unexpected growth particularly with discharges from Acute wards recovery plans need to be managed to ensure the improvement is sustained.

### 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 were 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. The Trust received a full award of Q1 CQUIN. Q2 CQUIN is anticipated to be the full award, however the risks outlined in the paragraphs below will crystallise in Q3 and Q4 respectively.
• **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 and will start to impact in Q3.

• **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. It is anticipated that the withhold of CQUIN under this category may be used to close year end positions at the discretion of the STP, this should become clearer at the end of Q2.

5. Programme Management Office (PMO)

5.1 Cost Improvement Programme (CIP)

---

**Fig. 14 Trust July CIP position**

The chart above shows the Trust M4 position, showing a forecast variance from plan of £7,949K. The following narrative covers the recovery planning as a result of PMO scrutiny of all plans.
5.1.1 Recovery Planning

The table below shows the current state of recovery planning. It shows the original 2017/18 target by CAG or department to close the £27M gap for the year; these targets were rebaselined on 1 Aug 17 to reflect the value of all plans with substance and to understand the risk to the financial position, the rebaselined target is £19.6M, which is a slight improvement against the July forecast of £19,073K as shown above. This reconciliation is detailed in the previous CIP performance report. The Trust SMT agreed a set of additional targets to deploy across all CAGs and departments to recover the shortfall, this brings the Trust-wide target up to £23.4M with an agreed non-recurrent, Trust-wide contribution of £4.1M to be found by Finance at year end to meet the full CIP challenge. However, as shown in the table below there is already a forecast shortfall against the new target of £2.7M; the PMO is working closely with all departments to identify plans to remedy this. In addition, there are currently £3.4M of non-recurrent plans in place, this will move a total of £7.6M non-recurrent pressure into 2018/19 which now has an estimated CIP challenge of £18.2M.
## CAGs

<table>
<thead>
<tr>
<th>£000s</th>
<th>2017-8 Target</th>
<th>New baseline 1 August (=plans)</th>
<th>Total department must deliver</th>
<th>Forecast shortfall</th>
<th>Total Non recurrent</th>
</tr>
</thead>
<tbody>
<tr>
<td>psychosis</td>
<td>2,217</td>
<td>1,561</td>
<td>1961</td>
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<td>0</td>
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<tr>
<td>BDFT and Addictions</td>
<td>1,175</td>
<td>940</td>
<td>1080</td>
<td>-140</td>
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<tr>
<td>PMIC</td>
<td>2,132</td>
<td>2,111</td>
<td>2211</td>
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<td>447</td>
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<tr>
<td>Acute Care Pathway</td>
<td>5,318</td>
<td>2,999</td>
<td>3199</td>
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<td>CAMHS</td>
<td>1,139</td>
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<td>1385</td>
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<td>MHOA &amp; Dementia</td>
<td>1,254</td>
<td>1,170</td>
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<tr>
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<td>total CAGs</td>
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## Non-CAGs

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<tr>
<th>£000s</th>
<th>2017-8 Target</th>
<th>New baseline 1 August (=plans)</th>
<th>Total department must deliver</th>
<th>Forecast shortfall</th>
<th>Total Non recurrent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estates &amp; Facilities</td>
<td>2,726</td>
<td>1,590</td>
<td>2200</td>
<td>-782</td>
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<td>27</td>
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<td>ICT</td>
<td>995</td>
<td>1,065</td>
<td>1215</td>
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<tr>
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<td>147</td>
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<tr>
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<td>600</td>
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<tr>
<td>Nursing &amp; Prof Heads</td>
<td>734</td>
<td>488</td>
<td>866</td>
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</tr>
<tr>
<td>Pathology &amp; Pharmacy</td>
<td>413</td>
<td>393</td>
<td>780</td>
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<tr>
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<td>180</td>
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<tr>
<td>Strategy &amp; Commercial</td>
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<td>161</td>
<td>411</td>
<td>-110</td>
<td>140</td>
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<td>660</td>
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<td></td>
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</tr>
<tr>
<td>total non-CAG</td>
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<td>5,498</td>
<td>8,159</td>
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</table>

## Trust wide and gap

<table>
<thead>
<tr>
<th>£000s</th>
<th>2017-8 Target</th>
<th>New baseline 1 August (=plans)</th>
<th>Total department must deliver</th>
<th>Forecast shortfall</th>
<th>Total Non recurrent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review of non-pay expenditure</td>
<td>500</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Closure of McKenzie</td>
<td>400</td>
<td>400</td>
<td>400</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Senior management review</td>
<td>150</td>
<td>150</td>
<td>150</td>
<td>-150</td>
<td>0</td>
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<tr>
<td>Enhanced income from SLFP</td>
<td>250</td>
<td>190</td>
<td>190</td>
<td>?</td>
<td>0</td>
</tr>
<tr>
<td>16/17 MARS scheme</td>
<td>377</td>
<td>377</td>
<td>377</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Non-recurrent in year savings</td>
<td>1,000</td>
<td>1000</td>
<td>1000</td>
<td>?</td>
<td>1000</td>
</tr>
<tr>
<td>Review of IOPPN arrangements</td>
<td>250</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Agency staff review</td>
<td>1,000</td>
<td>1000</td>
<td>1000</td>
<td>?</td>
<td>0</td>
</tr>
<tr>
<td>Offset re Acute internal overspill charges</td>
<td>-300</td>
<td>-300</td>
<td>-300</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Offset re BDFT Estates recharge</td>
<td>-123</td>
<td>-123</td>
<td>-123</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>unidentified - pay</td>
<td>1,903</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>unidentified - non-pay</td>
<td>250</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>unidentified - patient income</td>
<td>1,862</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>unidentified - adjustment</td>
<td>-2,844</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Gains from the disposal of properties</td>
<td>1,460</td>
<td>1460</td>
<td>1460</td>
<td>0</td>
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<tr>
<td>Trust wide and gap</td>
<td>6,135</td>
<td>4154</td>
<td>4154</td>
<td>-150</td>
<td>2460</td>
</tr>
</tbody>
</table>

## Total Trust Plans

<table>
<thead>
<tr>
<th>£000s</th>
<th>2017-8 Target</th>
<th>New baseline 1 August (=plans)</th>
<th>Total department must deliver</th>
<th>Forecast shortfall</th>
<th>Total Non recurrent</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAGs</td>
<td>13,235</td>
<td>9,916</td>
<td>11,106</td>
<td>-740</td>
<td>547</td>
</tr>
<tr>
<td>Non-CAGs</td>
<td>7,651</td>
<td>5,498</td>
<td>8,159</td>
<td>-1784</td>
<td>430</td>
</tr>
<tr>
<td>Trust wide and gap</td>
<td>6,135</td>
<td>4154</td>
<td>4154</td>
<td>-150</td>
<td>2460</td>
</tr>
<tr>
<td>total Trust Plans</td>
<td>27,021</td>
<td>19,568</td>
<td>23,419</td>
<td>-2674</td>
<td>3437</td>
</tr>
</tbody>
</table>

Forecast against planned action 20,745
Bed Pressure. Sustained effort across all Boroughs has seen the overspill position reduced to single figures, but there is still a danger of it creeping back up. Therefore, the cost estimate of overspill for the year remains at £2.5M and is being treated as an overspend against CAG plans to close beds. Work is continuously ongoing to understand the impact of beds and to determine if it is to be reported as a failure in CIP or an overspend against a reduced bed stock and OBD income; at the moment CIP is being reported as delivered, because beds have been taken out, but the CAG is now overspending because overspill is being used instead. The situation remains high risk.

5.1.2 Audit Committee Recommendations
There is a standing 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.

This month the recommendation is be met by:

(a) The PMO report of changes to the CIP portfolio to the FPC, this has been completed this month in the summary of the CIP recovery position.
(b) The PMO report of the achievement and forecast of CIP targets.

6. Emergency Planning

As previously outlined, the NHSE (London) annual assurance process will be taking place over the coming months. SLaM are required to submit evidence relating to core EPRR standards to NHSE (London) by the 13th September. The Board will be updated on the trusts rating once feedback on the current EPRR status has been received from NHSEL.

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.

Following the recent ransomware / cyber security incident that affected a substantial proportion of NHS organisations, the SLaM Information and Communication Technology (ICT) team held an ICT Based Business Continuity workshop on the 26th July. An ICT ‘task and finish’ group, to be chaired by the trusts Chief Operating Officer, has been established with the aim of addressing items raised/issues highlighted by the exercise.
7. Conclusion

The Trust met its performance-related Single Outcome Framework NHS Improvement indicators with the exception of IAPT Recovery.

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.

The new LEAP system is supporting an enhanced focus on training and a targeted approach is being used to improve compliance.

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>
QSC Quality Dashboard

Period: July (Month 4) 2017
Circulation: QSC Circulation for September

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.

Snowsfields QUESTT De-escalation: CAG held QuesTT action plan meeting (18th August). Ward environment has improved. Vacancy rate and demands on service exceeding capacity to deliver will both improve in the near future. Robust plans for managing supervision and appraisals are in progress to ensure they are managed well going forward. Score expected to drop.

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).

Safe

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. Unusual demands on service exceeding capacity to deliver
11. Number of hours of enhanced levels of observation exceed 120
12. Ward/department appears untidy/disrepair
13. No evidence of effective multidisciplinary/multi-professional team working
14. On-going investigation or disciplinary investigation

<table>
<thead>
<tr>
<th>Safe</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 0 (Score = 9 or less)</td>
<td>Level 1 (Score = 10 – 16)</td>
</tr>
</tbody>
</table>
New complaints - 2015 - 2017

Do you feel involved in your care? Quality Priority

New Serious Incidents

Unauthorised Absences - Detained Patients

Seven Day Follow Up

Safety Continued
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%).
COUNCIL OF GOVERNORS – SUMMARY REPORT

<table>
<thead>
<tr>
<th>Date of meeting:</th>
<th>19 September 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Report:</td>
<td>Working Groups Report</td>
</tr>
</tbody>
</table>
| Author:                | Working Group Chairs  
Carol Stevenson, Membership Officer |
| Presented by:          | Working Group Chairs |

Purpose of the report:

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

- Quality Working Group
- Planning and Strategy Working Group
- Membership and Involvement Working Group
- Bids Steering Group
Working Groups’ Reports

Quality Working Group (Marnie Hayward)

CQC Action Plans – Acute
Hugh Jones presented to the July Quality Working Group on behalf of the Acute Care CAG in relation to their CQC action plans. The group noted that the findings highlighted variation in the quality of services across the Trust. An example given was safeguarding, which is a ‘must do’ in the report, but the Lambeth Safeguarding service was seen as ‘good’. We were informed that concerns raised in terms of restraint and ligature points were now the focus of Quality Improvement projects with the aim to reduce the former and eradicate the latter and we look forward to hearing the outcome.

QI
Governors would like to have an overview of all QI initiatives within the Trust and better understand what the intended outcome measures are and how these will be monitored; how the Trust will ascertain if the substantial investment in QI is producing value. Governors welcome the development of the new Quality dashboard which aims to assist with reporting and monitoring of services within each CAG and we look forward to being sighted on CAG highlights and concerns.

Trust aim to reduce admissions/length of stay
Governors are concerned about the potential impact of the Trust’s push towards reduced admissions and reduced length of stay. Hugh Jones told the July QWG that in many cases once a patient is admitted further examination showed that the admission was not necessary and what was needed could have been provided elsewhere or involve a ‘support at home’ package. The proposal was not about stopping those in need from gaining access to in-patient services or discharging people before they are ready to leave. Governors would like an assurance that there will be a mechanism in place to monitor readmissions to ensure they do not increase consequentially. We would also like to know if there is any anticipated impact on Crisis Care presentations.

Measuring Quality across the Trust
There are a wide range of quality measures and drivers applied to the Trust such as CQUIN and QIPP all requiring attention and monitoring. Governors would like to see the development of a quality measure for the Quality subcommittee that gives a ‘narrative or a theme’. Anna Walker informed the QWG that the Quality subcommittee was now meeting bi-monthly and this worked in tandem with an executive led ‘Quality Matters’ meeting, the role of which is to improve quality measurement across the Trust. We understand that once a new system of quality measurement is established it is proposed by the Director of Nursing that external advisers will be invited in to the
Trust to assess and judge on the effectiveness of the new system. Governors welcome these developments and look forward to seeing an overarching Quality strategy which draws all the Quality measures together and ensures that the Board are appropriately sighted on risks and the Trust can respond accordingly. We are concerned though that the CAG reporting structure may not always enable Borough specific issues to be highlighted and targeted effectively.

Crisis Care Incidents
Governors would like to know the Trust’s response (due August 2017) to the Coroners Preventing Future Deaths letter in relation to the OL Inquest and if the Memorandum of Understanding (MOU) between the Trust and the Metropolitan Police has now been signed.

Freedom to Speak Up Guardian (FTSUG)
Although Governors recognise that the FTSUG is in its inaugural stages and understand the promotional strategy as set out in a report to the Board in July, we remain concerned at the very low level of reported cases. We would like to know more about the timescale for delivery; if the Trust plans any analysis of whether staff feel able to access the FTSUG and how the Trust will support vulnerable people as we feel this to be an integral part of quality monitoring.

NB A verbal update following Quality Sub Committee meeting on 12 September 2017 will be given at the Council of Governors meeting.
Planning and Strategy group (Angela Flood)

Staff Health and Well Being Plan 2017-19

Louise Hall gave a presentation on the challenges faced by the Trust in terms of workforce. The group noted the achievement by the Trust of the Healthy Workplace Charter Excellence standard and the themes that underpin it.

Pressures, Risks and Opportunities
Matthew Patrick gave a verbal presentation.

Initially this talk was to focus on the Capped Expenditure Process (CEP). However, as things had moved on, Matthew Patrick advised the group that the focus now was on ‘place based’ planning with organisations working together within set geographical boundaries.

This was being facilitated by what were known as Sustainability and Transformation Plans (STPs), which are now called Sustainability and Transformation Partnerships. The Trust feeds into two of these STPs, south east and south west London. It is believed, but not confirmed that consideration is being given for the STP to become a legally recognised administrative structure.

Draft Terms of Reference

The Terms of Reference were accepted to go forward to the Council of Governors for ratification in September 2017 with one amendment and that was to the title for Lucy Canning’s role which is to be changed to; Interim Associate Director of Strategy and Commerce.

Governance

Angela Flood advised the group that Francis Keaney’s term of office was coming to an end and therefore a new Deputy Chair and a Governor Observer for the Business Development and Investment Committee would be required. It was agreed that the issue would be addressed at the November meeting of the group.

Healthwatch

It was suggested and agreed that at future meetings Minutes of the local Healthwatch meetings (rather than a summary), would be useful and this was agreed by the group.

The next meeting will be on 21st November at 5pm in the Maudsley Boardroom.
Membership and Involvement Working Group (Tom Flynn)

Sue Scarsbrook has agreed to become the deputy chair of this group.

Governor elections have been agreed and nominations are now open.
- These elections have been started slightly earlier than in previous years to allow the new governors to go through induction before they start their terms.
- There are 6 public, 2 staff and 1 service user vacancy, and we hope a number of governors are standing for re-election. We are hoping for a widely representative range of governors.

The Governor Review of the year has been approved.

There have been further discussions around targeting under-represented groups and a sub-group will be formed to tackle this on-going issue. The group is keen to ensure that, where possible, both the Governor group and the membership represent the diversity of our local communities.

The group are planning to pilot new ideas for taking meetings into the community.
- By attending existing community events it should be possible to reach out to a wider range of people who use our services than was achieved with the Have Your Say meetings.
- Meetings on the main hospital sites are another option, which would give ‘ordinary’ staff members a better chance of attending. Please see the attached paper setting out some early thinking.

Two events are coming up:
- Annual Members Meeting and Staff Awards (Monday 25th September at the KIA Oval).
- Members’ Seminar ‘Is research of any use in improving services?’ with Professor Sir Graham Thornicroft on Tuesday 3rd October at 12.30.
- Please contact Carol Stevenson about booking for either of these events.
Bids Steering Group (David Blazey)

This will be my last report as I will be standing down as a Governor before the next Council meeting. I will continue to attend the group in my Maudsley Charity role.

Simon Darnley has agreed to take over the role of chair and we are seeking a deputy chair for the group.

The current bids scheme is now in its last few months (due to end on 31st December 2017) and feedback reports and receipts are coming in. The feedback includes a number of great photographs, some of which will be on display at the Annual Members’ Meeting and Staff Awards on 25th September.

Future bids schemes.

The Maudsley Charity would like to dovetail the Smile Scheme into their developing Micro-Grants programme.

The group agreed to consider this and have asked the Maudsley Charity to submit a proposal.

- Governors would remain involved at all levels and the Charity are happy to keep the existing governance procedures.
- The maximum grant size will remain £750.
- Rather than running one scheme every two years, the Charity proposes that they are run annually.
- It is likely that £50,000 would be available each year (the last scheme had £100,000 over two years.)
- We need to find a new name for the bids scheme each year and are asking all governors for help.
- We are keen to keep the ‘Smile’ theme.
  Please put your suggestions on the sheet on your table – Carol will collect these at the end of the meeting.

I would like to thank all colleagues who have and who continue to support the successful running of this scheme, and especially Carol Stevenson, on whose very broad (figurative) shoulders the main burden is carried so effectively.
Council of Governors
Developing wider engagement

September 2017
Who, what, why

‘Representing the interests of members and the public
Governors are required by law to represent the interests of both members of the NHS foundation trust and of the public. They may choose a range of different ways to engage with these groups. We are aware of a number of methods that some councils of governors have chosen to adopt – and which you may wish to consider – such as governor “drop-in days” where members and the public can come and meet governors, or surveys.’

‘Preparing the forward plan
Preparation of the trust’s forward plan is led by the board, but the law requires the board of directors to have regard to the view of the council of governors. To present an informed and representative view, governors should canvass the views of members and the public and feed back their views to the board of directors.’

Aim going forward
To identify best method[s] of reaching the Trust membership and the public to hear their views on the Trust’s plans
What has been done and our learning to date

Ran a series of eight events – developed and co-produced - provided an opportunity for staff and governors to work together, and the model adopted by the central planning group was helpful.

- With one exception, attendance at these events [two held in each borough] was disappointingly low despite using being advertised by a variety of methods
- Developing a programme that met everyone’s expectations was a challenge
- It may have been beneficial to have all Governors involved in at least one event. Going forward this could potentially be achieved by running borough specific planning/working groups
- Evaluations showed that most people who attended thought the events were good or very good
- Not all venues seemed to be popular and there may have been better local alternatives that would have encouraged more people to attend such as the Mosiac Clubhouse
When, Where, How

**Pilot new methods of engagement** over the next 6 months – these could include:

- Hosting an event on the Bethlem site aimed at service users, carers and staff
- Running a survey to gain a more comprehensive insight into the views of the wider membership
- Holding drop-ins and/or community engagement sessions e.g. at libraries and venues such as the Dragon Café
- Offering Associate membership – a model recently introduced by King’s College Hospital
- Identifying borough based engagement events where Governors can have a presence and engage with wider public – both Trust-organised and looking for opportunities to work collaboratively with other organisations where they have events planned e.g. Healthwatch

Use the learning from the pilot activity to design a detailed plan of engagement activity for 2018-19
Align with the external stakeholder engagement strategy action around ‘facilitation of community engagement with specific fora and groups identified’
COUNCIL OF GOVERNORS – SUMMARY REPORT

<table>
<thead>
<tr>
<th>Date of meeting:</th>
<th>19 September 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Report:</td>
<td>Nominations Committee report</td>
</tr>
<tr>
<td>Author:</td>
<td>Rachel Evans, Director of Corporate Affairs</td>
</tr>
<tr>
<td>Presented by:</td>
<td>Roger Paffard and Julie Hollyman</td>
</tr>
</tbody>
</table>

Purpose of the report:

To update the Council on developments and to agree the recommendations.
Nominations Committee report – September 2017

1. Chair's appraisal 2016 / 17

The process for the Chair's appraisal has been led again this year by the Senior Independent Director, Dr Julie Hollyman. Julie chaired the discussion at the Committee, the Chair having left the room.

The appraisal process has followed the procedures agreed at the previous Nominations Committee and the Council, with a new consultancy (Qi) having been appointed to support the process. The appraisal process involved electronic questionnaires as well as some interviews in person.

The outcome of the process was that the Chair had received a clean bill of health in terms of his performance. The scores for the Chair across all areas were very high. The Committee endorsed the outcome of the 2017 appraisal and congratulated the Chair on his performance.

It was noted that Chair had made significant progress on the feedback provided in December on the pace of activities and further strengthening the relationship with the Council and would continue to focus on these areas. Looking forward, an additional area of focus would be on supporting the Executive team to prioritise areas of work to prevent management resources from being spread too thinly.

The Chair had been appointed for a three-year term in January 2015 and is eligible from January 2018 for a further re-appointment. Considering his very positive appraisal and his willingness to continue, the Committee recommend to the Council that:

• The Chair be appointed for a further three years from January 2018.

The Committee also reaffirmed its preference for a combined Board appraisal next year that would incorporate both Chair and NED appraisal.
2. Appraisal of the Non-Executive Directors 2016 / 17

The Committee reflected on the news that Dr Julie Hollyman was not seeking a second term and noted the outstanding contribution that she made to the Trust and her excellent relations with the Governors.

The appraisal process for the Non-Executive Directors for 2016 /17 has been informed by feedback from the Executive Directors and five Governors – Jenny Cobley, Brian Lumsden, Angela Flood, Marnie Hayward and David Blazey.

Key positive themes from the appraisals included progress on Governor relations, strengthened Board capability, excellent financial performance, clarity on the strategic direction for estates planning and the South London Mental Health and Community Partnership. Some further progress needs to be made on the Board Assurance Framework and on accelerating the Quality Improvement work and the Quality Sub Committee improvements. These will be prioritised over the coming year.

The Committee considered skills mix and the balance of roles across the different Non-Executive Directors and felt that there was a good balance. Attendance has been good across the various NED commitments. There is some scope to improve mandatory training compliance amongst some of the NEDs and this is being prioritised.

June Mulroy had been appointed for a three-year term in January 2015 and is eligible for re-appointment from January 2018. Considering that June has continued to perform highly as a NED and is willing to continue, the Committee recommend to the Council that:

- June Mulroy is appointed as a NED for a further three years from January 2018

The proposed 2017 - 18 roles for the Chair and the Non-Executive Directors were noted at the Committee. These are attached to this report for the Council’s information. There will be a consideration of the roles for the new Non-Executive Director and whether in the future the roles of Deputy Chair
and Senior Independent Director should be separated, as is the case in many other Trusts.

3. Recruiting a new Non-Executive Director

The Committee agreed to engage Green Park recruitment consultancy to conduct the recruitment with a view to identifying the best diverse field. They had been used previously by the Trust to recruit NEDs and had provided a good service.

The Committee commented on the proposed specification for the role and this informed the advert that was launched in August. Shortlisting will take place in September with a view to interviews taking place in October and approval of the Council being sought at the December meeting.

4. Future meeting

The agenda for the June meeting had been full. Future meetings would consider (a) agreeing a possible process description for undertaking Chair and NED appraisal process for the future; and (b) reviewing NED payments against benchmarks against other Trusts.
Roger Paffard  
Chair, Chair of the Council of Governors & Governors governance working group, Vice Chair KHP board, Chair Nominations committee, Member of FPC & Quality Sub Committee, KCH stakeholder governor

A. To be a high-performing Chair of the Trust, including by -
   a. providing strong and effective leadership and strategic direction to the Board;
   b. providing support and challenge to the Chief Executive, ensuring that the Chief Executive and his team are held to account for the delivery of the Trust’s plans and strategies;
   c. providing strong and effective leadership as Chair of the Council of Governors and building constructive relations with Governors;
   e. staying fully up to date with developments in the sector;
   f. acting as an ambassador for the trust and building strong partnerships across the healthcare economy;
   g. ensuring that the Board acts in the best interests of services users, their family, carers and the wider public.

B. To support and monitor the Trust’s plans, with a focus on:
   1) BME inclusion
      Championing the work to deliver a step change in the treatment of BME staff within the Trust, including by providing scrutiny and support to the Chief Executive and his team with regards to a package of measures to deliver marked improvements to –
      a) the number of BME staff at Band 8c and above,
      b) the staff survey measures on satisfaction, career opportunities and discrimination amongst BME staff,
      c) the number of BME staff being mentored, in secondments or acting up, and
      d) a reduction in the number of disciplinary proceedings being brought against BME staff.

   2) Quality and Improvement
      a) Acting as a champion for the QI programme and ensure that the NEDs each play a part in the leadership walkarounds.
      b) Supporting and challenging the Chief Executive and his team in their work to ensure that the QI programme is recognised as having delivered tangible improvements to the quality, culture and service-user/carer engagement and co-production across the Trust.
      c) To support the development of the QSC so it can fulfil its terms of reference and provide assurance to the Board on the delivery of the Trust’s quality strategy

   3) Finances & Strategy
      To support the Chief Executive to:
a) Deliver the budget and control totals agreed with NHSI in 2017/8;
b) Secure a sound & sustainable financial platform for the Trust over the
coming year and future planning cycles;
c) Agree an ambitious long-term estates modernisation programme,
securing buy-in and support for the proposals by stakeholders and staff by
April 2018.
d) Agree a new strategy that enables the Trust to be an internationally
outstanding mental health provider fuelled by our unique strengths in
research and development.

C. Partnerships
   a) Influencing the KHP Board to prioritise the “Mind and Body” agenda and
deliver fundraising initiatives that benefit the Trust.
   b) Supporting and championing the work of the South London Partnership to
ensure that the opportunities for effective collaboration and co-ordination
across South London are seized and effectively delivered.

D. Board Development
   a) Leading a new board development programme that builds on the progress
to date and enables the Board to operate as a high performing and
continuously improving Board as measured by 360 assessments as part
of the 2017/8 annual appraisals.
   b) Providing leadership to the Board on working in effective partnership with
the South London MHC Partnership, the Kings Health Partnership, our
CCGs, STPs and others.

Objective shared by all Non-Executive Directors:
To be an effective Non-Executive Director of the Trust, including by –
a. Regularly attending Board meetings, Governor meetings and relevant
Committee meetings;
b. Preparing effectively for meetings by reading the papers closely and
preparing thoughts and ideas in advance;
c. Staying up to date with developments in the sector and undertaking relevant
training;
d. Identifying suitable opportunities for engaging with Governors and enabling
them to effectively uphold their role of holding Non-Executive Directors to
account;
e. Making effective contributions at Board meetings and elsewhere with a view
to:
   - providing appropriate scrutiny, support, strategic thinking, stretch and
   stewardship;
   - holding the Chief Executive and his team to account; and
   - ensuring that the Board acts in the best interests of services users, their family,
carers and the wider public.
1. **Dr Julie Hollyman**

*Deputy Chair & SID, Chair of Mental Health Act committee, Member of Quality Sub Committee & Charitable Funds Committees, Chair of Remuneration Committee & Member/Support to Nominations Committee.*

**To support and monitor the Trust’s plans, with a focus on:**

1) **PPI**

Supporting the new Director of Nursing in developing and delivering an effective Patient and Public Involvement policy and Oversight Committee that ensures that exemplifies best practice in its involvement of service users, their friends, families, carers and members of the public.

2) **Quality**

As a member of the QSC, to support the development of the committee so it can fulfil its terms of reference and provide assurance to the Board on the delivery of the Trust’s quality strategy

3) **Trust wide Mental Health Law Committee**

Chairing the Trust-wide Mental Health Law Committee with a view to it ensuring that the use of the Mental Health Act and the Mental Capacity Act are actively monitored within SLaM. Guiding the work of the Associate Hospital Managers including appraising the Lead Associate Hospital Managers and ensuring that deficiencies in performance are addressed.

4) **Supporting the Trust’s corporate objectives**

Championing and supporting –
- the Quality Improvement programme
- the Chair and the Chief Executive’s ambitions to deliver a step change in the engagement of all staff in general and of BME staff in particular within the Trust;
- effective learning from serious incidents and deaths; and
- effective partnership working with the South London Partnership, the Kings Health Partnership, the South London STPs, our CCGs and local authorities.

2. **Alan Downey**

*Chair of Charitable Funds committee, Member of BDIC & FPC*

**To support and monitor the Trust’s plans, with a focus on:**

1) **Charity Committee and the Maudsley Charity**

Supporting the Chief Executive of the Charity in:

a) Developing robust plans for independence that work for both the Trust and the Charity for the future;

b) Defining and delivering the most effective leverage and contribution to the 3 major KHP projects and the SLAM real estate plan within available resources.
2) **BDIC & Commercial**

Providing support and scrutiny to the Real Estate Strategy development including the oversight of advice, the optimisation of resources and the impact of financial sustainability.

Supporting June Mulroy in taking over the Chair of BDIC and supporting close and effective working with the Finance and Performance Committee.

3) **Supporting the Trust's corporate objectives**

Championing and supporting –
- the Quality Improvement programme
- the Chair and the Chief Executive’s ambitions to deliver a step change in the engagement of all staff in general and of BME staff in particular within the Trust;
- effective learning from serious incidents and deaths; and
- effective partnership working with the South London Partnership, the Kings Health Partnership, the South London STPs, our CCGs and local authorities.

3. **Mike Franklin**

*Support for Governors Membership and Involvement Working Group, new member of the Remuneration / Workforce Committees*

**To support and monitor the Trust's plans, with a focus on:**

1) **Membership and Involvement Working Group**

Supporting the Governors in developing and involving the membership of the Trust and improving its communication with different constituencies, including overseeing and promoting the involvement and social responsibility activities of the membership.

2) **Workforce**

Supporting the HR director and the Chairs of the Workforce and Quality committees to develop and improve our strategies for workforce development and reward.

Working with the Chair and the CEO to develop and monitor a strategy that delivers a step change in our treatment and development of BME staff.

Supporting the Freedom to Speak Up champion to deliver a culture where staff feel more able to raise concerns and challenges.

3) **Supporting the Trust's corporate objectives**

Championing and supporting –
- the Quality Improvement programme
- the Chair and the Chief Executive’s ambitions to deliver a step change in the engagement of all staff in general and of BME staff in particular within the Trust;
- effective learning from serious incidents and deaths; and
- effective partnership working with the South London Partnership, the Kings Health Partnership, the South London STPs, our CCGs and local authorities.
4. Duncan Hames  
Chair of Audit Committee, Member of Charitable Funds Committee, NED representative for SLAM at the South London Partnership Board

To support and monitor the Trust's plans, with a focus on:

1) Audit Committee
   a) Chairing the work of the committee in seeking assurance as to the integrity of financial reporting, and the adequacy of financial controls including counter-fraud measures.
   b) Reviewing the operation of the Board Assurance Framework, and management of corporate risks.
   c) Overseeing the Trust's compliance with NHS Improvement's financial and governance reporting.

2) South London Partnership Board
   Playing an active part in the governance of the South London Partnership with a view to ensuring that the opportunities for effective collaboration and co-ordination across South London are seized and delivered.

3) Supporting the Trust’s corporate objectives
   Championing and supporting –
   - the Quality Improvement programme
   - the Chair and the Chief Executive’s ambitions to deliver a step change in the engagement of all staff in general and of BME staff in particular within the Trust;
   - effective learning from serious incidents and deaths; and
   - effective partnership working with the South London Partnership, the Kings Health Partnership, the South London STPs, our CCGs and local authorities.

5. June Mulroy
Chair of FPC, Chair of BDIC, Member of Audit Committee, Member of Charitable Funds & Remuneration Committees

To support and monitor the Trust’s plans, with focus on:

1) FPC & BDIC
   Taking over the Chair of the Business Development and Investment Committee and ensure effective join-up with the work of the Finance and Performance Committee.
   Supporting the Director of Strategy and Commercial and the Director of Human Resources to design and deliver an effective Education and Training Strategy.
   Supporting the Director of Strategy and Commercial in the context of the Real Estate Strategy development; including the oversight of advice, the optimisation of resources and the impact on financial sustainability.
   Supporting the CFO in developing the Trust’s capacity to deliver the significant infrastructure & efficiency targets in the budget and bringing to the board’s attention any need for remedial or recovery action as early as possible.

2) NHSI
Supporting the Executive team in their delivery of the NHSI performance targets and control totals.

3) Supporting the Trust's corporate objectives

Championing and supporting –
- the Quality Improvement programme
- the Chair and the Chief Executive’s ambitions to deliver a step change in the engagement of all staff in general and of BME staff in particular within the Trust;
- effective learning from serious incidents and deaths; and
- effective partnership working with the South London Partnership, the Kings Health Partnership, the South London STPs, our CCGs and local authorities.

6. Anna Walker
Chair of Quality Sub Committee, Member of Audit Committee, Support to Governors Quality Committee

To support and monitor the Trust’s plans, with a focus on:

1) Quality Committee

a) Chairing the Quality Sub Committee to ensure effective oversight of quality, workforce (if appropriate) & assurance improvement;
b) Improving the processes, membership, reporting methods and discussion at the Committee.
c) Holding the Executive team to account for the provision of high-quality information, reports and papers to the Committee;
d) Ensuring the Committee focusses on the key quality issues and those attending it find it helpful;
e) Working with the Governors Quality working group to improve constructive challenge and dialogue and focus on key issues.

2) Risk Assurance Framework

In conjunction with the Chair of Audit, monitoring the development of the Board Assurance Framework and management of Quality and staffing risks where those remain the responsibility of the QSC.

3) Supporting the Trust’s corporate objectives

Championing and supporting –
- the Quality Improvement programme
- the Chair and the Chief Executive’s ambitions to deliver a step change in the engagement of all staff in general and of BME staff in particular within the Trust;
- effective learning from serious incidents and deaths; and
- effective partnership working with the South London Partnership, the Kings Health Partnership, the South London STPs, our CCGs and local authorities.
**COUNCIL OF GOVERNORS – SUMMARY REPORT**

<table>
<thead>
<tr>
<th>Date of meeting:</th>
<th>19 September 2017</th>
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</thead>
<tbody>
<tr>
<td>Name of Report:</td>
<td>Governance committee report</td>
</tr>
<tr>
<td>Author:</td>
<td>David James, Trust secretariat</td>
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<tr>
<td>Presented by:</td>
<td>Roger Paffard, Chair</td>
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</tbody>
</table>

**Purpose of the report:**

To receive the Governance Committee report and decide that it should be dissolved.
Governance Committee

The Governance Committee formally met on Tuesday 5th September 2017. Areas discussed were:

Travel Expenses Policy

Previously there had been no policy in place regarding Governor travel expenses and this led to some confusion as to what could and could not be claimed by Governors. It was thought this clarification would be of assistance to and in some cases it would encourage appropriate claims where previously none had been made.

It was agreed that the document prepared by the Director of Corporate Affairs (at Annex 1) and seen by the meeting of Governor Group Chairs would go forward to the June Council of Governors for approval and if approved subsequently inserted into the Governors Handbook.

Recommendation 1: The Governors Travel Expenses policy (as attached) to be inserted into the Governors Handbook.

Governance Review

In the Code of Governance, it states that: Council of Governors should periodically assess their collective performance and they should regularly communicate to members details on how they have discharged their responsibilities, including their impact and effectiveness on: contributing to the development of forward plans of the NHS Foundation Trust.

Currently, the majority of Foundation Trusts use a questionnaire sent to all governors on an annual basis requesting feedback on how effective they believe the Council has been in discharging its functions, including holding NEDs to account. A smaller number of Foundation Trusts get feedback from Group or Committee Chairs and use that as a basis for a report to the CoG which subsequently informs the membership of CoG effectiveness.

The Committee were in favour of a process that would start with Governor Working Groups and Committees reviewing their effectiveness and activities. A summary of the information gathered from that exercise would be sent to Governors and an opportunity to provide additional information and reflections would be offered as part of the Annual Governors’ Survey. This would inform a draft Governors Review of the Year which would go to the June 2018 CoG meeting for approval and subsequent circulation at the Annual Members meeting.

Code of Conduct

Two changes were proposed to the document and signature sheet. The first related to the need for the Trust to be able to carry out appropriate checks to verify information provided by Governors during the election process about constituency membership. Newly elected Governors would be asked to consent, as part of their consent to the Code of Conduct, to
the Trust verifying the information provided on the election form, e.g. that a stated service had been accessed during a stated year. In such circumstances, the verification would involve the membership office approaching the privacy manager to establish the Governor’s status as a service user on a yes / no basis. It would not involve any further exploration of the records.

It is proposed that the signature sheet attached to the Code of Conduct should have the following words added:

“I consent to the Trust verifying the information stated on the election nomination form pertaining to my membership constituency. Such a check would be strictly limited to verifying the stated information and would not involve any further examination of the records.”

The Assurance was sought by the Committee was that this process would be applied to all Governors within the relevant constituency and the information gained was only for confirmation purposes. The Committee was assured that the process would apply to all Governors and the detail sought was only for confirmation purposes and no detail beyond that offered by the Governor regarding their constituency would be sought.

It was agreed that the amendments to the Code of Conduct should go to the CoG for approval and if approved insertion into the Governors Handbook.

The second proposed change was to bring together the two different sections within the Code of Conduct that are separately entitled Confidentiality.

**Recommendation 2:** The Code of Conduct and signature sheet be amended as described above and the Governors Handbook updated accordingly.

**Guidance for Governor/NED Questions**

The Committee were presented with the suggested new guidelines which reflected the increased NED attendance at Governor Groups and its positive effect in terms of NED/Governor interaction and responsiveness.

The proposed new process recognised that NED attendance at Governor Groups and meetings allowed for greater access and swifter response to queries and questions. The new guidelines suggest that all questions to NEDs now go through individual Groups, Committees or meetings where NEDs and governors formally meet. As all governors are entitled to attend all Groups there is no barrier to access. Only if this process fails or responses are felt to be inadequate would the Chair of the Group/Meeting refer the question to the Board Secretary for a response which would be logged. Reports of such queries would be reported to the CoG.

The Committee were in agreement that the suggested process should go forward to the CoG for approval. They also noted that the NED/Governor meetings provided a useful forum for questions to be raised and discussed in detail.
Update on outstanding Governor Questions

The paper advised the Committee that all outstanding questions/clarifications had been reviewed with the Lead and Deputy Lead Governors and it had been agreed a significant number were now closed. The remainder, referring to Governor involvement with the membership and the public, would be referred to the Membership and Involvement Group.

Future of the Governance Committee

The Committee were of the view that with new governance structures within the Trust in place, including quarterly meetings between NEDs and Governors and regular meetings of the Group Chairs with the Director of Corporate Affairs, there was no longer a need for the Committee to continue in its present form.

Therefore, it was agreed that subject to the Council of Governors approval the Committee would cease to meet. Relevant issues related to governance would now be discussed at the regular meetings between the Chairs of Governor Groups and the Director of Corporate Affairs, with appropriate issues being brought to the Council or to other duly authorised groups. Issues in relation to the membership and how Governors and members can be involved and assist with Trust activities fall under the remit of the Membership and Involvement Group. Questions to NEDs would be addressed within individual Governors Groups where they would be minuted both in terms of the query and the response.

The Committee noted that a substantial programme of work had been undertaken to ensure that the Trust’s governance arrangements reflected best practice and provided appropriate support to Governors. The Committee acknowledged the considerable contribution that a number of key former governors made who supported the development of improved governance processes and procedures.

**Recommendation 3:** After considerable and excellent work, the Committee should now be dissolved.
GOVERNOR TRAVEL EXPENSES

Being a Governor at the Trust is not a paid position, but the Trust has agreed to reimburse the costs of your travel when you are fulfilling your Governor role.

Some general conditions will apply to all claims:

- The travel expenses must have been incurred while carrying out your Governor role (e.g. attending Council of Governors’ meetings).
- You will need to provide receipts for all claimed expenditure otherwise it will not be paid. This requirement does not apply to mileage, parking meters, and tube and train tickets where the ticket cannot be retained because of the barrier.
- You cannot claim expenses beforehand - you need to pay the costs and then get them reimbursed.
- All claims must be supported by a completed claim form. These can be obtained from Carol Stevenson. The payment will be reimbursed directly to your bank account.
- Claims need to be submitted promptly to the Trust Membership Office every month.
- The Trust will not reimburse travel to events open to the wider public or the full membership, unless it has been agreed that you will be attending the event in your role as a Governor.

WHAT CAN BE CLAIMED

Public Transport

The cost of standard class travel, on the assumption that you will have taken advantage of any available discount

Taxis

Taxis must only be used in an emergency or where you have a disability that would make the use of public transport impractical. Wherever possible, taxi usage must be approved in advance by the Director of Corporate Affairs and booked on your behalf by the Trust. Any disability or medical grounds must be supported by a doctor’s note. Taxi use may be approved in other exceptional circumstances on a case by case basis.

Private Transport

Mileage is paid at 45p/mile. This rate is current at June 2017 but is subject to change from time to time.

Please be aware that if you claim a mileage allowance, you may be liable to income tax on any payments you receive for mileage in excess of 40p per mile. It is your responsibility to independently declare any tax liability. You remain liable for ensuring your private vehicle is appropriately insured.

Parking

You should contact the Trust Membership Office to book a hospital parking place in advance when driving to a Trust site as part of your Governor role, rather than paying for parking. Parking, for instance at a station if the journey is by train, will be paid.
GUIDELINE FOR GOVERNOR QUESTIONS

1. Introduction:

1.1 This guideline should be read together with the Council of Governors Engagement Policy.

Requests for Information from NEDs

1.2 There are already a number of mechanisms in existence within the Trust for governors to receive or seek information from and to hold the Non-Executive Directors (NED) individually and collectively to account for the performance of the Board of Directors. This procedure does not replace other processes already in place, such as the Freedom of Information Act, PALS and Complaints procedures, which governors are able to use. Details of how to access these processes are given in section 3.0. At any stage of this procedure, a governor may refer their question to the FOI or PALS/Complaints procedure if they feel that it is appropriate to do so.

1.3 This procedure is designed to ensure that all governor questions are dealt with in an effective manner.

1.4 All questions initially should be dealt with within Governor Groups, Committees or at the quarterly Non-Executive Director (NED)/Governor meetings. NEDs assigned to Groups or Committees will be the first point of contact and if the NED is unable to attend the Chair of the Group will have the responsibility of sending queries to the relevant NED.

1.5 Only if the questions have not been responded to by the assigned NED within 15 working days or the relevant Group or Committee is dissatisfied with the response can the question be sent to the Board Secretary by the Chair. The Trust Board Secretary will maintain a log of all questions received from governors and the answers provided by the Trust.

2. Guideline for handling requests for information

2.1 Once received the Trust Board Secretary will log the details of each question and acknowledge receipt within two working days.

2.2 The Trust Board Secretary will review each question to determine whether the question can be responded to directly within 5 working days or placed on the Agenda of the next Council of Governors. If neither option is possible or required the question will be referred to a Non-Executive Director after ensuring the question is sufficiently clear and adequately describes the assurance being sought. Questions that do not sufficiently relate to the constitutional duties of the Council of Governors (CoG) may be returned. Equally, if the information is in the public domain the Board Secretary may guide the questioner to the appropriate source (e.g. the Trust Website).

2.3 If the question cannot be answered in 5 working days and it is not appropriate to add the query to the CoG agenda the Trust Board Secretary will identify the source of assurance that answers the question raised and allocate it to the relevant Non-

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1 Procedure approved in principle at Council of Governors meeting 10 December 2015
2 Council of Governors Engagement Policy, Section 3.9, holding to Account page 8
Executive Director. Their response should be issued within 20 working days of receipt.

2.4 In responding to questions or providing information for the agenda of a meeting in accordance with paragraph 2.3. If information is refused, the response from the Board Secretary shall include an explanation of the reasons for this refusal.

2.5 If the recipient(s) of the response is/are not satisfied with the detail or content they have received they should contact the Trust Board Secretary who will review the response and collate a clarification within 10 working days.

2.6 A record of queries raised by governors with the Trust Board Secretary and the responses provided will be reported at a future Council of Governors meeting.

3.0 Other Trust procedures

**Freedom of Information Act requests**

Any member of the public can make an official request for information, and this is handled in accordance with the Freedom of Information Act.

To make a request, Governors can email foi@slam.nhs.uk or write to the Information Governance Office at:

South London and Maudsley NHS Foundation Trust  
CR2 Clinical Records  
Maudsley Hospital  
Denmark Hill  
London SE5 8AZ

Tel: 020 3228 5174  
Fax: 020 3228 3132

**PALS and Complaints Procedures**

If a governor has a concern about the care, service or treatment that they or someone they are caring for are currently receiving, this can be discussed with the Trust’s Patient Advice and Liaison Service (PALS).

Our Patient Advice and Liaison Service (PALS) is a freephone telephone service where you can get advice and information about our services. PALS can help resolve any problems you might have, whether you’re a patient, carer or member of the public.

You can contact PALS by the free phone telephone number 0800 731 2864 or by email at pals@slam.nhs.uk.

If a Governor wishes to make a formal complaint you can contact the Trust’s Chief Executive or Complaints Department at:

Complaints Department, Maudsley Hospital,  
111 Denmark Hill  
London. SE5 8AZ  
Telephone: 020 3228 2444/2499
PROCEDURE FOR GOVERNOR QUESTIONS

Governor question(s) @ Group/Meeting
If no answer within 15 working days

NED Group Chair can refer the question to the TBS who will log and acknowledge receipt within 2 working days

Is the information in the public domain?

YES
TBS will guide the questioner to the appropriate source

NO

Can the question be answered in 5 working days or added to the agenda of a future CoG, working group or committee meeting

NO

If the recipient(s) is (are) not satisfied with the response they should contact the TBS who will discuss issue with the appropriate NED
Following NED approval, response issued to Group Chair within 20 working days

If the question is to be put on the agenda of a future CoG meeting the TBS will ensure the information will be provided with the agenda of the meeting

Following a NED review a final response should be issued within 10 working days.

TBS will organise a response and forward to NED for approval
COUNCIL OF GOVERNORS – SUMMARY REPORT

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<thead>
<tr>
<th>Date of meeting:</th>
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</thead>
<tbody>
<tr>
<td>Name of Report:</td>
<td>Chair’s Report</td>
</tr>
<tr>
<td>Author:</td>
<td>Roger Paffard, Chair</td>
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<tr>
<td>Presented by:</td>
<td>Roger Paffard, Chair</td>
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Purpose of the report:

To receive an update report from the Chair of the Trust including a diary summary for June and commentary for July and August.
Chair’s Report
September 2017

Summary

This report is an experiment. Attached is a June diary summary as in previous CoG papers. Instead of July & August diaries summaries, this review is an attempt to make the Chair reporting section more relevant in the light of the governor feedback survey – and requests to provide more “flavour” and chair perspective.

It would be helpful to get Governor feedback to steer future reports.

Highlights for June-August

The main priorities for the Board this last quarter have been:

i) Developing the strategic vision for the organisation to build on the exciting £450m real estate strategy that will see our footprint transformed in the next 13 years with (for example) the Maudsley site hosting a new inpatient unit, an institute for children & adolescent mental health and a centre for transformational informatics within the next 3-5 years.

ii) Workforce challenges with real concerns that our future workforce will only be sustainable if our current workforce feels much more engaged and loved – with key targets agreed to measure progress with staff engagement and staff retention.

iii) A renewed focus on BME engagement and agreement on specific steps to be taken to turn good intentions into reality through a re-energised BME network and specific targets to achieve in terms of staff engagement, disciplinaries & senior management representation.

iv) Negotiating our path through a changing NHS landscape with “STP” s; “CEP” s; new CQC regimes; “ACO” s and new forms of community partnership agreements. Whilst the acronyms are all confusing we are beginning to feel more confident that we can deliver good services for our population through a combination of developing “national & specialist services” on a South London footprint (approximately 20% of our current activity) and by actively pioneering new partnerships in our 4 boroughs (approximately 80% of our current activity).

“Golden moments” for me in the last 3 months have included:

i) Matthew and I visited Southwark Liaison services as part of our regular staff fora visits. They are experiencing a 30% increase in GP referrals with no additional funding or resources leading to an explosion of case-loads in a poor building environment that they are shortly to be “evicted” from by the Council. They remain cheerful and positive in extraordinarily challenging circumstances, but we need to bottom out why this is happening and find commissioning solutions with Southwark CCG and Local Authority for this important service.
ii) Many of us attended the celebration in Brixton for Jacqui Dyers’ well-deserved MBE for services to campaigning for improvements in access and equity to mental health for the BME community. A joyful occasion, which gave real hope that progress is and can be made, whilst recognising that there is still a long way to go.

iii) As part of the regular NED/Governor visits we visited Lambeth addictions services and met both the leaders, the staff and active and engaged service user peer support workers. They are an amazing team that have responded to significant budget reductions with some innovative partnerships with voluntary sector and service user groups. An inspiration.

Priorities for Sept-January

The autumn is often the busiest time for Boards in the NHS. The priorities for the next few months include:

i) The development of new models and partnerships in our 4 Boroughs. The immediate priority is the Lambeth partnership which is aiming to be live by April 2018, but there are active conversations in all 4 boroughs. We believe this provides the best opportunity to develop mental health services and protect them from future financial pressures – but will challenge our current organisation & structures.

ii) Board development and succession planning – including the impossible task of recruiting Dr Julie Hollyman’s successor.

iii) PPI and External Engagement Strategies developed & agreed.

iv) Achieving financial balance in a very challenging environment, with £27m CIP (cost improvement plan) savings and £9m QIPP (Quality, Innovation, Productivity and Prevention) savings to be delivered in year, as well as increasing activity pressures.
## Diary Summary – Roger Paffard, Chair – June 2017

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<thead>
<tr>
<th>Date</th>
<th>Meeting/Event</th>
<th>Purpose</th>
<th>Outcome</th>
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<tbody>
<tr>
<td>5th June</td>
<td>Rachel Evans, Director of Corporate Affairs</td>
<td>Governance</td>
<td>Progress review</td>
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<tr>
<td>6th June</td>
<td>Matthew Patrick, Chief Executive</td>
<td>Strategy &amp; Governance</td>
<td>Progress review</td>
</tr>
<tr>
<td></td>
<td>Stephen Docherty, Chief Information Officer</td>
<td>Strategy</td>
<td>Exploring potential for digital exemplar status award</td>
</tr>
<tr>
<td></td>
<td>Kris Dominy, Chief Operating Officer</td>
<td>Strategy &amp; Governance</td>
<td>Informal progress review operations</td>
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<td>Louise Hall, Director of HR</td>
<td>Strategy &amp; Governance</td>
<td>Informal progress review hr</td>
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<tr>
<td></td>
<td>Anna Walker, Non-Executive Director</td>
<td>Strategy &amp; Governance</td>
<td>Progress review with Chair of Quality sub committee</td>
</tr>
<tr>
<td>7th June</td>
<td>KHP Joint Governors Meeting</td>
<td>Governor Relations</td>
<td>Joint Governors meeting hosted by Guys &amp; Thomas's. Less effective than recent events hosted by SLaM &amp; Kings College Hospital with several suggestions agreed with governors attending for improvements in both content and environment in the future.</td>
</tr>
<tr>
<td>7th June</td>
<td>Saxton Bampfylde – headhunters retained to recruit new trustees to the independent Maudsley Charity</td>
<td>Governance</td>
<td>Briefing on charity independence objectives and potential roles/profiles for independent trustees</td>
</tr>
<tr>
<td></td>
<td>June Mulroy – Non-Executive Director</td>
<td>Strategy &amp; Governance</td>
<td>Progress review with Chair of Finance &amp; performance and Business development committees</td>
</tr>
<tr>
<td>8th June</td>
<td>Julie Hollyman, Non-Executive Director</td>
<td>Strategy &amp; Governance</td>
<td>Progress review with deputy chair and senior independent director</td>
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<tr>
<td></td>
<td>Clara Martins de Barros – New service user governor</td>
<td>Governor relations</td>
<td>Induction and introduction for newly appointed governor</td>
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<td></td>
<td>Board Development Meeting</td>
<td>Strategy &amp; Governance</td>
<td>Deep dive on progress on strategic plans and external NHS environment</td>
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<td></td>
<td>Council of Governors Meeting</td>
<td>Governance &amp; Governor relations</td>
<td>See minutes</td>
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<tr>
<td>12th June</td>
<td>June Mulroy, Non-Executive Director</td>
<td>Board development</td>
<td>Annual Review – follow up and part 2</td>
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<td>Business Development &amp;</td>
<td>Strategy &amp; Governance</td>
<td>See minutes</td>
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<tr>
<td>Date</td>
<td>Event</td>
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<tr>
<td>Investment Meeting</td>
<td>Finance &amp; Performance Committee</td>
<td>Strategy &amp; Governance</td>
<td>See minutes</td>
</tr>
<tr>
<td>Nominations Committee Prep Meeting</td>
<td>Board development</td>
<td>See minutes</td>
<td>Planning for annual reviews of Chair &amp; NED performance and board succession planning</td>
</tr>
<tr>
<td>Matthew Patrick, Chief Executive</td>
<td>Strategy &amp; Governance</td>
<td>See minutes</td>
<td>“Have your say” staff forum with Matthew Patrick. Lively debate with several suggestions to improve working conditions and staff engagement</td>
</tr>
<tr>
<td>13th June</td>
<td>Staff Fora – Reablement Service 27-29 Camberwell Road</td>
<td>Staff Relations</td>
<td>“Have your say” staff forum with Matthew Patrick. Lively debate with several suggestions to improve working conditions and staff engagement</td>
</tr>
<tr>
<td>Michael Holland, Medical Director</td>
<td>Strategy &amp; Governance</td>
<td>Informal progress review</td>
<td>Leading NHS annual conference with key note addresses from Jeremy Hunt Sec of State, Jim Mackey chief exec of NHSI &amp; Sir Simon Stevens chief exec of NHSE</td>
</tr>
<tr>
<td>14th June</td>
<td>NHS Confederation Annual Conference Liverpool</td>
<td>Strategy &amp; Governance</td>
<td>Informal progress review</td>
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<tr>
<td>15th June</td>
<td>NHS Confederation Annual Conference Liverpool</td>
<td>Strategy &amp; Governance</td>
<td>Session with Stephen Docherty on SLaMs role as a digital exemplar; and notable workshops on BME networks; diversity &amp; inclusion in the workforce; innovations in community healthcare; new models of commissioning.</td>
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<tr>
<td>14th June</td>
<td>NHSI London Chairs networking event</td>
<td>Strategy &amp; Governance</td>
<td>Seminar focussing on workforce and financial challenges in the NHS in London. Exploring the role of STPs and CEPs in future decision making.</td>
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<tr>
<td>19th June</td>
<td>London Mental Health Chairs Group</td>
<td>Strategy &amp; Governance</td>
<td>Regular quarterly meeting of the Chairs of London’s mental health trusts. Useful forum for comparing common challenges and concerns this time focussing on workforce.</td>
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<tr>
<td>South London Mental Health Chairs Meeting</td>
<td>Strategy &amp; Governance</td>
<td>See minutes</td>
<td>Regular quarterly meeting with Chairs of partner organisations (Oxleas &amp; South West &amp; St Georges)</td>
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<tr>
<td>Rachel Evans, Director of Corporate Affairs</td>
<td>Governance</td>
<td>See minutes</td>
<td>Regular quarterly meeting with Chairs of partner organisations (Oxleas &amp; South West &amp; St Georges)</td>
</tr>
<tr>
<td>Matthew Patrick, Chief Executive</td>
<td>Strategy &amp; Governance</td>
<td>See minutes</td>
<td>Helpful “State of the NHS nation” briefing &amp; review. Opportunity to input into the future of CQC inspections and CEPs (Capped Expenditure Partnerships within certain financially challenged STPs)</td>
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<td>20th June</td>
<td>NHS Provider Chair &amp; CEO Meeting</td>
<td>Strategy &amp; Governance</td>
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<tr>
<td>Date</td>
<td>Event</td>
<td>Responsibility</td>
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<tr>
<td>21st June</td>
<td>Prime Ministers Race Disparity Audit, Cabinet Office</td>
<td>Julie Hollyman, Non-Executive Director</td>
<td>Succession planning and briefing on annual chair review ahead of Nominations Committee</td>
</tr>
<tr>
<td>22nd June</td>
<td>Rachel Evans, Director of Corporate Affairs</td>
<td>Beverley Murphy, Nursing Director</td>
<td>Succession planning and briefing on annual chair review ahead of Nominations Committee</td>
</tr>
<tr>
<td>26th June</td>
<td>Dr Nicola Byrne, deputy medical director</td>
<td>Matthew Patrick, Chief Executive</td>
<td>Introduction to new role as deputy medical director</td>
</tr>
<tr>
<td>27th June</td>
<td>Audit Committee</td>
<td>Matthew Patrick, Chief Executive</td>
<td>Progress review</td>
</tr>
<tr>
<td>28th June</td>
<td>Nominations Committee</td>
<td>Matthew Patrick, Chief Executive</td>
<td>Attendance as an observer</td>
</tr>
<tr>
<td>29th June</td>
<td>Informal Lead &amp; Deputy Lead Governor/Chair's Meeting Jenny Cobley, Brian Lumsden &amp; Rachel Evans</td>
<td>Matthew Patrick, Chief Executive</td>
<td>Annual review of NED performance and succession planning for recommendations to September Council of Governors Council</td>
</tr>
<tr>
<td></td>
<td>Agenda Review – July Board – Rachel Evans, Director of Corporate Affairs</td>
<td>Matthew Patrick, Chief Executive</td>
<td>Regular progress review</td>
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</tbody>
</table>
COUNCIL OF GOVERNORS – SUMMARY REPORT

<table>
<thead>
<tr>
<th>Date of meeting:</th>
<th>19 September 2017</th>
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<tbody>
<tr>
<td>Name of Report:</td>
<td>Chief Executive’s Report</td>
</tr>
<tr>
<td>Author:</td>
<td>Matthew Patrick, CEO</td>
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<tr>
<td>Presented by:</td>
<td>Matthew Patrick, CEO</td>
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</tbody>
</table>

Purpose of the report:

To provide an update from the Chief Executive on key developments affecting the Trust.
It is a tremendously busy time in the NHS, with organisations working hard to deliver their control totals while managing demand and planning for the future. I am grateful to staff throughout the Trust who are working extremely hard to deliver and managing busy workloads.

1. **Staff Engagement – Quality Improvement event**

Staff across the Trust came together for a well-attended Quality Improvement workshop on 5th September to explore how we can improve staff engagement and staff experience within SLaM. We know that engagement directly affects the day-to-day experience of our staff at work, their commitment to building a career in the organisation and their pride in their work.

It was an energetic and productive afternoon that generated numerous excellent ideas. The ideas will be developed further by the Quality Improvement team and will inform a paper going to the Board on the 19th September.

2. **Nursing Development Programme**

The Directors of Nursing across Oxleas, SLaM and South West London and St George’s (Jane Wells, Beverley Murphy and Vanessa Ford) are leading together a Nursing Development Programme, which will improve and build career opportunities for nurses across the three trusts, and help to address the challenges in attracting and recruiting nurses.

This exciting new Programme is being rolled-out with funding support from Health Education England. The three Trusts are working together to learn from each other, and from other Trusts, to design nursing roles that support high-quality care and are as positive and fulfilling for the job-holder as possible. The Programme was launched in July.

3. **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 will 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 CCG and Local Authority launched their procurement process in early March by inviting interested Alliances to submit an Expression of Interest. SLaM, the Local Authority, Thames Reach and Certitude formed an Alliance to bid for the LWN Alliance contract, and submitted a joint response. We were delighted to hear over the summer that the Commissioners have chosen our Alliance to move into next stage of negotiation.

4. CQC re-inspection of Community services

The Care Quality Commission undertook an inspection of our Community services in the week commencing 17th July. The inspection covered Assessment and Liaison, Promoting Recovery and Early Intervention Services. This inspection had been expected and teams have been preparing for some time. The final report is expected in the next few weeks and information will be sent to Governors as soon as it is available.

5. Top of NIHR league for recruiting people into research studies

We are proud to have once again topped the National Institute for Health Research (NIHR) research recruitment league table, running more research studies (89) than any other mental health trust in the country. We are also the country’s third highest performing mental health trust in terms of numbers of people recruited into studies.

The figures were released by the NIHR Clinical Research Network as part of its annual Research Activity League Table, which details how much clinical research is happening, where, in what types of trusts, and the number of trial participants. Over the last five years, the NIHR has recruited more than 3.1 million participants into clinical research studies, enabling more patients to benefit from improved care. Beyond our trust, the figures show that people in south east London are benefitting from more participation in clinical research due to the excellent performance of local NHS organisations.

6. Interim HR Director

I am pleased to introduce our new interim Human Resources Director – Sally Storey. Sally is an experienced Human Resources Director who has worked at board level within the NHS for over 16 years. Her most recent role was as HR Director and her previous roles have included St Georges, Sussex Community and Bournewood Community and Mental Health trusts. I know that you will join me in making her feel very welcome.

Dr Matthew Patrick
Chief Executive