Trust Board - Part A November 2023

09 November 2023 10:45 AM - 01:30 PM London Standard Time

NHS South West London and St George's Mental Health NHS Trust

Agenda Topic — Page

South West London and St George's Mental Health NHS Trust

AGENDA

Meeting	**Board of Directors – Part A**
Time of Meeting	**10:45am to 1:30pm**
Date of Meeting	**Thursday 9th November 2023**
Location	**Conference Room B, Trinity Building, Springfield Hospital**

	PART A		**Format**	**Lead**	**Time**
1.	**PATIENT STORY**		**Paper**	**AB**	**10:45**
2.	**STANDING ITEMS**			**AB**	**11:05**
	2.1. Apologies	**FN**			
	2.2. Declarations of interests and register https://www.swlstg.nhs.uk/about-the-trust/trust-board/board	**FR**			
	2.3. Chair's actions 2.3.1. Revised terms of reference for the Modernisation Committee (formerly the Estates Modernisation Committee). 2.3.2. Digital Strategy.	**FE**			
	2.4. Minutes of the meeting held on 14th September 2023	**FA**	**Paper**	**AB**	
	2.5. Action tracker	**FE**	**Paper**	**AB**	
3.	**CHAIR'S and CHIEF EXECUTIVE'S REPORTS**				
	3.1. Chair's report	**FR**	**Paper**	**AB**	**11:15**
	3.2. Chief Executive's report	**FR**	**Paper**	**VF**	**11:25**
4.	**INCREASING QUALITY**				
	4.1. Quality and Safety Assurance Committee chair's report	**FR**	**Paper**	**JW**	**11:40**
	4.2. Quality and Performance report	**FD**	**Paper**	**JeA**	**11:45**
	BREAK				**12:05**
5.	**MAKING THE TRUST A GREAT PLACE TO WORK**				
	5.1 People Committee chair's report	**FR**	**Paper**	**SA**	**12:20**
6.	**ENSURING SUSTAINABILITY**				
	6.1. Finance and Performance Committee chair's report	**FR**	**Paper**	**VS**	**12:35**
	6.2. Monthly finance and savings reports	**FD**	**Paper**	**PM**	**12:45**
	6.3. Modernisation Committee chair's report	**FR**	**Paper**	**JuA**	**12:50**
	6.4. Audit Committee chair's report	**FR**	**Verbal**	**RF**	**13:00**
	6.5. Corporate objectives quarterly report	**FR**	**Paper**	**AS**	**13:10**
7.	**NOTIFIED QUESTIONS FROM THE PUBLIC AND STAFF**	**FD**	**Verbal**	**AB**	**13:20**
8.	**MEETING REVIEW**	**FD**	**Verbal**	**AB**	**13:25**
9.	**Next Trust Board business meeting in public – 11th January 2024** – Conference Room B, Trinity Building, Springfield Hospital				
	SERVICE VISITS **2:00pm – 4:00pm**				

Attendees:

Ann Beasley (AB)	Chair
Sola Afuape (SA)	Non-Executive Director, Vice Chair
Richard Flatman (RF)	Non-Executive Director, Senior Independent Director
Juliet Armstrong (JuA)	Non-Executive Director
Prof Charlotte Clark (CC)	Non-Executive Director
Vik Sagar (VS)	Non-Executive Director
Jonathan Warren (JW)	Non-Executive Director
Humaira Ashraf (HA)*	Associate Non-Executive Director
Vanessa Ford (VF)	Chief Executive
Dr Billy Boland (BB)	Medical Director
Sharon Spain (SS)	Director of Nursing and Quality Standards
Philip Murray (PM)	Director of Finance and Performance
Jennifer Allan (JeA)	Chief Operating Officer
Amy Scammell (AS)*	Director of Strategy, Transformation and Commercial Development
Katherine Robinson (KR)*	Director of People
Jenna Khalfan (JK)*	Director of Communications and Stakeholder Engagement
David Lee (DL)*	Director of Corporate Governance

In attendance:

Emma Whitaker (EW)	Deputy Director of Corporate Governance

Apologies:

*=non voting

South West London and St George's Mental Health NHS Trust

Trust Board

November 2023

Paper Reference:	
Report Title:	Service User Story
Executive Summary:	The Service User Story for November 2023 is being presented to the Board by Calum, who will share his experience of Burntwood Villas, which is a Rehabilitation and Step-Down Service, under the Trust's Specialist Service Line. This will give an insight to the care and treatment he has received as a resident and how this has impacted on his recovery journey. This story will highlight care pathways provided in the recovery journey through rehabilitation, step-down and re-skilling of life skills, for a return to the community. The importance is noted of listening to and evidencing the patient voice in the intrinsic processes and systems of collaborative care planning, recovery-focused interventions and treatment reviews. The story identifies key Patient Experience themes that are monitored under Trust and Service Line Quality Governance Groups, such as Patient/Service User Involvement, collaboration, co-production, gathering and acting on feedback and evidencing interventions and/or actions taken. This has been important for the service who have implemented vast improvements and learning, following external feedback from previous CQC visits. • Burntwood Villas is a 12-bed Inpatient Community Rehabilitation and Step-Down Unit, caring for male and female service users, either informal or who have been detained under the Mental Health Act, and require further care and treatment prior to moving into the community. The length of stay is from 6months up to 24months. Step-Down is to Redwood Villa:- • Redwood is a semi-independent property, which is a part of Burntwood Villas, located five minutes walk from the main villa and houses up to 4 male patients. Redwood Villas is not staffed, but staff from Burntwood Villas visit once per shift to check on the welfare of patients. Staff are present at Burntwood Villas at all times. Calum's experience highlights the rehabilitation and step-down care pathway, from referral, admission processes, environment and facilities, and most pivotal for recovery, the systems of engagement – support and treatment review sessions with the Named Nurse, Consultant Psychiatrist, all multidisciplinary (MDT) staff team and input from the Peer Support Worker. Calum has shared positive

feedback about all his interactions and the support he has been given; and he feels positive about a future in the community including attaining employment.

The story also highlights the value of supporting staff to achieve positive outcomes for patients/services users. The value to patients/services users when they are not just listened to but evidently feel listened to and are able to feed this back to the multidisciplinary team. This has provided Calum with the stability to have progressed to semi-independent living at Redwood Villa and accessing opportunities to give Talks at St George's University Hospital.

The Specialist Service Line and the service have provided good evidence actions in response to the patient experience, of how policies are embedded into practice and how improvements have been made; as well as maintained, from previous CQC and CQR visits. There is an active positive culture from the staff team of engaging with patients/service users and empowering residents through involvement, collaborative interventions and co-production. This has included support from the Peer Support Worker, in recovery focused interventions strengthened by lived experiences.

There will be oral presentations:

- A Talk from Calum

Attending will also be:

- Zaynah, Peer Support Worker
- Kwame Fumey, Team Manager
- Aileen OBrien, Consultant Psychiatrist

Specialist Service Line Management

- Daniel Ibukun, Clinical Manager
- Jean Pierre Foo Kune, Clinical Service Lead
- Rick Dalton, Deputy Head of Service Delivery
- Feizal Mohubally, Head of Service Delivery
- Tracey Ugbele, Head of Nursing and Quality Standards

The presentation emphasises the importance of patient/service user involvement and consistently gathering Feedback related to care and treatment, experiences within the service, experiences of engaging with staff/MDT, access to opportunities in the community including employment, life-skills and self-management, recovery focused collaborative planning and co-produced interventions.

Consent – Please note that consent has been provided to refer to Calum by his first name, in the written story and during the Board meeting, which should be respected.

-Should the meeting be recorded – Calum has consented.

-Rights are reserved for Calum to make any changes to this consent at any time.

Action Required:	The Board is asked to note the Service User/Patient Story relating to Burntwood Villas, based in Tooting near Springfield Village at the time of the care episode – under the Specialist Service Line.
Link to Strategic Objectives:	The Trust launched its five year Trust Strategy in 2018. The strategy 2018 – 2023 includes four strategic ambitions: • **Increasing quality years -** Quality Improvement and Innovation • **Reducing inequalities -** Service users and carers co-production • **Making the Trust a great place to work -** Staff underpin all that we do • **Ensuring sustainability -** Transformation These ambitions move the Trust to focus on outcomes, not processes and are held together by the mission – Making Life Better Together – which is at the centre of the Trust's work. This story links to all our strategic ambitions as the Trust recognises that the views of our service users/patients must not only be sought but evidenced to demonstrate that actions have been taken. The actions, improvements and sustained improvements are externally reviewed by regulatory bodies such as CQC. The Trust promotes service review, learning and improvement, which is effective through collaboration and co-production with our patients/service users and staff working in the services.
Risks:	Patient Safety is a domain of the Quality Strategy. Burntwood Villas staff have highlighted the need for more space which is overseen through Service Line Management.
Quality Impact:	Patient Experience is a domain of the Quality Strategy. Positive experience shared which evidence Quality Improvements by the service.
Resource Implications:	Calum's attendance in person has been facilitated through the Burntwood Villas Team and Specialist Service Line.
Legal/Regulatory Implications:	None. Consent elements have been facilitated by the Burntwood Villas Team Manager and discussed with the service user.
Equalities Impact:	The Board is asked to note of equality, diversity, and inclusion – learning identified from previous patient/service user stories to the Board, as part of the Trust's commitment to Reducing Health Inequalities for those who use our services. Equality, diversity, and inclusion has been considered through Calum's preference, in the first instance, to do a Talk about his experiences rather than write or read out. This opportunity has been provided and respected.
Groups Consulted:	Service User – who was supported by the Burntwood Villas Team Manager and staff team. Burntwood Villas Team, Team Manager, Consultant Psychiatrist, Peer Support Worker. Service Line Management Service Leads and Clinicians
Author:	Brenda Ndiweni, Experience and Governance Lead
Owner:	Sharon Spain, Executive Director of Nursing and Quality Standards

Making life better together

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Burntwood Villas Specialist Service Line

9th November 2023

Background

This month's patient story to the Board is being presented by Calum, who will share his experience of Burntwood Villas, which is under the Trust's Specialist Service Line. This will give an insight into the care and treatment he has received as a resident and how this has impacted on his recovery journey.

This story will highlight care pathways provided in the recovery journey and re-skilling for a return to the community. The importance is noted of listening to and evidencing the patient voice in collaborative care planning, interventions and reviews.

Burntwood Villas

Burntwood Villas is a 12-bed Inpatient Community Rehabilitation Step-Down Unit, caring for male and female service users, either informal or who have been detained under the Mental Health Act, and require further care and treatment prior to moving into the community. The length of stay is from 6months up to 24months.

The service is for male and female service users aged between 18-75, with complex needs and challenging behaviours. Referrals are accepted from locked rehabilitation units, out of area placements, forensic services and those who have repeated and long admissions to acute inpatient units suffering from severe mental illness, including schizophrenia, bipolar affective disorder, severe depression, personality disorder .

The team is comprised of medical, nursing, intermediate recovery support workers, peer support workers, occupational therapy, psychology, pharmacy input, clinical leads and service line management. The service works closely with the Integrated Care Board and the South London Partnership.

Recovery Approach in Step Down Services

The Trust Recovery Model promotes inpatient care interventions that use a recovery-focused approach. A Recovery Approach with supportive and therapeutic engagement at Burntwood Villas is evidenced by step-down to semi-independent living.

- Redwood is a semi-independent property, which is a part of Burntwood Villas, located five minutes walk from the main villa and houses for up to 4 male patients. Redwood Villas is not staffed, but staff from Burntwood Villas visit once per shift to check on the welfare of patients. Staff are present at Burntwood Villas at all times.

Treatment and support is directed towards enabling people to take back control over their lives, their problems, and the help they receive as far as possible and helping them to identify and access the opportunities they value in the community.

- Collaboration and co-production of understanding and shared decision making.
- Promoting the needs of people with mental health problems and reducing the stigma associated with mental health care.
- Actively involving the patient and their family in the assessment and planning of care and treatment, and wider Trust

Peer Support Work has been a pivotal part of care interventions.

Care and Treatment

Patients referred to the service receive a collaborative assessment of their recovery goals and mental health needs by the medical nursing and/or occupational therapy leads.

Care and Treatment cont'd

Following acceptance via the multidisciplinary referrals meeting, a holistic plan of the care and support is formulated for the care they will receive, which includes access to local primary care services.

Information about rights and what to expect is provided through discussion, a resident pack and orientation to the service. An explanation is provided about the step-down service routine and therapeutic activities in line with their identified needs.

Calum's Story

Experience of mental health services whilst resident in Burntwood Villas:

Good experiences on Burntwood Villas:

All the staff are great.
The doctors are really good.
I was given a lot of leave even when I was not a voluntary patient which was cool.
Everyone in the team listens to you.
I've had good times with other people who are residents here.
Everyone is very nice.
Everyone is helpful and always tries their best to help you.

Improvements:

- *I'm not sure if there is anything that could be improved on Burntwood to be honest.*

A Look Back at the service improvements over the last 12 months:

What Has Been Done

- The Trust values are the core focus of staff practice and the CQC domains inform staff practice.
- Training through Bitesize Teaching Sessions have improved patients care.
- Reflective Practice Group takes place once every month.
- The nursing team is fully staffed, and the vacant psychology post is out to advert to be recruited into.
- Weekly Care Planning Review meetings with patients include review of risk assessments and crisis plans.
- Least restrictive option interventions informs our practice and care delivery with patients' involvement.
- Collaborative discussions about informal admission are held with patients who wish to be taken off section.

A Look Back at the service improvements over the last 12 months:

What Has Been Done – cont'd

Consultant Psychiatrist Feedback: "I've known Calum for many years having provided episodes of care for him on the psychiatric intensive care unit (PICU), and have met his mother regularly, the continuity of care has been really helpful. It is encouraging seeing such a dramatic difference in him. I see him every two weeks and other times if needed for ongoing review of his recovery progress. He has worked really well with the team, especially our occupational therapist (OT) and peer support worker.
-Calum has assisted and been involved with giving talks at St George's University Hospital about his experience of being unwell and hopefully he will continue to do so once discharged"

- Robust risk assessment and effective risk management plans are discussed with patients in 1:1 engagement sessions and in the Care Plan Review meetings.
- Section 132 rights are discussed with patients.
- Patients are encouraged to use Section 17 leave daily.
- Patients regularly engage in weekly 1:1 sessions with their Primary Nurse.
- Collaborative Care plans are reviewed with patients, including risk assessments and crisis plans
- Weekly Care Plan Audits are completed with emphasis on identifying gaps in practice and having an action plan to support staff to improve practice.
- Improvement Audits are completed weekly with emphasis on quality and safe care provision.
- Weekly News2 Audits are completed with emphasis on maintaining a high standard of physical health care.
- Patients regularly engage in Community Meetings.
- Occupational Therapist have weekly 1:1 sessions with the patients at Redwood.
- Patients are encouraged to engage in unit and community outings daily.
- The Villa Environment is clean and tidy.
- Patients are encouraged and supported to tidy and clean their rooms.
- Housekeeper and nursing staff support patients who are not able to clean or tidy up.
- Infection Prevention and Control (IPC) protocols are followed, and Audits completed to ensure compliance.
- Lack of space impacts on service delivery.
- Signage/ information is displayed on the unit to support patients, staff and visitors.
- Patients are supported to provide Feedback, via the Feedback Live app.
- Feedback is provided via Siren and shared with the leadership team.
- Patients' family and carers are encouraged and invited to provide feedback (verbally/written).
- All complaints are taken seriously and managed, involving patients, their families or carers.
- All compliments are displaced on patient notice boards on the unit.

Burntwood Villas Staff Team Feedback on:

What Has Been Done

Peer Support Worker Feedback:
“Calum has engaged really well with 1:1 weekly peer support sessions where he has put in a lot of effort into identifying his goals around physical health, reading and work. During our support sessions, he has shown continuous commitment to building a life aligned to his values. ”

Burntwood Villas Staff Team Feedback:
“When at Burntwood Villas (BWV), Calum would be responsible for doing the shopping for the community meeting snacks.
-While at Redwood, Calum has been independently able to self-cater (shopping and cooking), manage his own medication and his finances.
-Calum joined a gym and has been encouraged to make this part of his routine.
-Calum has recently engaged with employment specialist service to explore getting back into paid work. ”

Next Steps and Way Forward

Dr Lola Velazquez Guerra, Clinical Director for the Specialist Service Line comment:

“We would like to extend our immense gratitude to Calum for taking the time to share his experience of our Trust Burntwood Villas service. It is inspiring to see how he has made great strides with his recovery and pleasing that he has attributed this to how the team has supported him.

Safe and effective care delivery is made possible by co-production and collaborative approaches. Our learning and improvement workstreams from previous internal and external quality and safety review visits have been more effective because of ensuing patients' views are consistently captured.

We are proud of the commitment from the staff in implementing recovery focused support in the service.”

The Service Line works closely with the Trust teams and other external agencies to continue to build upon the Recovery and Social Inclusion Model, by exploring a wide range of opportunities for patients to access and lead their optimal lives.

We continue to ensure that patient views and feedback is gathered as part of routine practice, which has created a positive culture for continuous co-produced learning. We ensure that improvements are monitored and evaluated, so as to provide quality assurances .”

Presentation by:

Service user: Calum

Attending from Service Line:
Zaynah, Peer Support Worker
Kwame Fumey, Team Manager
Aileen OBrien, Consultant Psychiatrist
Daniel Ibukun, Clinical Manager
Jean Pierre Foo Kune, Clinical Service Lead
Rick Dalton, Deputy Head of Service Delivery
Feizal Mohubally, Head of Service Delivery
Tracey Ugbele, Head of Nursing and Quality

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Board of Directors (Part A)

Draft minutes of the meeting held on Thursday 14 September 2023, 1.30pm to 4.00pm, Conference Rooms A and B, Trinity Building, Springfield Hospital.

Present:

Ann Beasley (AB)	Chair
Professor Deborah Bowman (DBo)	Vice Chair, SID and Non-Executive Director
Vik Sagar (VS)	Non-Executive Director
Sola Afuape (SA)	Non-Executive Director
Richard Flatman (RF)	Non-Executive Director
Charlotte Clark (CC)	Non-Executive Director
Jonathan Warren (JW)	Non-Executive Director
Humaira Ashraf (HA)	Non-Executive Director
Vanessa Ford (VF)	Chief Executive
Dr Billy Boland (BB)	Medical Director
Philip Murray (PM)	Director of Finance and Performance
Sharon Spain (SS)	Director of Nursing and Quality
Jennifer Allan (JeA)	Chief Operating Officer
Ian Garlington* (IG)	Integrated Programme Director
Jenna Khalfan* (JK)	Director of Communications and Stakeholder Engagement
Amy Scammell* (AS)	Director of Strategy, Transformation and Commercial Development
Katherine Robinson* (KR)	Director of People

*Indicates non-voting member

In attendance:

Shaun	Patient story
Anthea	Patient story
Brenda Ndiweni	Experience and Governance Lead
Charlotte Harrison	Clinical Director for Acute and Urgent Care Service Line
Gina Mogan	Matron for Acute and Urgent Care Service Line
Ramanah Venkiah	Deputy Head of Nursing and Quality Standards for Acute and Urgent Care Service Line
Michael Hever	Head of Nursing and Quality Standards for Acute and Urgent Care Service Line
Karen Persaud	Carers Involvement Co-ordinator
Shelley Ralls	Previous Domestic Violence and Abuse Lead/Lead Occupational Therapist
Emily Brunton	Deputy Head of Social Work
Leah O'Donovan (LOD)	Deputy Director of Strategy and Transformation
Suresh Desai	Staff side chair / Unison Branch Secretary
Emma Whitaker (minutes only)	Deputy Director of Corporate Governance

Apologies

Juliet Armstrong	Non-Executive Director
David Lee	Director of Corporate Governance

Item		Action
23/56	**Patient story** The patient story was presented by Shaun and Anthea, siblings of Michelle, a patient on Rose Ward who took their own life. Shaun and Andrea shared some lovely photos of their sister Michelle. Michelle was a very lively person who enjoyed singing and musicals when she was growing up. She started her own business and was a loving mother to her two sons.	

Item **Action**

Shaun and Anthea expressed that communication with the family should have been better, especially around involving the next of kin; and patient safety on the ward.

The Chair thanked Shaun and Anthea as the Board were grateful that they had felt able to come and share their story. Both the Chair and the CEO expressed how sorry they were. They acknowledged that aspects of the family's experience could have been better, and stated that the Trust have taken the family's feedback on board in helping to improve services going forwards.

23/57 Apologies and welcome
Apologies were received as listed above.

23/58 Declarations of Interest
DBo declared that her son is about to become a Trust employee next month in the Complex Emotional Needs Team.

23/59 Chair's action
There were no Chair's actions taken since the last meeting.

23/60 Minutes of the last meeting
The minutes of the meeting held on 13 July 2023 were approved as a correct record with one amendment:

- IG needed to be marked as a non-voting member in the attendance list.

23/61 Action Tracker
The action tracker was noted and updated as below:

23/40 – **Board and Committees to consider 2023/24 investment priorities** – The first cut of business cases were reviewed last week and ELT have asked for a refresh and consolidation of the ones to be taken forward. There would be a paper to the next ELT and to FPC at the end of September. Action to be closed and any investment priorities to be reported to the Board via the FPC Chair's report.

23/62 Chair's Report

Reported:
The Chair welcomed Non-Executive Director (NED), Jonathan Warren, and an Associate NED, Humaira Ashraf, to their first Board.

The Countess of Chester (COCH) murders and attempted murders were an awful thing to have happened. It had also changed the climate that all NHS staff were working in. The Board understood how difficult it had made things for all staff, who were already managing huge demand, reduced resources and lots of pressure. On top of this there was now a feeling that they were being looked on as not doing their jobs well. This would no doubt have a major impact on our staff. The Board and the Trust clearly needed to be alive to the possibility that things could go wrong in this context. The Board appreciated and recognised that the Trust had a group of dedicated, exceptional staff who, day in day out, do some fantastic things. The Board's aspiration was that we recognise when things go wrong and, provided people reacted reasonably with what they knew at the time, we would support them.

AB had circulated to NEDs a proposed new Committee membership, with our new members JW and HA joining QSAC and People Committee respectively. A fuller membership would be tabled at the next Board.

Item **Action**

Discussed:
How the Board could show staff we support them. BB attended a Length of Stay NHSE meeting this week, where senior clinicians were asked their risk appetite and how they were managing the changing context of the NHS, following COCH, Essex and NELFT. These incidents had affected decision making and how clinicians assess risk. Staff were understandably more risk adverse. It was important for the Board to set the right psychological context for the organisation and to let staff know we would back them. This would go a long way.

The third Executive Advisory Group took place last week. They spent the first part of the meeting on psychological safety. The co-chairs were asked to summarise the conversation and this would be reported back through VF's staff message. Noel, one of the co-chairs, said something that resonated powerfully: that it was important we reward and not shoot the messenger. This was easily something we could do as a Trust.

The effect of public media curiosity and the repercussions of what happens in an organisation, how we provide that curiosity alongside psychological safety.

The Board

a. **noted the Chair's report.**
b. **noted that an updated Committee membership would come to the next meeting.**

23/63 Chief Executive's Report

Reported:
The Chief Executive was thoughtful about the wider context in which the NHS exists, including: the impact of the cost of living and the impact of the pandemic, industrial action, the delay to the Mental Health Act reforms, Right Care Right Person and the change in function of police, the media messaging around COCH and recent coverage around an incident at NELFT.

Conversations around COCH and what happened had been largely focused on Acute Trusts. Our patients were hugely vulnerable and sometimes as vulnerable as babies with lack of capacity; so our responsibility to our patients was great. The Chief Executive was concerned that the greater focus would swing back to Acute. We had a responsibility to hear our patients and a significant responsibility to ask ourselves how we balance quality, access, people and finance in the right way and for the benefit of our patients and staff. We had some great tools e.g. SIREN, to identify our most at risk teams. Our focus needed to be on how we maintain strong relationships and partnerships to create psychological safety; and model Shaun and Anthea in holding ourselves to account without leveraging blame. The Trust had an independent Freedom to Speak Up (FTSU) guardian for staff to use if needed, and revisions were being made to the Fit and Proper Persons Test. This was set against the backdrop of massive change at Springfield and other sites to create a difference, and the work around anti-stigma. She highlighted that, positively, there had been a 36% reduction in patient safety incidents on wards since moving into Trinity six months ago. Our staff and patients were safer by 36%. Data around early help in Wandsworth in the EMHIP work showed that things were moving in a positive direction.

The Trust had been considering progress on its strategy. A mid-stage report came to the July Board and a final report was presented today, with thanks to LOD. It reminded the Board of the outcomes made, made an assessment of delivery to date and suggested some recommendations. Really good progress had been made on diversity

Item **Action**

and progress had moved forward in the clinical transformation programme. The recommendation was to extend this strategy for two years in order to tie it in with the work to Tolworth, the SWL Mental Health strategy and corporate delivery plans. There was also a recommendation for the Trust to step up how it wa thinking of increasing quality years. There would be objectives set every year for the Board. The two objectives for year 1 were suggested as patient flow and a valued and stable workforce. JK has done some work to communicate this to our workforce and patients.

Discussed
Whether the strategy should be extended for four further years rather than two, with a check-point in two years to review and see if the extension continued to be the right thing to do.

There were reflections on how the Trust could support managers, as it was a difficult time for our existing leaders in the current challenging environment. It was important that the Board reminded ourselves what was within our control that we can impact as some items we cannot affect; and what does that look like. SS gave a positive example that the way HR processes have shifted to a learning focus, so that when people say "sorry I did this wrong and this is what I've learned from it", they were listened to. Staff in Ward 1 have fed back and said the processes were more psychologically safe and it had been more helpful to admit mistakes and learn from them. This was a very supportive approach. VF added that it was important for the Board to track the positive impact without staff feeling tracked. There was a careful balance that the Board had to take to agree what is expected with staff, find and give them space, check they were doing what was needed, whilst trusting them and not getting into the detail. She gave an example of where the Trust had achieved cultural change. Avalon Ward was tracked closely and the Board then took the decision to give them space; and two years' later there had been genuine culture shift and they were rated "good". It takes courage and careful balance to step back whilst holding them to account, and to allow space to change.

It was discussed that JK could think about the best way to communicate how the Board would like to take a step back but did not want to get into the position where no-one wants to say anything; without making it even more frightening. Taking no action also had risks and it was important to get out the message to staff that "we want you to act and we'll support you".

The Board

a. **noted the Chief Executive's report.**
b. **agreed to extend the current strategy for two years and then review at the two-year point.**
c. **agreed to keep the strategy as is, subject to annual planning.**

23/64 Quality and Safety Assurance Committee (QSAC) chair's report

Reported:

- There was a strong Q&P report reported to the July meeting.
- The Committee wanted to draw to the Board's attention to the following elements:
    - There was a lot of discussion of the transformation programme progress, in context of business as usual pressures and the cost of that in terms of those trying to hold and lead that.
    - The service user point of view. There had been a response that service users were worried about what they were hearing in terms of what transformation

Item **Action**

would mean and sustaining it, alongside the impact – the perception perhaps was not as great as we would want it to be.

- Transformation was so fundamental to everything the Trust is doing.
- QSAC has spent a lot of time thinking about incidents of violence and aggression, what it means for staff and the impact of it.
- The oversight of the Committee and consideration of clinical audit as an element of clinical effectiveness.
- The Committee received and approved the Quality BAF and then amended it for the September Committee to add leadership and culture elements, which were fundamental to a dynamic and thoughtful approach to risk.
- Progress and greater assurance had been received around things where QSAC had previously raised concerns –
    - categorisation error – assurance that this was being addressed and increasing significantly was received.
    - Adult safeguarding – the Committee began to think more broadly about safeguarding across the system, pressures on the team from the system, and also understanding what it was to have assurance about safeguarding in the system and internally.
    - There had been increased attention of Health Inequalities and QSAC continued to support people to focus on this area.

Discussed:
In terms of service user and carer representatives, thinking of how to balance their expectations, views and the impact transformation has, and the difference it was making to them. Certain areas of transformation in the community was hard for them to see. If QSAC were to talk to service users in six to 12 months' time it was hoped they would begin to see a positive impact and how it fits with other parts of the patient journey. The Community Services Leadership Team have taken this information on. Involving people in co-producing changes was better and this was a strong thread in the transformation work. The Board needed to strike a balance between giving the programme time to embed and deliver whilst equally recognising we may need to be reasonable in what we expect. There were also a lot of new roles within Community Services which needed time to embed so it would be good to ask our service user reps about this again in six months to a years' time.

That it was a real challenge to know how long to leave transformation to progress before taking action to intervene. For example, in the Acute Service Line patient flow was the biggest patient safety risk. At the same time if ELT begin "meddling" into it, it would not be clear what makes a difference. At ELT there was usually debate as to at what point do we ask for an external view that our actions are correct. Positively, current transformation programmes have leaders and clinical buy in. There were a few years during the pandemic where ELT could not get leader or clinical buy in.

PM raised that the national perspective at the treasury and NHSE is on Acute Trusts with a focus on delivery, using pre-pandemic activity versus current activity. In Mental Health Trusts there was not a definition of productivity. FPC were starting to consider locally developed metrics to measure productivity. JeA added that activity per headcount (WTE) is the general definition for productivity. The challenge at national level was that activity has not grown proportionally for mental health; that it was less productive now than five years ago. This was a valid challenge to us. The Trust had data and the clinical efficiency programme was trying to enhance that; by designing ways of working to enable our staff to use their time better for patient care. We were seeing that go in the right direction. The most confounding factor was managing business as usual at the

Item **Action**

same time as transformation. For assurance, JeA confirmed that both community and acute flow programmes were built around national best practice.

AB concluded the discussion by commenting that it had been a very useful discussion which leads us to carry on what we are doing, and that it would be important to take stock again in a few months.

The Board:

a. noted the QSAC Chair's report.
b. received the approved Committee minutes.

23/65 Quality and Performance Report

Reported:
JeA highlighted the following:

- There were two reports as there was no Board in August. These versions of the report had been through all of the Committees.
- From next month the Committees would begin to receive the most up to date month's report. Lag time would be reduced.
- SIREN reporting was presented in a front and centre way. This would be upfront in future iterations of the report.
- The Board should be reassured to see patient safety had remained stable during an unstable time.
- There were signs of improvement around some of our challenged areas e.g. MAST.
- There were the same areas of challenge from a quality and access perspective as we would expect to see in a high demand area with a restrained workforce. Work continued to try to improve performance in these areas.

Discussed:
Where the restrictive intervention data was reported as it was not included in the Q&P reports presented today. JeA responded that the Board only has the high level report and that report detail goes into the monthly QSAC report.

The Board:

a. noted the Quality and Performance Report.

23/66 People Committee Chair's Report

Report:
The following points were highlighted by SA:

- The Committee discussed how the stabilising of the HR function was progressing and the elements that impact.
- There had been a recent HR internal audit and the Trust had commissioned an independent HR recovery audit, both of which came up with a number of recommendations. HR had definitely made progress in some of the metrics. The Committee were also mindful that the HR function was not fully established. From November we should see clearer what the permanent team structure may look like.
- There was an ongoing focus on workforce metrics, such as retention and agency use. MAST was slowly edging towards improvement. There was still some work to do in agency use. Retention was the biggest issue and the Committee gave this close scrutiny. Turnover for those leaving within 12 months remained a concern, and the Committee were trying to unpick this and get to the issues causing this.

Item **Action**

- Industrial action – the HR team had a good relationship with BMA and union colleagues. The Trust was well prepared for combined action, with one day running a Christmas day service for medical on call. There would be a reduction in activity and flow.
- Ongoing plans to move from operational to the strategic as a Committee.
- Post the HR function review, the Committee were looking forward to receiving some work on a people strategy.
- Staff engagement and wellbeing has been tracked for some time and remained an area of focus.
- The EDI staff survey evidence was that we were a more inclusive organisation. This was positive. The Committee would continue to review equity in career progression and Deaf staff training.
- SA was the NED wellbeing guardian so would be emphasising that element in future reports. On visits she consistently receives commitment from staff to the organisation. Our focus on wellbeing would have an important impact on retention.

Discussed:
Significant Board time was invested on visits to services. That role models to staff that this is what we value. We also require them to do KPIs so there was a double message.

Staff on visits often say they want to work here, but then the staff survey results do not support this always. PM raised that on his visit with JW today, they asked staff what do we do well as an organisation and with no hesitation the response was support for wellbeing of staff. When probed they said they could find information easily on the website. This was good to hear.

The Board:

a. **noted the People Committee chair's report.**
b. **received the approved Committee minutes.**

23/67 Finance and Performance Committee (FPC) chair's report

Reported:
The plan this year was to financially break even. The Trust was on track to meet this plan but it was not without challenges. There would be focus on external bed usage, agency usage and internal productivity.

Discussed:
That it was good news that the Trust was on plan, considering the significant achievement this had taken, and given the starting position.

The Board:

a. **noted the FPC chair's report.**
b. **received the approved Committee minutes.**

23/68 Monthly Finance and Savings Reports

The Board noted the finance and savings reports.

Item **Action**

23/69 Estates Modernisation Committee (EMC) Chair's report

Reported:
The following points were highlighted by VS:

- The Better Communities programme was progressing well.
- The EMC had renamed itself the Modernisation Committee.
- The Committee was moving to think about transformation – this month it reviewed community transformation in Sutton. There were some green shoots in terms of KPIs – there had been a bed reduction of two in Sutton and improvements in wait times for those in treatment longer than 30 weeks. There had also been reduced staff turnover.
- Risks discussed were the interaction between the Trust and Primary Care colleagues, which was a work in progress.
- The Committee discussed how we make sure the good work done in Sutton goes across all boroughs in a consistent manner and that there was equity in the service our patients receive across boroughs.

Discussed:
That the Trust were moving forensic services to brand new buildings. These moves had been planned well but remained high risk; involving 150 staff and just over 70 patients. Although the move would be a difficult thing to do the Board were confident it would go well.

The Trust were opening an Intellectual Disability and Autism (IDA) unit.

AB added that the new facility in Shaftesbury was lovely. There was a CQC leadership and Clare Murdoch tour. They talked to the new IDA unit team and the thought that had gone into how the unit would expand into future opportunities was incredible.

The Board:

a. **noted the Estates Modernisation Committee chair's report.**
b. **received the approved Committee minutes.**

23/70 Audit Committee Chair's Report

Reported:
RF highlighted that the Annual Report of the Audit Committee was reviewed at the July Committee. It included assurance and a position statement with a positive opinion and included evidence that supported this position. The report also set out the programme of work for the coming year.

The Board:

a. **noted the Audit Committee chair's report.**
b. **received the approved Committee minutes.**
c. **received the Committee Annual Report.**

23/71 Corporate objectives Q1 report

Reported:
The following points were highlighted by AS:

- There had been good progress in all six corporate objectives.

Item **Action**

- Some areas were struggling as there was a large amount of work coming through this year.
- This report had gone through all Committees and the Q2 report will go to Committees shortly.

Discussed:
The objectives may need to be shifted and this would be done at the earliest opportunity. AB reflected that we were asking our staff to do all of this and if it was undeliverable this would be a very difficult situation. This would send a message that the Board had recognised how the impact of this was important.

The Board:

a. noted the Corporate Objectives Q1 report.

23/72 Questions from the public and staff

The Board had received a question from the public:
"In the addendum to the final minutes of the Trust Board Meeting of 9th March 2023, ref item 23/36/0, the Trust stated:
…it was confirmed that that [sic] the Trust will be adding specific information to its website to guide merchant navy personnel and their families to relevant specialist services…
It is great to see that the Trust has signed the Armed Forces Corporate Covenant and has a dedicated web page. However, the link on that page to the Veterans' Gateway shows that only tri-service veterans and their families are supported, as does the Armed Forces Corporate Covenant, and a search for 'merchant' on those websites returns no results. However, the link to veteranaware.nhs.uk, does lead to the following information:
6. Are F&C and Merchant Navy veterans included in the Armed Forces Covenant?
Yes, Foreign and Commonwealth veterans who ordinarily reside in the UK, and their families, as well as Merchant Navy veterans who served on Named Operations, are covered by the Covenant.
On the SWLSTG website there is no mention of specific guidance to specialist services for merchant navy personnel and their families, as agreed in the abovementioned minutes (23/36/0).
Would the Board consider adding the words Merchant Navy to the point training relevant staff on veteran-specific culture or needs in your excellent 'Support for veterans' poster, and to the following two headers on your website?"

The Board were happy to respond that yes, we would add the words Merchant Navy to our poster and we would make clear the details as per our previous Board minutes.

Following receipt of this question and prior to the Board, the Trust had updated its website to ensure our poster was clear that Merchant Navy personnel were included.

South West London and St George's Mental Health NHS Trust

Item		Action
23/73	**Meeting review** The Board reflected that: • The patient story had impacted the Board and shifting gear to business as usual had been hard. However, the Board recognised it should be hard to go on with the business of the day following an emotive story. • When Shaun and Anthea said that they had faith in the investigation, that was important for the Board to hold on to. • It was important to recognise the amount of energy and effort staff put into investigations. Trying to make sense of an incident was tough to do as well as supporting a grieving family along their journey. • How comfortable it was for a patient's family to sit in a forum like the Board and whether there was a way of making it less formal. It was suggested that SS ask the involvement team about the patients' families' experience of sharing their story with the Board and what would have made it better and more comfortable. • That VF's response of saying "I am the CEO; I am accountable and I am sorry" was so important. • That ward staff were trying to get to a point of asking families who may not be next of kin "we may not be able to discuss things with you but what would you like us to know", rather than not sharing any information at all or not involving them at all about their loved one's care. • Where was the right place to hear some of the staff / colleague stories alongside patient stories. • That "good is the enemy of outstanding" and it was important to keep finance KPIs in mind. • Why there was a culture where our consultants did not always follow clinical guidance that was there to support their decision making. It was hoped that the Learning and Development work to frame culture would help empower clinical staff.	
23/74	**Next public Board** – 1.30pm, Thursday 9th November, Conference Room B, Trinity Building, Springfield Hospital.	

NHS
South West London and St George's Mental Health NHS Trust

ACTION TRACKER – for November 2023 Board

BOARD OF DIRECTORS (Part A)

Meeting	Ref.[i]	Minute Topic	Detail	Who	Due	Update
			DUE			
13/07/2023	23/45	**Quality and Safety Assurance Committee (QSAC) chair's report** - **Service user and carer involvement**	AB to consider service user and carer representation on the Board more broadly in due course, informed by the government's response to the recommendations on this matter in the Rapid review into data on inpatient mental health settings.	**DL**	**TBC**	
			NOT DUE			
11/05/2023	23/39	**People Committee chair's report**	A detailed People plan is due to go to the May People Committee.	**KR**	~~**23/05/2023**~~ **May 2024**	It had been agreed to move the People plan to May 2024 as it would be reported to March 2024 People Committee. This delay was so that a strategy could be included.
			COMPLETED SINCE LAST MEETING			
11/05/2023	23/40	**FPC chair's report**	Board Committees were encouraged to consider 2023/24 investment priorities, on advice from the executive, within the context of current financial performance.	**VK, DBo, RF, JuA, SA**	~~**13/07/2023**~~ **14/09/2023**	The first cut of business cases were reviewed last week and ELT have asked for a refresh and consolidation of the ones to be taken forward. There would be a paper to the next ELT and to FPC at the end of September. Action to be closed and any investment priorities to be reported to the

NHS
South West London and St George's Mental Health NHS Trust

ACTION TRACKER – for November 2023 Board

BOARD OF DIRECTORS (Part A)

Meeting	Ref.[i]	Minute Topic	Detail	Who	Due	Update
						Board via the FPC Chair's report.

South West London and St George's Mental Health NHS Trust

Item 3.1

Meeting:	Trust Board – Part A
Date of meeting:	9th November 2023
Report title:	Chair's Report
Author:	Ann Beasley, Trust Chair
Purpose:	For report

Deborah Bowman

Since the last public meeting of the Board, I have with great regret received Deborah Bowman's resignation as a NED. This took effect from 31 October 2023. Deborah took this decision for personal reasons following very thorough and careful consideration.

I would like to take this opportunity to formally place on record my appreciation for Deborah's exceptional contribution to the Trust since her appointment in 2019. She has been an outstanding member of the Board team, not only as QSAC chair throughout her term of office, but also across the widest range of Board activity including ethics and freedom to speak up. She will very much be missed and she departs with the very best wishes of the entire Board team.

Arrangements for the recruitment to this vacancy will be announced in due course.

Board appointments

Following Deborah's departure and having taken soundings from Board colleagues, I propose to make the following appointments

Vice Chair	Sola Afuape
Senior Independent Director	Richard Flatman
Freedom to Speak Up NED champion	Richard Flatman

Committee membership

Following a range of discussions, the following updated committee membership is proposed

	Finance and Performance	Quality and Safety Assurance	Audit	People	South London Partnership committees in common	Charitable Funds	Modernisation
Meetings per year	*11*	*11*	*5*	*11*	*6*	*4*	*11*
Chair	***Vik Sagar***	***Jonathan Warren***	***Richard Flatman***	***Sola Afuape***	***[Rotates across the 3 Trusts]***	***Juliet Armstrong***	***Juliet Armstrong***
NED members	Juliet Armstrong	Richard Flatman	Vik Sagar	Jonathan Warren	Ann Beasley	Humaira Ashraf*	Richard Flatman
	Charlotte Clark	Charlotte Clark	Charlotte Clark	Humaira Ashraf*	Sola Afuape		Humaira Ashraf*
NED observer	Sola Afuape				[Reserve: Humaira Ashraf*]		
NED quorum	1	1	2	1	1	1	1

*=Associate NED

Secretary of State's letter

The Board will be aware of reports about a letter from the Secretary of State for Health and Social Care to Integrated Care Boards stating that "I would appreciate it if you could work with NHS organisations in your area to review with a view to ceasing recruitment into standalone DE&I roles and external subscriptions to redirect these resources into frontline patient care. Should organisations wish to take a different path then they should be willing to justify in public why such roles add more value than additional medical or healthcare staff."

The Board will also be aware that the Chair of NHS England issued a response to the letter saying "specialist skills to address equality, diversity and inclusion in NHS organisations are vital for our staff and our patients – not only do they support statutory compliance, they also help improve culture and tackle discrimination, reduce vacancies, boost productivity and ultimately, ensure the best possible outcomes for the patients we serve. As the government-commissioned Messenger review set out,

dedicated professionals are necessary to help do this and as best practice is embedded we absolutely expect the number of these roles to reduce over time."

In addition, NHS Providers and the NHS Confederation, alongside a number of other bodies, also issued statements about the Secretary of State's letter, in which they emphasise the value of work to instil values and behaviours that help build a more equal, diverse and inclusive health service, which ensures fair treatment and opportunity for everyone.

Senior Leadership Seminar

I was very pleased to take part in the Trust's senior leadership seminar on 17th October 2023. This explored different leadership styles, and how we lead in crisis. There was also an important opportunity to consider the different leadership styles to create and enable psychological safety, supported by Ian Petch and Justin Earl.

Board activity

The September Board part B discussions covered areas including the Trust's risk appetite, the BAF, commercial estates matters, an appreciative inquiry report and committee chairs' reports.

In October we held a Board seminar where we discussed the Trust's organisational development and also had a briefing on the Better Communities programme.

The monthly Board visits programme is proceeding with valuable opportunities for Directors to hear regularly and directly from the frontline. Following feedback from services we have now shifted the visits to take place in the afternoon, so the start times for parts A and B of the Board have been altered.

RECOMMENDATIONS

The Board is asked to

1) Ratify the appointments of the Vice Chair, Senior Independent Director and Freedom to Speak Up NED champion
2) Agree the revised committee membership
3) Note the remainder of the report

Making Life Better Together

NHS
South West London and St George's Mental Health NHS Trust

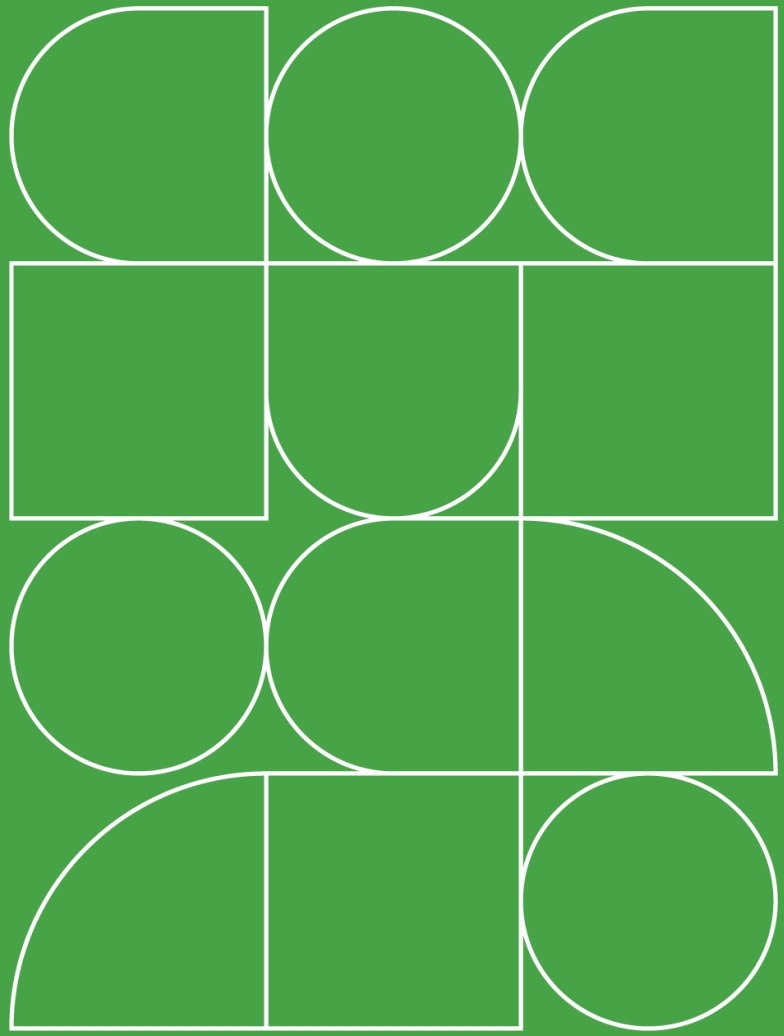
Vanessa Ford, Chief Executive

Board Report Part A

November 2023

Respectful Open Collaborative Compassionate Consistent

Contents



Our Trust

Our staff are our main asset and every week, I write to everyone with key messages and every two weeks I have an all staff Q&A. Alongside this I regularly visit our sites formally and informally.

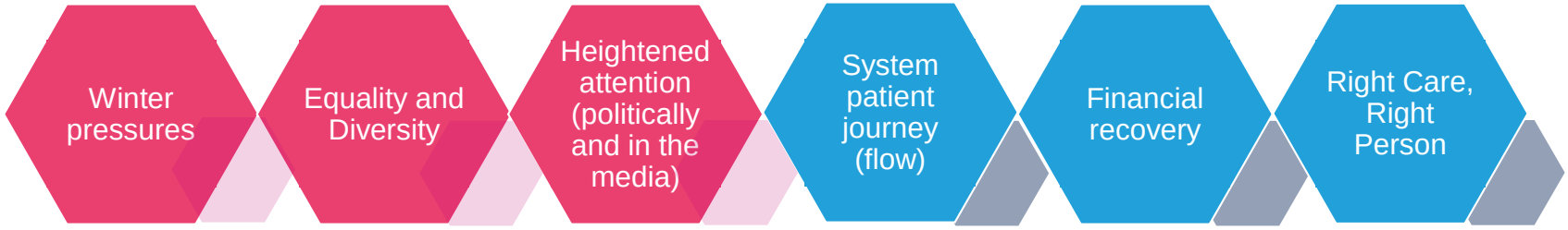
I always start with a thank you to our staff who put our patients first!

- Chief Executive Update - 27 October
- Chief Executive Update - 27 October
- Chief Executive Update - 20 October
- Chief Executive Update - 13 October
- Chief Executive Update - 6 October
- Chief Executive Update - 29 September
- Chief Executive Update - 22 September
- Chief Executive Update - 15 September
- Chief Executive Update - 15 September

Our Context

National/Regional

Local system



We must balance these elements

Integrated Programme / Better Communities

4

Better Communities: moving into Shaftesbury

- In early October, 50 patients and 150 staff moved into Shaftesbury Building, our new forensic unit – a huge thank you to our patients and staff to supported the moves
- Ruby, Hume and Halswell Wards moved into the new building alongside forensic community teams, CAMHS staff teams and estates colleagues
- We also opened the new Oak Unit in Shaftesbury. Oak Unit is a new forensic inpatient service for patients with intellectual disabilities, with or without autism, who require specialist mental health care.
- The moves were completed safely with no incidents
- At the request of Clinical Leadership, there was a short delay (a week) to accommodate industrial action
- The moves were communicated to patients and staff using move packs and welcome packs
- This has now been complemented with a ‘Welcome to Shaftesbury’ video to orientate new patients, their carers and families to the new unit

5

Improving patient journey across the SWL system:

- Across South West London we continue to see people with complex mental health needs accessing emergency services when they need support and care in a crisis.
- This corresponds with a sustained 25% increase in demand for mental health services, with people presenting with increased acuity.
- In most cases, emergency services are not the best route for mental health support. Emergency services do not offer the most therapeutic environment
- Across all South West London boroughs, we have put in place a number of different alternative mental health crisis services, such as the Crisis Line, Coral Crisis Hub and rapid assessment clinic.
- More work is needed to reduce the pressures in emergency services and improve patient experience and outcomes and an action plan has been developed
- Delivery of these actions will be monitored through the South West London Mental Health Partnership Delivery Group (PDG) and the South West London UEC Board and a number of quantitative measures have been identified.

September 2023

Length of stay: 39 days vs 38 day end of year tolerance

Presenting in crisis: 1.7% vs 1.1% end of year tolerance

Inappropriate out of area: 291 days vs 0 end of year tolerance

Friends and family test: 79.5% net positive vs 81% end of year tolerance

6

Improving patient journey: RCRP, S136 and NHS111 press 2 for MH

- **Right Care, Right Person:** Launched on 1 Nov 2023 and looks at how and when the Metropolitan Police respond to mental-health-related incidents and takes a more risk-based approach. The programme has been implemented successfully in Yorkshire and the Humber, which has seen reduced demand on agencies over several years.
- Practically it means police call handlers will have new prompts to check if an issue would be more appropriately dealt with by a healthcare partner (NHS or Social Services).
- **S136 coordination hub**: To support this work, the SLP (in partnership with North London) 136 coordination hub went live on 30 Oct 2023. The Hub can be accessed by police who are at a mental health incident, so that they can get advice from an NHS specialist before placing someone under a S136 order, that way we can be sure the individual gets the help they need.
- **NHS111 press 2 for mental health:** This is scheduled to go live on the 6 Nov 2023. The NHS111 press 2, is a soft launch regionally with no external publicity until April 2024 as the various ICSs will go live at different times over the next 6 months.

Valued and stable workforce: Recruitment and retention

- **Improvements to vacancy and turnover rates:** over the past few months we have seen some improvement in our vacancy rates and turnover rates. However, there are still particular hotspots – including those people leaving under 12 months
- **Retention:** A series of initiatives are now in place in an attempt to reduce turnover, including career conversations and stay conversations – with more planned.
- **Leadership Development:** over 35 people have attended sessions to develop our new Senior Leadership Offer and 90 members of staff have signed up to the STEPS leadership programme. We are developing a coaching and mentoring programme, which will include a central portal and support for those who wish to be coaches.
- **Leadership Seminar** in October, nearly 100 of our most senior leaders took part in our latest Leadership Seminar. Informal feedback has been really positive. The session focussed on how we use our new MLBT Framework to 'nudge' our behaviours –'It's not just what you do, it's the way that you do it'.
- **Staff survey:** We have seen significant engagement with the survey this year, especially in clinical teams.

September 2023

Vacancy rate: 17.1% vs 15% end of year tolerance

Turnover rate: 15% vs 15% end of year tolerance

Turnover within 12 months: 26% vs 15% end of year tolerance

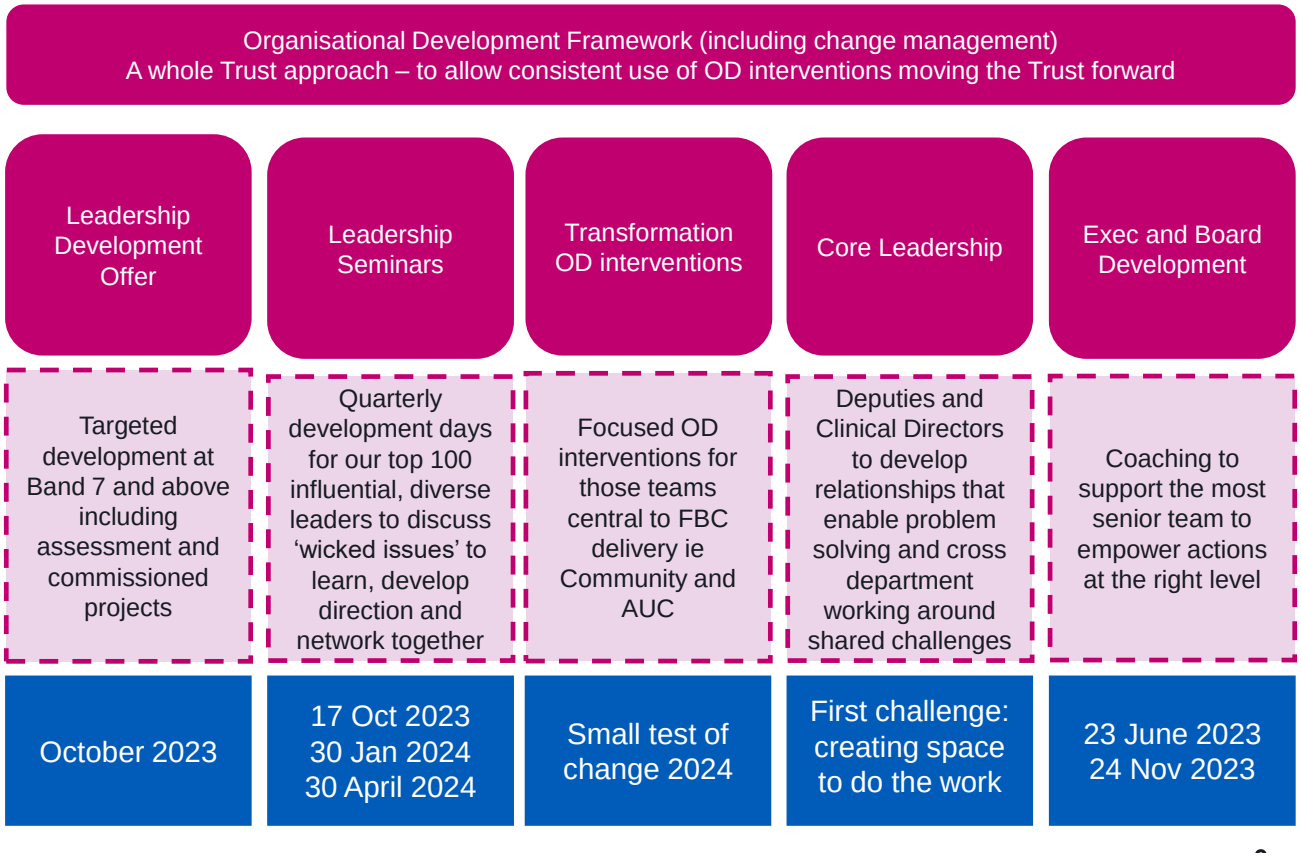
Sickness rates: 4% vs 3.5% for London MH trusts

Agency rate: 5.4% vs 3.6% end of year tolerance

8

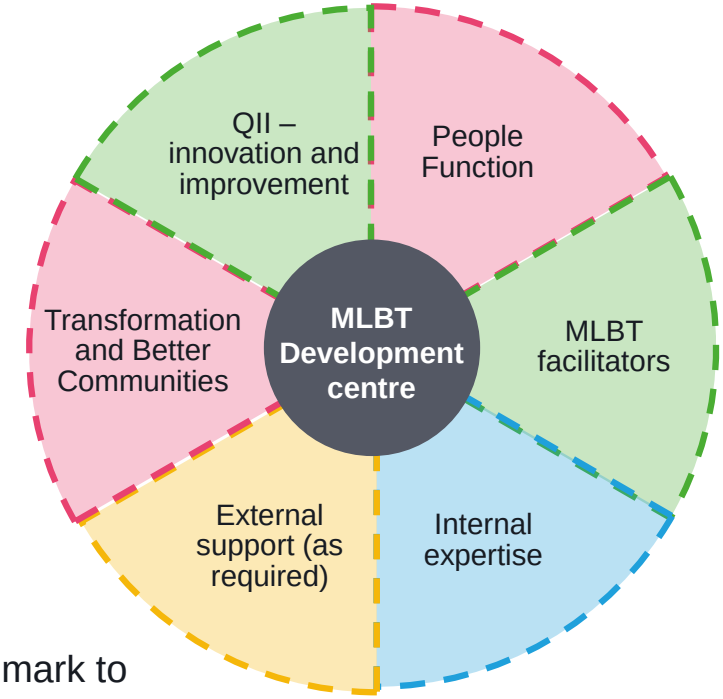
Organisational Development:

- The development of our Organisational Development Framework continues as part of a suite of interventions across our organisation
- The framework draws on data and intelligence and has had input from a number of groups across our organisation
- The learning is already being used in our work on patient journey, with Community and AUC having specific OD interventions.
- Next steps – development of the MLBT Development Hub: see next slide and appendix 3



Organisational Development: MLBT Development Hub

MLBT Development Centre
Dedicated internal resource (with external expertise as required) to support the implementation of the MLBT Framework across our organisation



OUTREACH
- Use triangulated data to target teams for interventions

IN REACH
- Teams who request support will be triaged and offered appropriate interventions

RESOURCES
- Series of resources for leaders to support development in their teams

* Internal Accreditation / kite mark to be developed for teams that have engaged

Supporting inclusion, diversity and active anti racism

Active Anti-Racism

- New cohort Diversity in Decision Makers started in October: welcome to Toyin, Ninette, Bola, Sheila and Ashley
- Through our anti racism reflective space, we're developing new 'values into behaviours: active anti-racism' framework and information if you experience or see racism
- Further development of our leadership of anti-racism programme
- New WRES staff workshops to develop our 2023/24 outcome measures and timeline
- We have signed the new London system anti racism statement

Reducing health inequalities

- We are seeing more Black, Asian and Minority Ethnic members of our community being supported by Talking Therapies. Black, Asian and Minority Ethnic Minority community members now have equitable access and recovery rates.
- Members of staff attended and presented Healing our Broken Village – we emphasised the importance of trust in building relationships with the local community
- Through EMHIP intervention 3 we have now seen our second patient placed in a local host family

Better Communities

Better Communities: aims to transform our care and environments over the next four years through significant investment in our services, our teams and our buildings

Better Care: will increase quality years and reduce inequalities by offering seamless access to effective care, treatment, crisis and recovery support at the right time, and in the right place, reducing the need for acute inpatient care

Better environments: We are redeveloping our buildings to create spaces in which patients will receive safe and effective treatment and recovery support.

We are **investing in our people**, supporting them to change, develop, and embrace new ways of working as we continually strive to be a great place to work and receive care

Better Communities: Better Care, Better Environments

Better Environments

- The £150 transformation of Springfield Hospital came to a conclusion with the opening of Shaftesbury building – Springfield continues to receive media attention and we saw NHS Confederation and NHS Providers promote the work that we are doing this month
- Pupils from Fircroft School in Wandsworth led a special tree planting ceremony to mark the opening of the first area of the new Springfield Park
- Launched Mental Health First Aid training for our communities – first three months are fully booked
- Redevelopment of Barnes and Tolworth Hospitals with mean a combined investment of over £120m. Early works begin this year for construction in early 2024.

Better Care

- New co-produced models of care have launched for Adult Community Mental Health Services in Kingston and Richmond following Sutton's launch.
- These services now offer a wider range of support and advice closer to home, whilst expanding our workforce. An explainer video will launch in November 2023

Celebrating our teams

Nursing Times Awards

Annual Public Meeting


Black History Month

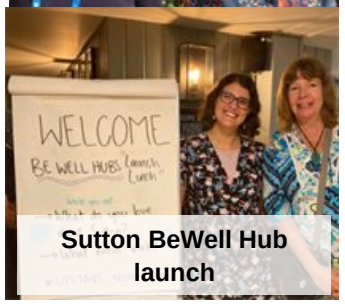
World Mental Health Day


Pharmacy Technician Day


Service accreditation

Shaftesbury Garden Party


AHP week



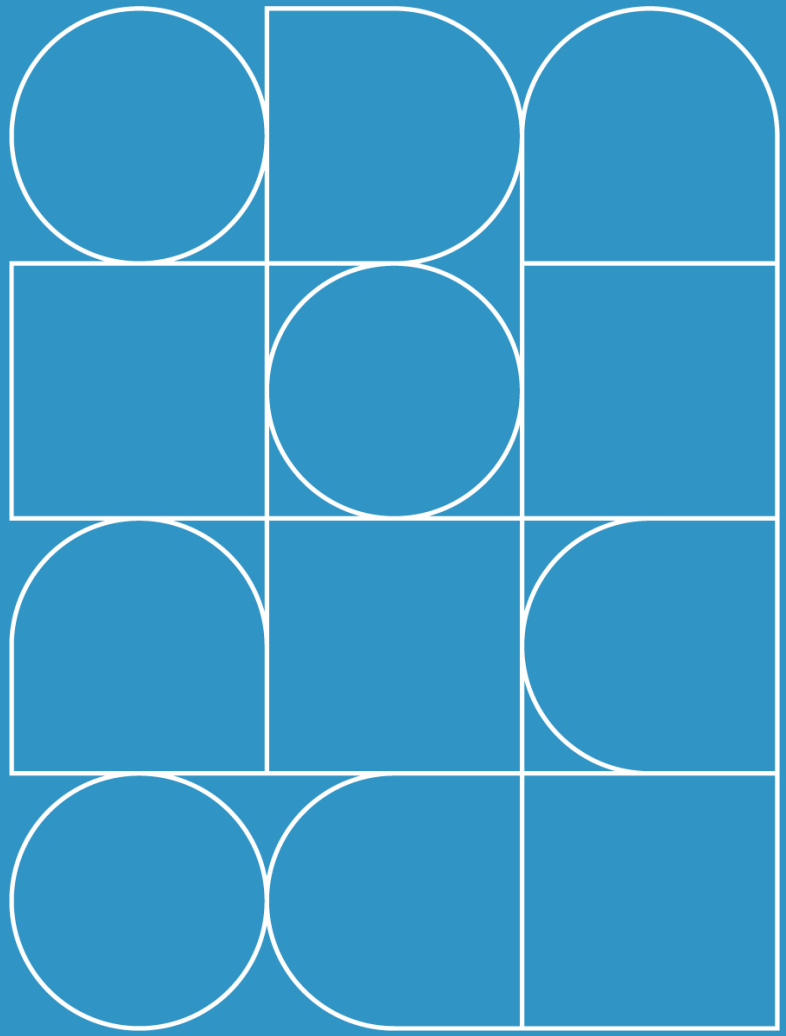
Sutton BeWell Hub launch


Clinical Effectiveness Awards

Aquarius 20th Birthday

Questions and points to have in mind

1. With small improvements in our vacancy and turnover rates – how do we continue improve, build on our retention strategy and support those areas where we aren't seeing as much progress (ie: people leaving within 12 months)?
2. With the pressures in the system, how do we best invest the time we have in the right partnerships?
3. With a Board and organisational commitment to Psychological Safety, how do we continue ensure that the key themes from our OD analysis (MLBT Framework) are put into practice?
4. We have a clear commitment to inclusion, diversity and active anti-racism. How do we ensure that this agenda remains front and centre with all of the other pressures we're experiencing?



Appendix 1: Horizon Scanning

Care quality

- Thirlwall Inquiry (Countess of Chester Hospital) : terms of reference
- NHS England » Patient and carer race equality framework
- State of Care 2022/23 - Care Quality Commission
- College report : Infant and early childhood mental health
- Health Services Safety Investigations Body (HSSIB) officially launches
- National learning report: Safety management systems – HSSIB
- Safety warnings to be provided to all patients with every valproate-containing medicine they receive
- Ethnic Inequalities in Improving Access to Psychological Therapies (IAPT) (nhsrho.org)

Inequalities

- Reducing health inequalities faced by children and young people – NHS Providers
- NHS Providers guide to tackle racial discrimination in disciplinaries
- Inequality leaving 115,000 dementia cases 'undiagnosed' in England
- Inequalities in mental health care for Gypsy Roma and Traveller communities – NHS Race and Health Observatory

People

NHS Pension Scheme: proposed policy changes for April 2024

Sustainability

- The Provider Selection Regime (PSR) draft statutory guidance

Appendix 2: Use of Trust seal

Date	Type	Signatories
08/09/2023	Lease Transfer Transfer of John Hunter Avenue to EstateCo. (Springfield Village Estate Ltd.) Between SWLSTG and EstateCo.	Chief Executive Officer Director of Finance and Performance
20/09/2023	Lease Lease for Unit 3, Shaftesbury, 3 Chapel Square to Energie Fitness	Director of Finance and Performance and Integrated Programme Director
27/09/2023	Tolworth Hospital Section 106 Agreement Between SWLSTG and Richmond Council	Director of Finance and Performance and Integrated Programme Director

Making Life Better Together

NHS
South West London and St George's Mental Health NHS Trust

MLBT OD reference document

October 2023

Contents

1. Executive Summary

Our MLBT Organisation Development (OD) reference document provides insight into the current situation – what it's like to work here. The document provides a systematic analysis of five dimensions of our organisation and asking the following questions:

- How well aligned is this dimension of organisational life in service of delivering the strategy?
- What works well here which enables effectiveness and sustainability?
- What needs to be developed to enable greater effectiveness and sustainability?

For each dimension, it identifies key themes around the culture, behaviour and ways of working, and key questions which can be explored further to support organisational development.

The five dimensions are:

- Culture
- Leadership behaviour
- Management practice
- Work unit climate – teams
- Individual skills and motivation

The document has been put together through a mixture of desk research drawing insights from the existing data and initiatives which inform our regular management reporting and governance processes, alongside discussions and workshops with a range of leaders and members of staff.

Looking ahead, our diverse Executive Advisory Group and the Making Life Better Together (MLBT) Steering Group will be actively involved in holding the Executive Team accountable to working through the themes and questions outlined in this document.

Context

We are a Trust that has undergone huge change and transformation over the last few years. We are investing in and are transforming adult community services across five boroughs and adding 150+ to our community workforce. We are transforming acute and urgent care focussing on improved patient journey and caring for people at the right time, in the right place for them. We have also opened two new facilities and moved over 1000 members of staff over the last 12 months. Our revenue has increased by £100m in the last three years and the transformation programme is designed to enable an equal amount of new revenue when completed.

And we have more change on the way - alongside the continued transformation of our services, we are planning the redevelopment of our sites at Richmond, Barnes and Tolworth. We are doing this all alongside managing increased demand following the pandemic, increased acuity, and challenges with staffing.

Our people are key to us managing these challenges and supporting the continued change and transformation that will see us achieving our mission of Making Life Better Together for our communities and it is into this context we have developed this reference document as a tool to support our organisation development.

2. Definition of Organisation Development (OD)

A working definition of OD is as follows:

'OD guides the development of organisation effectiveness, especially during change. The outcome of OD work is to improve the health and effectiveness of organisations and the people that work in them in a sustainable way.' Cheung Judge 2011

It is:

- **A mindset** - a way of understanding organisations as living interconnected systems
- **A behavioural approach** – emphasising development and capability building
- **A set of tools and techniques** – to support activity at individual, team or whole organisation level

3. Organisational Culture

Current situation

A broad-brush summary of the culture of an organisation as large and diverse as ours is risky, recognising that different services and corporate functions all have different climates and environments. With this caveat in mind, this section aims to articulate key themes around the alignment of the culture with the corporate objectives and transformation agenda.

Our culture can be described as caring, inclusive and ambitious: a place where people galvanise and thrive in a crisis; where people are collectively ambitious in striving to provide high quality standards of care for patients, service users and carers, where celebrating success and ensuring people's voices are heard is developing over time.

The shadow side is one of too many priorities, staff over-stretch and a tendency for undercurrent anxiety to drive behaviour. Fear of excluding can create inclusion paralysis; fear of failure can result in reduced empowerment and fear of repercussions can result in reduced psychological safety and a tendency to report positively upwards. A contributing factor to anxiety at times can be the gap in people being fully equipped and skilled to deliver their role – picked up in the section later individual skills and motivation.

Two themes worth noting are picked up later in the document but are strongly influenced by the overall culture. The first is that acknowledging interdependence and partnership ways of working across our organisation have room for further development. These skills are often evident in the ways that our teams and people work with others outside our organisation, however internally the emphasis on collaboration and partnership is not as strong. The second is a bias towards reactivity rather than working proactively in drawing through the implications of the strategy down and planning ahead for initiatives to support the delivery of the strategy so that things less often appear out of the blue.

We have several initiatives which focus on the desired culture and environment for patients and staff, underpinned by a clear values and behaviours Framework (ref. Appendix One for the full Framework). Each of these initiatives come with a set of priority areas and activities already scoped and underway. This document does not seek to replace or change these as they are comprehensive and ambitious. Instead, the focus of this document is to draw down from these the key priority areas which need to be placed in the spotlight to particularly enable effective cultural change around transformation, and to highlight which aspects of the values and behaviours also require particular emphasis for transformation.

Our Values and Behaviours Framework

We are consistently respectful, collaborative, compassionate and open

				
Making Life Better Together (MBLT) priorities articulate key aspects of desired organisation culture: - Promote psychological safety and speaking out - Encourage togetherness - Support beyond bullying and towards civility and respect - Support physical and mental wellbeing - Acknowledge and celebrate achievements - Reduce mental health stigma - Be actively anti racist - Lead with compassion - Provide opportunities for development	**The anti-racism Framework** provides a roadmap of activities to foster an inclusive and pro-actively anti-racist environment. Key areas are: - Iterative learning - Building trust - Celebrating diversity - Culturally curious - Anti racism as a value	**Quality Improvement and Innovation** Open Culture Framework, and particularly within this work done to experiment with building a culture of psychological safety	**Staff survey results** and areas of focus arising. In the top 20 most improved trusts in 2023. Improvement in scores around kindness, inclusivity and compassion, teamwork and work life balance. Watch out areas are: - Working flexibly - Staff morale - We are safe and healthy - Always learning	**Carers and service users** told us they want a vision of: “A diverse and inclusive culture that consistently seeks to develop and maximise opportunities within the Trust to improve services, to the benefit of service users, carers and staff.”

What are the key themes and questions for organisational culture?

Considering the above, key themes worth noting with relation to culture and transformation are:

Theme		**Key question**	
The impact of the complexity	The external environment is complex, the range of initiatives across our organisation are complex, the transformation agenda is complex. Amid the complexity there can be confusion, uncertainty and a sense of pressure.	How can our culture drive towards SIMPLIFICATION and CLARITY?	Simplification does not mean aiming to make things simplistic – i.e. reduce complexity to a degree which becomes meaningless, but it means to avoid over complication wherever possible.
The impact of anxiety in the organisation	This influences the sense of urgency which comes around fixing, solving and moving forwards. Staff and managers are asking for space to digest and work with the change agenda and space to both speak up and feel they are heard. This echoes requests from patients for space to speak and be heard - there are clear links here with the themes identified in the service user and carer unified approach which outlines priorities of engaging, listening, and acting upon what has been heard. A counter-balance to anxiety is psychological safety, enabled by ensuring people are included and feel properly heard which in turn influences a higher quality of decision making and performance to meet the ambitions for quality standards.	How can PSYCHOLOGICAL SAFETY be enhanced?	A psychologically safe environment is one where people feel free to speak with candour without fear of being judged to be negative, obstructive, or incompetent. It is an environment which places emphasis on learning.
The impact of our commitment to inclusion and anti-racism	This agenda is clear and therefore needs to be foreground in any work on culture. Priorities are already outlined in the anti-racism Framework which need not be repeated here – however the need for trust as a core foundation for the anti-racism and inclusion work, taken alongside the impact of anxiety leads to the second key question for this season:	How can behaviours of TRUST be amplified to support equity and inclusion?	

What needs to be different as a result of this work?

If the MLBT OD work is successful, it will underpin a shift in culture towards one of increased:

- Simplification
- Clarity
- Psychological safety
- Trust

What behavioural change do we want to see?

The behaviours (drawn from the values into behaviours framework) we aim to amplify as a result of this specific focus on our organisation culture are:

Fair	Honest	Listens
• Ensure equity among staff and patients. • Treats people as an equal and valued individual • Protects privacy and dignity of others	• Keeps people informed • Clear, open and honest communication • Ensures people get information in ways that they can understand	• Takes time to make others feel listened to and supported • Values different perspectives • Takes other people's views into consideration

The impact on transformation will be:

- Clearer understanding of the reasons for and the focus of change and transformation
- Reduction in number of new initiatives
- Empowerment leading to greater innovation in change
- Increased equity

4. Leadership

Current situation
The leadership culture is characterised by ambition, energy and focus on process. Leaders pour significant time into their work and role model high commitment to patients, service users and carers.

There is a tendency for leaders to react fast. With this comes the pattern of acting down, getting drawn into the detail, stepping in and fixing issues which re-enforces a parental culture. There is also a tendency to set unrealistic expectations, followed closely by fatigue and overwhelm at the size and scale of the tasks at hand. The result of these patterns is an environment where people do not feel fully free to take accountability for their responsibilities and a culture of escalation.

Due to the tendency towards reactivity and perhaps a reflection of the anxiety noted above in the wider organisational culture, decisions can be unpicked, resulting in lack of clarity or uncertainty for staff around a clear focus. This connects to the capacity of leaders to evaluate and reflect critically on the level of risk they are comfortable with and how they hold that risk or seek to pass it on to others.

Board development and Executive team development are already in an established rhythm. In addition to which, initiatives to strengthen the leadership identity and focus for the Core Leadership Group (Execs, CDs and Deputies) and a wider cross section of leaders in our organisation through Senior Leader seminars are also in place. Currently these tend to be a series of events and seminars than a coherent programme of developmental activity.

Board Development	Executive Team development	Core Leadership	Leadership Seminars	Leadership Development
Bi-monthly	Quarterly	Monthly	Quarterly	tbc
Development workshops and seminars to examine board practice and capability around leading strategy, ensuring accountability and shaping culture for the Trust, and deep dives into specific topic areas as relevant for the strategy.	Team coaching to facilitate regular review and encourage team learning through: collective development of the team, development of colleagues as a resource for each other and individual leadership practice.	Attendance at ELT and EMMG.	Key leaders from across SWLSTG taking a deep dive into specific current priorities, designed to build leadership capability and consistency.	Senior Leadership Development Programme Team and Clinical Leaders Programme Leadership Passport

Our approach to leadership is to use the NHS Healthcare Leaders Framework accompanied by the NHS Leadership Way. These frameworks articulate the key skills and behaviours needed at different levels of management and leadership. Development programmes arising from this will

be available in the Trust from the autumn 2023. These will be commissioned and designed around the key areas of focus identified around leadership in this document. Within this, three specific areas need to be clearly articulated and supported by the ensuing development activities:

- Defining what we mean by 'Clinical Leadership' and the skills and behaviours this specifically requires
- Identifying the technical skills leaders require at different level, in addition to leadership behaviour. Provision of training in this area will be covered by the 'Leadership Passport' in the leadership framework.
- Strengthening critical thinking skills to support clarity of intention around leadership style and behaviour

What are the key themes and questions for leadership?

Considering the above, key themes relating to leadership are therefore:

Theme		Key question
The parental culture	Addressing the patterns around escalation, dipping into detail and providing directive or pace-setting leadership will over time build an environment where people are more prepared and confident to take accountability and to escalate appropriately. Developing a coaching style of leadership will support more adult-adult relationships.	How can a coaching style of leadership be fostered?
Holding course	Making clear decisions which have considered risk and sticking with them is foundational to provide clarity of focus and direction	How can decisions be more sticky?
Visibility, listening and connection	There is a strong desire to see senior leaders 'getting out there' more, which creates opportunities for people to be seen and heard, and opportunities for sharing a consistent and clear vision around transformation, supportive of a more visionary style of leadership. This also enables the value of compassion to be more explicitly demonstrated and brought to life through focus on relationships as well as task	How can leaders lead through relationship and connection as much as process and procedure?

What needs to be different as a result of this work?

If the MLBT OD work is successful, the leadership culture of our organisation will support the overall themes of the culture stated above by being:

- Empowering in style, releasing people to act up
- Consistent in decision making and follow through
- Visible, connected and compassionate

These are the core skill set which form the golden thread and need to be the focus of leadership development activity that is undertaken or commissioned.

What behavioural change do we want to see?

The behaviours (drawn from the values into behaviours framework) we aim to amplify as a result of this specific focus on the leadership style and impact are:

Appreciative	Professional	Optimistic
• Notices and recognises others' efforts. • Goes out of their way to make others feel valued and heard. • Praises behaviours over outcomes.	• Sets boundaries • Calm, patient, reassuring and puts people at ease. • Takes responsibility and calls out when others are not.	• Shows a positive attitude when problem solving. • Optimistic about what people can achieve. • Encourages, not deterred by setbacks.

The impact on transformation will be:

- Space for people to own and manage the transformation in their areas, feeling supported and released by their senior leaders
- Traction gained in areas which have so far felt unclear in focus and prioritisation
- Strong connection with senior leaders and understanding of the vision for transformation

5. Management Practice

Current situation
Middle managers are stretched and careful attention around how to provide support to line managers at all levels to help them work sustainably is required.

With relation to management practice around appraisals, high numbers of people report in the staff survey (2023) that they have had an appraisal in the last year. Alongside this, however, although improved from the previous year, the scores are low for people finding their appraisal useful and contributing to improvements in how they do their job. This aspect of management practice requires attention.

Managers are not strongly connected to the transformation agenda and narrative that senior leaders are consistently communicating – there is a gap in cascade and connection here. As a result, managers are not working with sufficient clarity around the WHY of change and transformation and are finding it a challenge to lead their teams through change by proactively translating the high-level 'why' into a local 'why' for their teams.

Over the years we have under-resourced managers by providing limited opportunities for structured and systematic management development, resulting in a cadre of managers across our organisation who are keen for and require solid foundations in basic management skills. This includes skills around some key areas:

- Critical thinking in management practice for taking more initiative and making clear decisions. Critical thinking also creates the context for greater psychological safety with emphasis on learning and analysis rather than judgement.
- Ability to set clear personal and team goals ensuring clarity of expectations and focus, following through with managing performance and delivery
- Skills to develop others and the ability to look ahead and succession plan for roles in the team
- Pro-active awareness and management of difference and the requirements people may have relative to different needs ensuring equity.

What are the key themes and questions for Management Practice?

Considering the above, the key themes relating to Management Practice are:

Theme		Key question
Leading teams through change	The capacity to articulate the rationale for change and the desired impact of change for patients and services users, along with an understanding of the dynamics of leading a team through change	How can managers be equipped to articulate the vision for change and have the space and capability to lead others in change?

Values-based management rather than process and procedure-based management	The shift required here is from a focus on generating policy, procedure and process as a response to issues of quality and performance towards the capacity to manage difference, development and performance through strong relationships and values	How can managers bring to life a values-based approach to managing others?
Increased critical thinking as a core skill	The capacity to pause, reflect and test assumptions rather than continuing in habitual ways of working.	How can we foster an environment which encourages critical thinking?

What needs to be different as a result of this work?
If the MLBT OD work is successful, it will enable a stronger cadre of managers at all levels working from a consistent foundation of essential management skills who feel confident and equipped to lead individuals and teams with the capability to develop team members and succession plan.

What behavioural change do we want to see?

The behaviours (drawn from the values into behaviours framework) we aim to amplify as a result of this specific focus on the management practice and impact are:

Supportive	Kind	Innovative
• Is attentive to other people's needs and feelings • Willing and helpful. • Offers help when needed or finds someone else who can help.	• Notices and takes action when people are in pain, stressed or upset. • Gives feedback when necessary, in a safe, non-judgmental way	• High standards. • Always looking to learn, and for better ways to do things • Is open and flexible to change and encourages this in others

The impact on transformation will be:

- Increased capacity for leading teams through change
- Management style characterised by interpersonal confidence rather than reliance on procedure

6. Work Unit Climate – Teams

Current situation

Work unit climate varies according to the different service and team that people are part of, therefore this summary aims to draw the overall themes together for a high-level perspective.

One indicator of climate is morale. The staff survey reports lower than average 'morale' among staff and low scores for 'recommending our organisation as a place to work', however at the same time people tend to stay with us for a long time, it becomes family. It is notable that we have a 'Good' CQC rating which is not often the case for Trusts with lower morale.

Taking engagement scores as another key indicator of climate, staff survey results indicate notable increases in engagement score in four service line areas; Acute & Urgent Care, CAHMS, Clinical Support Services and Nursing & Quality and specialist services engagement score has remained the same. The decline within the Community Service Line is one of the reasons this area is currently receiving targeted OD support. Engagement has stayed the same or increased in the majority of corporate services apart from HR&OD and Estates and Facilities.

Morale and engagement will be impacted by work towards the themes identified above in culture / leadership / management practice, therefore the focus of this section is more on the data available about cross-team and service climate. In the staff survey 50% reported that teams work well to achieve objectives. In slight contrast to this, however, people do speak of teams often working in isolation and in silos from other teams. If a stronger partnership mindset is developed, this will impact the effectiveness of team and service delivery. There is scope for building greater understanding of what other teams do and building stronger connections across teams, and freedom to share best practice with pride.

The commitment to co-production with service users and patients is clear and a parallel of this is working collaboratively with colleagues – not just to tackle problems when they arise, but to think proactively ahead at framing the opportunities or the issues together.

A further theme arising is the felt sense that core services which support front line teams are not delivering at the quality required to resource the pressurised delivery context. Getting the basics for business-as-usual right needs to be strengthened to set the foundation for transformation.

What are the key themes and questions for Work Unit Climate?

Considering the above, key themes relating to work unit climate relate to how teams and services interact with one another across boundaries are therefore:

Theme		Key question
Silo working	The need for teams to experience the value of greater connection to each other and to patients	How can we become 'smaller' for people by increased connection and understanding of what others do?

Fostering a partnership mindset	If this starts within teams and services, it will be a strong enabler for increasing the partnership orientation outside our organisation	How can a partnership mindset be fostered at an inter- team level?
Getting the basics right	Core services which underpin the front-line activity need to be provided consistently and with quality.	How can a quality service to support business-as-usual be developed?

What needs to be different as a result of this work?

If the MLBT OD work is successful, the internal team climate will be influenced by a change in overall culture of leadership and management as outlined in the sections above. In addition to this in terms of inter-team climate we will have an increased capacity to work across organisational boundaries to support organisation-wide change.

What behavioural change do we want to see?

The behaviours (drawn from the values into behaviours framework) we aim to amplify as a result of this specific focus on the work unit climate and cross- team working are:

Teamwork	Welcoming	Innovative
• Inclusive • Gets to know people, involves, encourages contributions • Connects people so they feel involved • Cooperates without hierarchy	• Is approachable, polite, cheerful • Introduces themselves with 'hello my name is…' smiles and makes eye contact, when appropriate	• High standards. • Always looking to learn, and for better ways to do things • Is open and flexible to change and encourages this in others

The impact on transformation will be:

- Teams more proactively working together to generate ideas and act together for change
- An increased capability to problem solve with others rather than escalate
- Greater confidence in the delivery of core central services

7. Individual Skills and Motivation

Current situation
As this quote from the staff survey reflects, 'It is clear that increased demand, pressure in the system and internal change is impacting on the experience of our patients and our colleagues, in terms of job satisfaction and joy at work.' Staff are highly committed to the work they do… and they are also stretched and pressured.

In this context there is still a strong desire to focus on development and potential; staff would like us to have a structured and accessible approach to talent and career development, an understanding of how they can engage with that to drive development for themselves along with a sense that their line managers will be actively committed to supporting them to engage with their development.

Initiatives around for development at an individual level exist in a range of domains and are comprehensive and ambitious, for example:

Anti-racism Framework	Quality Improvement and Innovation	Co-production, involvement, service user and carer experience framework
White Ally Programme Cultural Curiosity Programme Reverse Mentoring	QSIR Programme Welcome to QI Foundations in QI	Carers Champion Training Lived Experience workforce specialist training

MLBT initiatives have created an environment where people are more explicitly recognised and appreciated for their work, and the impact of this is evident in staff survey results. The counterbalance to this is that we are coming through a period of HR recovery, setting the HR and OD provision for the Trust on a more secure and effective foundation. As a result of the HR deficit over recent years there has been a hiatus in the capacity to develop initiatives which enable the ongoing integration and emphasis of values into behaviours, and an overview of all the development opportunities (as outlined in the table above) which exist for individuals across the Trust, to support more systematic career and talent development.

Specific areas which will benefit from focus at an individual level are:

- Health and wellbeing is an area of ongoing need in response to the pressured context in which people are operating
- Cultural competence - equipping people to understand and work with difference to build towards an inclusive and equitable culture
- People following through what they say they will do. This is an individual level dimension of an environment of psychological safety – that people are able to be honest and clear on what they can and cannot deliver and timeframes.

What are the key themes and questions for individual skills, motivation and values?
Considering the above, key themes relating to the individual level are:

Theme		Key question
Recognition and appreciation	High commitment to the work and to SWLSTG, and desire to be appreciated	How can the positive impact of MLBT be amplified in terms of staff recognition and appreciation?
Career and talent development	The need to strengthen core pathways for talent development and skill development	How can we build a strong talent management approach and clear career pathways?
Values and behaviours	Increasing the focus on translating values into behaviours at an individual level, such as working well with difference and keeping commitments to what has been promised around delivery.	How can Trust-wide OD capability be built to enable consistent alignment and focus on driving values into behaviours at an individual level?

What needs to be different as a result of this work?
If this aspect of the MLBT OD work is successful individuals will feel that they have opportunities for growth and development and their contributions are recognised.

What behavioural change do we want to see?

The behaviours (drawn from the values into behaviours framework) we aim to amplify as a result of this specific focus on the individual skills and motivation are:

Shows Empathy	Optimistic	Innovative
• Takes the time to understand and listen to issues or concerns • Puts themselves in other people's shoes • Adjusts to different people	• Shows a positive attitude when problem solving. Optimistic about what people can achieve. Encourages, not deterred by setbacks.	• High standards. • Always looking to learn, and for better ways to do things • Is open and flexible to change and encourages this in others

The impact on transformation will be:

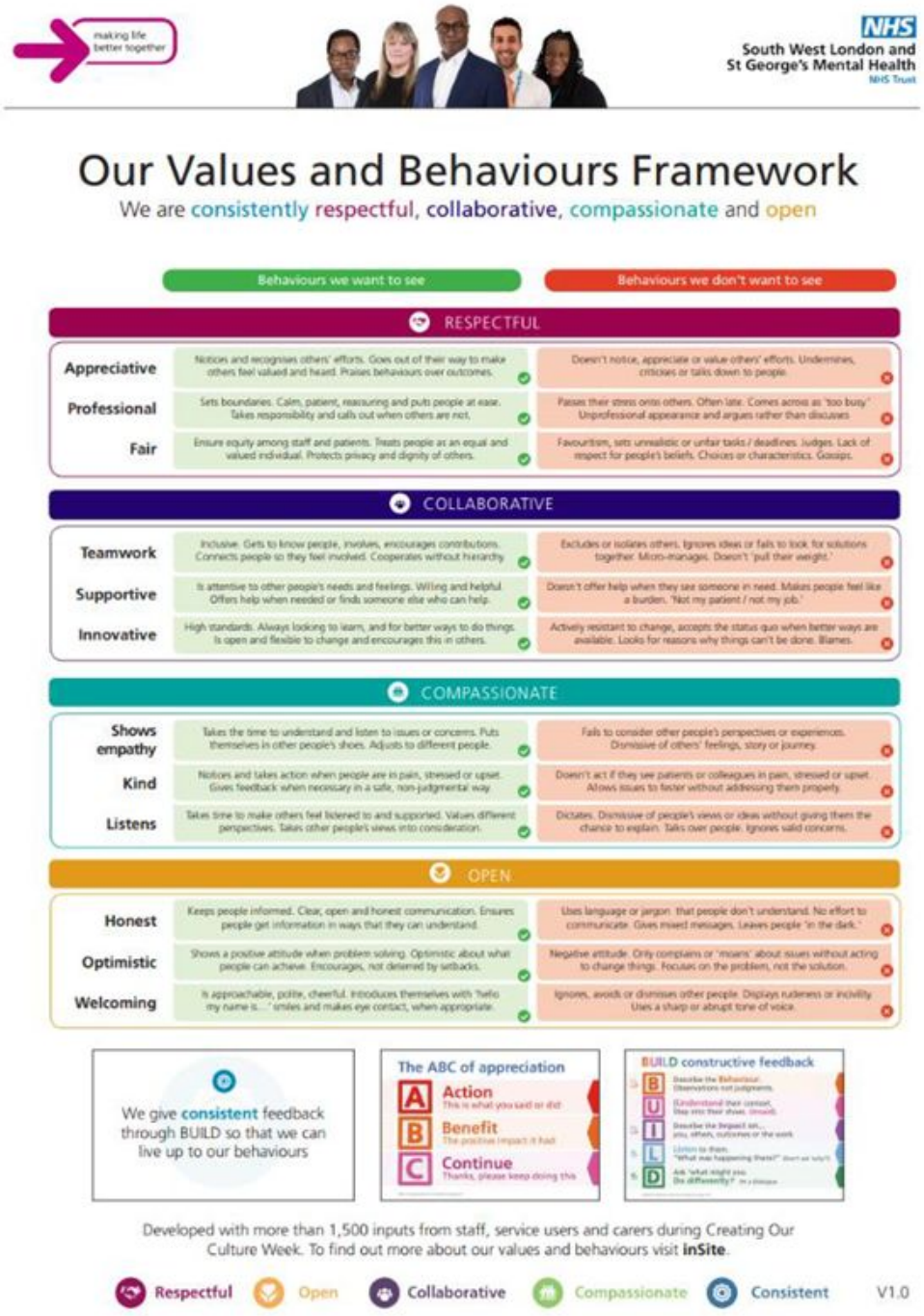
- An increase in the capacity of individuals to engage positively with the implications of transformation for their roles, skills and behaviour and to take personal responsibility for pursuing the development they need to be equipped for their role.
- An environment of optimism and positivity and recognition of contributions in the context of change

8. Summary

Overall we have 15 key questions arising from the analysis, outlined below:

Culture	Leadership	Management Practice	Team unit	Individual skills, motivation and values
1. How can the culture drive towards SIMPLIFICATION and CLARITY?	4. How can a coaching style of leadership be fostered?	7. How can managers be equipped to articulate the vision for change and have the space and capability to lead others in change?	10. How can the organisation become 'smaller' for people by increased connection and understanding of what others do?	13. How can the positive impact of MLBT be amplified in terms of staff recognition and appreciation?
2. How can PSYCHOLOGICAL SAFETY be enhanced?	5. How can decisions be more sticky?	8. How can managers bring to life a values-based approach to managing others?	11. How can a partnership mindset be fostered at an inter- team level?	14.How can the organisation build a strong talent management approach and clear career pathways?
3. How can behaviours of TRUST be amplified to support equity and inclusion?	6. How can leaders lead through relationship and connection as much as process and procedure?	9. How can we foster an environment which encourages critical thinking?	12. How can a quality service to support business-as-usual be developed?	15. How can Trust-wide OD capability be built to enable consistent alignment on driving values into behaviours at an individual level?

Appendix One – SWLSTG Values and Behaviours Framework



Meeting:	Trust Board
Date of meeting:	9th November 2023
Transparency:	Public
Committee Name	Quality and Safety Assurance Committee (QSAC)
Committee Chair and Executive Report	Jonathan Warren and Sharon Spain

BAF and Corporate Objective for which the Committee is accountable:

QSAC has responsibility for the following BAF risks:

- A failure to effectively respond to equality and diversity issues facing the Trust;
- A failure to meet the increasing demand on services relating to acute care pathways.

QSAC is responsible for the following corporate objectives:

- Objective 1: To improve the quality of services through delivering a stepped change in fundamental standards of care and empowering service users and carers;
- Objective 3: To increase our inclusivity and improve equality and diversity becoming an organisation which values all contributions, voices and experiences.

Key Questions or Areas of Focus for the Board following the Committee:

1.1. Risk continues to be a key theme at QSAC, specifically the challenge of providing quality care in a context of demand, pressure (including financial, productivity and efficiency expectations) and constrained resource. We have asked those presenting at QSAC to outline discussions and assurance from other internal committees to enhance understanding of the governance process before an item comes to the committee.

1.2. Demand, resource and capacity continue to be the biggest and most persistent challenges that QSAC considers and it imbues most of the papers/agenda items that are discussed, explicitly and implicitly.

1.3. QSAC supports the ongoing focus on improvement in key areas of challenge, namely flow, operations and workforce, recognising that each is inextricably linked to the quality of care we provide to patients.

Areas of Risk Escalation to the Board:
None.

For each item discussed at the Committee there would be a statement against the three areas below:
1 Assurance Position ("What")
2 Evidenced by ("So What")
3 What next?

Executive Risk Register and Board Assurance Framework

What: The Executive Risk Register (ERR) demonstrates how risk is considered and mitigated at different levels within the Trust, and underpins the Board Assurance Framework (BAF). Each Committee monitors its specific risks as outlined in the BAF and the ERR is reviewed by QSAC on a regular basis. QSAC noted:

- A new safeguarding risk (2442) had been reviewed and QGG and ELT were content with the way in which the risk was phrased and evaluated.
- Length of Stay (1409) risk would be reviewed in October.
- Quality standards (2439) now captures Freedom to Speak Up changes.
- ELT was largely content that People risks were reflective of the current position.
- The Trust had a specific challenge with retention especially for those in post under 12 months that potentially has patient safety and quality implications. Mitigations were in place and the BAF captures the wider long-term and strategic implications.

So what: QSAC reviewed the mitigations and were content. Discussion in October focused on safeguarding and the Committee were content that the risk was appropriate and that the team did not require further resource at this point, but to aim to culture change and empower service managers to use the resource appropriately, and to work with ICB and system colleagues around managing the pressures from the system.

What next? QSAC continues to make suggestions regarding the analysis of the risk register, both as a standalone document and in relation to other sources of data and information. QSAC noted the challenge that pursuing a 'perfect' risk register could be time-consuming and seeks to prioritise analysis, understanding and enhancing our decision-making in any developments to the risk register.

QSAC noted that there would be considretion of a risk around 'Right Care Right Person' when more was known about the implication and impacts for the Trust.

Quality Matters

What: Quality Matters is an essential report that provides triangulation, prompts consideration of the relationship between strategic aims and operational practice and reflects the 'Ward to Board' understanding of quality, safety and the patient experience.

So What: The Committee received a new version of the report in October, too late to properly reflect on it, so this would be done in more detail in the November meeting.

The DNA rate for psychological emergencies in the October report appeared in-month and it was interesting that this had once more increased after focused work on this issue.

What next? QSAC will continue to review the performance of the complaints team, acknowledging the pressures on the service. The committee is particularly concerned about, and interested in, violence and aggression towards staff and the wider considerations for the environment in which both patients and staff are present when these incidents happen.

Quality and Performance Report

What: QSAC received the report and discussed priorities arising, noting that the Trust would be focusing on improvement in key areas of challenge, which were flow, operations and workforce. QSAC noted that focus on these three key areas of challenge are intended to improve performance across the range of metrics.

So What: The Committee noted that:

- There was significant pressure on the acute pathway, alongside the impact of the ongoing industrial action and workforce challenges;
- The numbers of long waiters were increasing in adult ADHD, in Psychology and Psychotherapies and CAMHS eating disorders. Work was ongoing with the Service Lines on these areas.
- MAST now had more grip and control,
- Use of force remained high. ELT noted that the Trust was aware that it is an outlier on restraint, commenting that there are three complex SLP patients with which has influenced the data and the increase may continue.
- The SIREN dashboard was now included within the report.

What next? QSAC will continue to monitor performance in specific areas, including MAST and retention both of which have significant patient safety and quality implications. The Committee would watch with interest how SIREN becomes embedded.

Restraint was discussed as the Trust would be an outlier if the SLP patients were not in our care. This was continued when discussing the use of force annual report. There was a safety Policy being put into place to reduce use of prone restraint. QSAC also noted that mediators were being recruited to reduce use of restraint. The programme was relaunched in April and there had been significant recruitment. As intervention involves patients being watched by staff from outside the ward it may risk infringing dignity and there had been requests from patients to slow the project down and include coproduction. This had been done but it meant the project was now behind its expected timelines.

Learning from Complaints Internal Audit Report

What: this report was reviewed by QSAC for discussion. It had received a rating of 'reasonable assurance' and nothing identified was not already known to the Trust.

So What: Good controls were identified overall and three 'medium' actions were identified:

- learning from complaints – identifying learning from investigations in the same way as patient experience, themes and trends were identified.
- compliance with process – a lack of timeliness and the Trust not meeting its monthly KPI. The audit also identified examples where actions identified following complaint investigations were not followed up in a timely manner. The main risk would be a decrease in patient satisfaction, and an escalation of issues.
- training – the Trust had no formal complaints training in place which could lead to complaints not being investigated in a timely manner.

What next? This report would go onto Audit Committee for review as part of the RSM process, and the three actions would be monitored by Audit Committee until they were completed.

QSAC happily noted that complaints training would be released in due course.

Interesting discussion was had around 'who do we believe' in complaints responses, how could the dial be shifted towards believing the complainant, and how QSAC could help to make that happen in a thoughtful way and so that staff feel supported.

Observations and Engagement

What: the Committee received a paper on Obs and Engagement following a request from Finance and Performance Committee to look at this area through a quality lens, including the impact on patient care.

So what: the Committee noted that a code of conduct had been developed that set out expectations of staff carrying out observations, including how they were expected to engage with patients; how they should employ observations and advising on communications with patients.

There was a learning and response group set up to look at restrictive practice associated with observations.

What next: The next step was to develop expectations about what patients should experience from observations; this was being developed by Mike Hever in conjunction with the lead OT. This would then be shared with patients. More needed to be done in relation to risk appetite. This work would lead to a slow cultural shift to a culture where observations are limited as staff know they are a restrictive, prescribed intervention only.

QSAC welcomed the report and asked for the report to come from a quality focus rather than financial, respecting that the request had come from FPC and the issue had been identified due to increased spend in this area.

Future reporting in this area would come to QSAC via the Q&P report.

The following annual reports were also considered. These are routinely reviewed at QSAC:

- Intellectual Disability and Autism Report
- Patient Led Assessments of the Care Environments (PLACE) Annual Report
- Use of Force Annual Report
- Medicines Management and Optimisation Annual Report
- Medical Revalidation Annual Report

What next: The Medical Revalidation Annual Report would require a Board Chair's Action to sign off and submit, as this would need to happen before the date of the November Board.
Appendices • Ratified minutes of the meetings of July 2023 and September 2023.

Trust

NHS
South West London and St George's Mental Health NHS Trust

Quality and Performance Report

September 2023

Glossary

Term	Meaning	Term	Meaning
ALOS	Average length of stay	IAPT	Improving access to psychological therapies
BAF	Board Assurance Framework	IPC	Infection Prevention and Control
BCAG	Business Case Assurance Group	KPI	Key performance indicator
CAMHS	Child and adolescent mental health services	LOS	Length of stay
CE	Capital expenditure	NHS	National Health Service
CCG	Clinical Commissioning Group	NHSI	National Health Service Improvement
CMA	Cardio-metabolic assessment	PALS	Patient Advice and Liaison Service
COO	Chief Operating Officer	PCR	Polymerase Chain Reaction
CPA	Care programme approach	PDU	Psychiatric decision unit
CQC	Care Quality Commission	PPE	Personal protective equipment
CIP	Cost Improvement Programme	PTL	Patient Tracking List
CQUINS	Commissioning for quality and innovation	QII	Quality improvement and innovation
DNA	Did not attend	QSAC	Quality Standards Assurance Committee
EBITDA	Earnings before interest, tax depreciation and amortisation	RTT	Referral to treatment
EDS	Eating disorder service	RIDDOR	Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations
EMP	Estates Modernisation Programme	SI	Serious incident
F&IC	Finance and Investment Committee	SLM	Service line management
FBPW	Finance, Business, Performance and Workforce group	SLT	Senior Leadership Team
FFT	Friends and family test	SOF	Single Oversight Framework
FSOC	Fundamental Standards of Care	Trust	South West London and St Georges Mental Health NHS Trust
GP	General practice	WTE	Whole time equivalent
HoNOS	Health of the Nation Outcome Score	W&ODC	Workforce and Organisational Development Committee
HTT	Home Treatment Team	YTD	Year to date

Contents

Part A: Executive Summary

What

The focus of this report is September 2023 and our priority metrics to ensure patient safety and effective care, along with our integrated approach to quality, workforce and overall productivity and sustainability. The quality and performance framework is supported by detailed executive review and discussion at the bi-monthly Service Line Review (SLR) meetings.

Overall performance remains Amber rated, with continued pressures on our workforce and in terms of patient acuity across adult and CAMHS pathways. During September we responded to periods of industrial action involving both consultants and junior doctors; safe care was maintained but the cumulative impact on patient flow and staff resilience is significant. Metrics relating to the adult crisis and acute pathway remain underperforming and there is an ongoing quality concern and financial pressure relating to the use of additional private acute beds. There is also significant acuity on our CAMHS wards and further work to do to optimise the patient journey in community services.

Waiting lists, especially for ADHD assessment, are growing due to the underlying capacity constraint that does not match demand. However, we have made progress around EIS standards and waiting times for CAMHS treatment and are continuing to deliver robust recovery rates in talking therapies and increase our Dialog paired measure collection. In specialist services, preparation for the Shaftesbury moves to their new building was a priority for Forensic services, while standards of care across the service line remained strong.

There are early signs of improvement in our agency usage which has remained at a lower level following the summer period, while turnover continues to fall, and vacancy rates are relatively stable. However, staff feedback remains an area for improvement, while there are vacancies across our adult acute and community medical workforce, and a need for further improvement to MAST rates.

The Trust plan is a £0.2m surplus for the year. To achieve this, the Trust needs to deliver savings of £13m. Cumulative savings delivery to Month 6 contributes £6.9m towards this target and the Trust has a 96% confidence of being able to deliver the full £13m during the year.

So What

We continue to focus on strengthening our crisis and acute pathway, while preparing for the launch of the NHS111 press 2 for Mental Health and Section 136 Coordination hubs in Q3 and working with acute trust partners on the Mental Health in ED pathway. The acute transformation programme has been re-phased to take account of delays to delivery relating to industrial action and workforce gaps and has been reviewed against best practice to provide assurance we are focusing on the right changes. Further focus is being given to interfaces between the acute and community pathways to optimise flow, with Enhanced Response Practitioners in community teams now in place.

Work with ICS partners to agree a new model for ADHD services has progressed and transfer of stable medication patients to primary care is proposed, though once agreed this will take time to take effect on waiting times and continued high breach levels are anticipated. Community transformation is embedding within our boroughs and additional investment is enabling a wider and more effective service to be offered including a range of new roles, and Older Adults transformation has commenced, building on and linking with community models of care. Work on caseload LOS has started to take effect and is being managed alongside clinical efficiency improvements. The community service is undertaking a leadership development programme to ensure senior and team leaders are skilled and empowered to address challenges together.

Specialist services are well positioned for a successful move to the new Shaftesbury building. There is active work with the South London Partnership to address challenges in the Rehab, CAMHS and Eating disorder pathways and embed consistent standards and community-based service models, supporting improved quality of care.

Ongoing focus on agency reduction as well as recruitment and retention are underway. Over-recruiting to Health Care Assistant (HCA) vacancies in addition to work carried out on risk assessing Agency HCA booked for observations has led to a decrease in agency bookings over the past 2 months. The appointment of 5 MTI (middle grade) Doctors will also start to make a positive impact on agency usage reductions, although Medical Vacancies remain a focus for the Trust. Although the pipeline of new recruits into the organisation is strong, there remains a strong focus on retention of those that leave the organisation within the first 12 months.

The Trust is in a relatively stable financial position in the context of significant challenges across SWL ICS. More recurrent savings plans would support longer term financial sustainability.

What Next

There is sustained improvement in a number of areas such as specialist pathways, agency usage and MAST compliance, but focus is required to ensure this is maintained.

High levels of demand, acuity and workforce challenges make it difficult to generate significant improvement particularly in areas such as the crisis and acute pathways. It is likely that further change to these pathways will be required as a result of system and regional work so we will need to support staff and patients through these developments and retain focus on our internal transformation programme to deliver sustainable patient flow. The interface between acute and community adult pathways will be critical and we will focus on further collaborative working between the teams.

Recruitment and retention efforts to ensure a stable workforce are key to improving and sustaining high quality care. We continue to support our workforce through challenging times and endeavour to improve experience and feedback as we enter into the Staff Survey period. The use of SIREN as a communication tool with teams and the ongoing development of our leadership and career pathway offers will be key to this work. We continue to focus on organisational development and supporting psychological safety and our clear priorities of optimising the patient journey and a stable workforce.

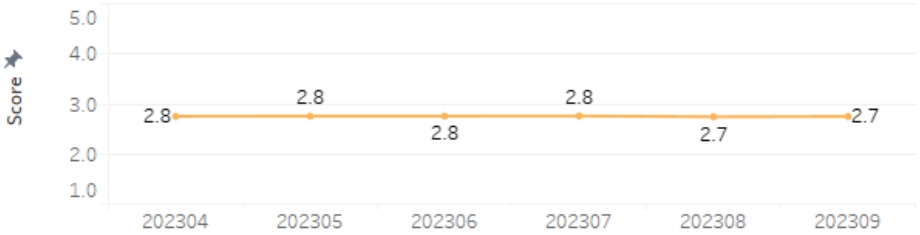
Quality & Performance Summary (see appendix 3 for explanation on scoring)

Summary Domain Performance:

Domain	Full Assurance	Some Assurance	No Assurance	% Full/Some Assurance
Operations	6	14	17	54.1%
Quality	7	11	11	62.1%
Workforce	2	2	8	33.3%
Finance	2	1	0	100.0%
Total	**17**	**28**	**36**	**55.6%**

A table showing how many KPIs have full assurance, some assurance and no assurance, split by domain.

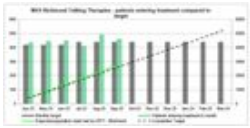
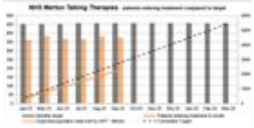
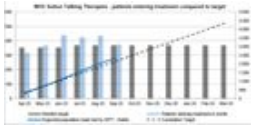
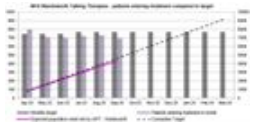
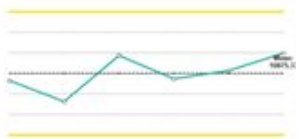
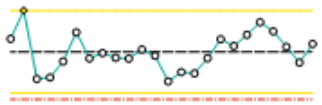
Donut Performance over-time (all themes combined):



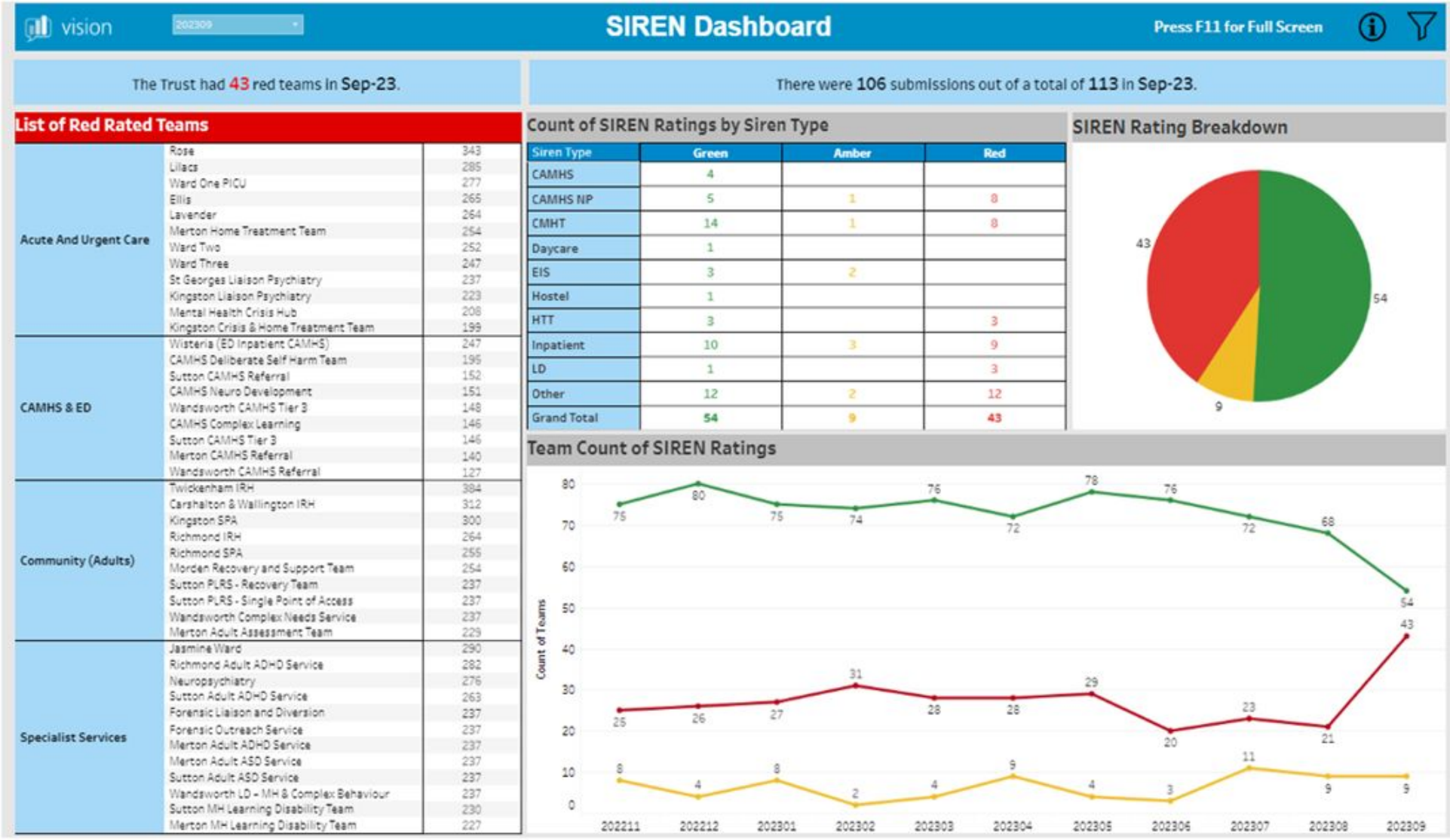
NHS: Oversight Framework

Theme	Metric		Period	Performance (SOF)	Internal Trust Metric	Internal Trust Metric	Benchmarking
Trust	S035a	Overall CQC Rating	Most Recent	3 - Good	N/A	N/A	N/A
	S059a	CQC Well led rating	Most Recent	3 - Good	N/A	N/A	N/A
Workforce	S067a	Leaver Rate	May-23	10.20%	15.1% (Sept 23)	Staff Turnover	
	S068a	Sickness Absence Rate	Mar-23	4.63%	4.63% (Aug 23)	Yes	TBC
	S071a	BME senior staff %	2022	15.20%	31.4% (Sept 23)	Yes	
	S071b	Female senior staff %	May-23	55.60%		Not reported currently	
Experience	S072a	Staff Survey fair career progression	2022	47.60%		Not reported currently	
	S121a	Staff Survey compassionate culture people promise sub-score	2022	7.08 (out of 10)		Not reported currently	
	S121b	Staff Survey Raising Concerns sub-score	2022	6.49 (out of 10)		Not reported currently	
	S133a	Staff Survey Compassionate theme score	2022	7.34 (out of 10)		Not reported currently	
	S063a	Staff Survey Bullying score (from managers)	2022	11.50%		Not reported currently	
	S063b	Staff Survey Bullying score (from colleagues)	2022	16.40%		Not reported currently	
	S063c	Staff Survey Bullying score (from patients/public)	2022	27.10%		Not reported currently	
	S069a	Staff Survey engagement theme score	2022	6.99 (out of 10)		Not reported currently	
Flow	S038a	Consistency of reporting patient safety incidents	Apr-Sep 2022	50%			
	S125a	Adult Acute LoS over 60 days	May-23	35%		Not reported currently	Provided via NHSBN
	S125b	Older adult LoS over 90 days	May-23	39%		Not reported currently	Provided via NHSBN
	S086a	Inappropriate Out of Area placement bed days	May-23	1010	291 (Sept 23)	Yes	

South West London ICS Long Term Plan (LTP) Priority Metrics

ICS Long Term Plan Metrics	Sep-23	Target	SPC Chart	Comments
Number of children and young people accessing mental health services as a % of trajectory	-	-	-	Metric to be incorporated in future reports.
Number of people with severe mental illness receiving a full annual health check and follow up intervention as a % of trajectory	-	-	-	Metric to be incorporated in future reports.
Number of people accessing IAPT services (Richmond).	2691	2571		Richmond Wellbeing service is on track to achieve access requirements for 2023/24.
Number of people accessing IAPT services (Merton).	2238	2715		Merton Uplift is below its cumulative access requirements for 2023/24.
Number of people accessing IAPT services (Sutton).	2356	2166		Sutton Uplift is above its cumulative access requirements for 2023/24.
Number of people accessing IAPT services (Wandsworth).	4345	4614		Talk Wandsworth is just below its cumulative access requirements for 2023/24.
Number of adults and older adults with severe mental health accessing community mental health services	10910	-		The Information Management Team have reviewed metric definition and issued guidance of team category inclusion. There is no target for this metric.
Inappropriate out of area placement bed days - Adult Acute & PICU	291	≤0		Trust continues to require use of out of area beds due to high demand. Trust has renegotiated use of 18 beds at Holybourne until end of 23/24 and continues to open surge beds at times of peak demand.

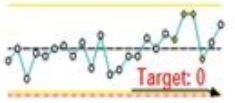
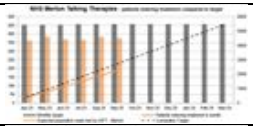
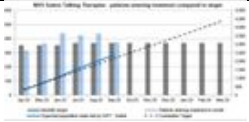
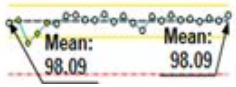
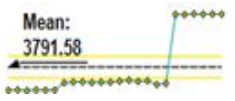
SIREN

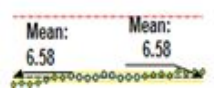
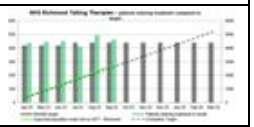
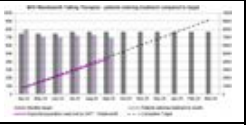
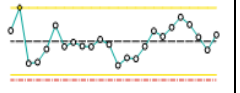

vision
202309
SIREN Dashboard
Press F11 for Full Screen
The Trust had 43 red teams in Sep-23.
There were 106 submissions out of a total of 113 in Sep-23.
List of Red Rated Teams
Acute And Urgent Care
Rose 343
Lilacs 285
Ward One PICU 277
Ellis 265
Lavender 264
Merton Home Treatment Team 254
Ward Two 252
Ward Three 247
St Georges Liaison Psychiatry 237
Kingston Liaison Psychiatry 223
Mental Health Crisis Hub 208
Kingston Crisis & Home Treatment Team 199
CAMHS & ED
Wisteria (ED Inpatient CAMHS) 247
CAMHS Deliberate Self Harm Team 195
Sutton CAMHS Referral 152
CAMHS Neuro Development 151
Wandsworth CAMHS Tier 3 148
CAMHS Complex Learning 146
Sutton CAMHS Tier 3 146
Merton CAMHS Referral 140
Wandsworth CAMHS Referral 127
Community (Adults)
Twickenham IRH 384
Carshalton & Wallington IRH 312
Kingston SPA 300
Richmond IRH 264
Richmond SPA 255
Morden Recovery and Support Team 254
Sutton PLRS - Recovery Team 237
Sutton PLRS - Single Point of Access 237
Wandsworth Complex Needs Service 237
Merton Adult Assessment Team 229
Specialist Services
Jasmine Ward 290
Richmond Adult ADHD Service 282
Neuropsychiatry 276
Sutton Adult ADHD Service 263
Forensic Liaison and Diversion 237
Forensic Outreach Service 237
Merton Adult ADHD Service 237
Merton Adult ASD Service 237
Sutton Adult ASD Service 237
Wandsworth LD - MH & Complex Behaviour 237
Sutton MH Learning Disability Team 230
Merton MH Learning Disability Team 227
Count of SIREN Ratings by Siren Type
Siren Type | Green | Amber | Red
CAMHS | 4
CAMHS NP | 5 | 1 | 8
CMHT | 14 | 1 | 8
Daycare | 1
EIS | 3 | 2
Hostel | 1
HTT | 3 | 3
Inpatient | 10 | 3 | 9
LD | 1 | 3
Other | 12 | 2 | 12
Grand Total | 54 | 9 | 43
SIREN Rating Breakdown
43
54
9
Team Count of SIREN Ratings
Count of Teams
80
70
60
50
40
30
20
10
0
75 80 75 74 76 72 78 76 72 68 54
25 26 27 31 28 28 29 20 23 21 43
8 4 8 2 4 9 4 3 11 9 9
202211 202212 202301 202302 202303 202304 202305 202306 202307 202308 202309

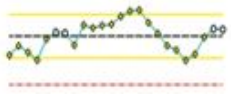
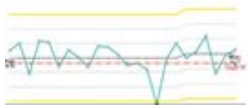
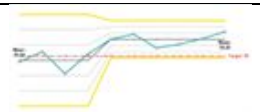
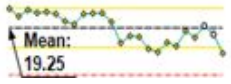
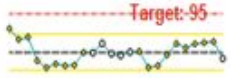
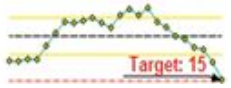
SIREN – September 2023 Summary Commentary

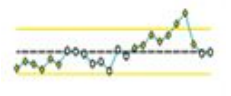
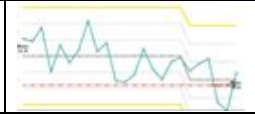
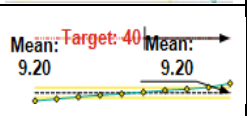
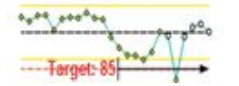
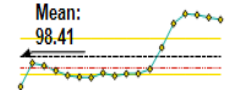
- The embedding of SIREN as a two-way communication tool continues, with focus on Service Lines ensuring it is completed by the Team Leader and Consultant in conjunction with staff, and the Service Line governance meetings and SLRs taking SIREN as a first agenda item. This approach led to useful discussion within the October SLRs. It was noted that the new questions within SIREN should help with a more nuanced view of team status and a further question enabling staff to express any general concerns re patient safety is being considered for addition.
- There has been an increase in teams reporting red SIREN, driven by A&UC teams and to some extent CAMHS. This was discussed in detail in SLR and attributed to the cumulative effect of pressures on the acute pathway as well as a more open discussion with teams about their status and them feeling they can speak up and report the issues they experience through the SIREN and team meeting structure.
- A&UC: (key link to crisis, LOS, DTOC metrics which require improvement)
  - ❑ Staffing, sickness and absence are common challenges across a number of ward teams with Red/amber SIREN. Focus is on ER support, recruitment and supervision. Medical staffing instability has likely contributed to this but an improving position is noted on ward medical workforce.
  - ❑ Crisis, Liaison and Perinatal teams are known to be experiencing specific interpersonal challenges, with additional plans in place and exec support/ external facilitation arranged as necessary
- CAMHS & AED: (key link to increase in restrictive practice restraints)
  - ❑ Avalon, Aquarius and Wisteria wards continue to care for extremely complex service users with frequent incidents and high acuity. There is SLP discussion of the situation to optimize quality of care given the constraints of the services.
  - ❑ The updated questions in SIREN have driven additional red teams within CAMHS community. Initial investigation suggests this relates largely to known screening backlogs and the SL are undertaking team visits to explore this.
- Community: (key link to caseload LOS and waiting time metrics, plus vacancy rates and use of agency)
  - ❑ Largely consistent position in community with significant staffing issues across the service line. There is good feedback on the leadership OD work in progress. The service line continues to manage this and have embedded SIREN discussion into their team and borough structures.
  - ❑ Growth in caseloads is closely connected with vacancies including gaps in key roles plus the interface with primary care. Focused work is underway with the most pressured teams to develop approaches which improve the patient journey and restore a balance of flow between primary and secondary services.
- Specialist:
  - ❑ Confident SIREN being used and completed correctly and collaboratively. Reflecting on whether the tool can be used more effectively to identify closed culture or patient safety concerns as part of the learning from incident on Jasmines ward.
  - ❑ FOS, L&D, Crocus and Jasmines are known areas of concern with robust improvement plans; SL feel that open and constructive conversations are happening and management support is in place.
  - ❑ NDD issues relate to workforce and SL are actively addressing this, planning to do more on ER and a strategic approach to workforce planning and more resilient structure for management posts.

Priority Metrics

	Priority Metrics	Sep-23	Target	Trend	Assurance*	SPC Chart
Operations	1st episode of psychosis - Treatment with a NICE recommended package within 2 weeks of referral (%) (see page 12)	82.4	≥ 60.0	→	?	
	Access					
	Liaison psychiatry - People waiting over 12 hours in A&E for a bed (see page 13)	47	= 0	↗	X	
	Access					
	Referral to treatment (RTT): 52 week breaches (see page 15)	447	= 0	↗	X	
	Access					
	Expected population need IAPT – Merton Uplift (see page 15)	2238	2715	-	-	
	Access					
	Expected population need IAPT Sutton Uplift (see page 15)	2356	2166	-	-	
	Access					
	CAMHS Eating Disorders - Non-Urgent referrals who begin treatment within 4 weeks (%) (see page 16)	100.0	≥ 95.0	↗	?	
	Access					
	Dementia diagnosis within 6 weeks of referral to a memory assessment service (%) (see page 17)	86.1	≥ 85	→	?	
	Access					
	Adult Acute Bed Occupancy (see page 18)	99	≤ 90	→	X	
	Flow					
	Number of adults and older adults receiving 2+ contacts in new integrated model across the core and dedicated service provision (see page 19)	10887	-	↗	-	
	Flow					

	Priority Metrics	Sep-23	Target	Trend	Assurance*	SPC Chart
Operations	Liaison psychiatry - Seen within 1 hour in A&E (%) (see page 12)	70.1	≥ 95.0	↘	X	
	Access					
	Referral to treatment (RTT): Patients waiting less than 18 weeks for treatment at month end (%) (see page 14)	64.3	≥ 92.0	↘	X	
	Access					
	Perinatal: women accessing specialist PMH services as a proportion of births (see page 16)	6.9	≥ 10.0	↗	X	
	Access					
	Expected population need IAPT – Richmond (page 15)	2691	2571	-	-	
	Access					
	Expected population need IAPT – Talk Wandsworth (see page 15)	4345	4614	-	-	
	Access					
	CAMHS - Non-Urgent referrals assessed within 8 weeks (%) (see page 17)	45.6	≥ 80.0	→	?	
	Access					
	Adult acute average length of stay (Excluding PICU) (see page 18)	39.1	≤ 38	→	?	
	Flow					
	Inappropriate out of area placement bed days - Adult Acute & PICU (see page 19)	291	≤ 0	→	X	
	Flow					

	Priority Metrics	Sep-23	Target	Trend	Assurance*	SPC Chart
Quality	Cardiometabolic Assessments - Community and EIS (%) (see page 20)	84.7	≥ 75.0	↘	✓	
	Fundamental Standards of Care					
	Patient Friends and Family Test (%) (see page 21)	84.8	≥ 92.0	→	✗	
	Patient Experience and Outcomes					
	IAPT recovery rate - Merton Uplift (%) (see page 21)	52.6	≥ 52.0	→	?	
	Patient Experience and Outcomes					
	IAPT recovery rate – Richmond IAPT (%) (see page 21)	56.3	≥ 50.0	→	✓	
	Patient Experience and Outcomes					
	Death - Suspected suicide (see page 23)	6	-	→	-	
	Patient Safety					
Workforce	Vacancy Rate (%) (see page 24)	17	≤ 15	↘	✗	
	Recruitment/ Attraction					
	Statutory and Mandatory Training: 1 (%) (see page 26)	91.8	≥ 95.0	↗	✗	
	Staff Skills/Development					
	Turnover (%) (see page 27)	15.1	≤ 15	↘	✗	
	Staff Retention/ Support / Satisfaction					
Finance	% Forecast Overspend (See Page 28)	0	≤ 0	→	✓	
	Grip & Control					

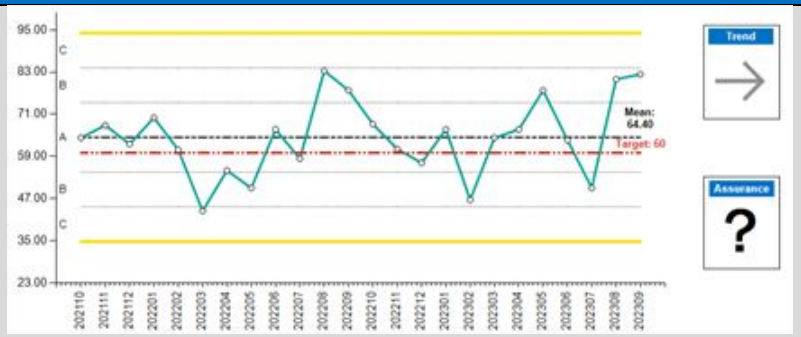
	Priority Metrics	Sep-23	Target	Trend	Assurance*	SPC Chart
Quality	Safe Staffing: National Compliance - Inpatients (%) (see page 20)	127.2	≥ 95.0	↗	✓	
	Fundamental Standards of Care					
	IAPT recovery rate - Sutton Uplift (%) (see page 21)	51.5	≥ 50.0	→	?	
	Patient Experience and Outcomes					
	IAPT recovery rate - Talk Wandsworth (%) (see page 21)	51.4	≥ 50.0	→	?	
	Patient Experience and Outcomes					
	Paired Dialog Completed % (see page 22)	14.6	≥ 40.0	→	✗	
	Patient Experience and Outcomes					
Workforce	Percentage of BAME staff - Band 8+ and Medical (see page 25)	31.4	≥ 50.0	↗	✗	
	Recruitment/ Attraction					
	Statutory and Mandatory Training: 2 (%) (see page 26)	88.8	≥ 85.0	→	✓	
	Staff Skills/ Development					
Finance	Activity vs Plan (Local Contract) (See Page 28)	109.6	≥ 95.0	↗	✓	
	Productivity					

* This refers to assurance that the performance of a metric will consistently exceed the target

Operations Domain

1st episode of psychosis - Treatment with a NICE recommended package within 2 weeks of referral (%) Target ≥ 60%

Access



Team Breakdown – September 2023

Team	Treatment Within 14 Days	Referrals	% Treatment Within 14 Days
Sutton Early Intervention	3	3	100.0%
Kingston Early Intervention Service	1	1	100.0%
Wandsworth Early Intervention	4	5	80.0%
Richmond Early Intervention Team	3	4	75.0%
Merton Early Intervention	3	4	75.0%
Trust Total	14	17	82.4%

Background
There is good evidence that early intervention, when delivered in accordance with NICE standards, helps people to recover from a first episode of psychosis and to gain a better quality of life.

What the chart tells us
The Trust can be expected to frequently exceed the target which is below average performance.

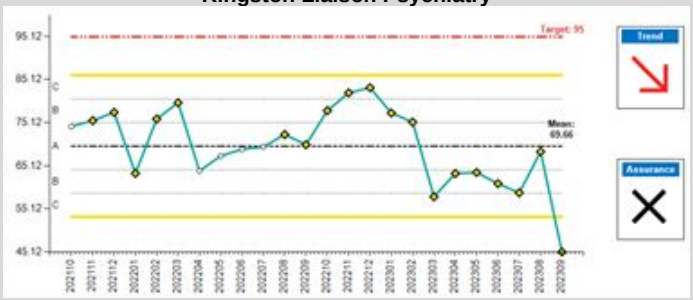
Underlying issues
- Inconsistent clinical oversight of waiting list and validation is not always completed promptly.
- Some inpatient wards and adult assessment teams are slow to refer patients on to EI services once psychosis is identified making it much harder for them to meet the waiting time targets.
- RiO is not configured to allow the accurate recording of first episode of psychosis and provide a workflow; as a result, there is an administrative burden on teams to manually validate all waiters.
- Wandsworth EIS using agency staff and further work is required relating to induction of said staff.
- Feedback from National Clinical Audit of Psychosis 2023 scored all 5 Borough's as "top performing" in regard to timely access.

Actions:
- Targeted training for SPA teams to continue in order to reinforce the importance of timely referrals.
- Alert system is now available in RiO which will support workflow for recording first episode psychosis.
- Ensure EIS teams use duty system to check FEP waiters daily on dashboards. Ensure team seniors (manager and deputy) have daily oversight on new referrals/waiters.
- Teams to proactively in-reach and work with wards if suspected FEP present.
- Community Service line to engage with acute services to improve processes for timely referrals to EIS.
- Wandsworth EIS to ensure agency staff are thoroughly inducted in local systems to avoid referral breaches.

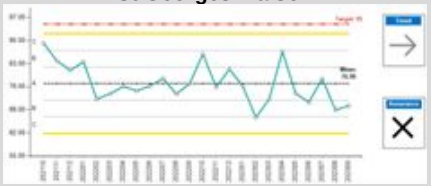
Liaison psychiatry - Seen within 1 hour in A&E (%) Target ≥ 95%

Access

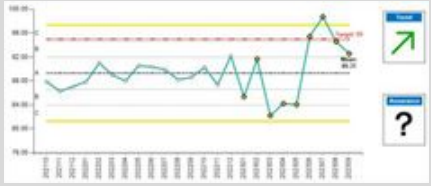
Kingston Liaison Psychiatry



St Georges Liaison



St Helier Liaison

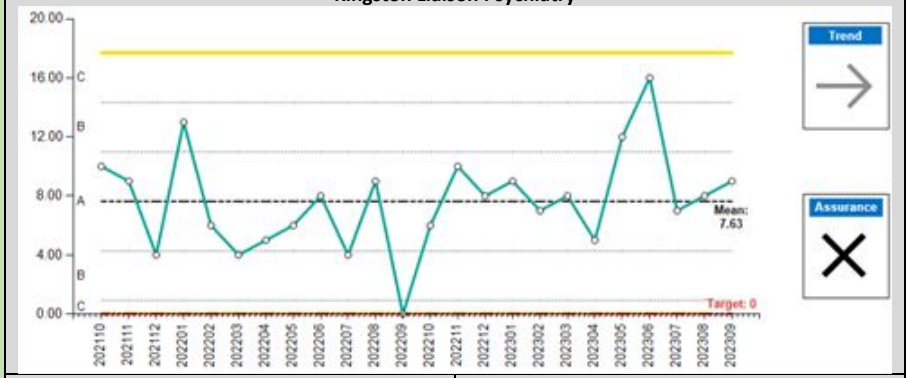
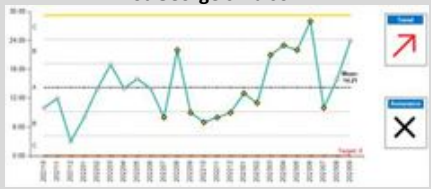
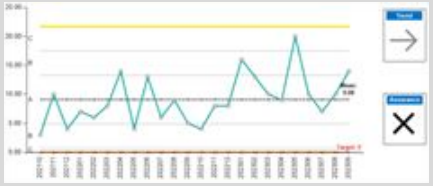


Background
Achieving Better Access to 24/7 Urgent and Emergency Mental Health Care' published by NICE in 2015 states that an emergency liaison mental health service should respond within one hour of receiving a referral. An emergency response consists of a review to decide on the type of assessment needed and arranging appropriate resources for the assessment.

What the charts tells us
All three liaison services are consistently below target (which is above upper control in Kingston & St George's). A change of process is required.

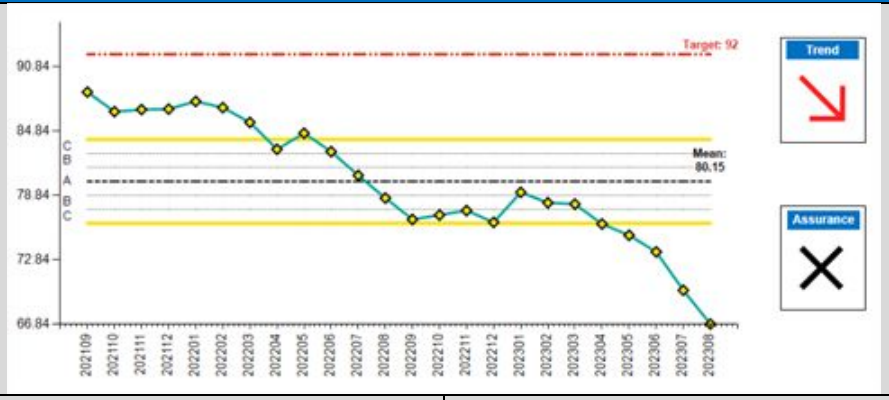
Underlying issue:
- The process of managing Emergency Referrals is impacted by many factors such as staffing shortages (including sickness and vacancy rate, cubicle space (St George's), other activities such as handover and multiple referrals from both ED and wards.
- Impact of extended number of patients waiting for MH beds in general hospital requiring further reviews.
- Acute hospitals have been experiencing a high level of acuity and this has had an impact on referrals into liaison services capacity.
- Variation in performance between services Kingston Liaison is an outlier service. St Helier met target in July.
- Administrative burden for liaison staff as they have to update both Trust and acute hospital clinical records.

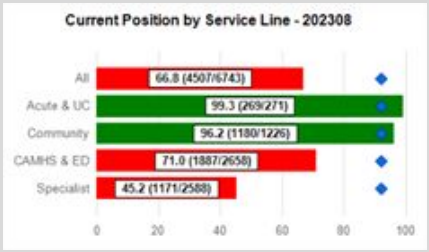
Actions:
- Action plan for liaison services formalised including improving access and induction for bank staff working across sites. Agreed requirements and competencies of bank staff are in place. Improvement plan is to align with overall Liaison Psychiatry Business Plan with focus on demand and capacity. Action plan was reviewed at EMMG in August 2023.
- Shift patterns has been reviewed as part of Pilot evaluation and Core24 compliance and proposals sent to Finance to cost before engagement/consultation work to begin with Teams. Timeframe for completion is 3-4 months.
- Clinical Service Lead and Matron undertaking staffing review in regard to demand and capacity and CORE24 compliance. This is a longer term piece of work and will be trialled in Kingston Liaison initially.

	Liaison psychiatry - People waiting over 12 hours in A&E for a bed	Target = 0
Access	**Kingston Liaison Psychiatry**  **St George's Liaison**  **St Helier Liaison** 	**Background** Patients assessed at A&E by Liaison Psychiatry should not experience long waiting times if access to a bed is required. **What the charts tells us** The level of 12-hour breaches is increasing across the three services with occasional variation. **Underlying issue** - A lack of available adult acute beds will lead to an increase in waits over 12 hours. - Increased LOS and DTOC patients impacting on flow and ability to create capacity despite block contract beds with Holybourne Hospital and use of surge beds. **Actions** - Matron and CSL meeting with Associate Director of Transformation to discuss review method of providing assurance that patients are being reviewed at least once a day. Diary contact assurance is not reliable. - Continue system meeting with acute hospitals and surge to prioritize patients across ED's for beds. - Substantive recruitment of Consultant Psychiatrist to Kingston Liaison Psychiatry and also successful recruitment across services. - The Trust has contract for use of 18 beds at Holybourne in Roehampton until the end of the financial year. - Matron working with Inpatient MDT to develop a new process of using Southcroft Lodge for step downs of those awaiting accommodation, hence improving flow of DTOC patients out of MH Inpatient services into a more suitable setting.

Access

Referral to treatment (RTT): Patients waiting less than 18 weeks for treatment at month end (%) — Target ≥ 92%





% Waiting less than 18 weeks including / excluding ADHD/ASD teams – Sep 2023

Including ADHD/ASD teams	64.3%
Excluding ADHD/ASD teams	79.6%

Background

The NHS Constitution states that patients should wait no longer than 18 weeks from GP referral to start of treatment (RTT) by a consultant led service.

What the chart tells us

Mean performance is below target (which is above upper control limit) and there has been a significant downturn trend in performance. A change in process is required.

Underlying issue

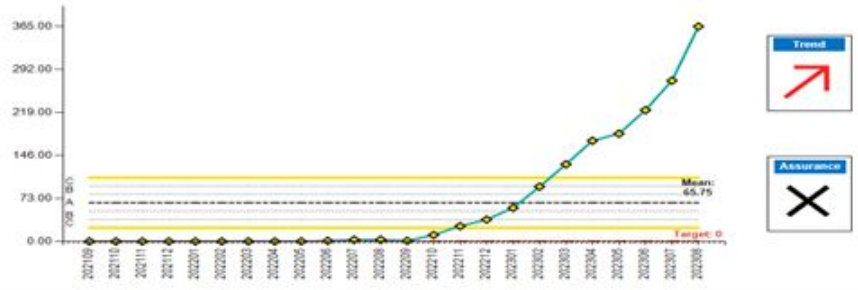
- **Adult ADHD:** There are known demand and capacity issues within the service; in September 2023, 59.0% (1473/2497) of the 18-week breaches relate to this service (see below for further information). Continued increase in caseload (for annual medication review) will impact on service assessment capacity. Team Manager post will become vacant in September which may have temporary impact on the actions in place. Clinical Manager will be providing oversight in this period.
- **CAMHS Tier 3:** ADHD medication titration waiters due to on-going psychiatry staffing shortages and Psychiatry case managing increase for psychology waiters.
- Individual therapy waiters due to on-going staffing shortages in Clinical Psychology positions (especially in Richmond and Wandsworth Tier 3).
- **CAMHS SPA:** Longest waits are linked to cases awaiting of completion of Neurodevelopment screening.
- **Adult Eating Disorders (AED):** Service only outcome an appointment as "treatment" when its meets NICE evidence based guidance. Therefore some clients who are being seen for i.e. dietetics outreach or step for changes group will remain as waiters as their appointment don't meet threshold for evidence based NICE treatment.

Actions

- **Adult ADHD:** Trust working with ICS to develop a sustainable solution for Adult ADHD pathway management.
- An ICB led Task and Finish Group with SWLSTG and Primary Care representation commenced in July 23 to progress the development of a discharge pathway. This concluded in October 2023 and a draft service specification for primary care will be presented to ICB SMT on 12th October.
- Internally there is focused work under way on caseload cleansing and ensuring clinical screening is completed on referral backlog.
- Recruitment of 2wte Non Medical Prescribers roles in Sutton and Merton - estimated operational date 1st Dec. Continue to utilise 1.1 WTE Locum Medical. Aiming for full recruitment into vacancies by end of November.
- Continue to recruit to T3 investment across the five teams to increase choice assessment resource.
- Non-medical prescriber newly recruited for Kingston and Richmond CAMHS Tier 3 to address the ADHD medication backlog across both teams. Locum non-medical prescriber recruited for Wandsworth. GP with specialist interest in ADHD working alongside psychiatry on wait list reduction in Richmond.
- Therapy waiting cases are reviewed through 8 weekly review calls and all waiting patients are provided with a While you Wait support pack.
- Adult Eating Disorders (AED): AED: Pathway and process review being undertaken with clinical lead and ACD being undertaken in order to maximise use of resource for treatment.
- Pathway and process review being undertaken by clinical lead and ACD in order to maximise use of resource for treatment. New CBT group set to commence in September 2023 which will increase capacity.

Referral to treatment (RTT): 52 week breaches — Target = 0

Access



52 Week Breaches – September 2023

Team	Sep
Sutton Adult ADHD Service	237
Merton Adult ADHD Service	119
Richmond Adult ADHD Service	78
Kingston CAMHS Tier 3	4
Adult Eating Disorders Outpatients	3
Richmond CAMHS Tier 3	2
Merton CAMHS Tier 3	1
North Kingston Integrated Recovery Hub	1
Richmond CAMHS Referral	1
Wandsworth CAMHS Tier 3	1
Total	447

What the chart tells us:
Historic performance consistently met target; however recent months have seen significant increase in 52 week breaches with performance above upper control limit in last 6 months; a change in process is required.

Underlying issues that prevent us from consistently reaching the target:
- Adult ADHD: There are known demand and capacity issues within adult ADHD services and there is a continued risk of further increase in 52 week breaches. The levels of 52 breaches will continue to rise as diagnosed cases remain on the adult caseload for annual medication review.
- CAMHS Tier 3: Breaches were linked to waits for ADHD medication commencement.
- Adult Eating Disorders service incurred two breaches linked to wait for CBT Group due to lack of appropriate patients and team unable to provide 1:1 CBT due to capacity.

Actions:
- Adult ADHD: An ICB led Task and Finish Group commenced July 23 to progress the development of a discharge pathway. This concluded in October 2023 and a draft service specification for primary care will be presented to ICB SMT on 12th October.
- Internally there is focused work under way on caseload cleansing and ensuring clinical screening is completed on referral backlog.
- Recruitment of 2wte NMP roles in Sutton and Merton - estimated operational date 1st Dec. Continue to utilise 1.1 WTE Locum Medical Staff.
  Recruitment for medical vacancies. Aiming for full recruitment into vacancies by end of November.
- CAMHS: Non-medical prescriber continues to work on ADHD backlog in Kingston & Richmond. Locum non-medical prescriber recruited for Wandsworth. GP with specialist interest in ADHD working alongside psychiatry on wait list reduction in Richmond.
- AED: Pathway and process review being undertaken by clinical lead and ACD in order to maximise use of resource for treatment. New CBT group set to commence in September 2023 which will increase capacity.

Expected population need met by IAPT (numbers entering treatment)

Access

Background
Improving Access to Psychological Therapies (IAPT) is an NHS programme in England that offers interventions approved by NICE for treating people with depression or anxiety. In 2021/22 NHSE (agreed with Commissioners) have set a flat rate of cases entering treatment for each CCG area.

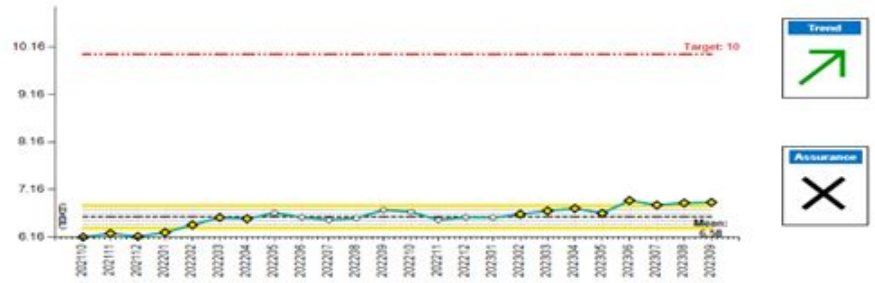
What the chart tells us
Two (Sutton IAPT & Richmond Wellbeing Service) of the four IAPT services are above their cumulative access requirements for 23/24. Merton Uplift is considerably below its requirement whilst Talk Wandsworth performance is just below target.

Underlying issues
- Access targets have now been agreed for FY23-24. Due to a delay there is an increase for this financial year which will be amortised across Q2-Q4.
- There is insufficient resource in Wandsworth, Merton, and Sutton and therefore meeting access requirements will continue to be an ongoing challenge.
- There was a total deficit of 370 across all 4 boroughs at end of Q2, and talking therapies services are continuing to closely monitor this.
- Network outages affected access in September as appointments needed to be cancelled and rescheduled.

Actions
- iPlato (3rd party provider) has been commissioned across all 4 boroughs to help us achieve our access targets. Service managers will be closely monitoring referral numbers on a weekly basis, ensuring there is sufficient slots to meet these access target.
- We have invested an additional £200k with our digital partner IESO to undertake further activity; this was approved by the ICB as part of the "triple lock" approval process.
- Service Managers will raise any concerns which bears any risk to target or wait lists to IAPT/Community Service Line senior management who will raise with ICB as appropriate.
- Talking therapies service is working on recovery plans in boroughs where performance is behind cumulative target. The Merton Uplift Service Manager is currently engaged in conversations with the Mental Health clinical lead in Merton to try and secure additional clinical space to increase our face to face offer, and to encourage Merton GPs to sign up to iPlato so that adequate referrals are received.

Perinatal: women accessing specialist PMH services as a proportion of births — Target ≥ 10%

Access



Perinatal Access: The metric is based on a rolling 12-month period. To be included in the numerator, the patient has to have been seen FTF or via e-consultation in the preceding 12 months. This is a count of distinct patients not referrals.

Measure	202211	202212	202301	202302	202303	202304	202305	202306	202307	202308	202309	202310
Women accessing PMH services *	1,016	1,025	1,024	1,035	1,046	1,054	1,038	1,060	1,065	1,072	1,074	1,042
Estimated births	15,595	15,595	15,595	15,595	15,595	15,595	15,595	15,595	15,595	15,595	15,595	15,595
Nationally Published Figures: Service use per birth (ONS)	6.5	6.6	6.6	6.6	6.7	6.8	6.7	6.9	6.8	6.9	6.9	6.7
Service use per birth (For Context Only)	7.7	7.7	7.7	7.8	7.9	8	7.8	8.2	8	8.1	8.1	7.9

Background
Perinatal mental health (PMH) problems are those which occur during pregnancy or in the first year following the birth of a child. Perinatal mental illness affects up to 20% of new and expectant mums and covers a wide range of conditions. The NHS Long Term Plan is for improved access to perinatal care for mums who with moderate / severe Perinatal Mental Health.

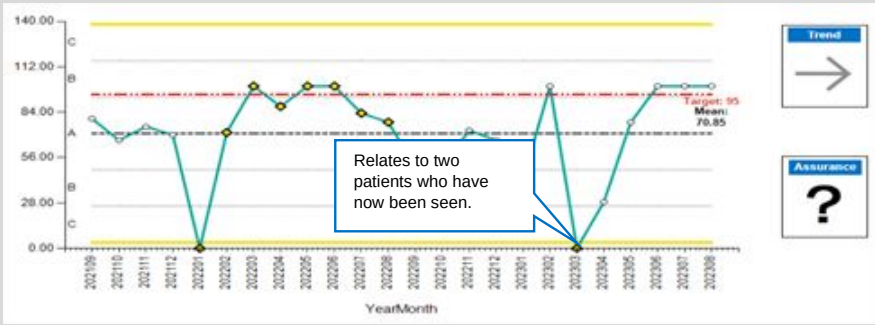
What the chart tells us
Although a slight upward trend is observed mean performance is below national requirement (target).

Underlying issue
- National target is based on predicted birth rate (2016 census data) which is higher than the actual local birth rate in 2022.
- Number of referrals received progressing to assessment is too low in order to reach access requirements of 10% of PMH population.
- High DNA rate.

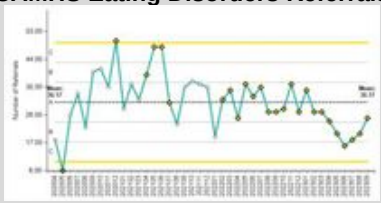
Actions
- Ongoing development of Perinatal Trauma and Loss Service with review of additional capacity and impact on access. Service has now been rolled out across the three South West London.
- Following investment there has been recruitment into newly funded posts (nursing, nursery nurse, P&P) has continued to progress and will be completed in November 2023.
- Newly funded Peer Support Worker posts to be recruited into in October/November, with focus of roles on DNA project.
- Duty changes to be reviewed at follow up workshop on 18th October.
- 12-24 month long term plan work to be progressed in October/November, working group meeting to plan phased roll out.

CAMHS Eating Disorders - Non-Urgent referrals who begin treatment within 4 weeks (%) — Target ≥ 95%

Access



CAMHS Eating Disorders Referrals



Waiting for Treatment Summary September 2023

		00 - 01	01 - 02	02 - 03	03 - 04	Total
Waited	Standard	1	3	2	0	6
	Urgent (7days)	5	0	0	0	5
Waiting	Standard	3	0	1	1	5

Background
To ensure that young people in urgent need of care have prompt access to CAMHS services when there are concerns for welfare.

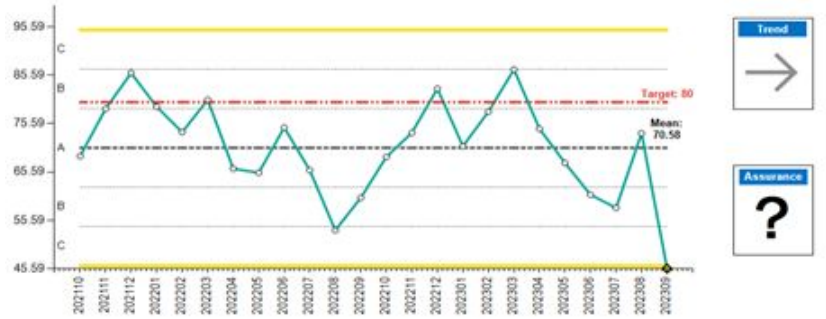
What the chart tells us
Mean performance is below target. Recent months performance has shown improvement with full compliance for last four months.

Underlying issue
- Long term demand and capacity issues within the team.
- Over-reliance on part time staff to maintain administrative systems.
- The denominator for this KPI is low (n=6) in September 2023, so any case seen outside 28 days is likely to lead to target being missed. Full compliance noted for last three months.
- Recruitment into the service has been challenging with certain posts difficult to recruit to.

Actions
- The CAMHS Eating Disorders Service are continuing recruitment process.

Access

CAMHS - Non-Urgent referrals assessed within 8 weeks (%) — Target ≥ 80%



Team Breakdown – September 2023

Team	Assessed Within 8 Weeks	Assessments	% Assessed Within 8 Weeks
Wandsworth CAMHS Tier 3	5	7	71.4%
Sutton CAMHS Tier 3	10	18	55.6%
Kingston CAMHS Tier 3	5	11	45.5%
Richmond CAMHS Tier 3	5	11	45.5%
Merton CAMHS Tier 3	6	21	28.6%
Trust Total	**31**	**68**	**45.6%**

Background
To ensure that young people in need of care have prompt access to CAMHS services when there are concerns for welfare.

What the chart tells us
Mean performance is below target indicating compliance on occasion. Recent months have deteriorated with September 2023 performance below control limit.

Underlying issue
- Most breaches relate to waits for ADHD medication and Psychiatry. As T3 CAMHS continues to assess more of the backlog of ADHD waiters this KPI will continue to deteriorate of until the backlogs are cleared.
- There are delays in ADHD medication due to the prioritisation of urgent referrals, screening forms being returned late, cancelling appointments and a small number of errors in recording.
- Kingston & Richmond Tier 3 services continue to struggle with assessment slot availability within the team, as resources are being focused on offering therapy slots for waiting patients.
- There will be a further shortfall in non-medical prescriber resource due to expected vacancy.

Actions
- Psychiatry continues to prioritise higher risk referrals for appointments, meaning ADHD medication waiters (who are of less risk) will continue to be reason for most 8-week breaches.
- Non-medical Prescriber newly recruited for Kingston and Richmond CAMHS to address the ADHD medication backlog across both teams.
- New psychiatry locum in post for Merton CAMHS Tier 3 who is addressing ADHD backlog.
- Continue to recruit to T3 following investment to increase choice assessment resource.
- Pilot of GP with specialist interest for ADHD medication commencing in Kingston & Richmond on 8th October; they will co-work with psychiatry which will help to reduce ADHD backlog.

Dementia diagnosis within 6 weeks of referral to a memory assessment service (%) — Target ≥ 85%

Team Breakdown – September 2023

Team	Diagnosed within 6 weeks	Diagnosed required	%
Kingston Memory Service	21	23	91.3%
Memory Assessment Service Wandsworth	24	30	80.0%
Merton Memory Assessment Service	14	15	93.3%
Richmond Memory Assessment Service	19	22	86.4%
Sutton Memory Assessment Service	27	32	84.4%
Total	**105**	**122**	**86.1%**

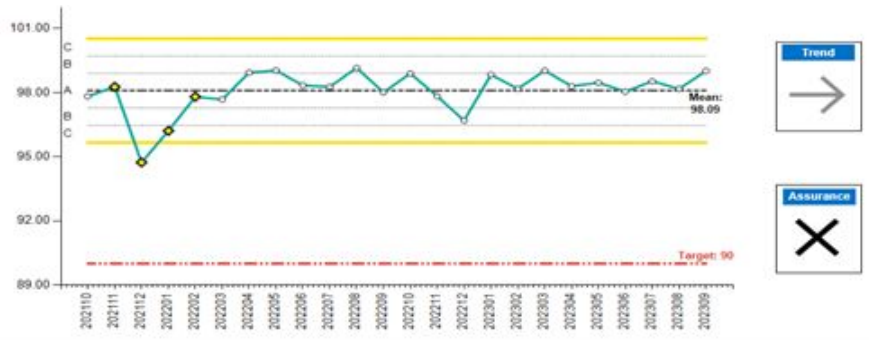
What the chart tells us
Mean performance is comfortably above target indicating frequent compliance with occasional variation.

Underlying issue
- 17 breaches reported in September 2023.
- In Wandsworth there has been consistent increase in referrals; whilst Sutton was impacted by DNA's and cancellations.

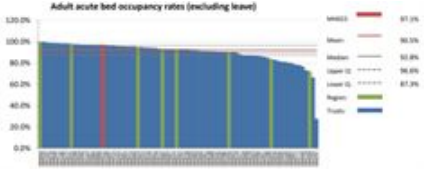
Actions
- **Trust:** Work with CCG to increase referral activity where DDR rate is low- e.g. Kingston.
- Continued monitoring and additional support for teams where needed.

Bed Occupancy on acute adult wards (%) — Target ≤ 90%

Flow



2021/22 Benchmarking (Trust is highlighted red, other London Trusts are highlighted green)



Background
Occupancy rate is the number beds occupied divided by the number of available bed days.

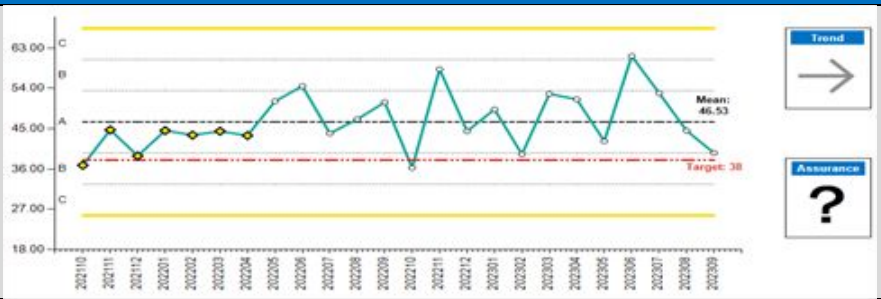
What the chart tells us
Low level variation with mean performance considerably above target.

Underlying issue
- Demand for inpatient services remains high, with over performance on occupancy rates resulting in use of out of area placements.
- Out of area placements have increased through August.
- Work to address occupancy rates is outlined within the 100 day challenge work within inpatient transformation.

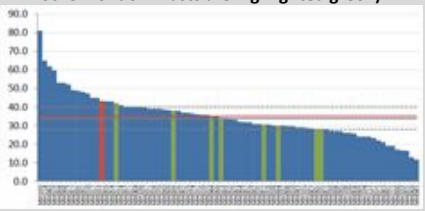
Actions
- The Trust has extended its contract for use of 18 beds at Holybourne in Roehampton until the end of 23/24.
- Trust has opened surge beds to help manage peak demand and keep placements to a minimum.
- 100 discharge challenge flow interventions have been implemented and AUC service line continue to work on embedding transformational change.
- A revised KPI definition for Adult Acute Bed Occupancy reporting is in process of being finalised.

Adult Acute monthly average length of stay (excluding PICU) — Target ≤ 38

Flow



2021/22 Benchmarking (Trust is highlighted red, other London Trusts are highlighted green)



Background
Average length of stay is important as it informs future bed planning. This definition was agreed by the Bed Management Project Group and approved by Trust Executive. It includes out of area placements and excludes stays on PICU wards and leave.

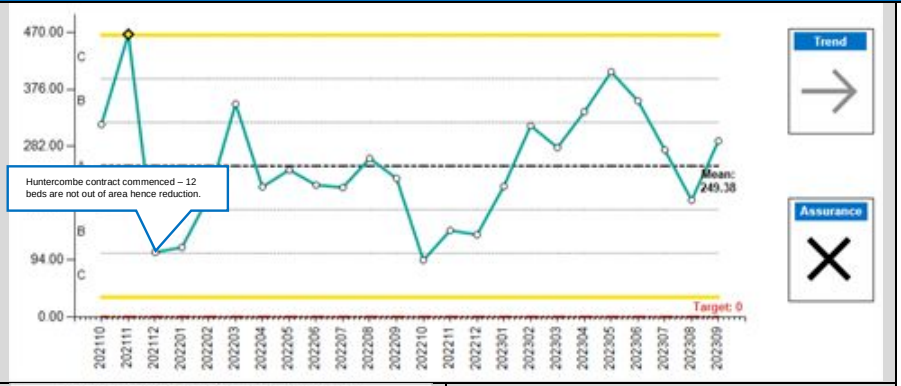
What the chart tells us:
Trust average performance consistently exceeds target.

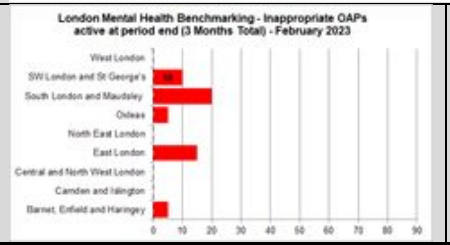
Underlying issue
- Trust has reduced short stay admissions – this has a consequence of overall increasing the average length of stay; there remains a need for Trust to focus reducing longer periods of admission related to patients with complex care needs which account for a larger proportion of beds as the overall bed stock is reduced with less complex cases now being treated in the community.
- DTOC patients impacting on flow and ability to create capacity despite block contract beds with Holybourne Hospital.
- Reduced flow in the wider system - social services and supported accommodation providers.
- Increased demand can lead to increased acuity on admission and longer time to recover.
- There is variation on LOS between adult acute ward.

Action
- The 100 day challenge action plan was implemented in July 2023.
- Release senior leadership capacity to focus on embedding 100 Discharge challenge and complex CEN protocol.
- Contract meeting being booked for ELFT to review pathways and LOS alongside other quality metrics.
- Mini MADE events held in September 2023.

Inappropriate Out of area placement bed days - Adult Acute & PICU — Target = 0

Flow





Background
The Five Year Forward View for Mental Health aims to end entirely the practice of sending people out of area due to local adult acute bed pressures by no later than 2020/21. The data includes 5 beds purchased at East London Foundation Trust that from April 2020 meet the DOH criteria, including continual record sharing, as appropriate. Typically, an inappropriate placement would relate to the patients admitted to the private sector. In this instance regular reviews and follow-ups are conducted by Trust staff to ensure the delivery of effective care.

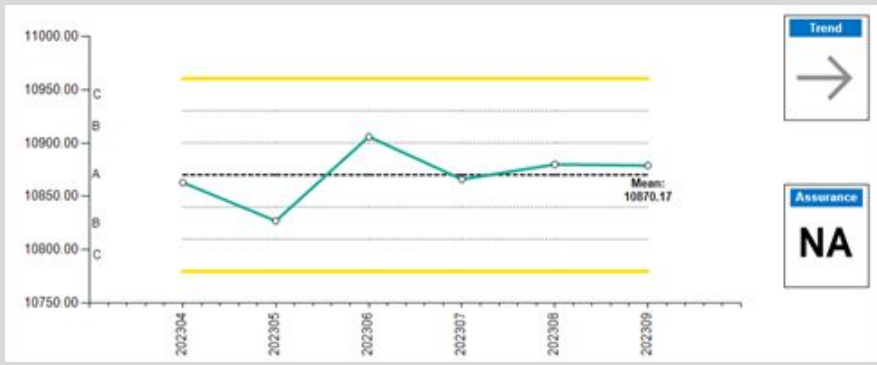
What the chart tells us
- The levels of out of areas placements is subject to variation aligned to demand for beds (i.e. adult acute beds).

Underlying issue
- Performance is related to the demand for adult acute and PICU beds. High and continual occupancy rates that exceed 95% inevitably lead to the use of out of area beds at times of peak demand.
- DTOC patients impacting on flow and ability to create capacity despite block contract beds with Holybourne Hospital. The apparent correlation between external occupied bed days used and increased DToC days is being explored.
-

Actions
- The Trust has extended its contract for use of 18 beds at Holybourne in Roehampton until the end of 23/24.
- Trust has opened surge beds to help manage peak demand and keep placements to a minimum.
- Updates reported in daily pathways meeting with a focus on trying to repatriate patients to trust provision as quickly as possible.
- Key to reduction in use of OOA provision is the work to decrease LOS and create capacity locally, alongside community transformation.
- The 100 day challenge plan should support reduction in LOS - workstream meetings have commenced and implementation plan is in place.
- Holybourne now included in 100 day discharge work streams.

Number of adults and older adults receiving 2+ contacts in new integrated model across the core and dedicated service provision — No Target

Flow



What the chart tells us the chart tells us
New metric for 2023/24 low level variation since April 2023.

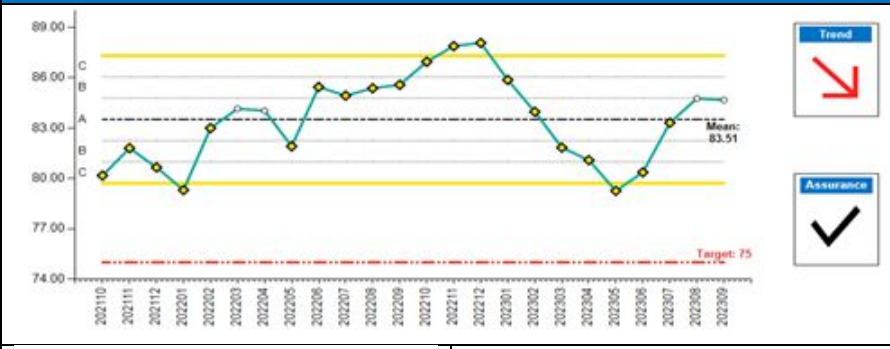
Underlying issue
- There is a lack of understanding across the Trust on this metric and clarification is required in order for clinical services to address.
- Metric requires review to ensure correct cohorts are reflected.

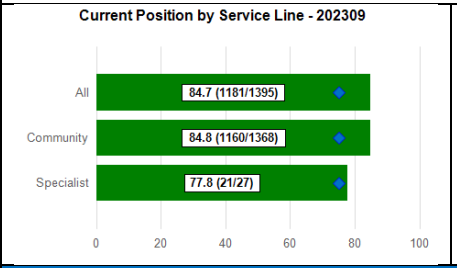
Actions
- DHOSD to work with the performance to understand this metric further.
- Ensuring appointments are booked and outcomed in timely fashion will aid improvement.
- A KPI definition is required to aid clinical services.
- The Information Management Team have reviewed metric definition and issued guidance of team category inclusion.
- Community: Familiarisation of this metric discussed with Associate Clinical Director and Clinical Managers in Kingston, Sutton and Richmond leadership meeting in September.
- Older People's Services: It is anticipated that with the progression of the older adult transformation work - there will be increased access to services and increased activity for patients (upward trend send in CMHTs).

Quality Domain

Cardio metabolic Assessments – Community and EIS (%) — Target ≥ 75%

Fundamental Standards of Care





Background
Clients with a diagnosis of psychosis are at a higher risk of developing serious physical health problems. Cardio-metabolic assessment (CMA) reporting monitors Trust performance in key factors associated with physical health i.e. blood pressure monitoring, BMI, and glucose regulation.

What the chart tells us

It is likely that the target will consistently be exceeded; however recent months have improved.

Underlying issue

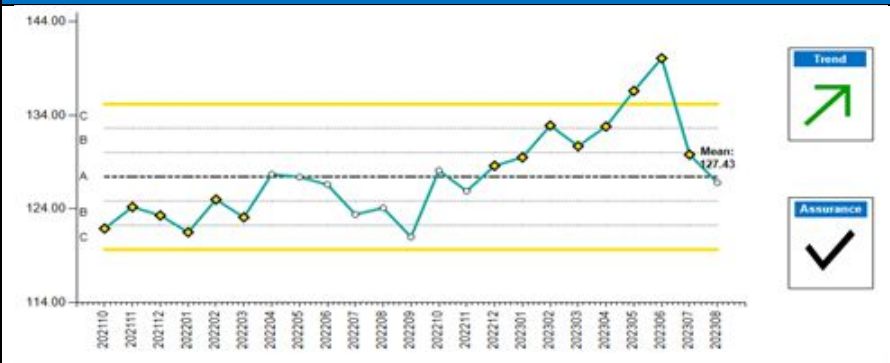
- Complex and time-consuming data recording across multiple forms.
- Processes are not routine, and performance tends to improve only when it is prioritised. Trust clinical systems do not support workflow and performance is expected to dip in Q3 when annual re-reviews are required.
- Number of community patients have declined assessments. Attempts made to try and intensively engage patients to attend are not recorded within the system.
- Although this target appears to be met overall. The National Clinical Audit of Psychosis 2023 recorded that all 5 Borough's require a specific focus on physical health screening and interventions.

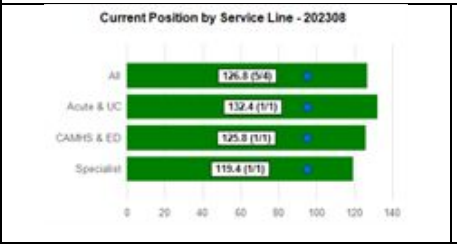
Actions

- Community: Kingston & Richmond EIS improvement plans reviewed with updated actions. Clinical Manager to lead and embed within the team.
- Richmond EIS is being supported by a member of staff from Richmond RST to undertake CMA clinics. GP trainees are now cold calling patients to encourage CMA commenced Oct'23.
- Weekly/twice weekly physical health clinics in all boroughs continue.
- Wandsworth developed Holistic Hub in Trinity Building due to commence on 1st November. The hub will offer a range of services with a community focus i.e. depot/clozapine clinics, employment advice, peer support OT and input from Primary Care plus to step people back to GP and help with overall flow.
- Kingston QII scooping how to increase full compliance with CMA checks.

Safe Staffing: national Compliance - Inpatients (%) — Target ≥ 95%

Fundamental Standards of Care





Background
To provide assurance that inpatient wards were adequately staffed in the reporting period.

What the chart tells us
Trust performance is consistently above target which is below lower control limit.

Underlying issue

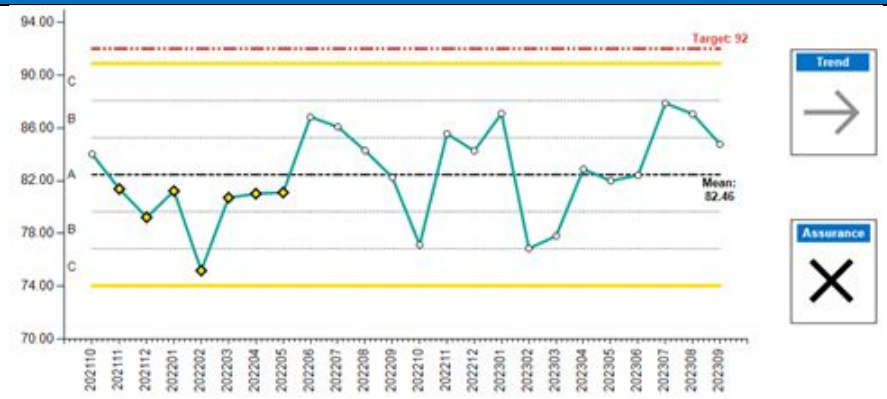
- In Acute & Urgent care services and Specialist all wards were safely staffed. Additional staff are required to manage constant and enhanced observations.
- CAMHS & ED: All ward areas were safely staffed; Corner House is minimally staffed due to very low occupancy and some team members are supporting other services. The Trust has also agreed a bespoke provision for a client; both Aquarius and Wisteria send staff to support. This is funded via the SLP.

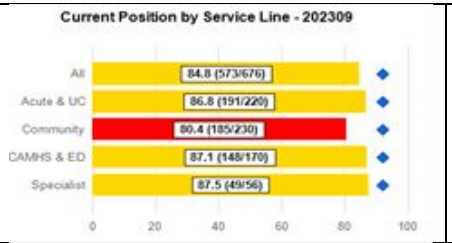
Actions

- Daily staff meetings held across all service lines are in place to monitor staffing requirements and issues on staffing numbers are escalated to senior management if there are concerns.
- Acute & Urgent Care: Focus on compliance with the observation and engagement policy to ensure that robust reviews are taking place in line with policy and recorded accurately.
- Training has been provided for Ward Managers & Team Leaders on the Fundamental Standards of Care Dashboard.

Patient Experience and Outcomes

Patient Friends and Family Test (%) — Target ≥ 85%





Background

The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether patients are happy with the service provided, or where improvements are needed.

What the chart tells us:

Mean performance is consistently below target a change of process required.

Underlying issues:

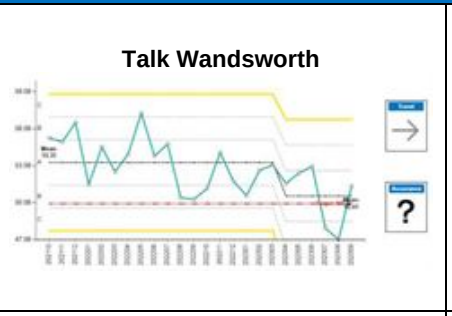
- Challenges with engaging patients to complete at appropriate points in their pathway and staff not actively seeking feedback.
- Using the results in a meaningful way to identify and make improvements within the clinical services.
- Acute and Urgent Care: Most under performance linked to crisis pathway (who may be less likely to complete questionnaires. Improvement noted in home treatment and perinatal services.
- Specialist Services: System concerns have been raised to Governance Team for service lines older adult, Learning Disabilities and ADHD/ASD services as they are not consistently accessible for our patient and carer populations.

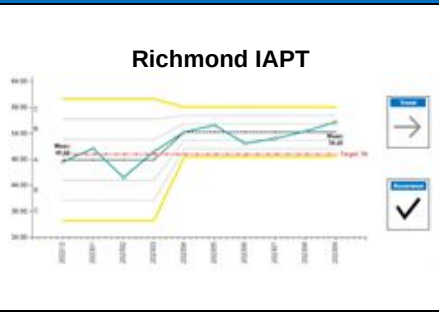
Actions:

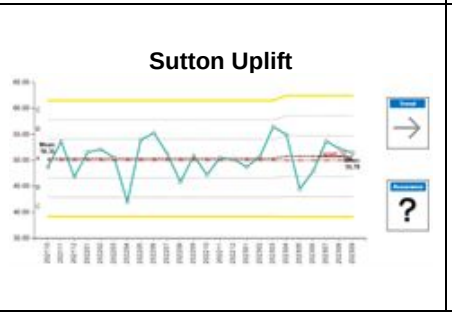
- Feedback live has recently been relaunched as a platform for completing Friends and Family Test. First question on system is linked to the Friends and Family Test.
- Staff encouraged to promote use of the FBL QR code for service users and carers.
- Promoting use of the FBL QR code for service users and carers (FBL first question is the FFT).
- Community Service Line: Governance Leads attended Community QGG to relaunch FFT and now working with Borough teams to promote good practice.
- Holistic Hub in Wandsworth launching peer support who will engage with walk in patients to encourage FFT completion.
- Acute and Urgent Care: FBL will be an agenda item within Community Meetings to promote service user engagement. QR codes are displayed in ward areas and teams are giving out laminated cards with QR codes.
- CAMHS & ED: Service-related project in progress looking at ESQ response rates from children and families.

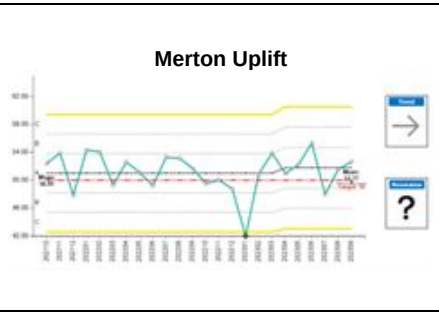
Patient Experience and Outcomes

IAPT recovery rate (%) — Target ≥ 50%









Background

Improving Access to Psychological Therapies (IAPT) is an NHS programme that offers interventions approved by the National Institute for Health and Care Excellence (NICE) for treating people with depression or anxiety.

What the chart tells us

All talking therapies are above 50% national target YTD; Merton Uplift is just below their locally agreed stretch target of 52%. Monthly variation is expected.

Underlying issues

- Recovery rates in all services has deteriorated over 18 months, although some improvements seen in September since the launch of the cross-borough recovery workgroup. Initial audits indicate recovery deterioration is due to drop outs and people declining treatment due to waiting times.
- Clients who drop-out and fail to attend appointments (DNA) may be discharged before they have recovered. A new cross-borough recovery workgroup has identified that this is happening more often as waiting lists increase, as patients seek treatment elsewhere during this period.
- The cross-borough recovery workgroup has identified that recovery rates for people who complete treatment is above 70%. There needs to be focus on reducing dropouts.
- Service variation on specific diagnosis outcomes.

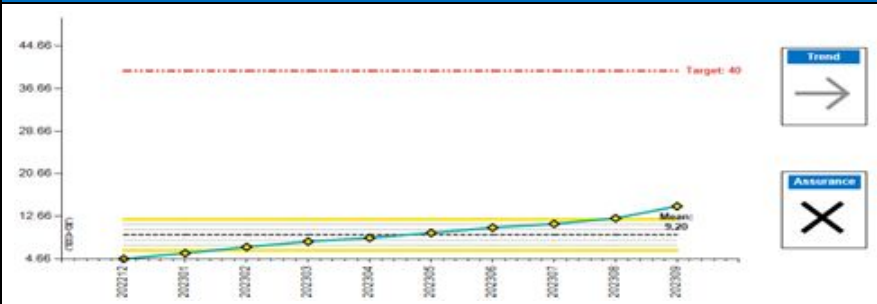
Actions:

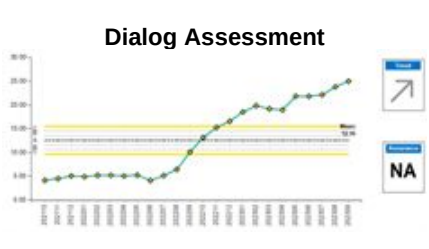
- Ensuring service clinical leads complete data quality checks in advance of the monthly recovery audits which then take place each month by 9th. Investigate audit outcomes and follow through on their action plan.
- Looking to re-implement sharing of routine individual monthly recovery rates.
- Cross-borough recovery workgroup continues to meet monthly. Training in development to support clinicians to treat psychological conditions where there is evidence that the service could improve treatment delivery or existence of any skills/training needs.
- Individual recovery rates for clinicians have been reintroduced and are monitored monthly and shared with staff at LMS to support improvements in capacity and caseload.
- Focus on ensuring accurate diagnostic assessment and routine ADSM completion.

Patient Experience and Outcomes

Paired Dialog Completed

Target ≥ 40%





Background

DIALOG is an 11-question survey whereby people with a mental health illness are asked to rate their satisfaction and needs for care on 8 life domains and 3 treatment aspects. It is a tool that is completed by the service user and its content helps to highlight areas they may want support with.

What the chart tells us

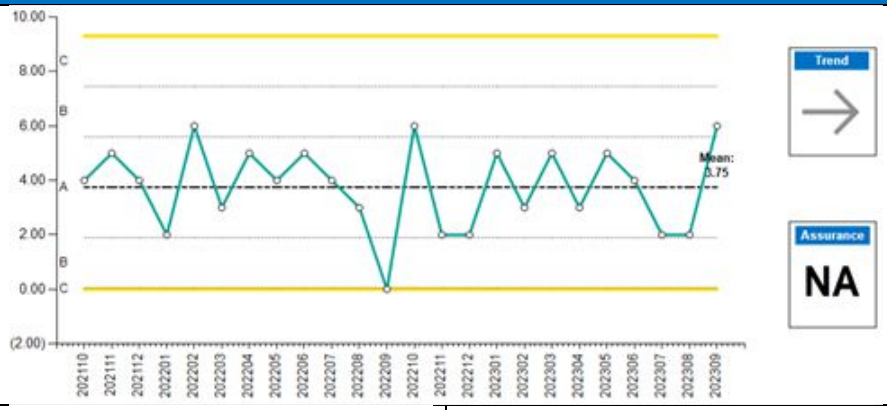
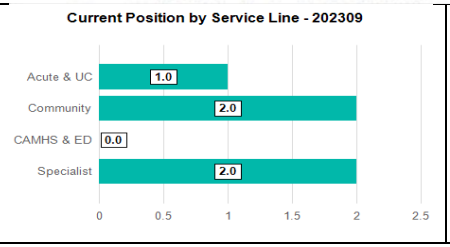
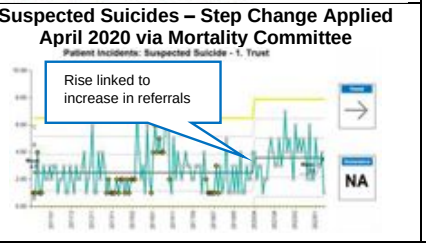
There is steady improvement in the paired dialog recording rates.

Underlying issue

- Reporting on paired dialog is a new priority metric for 23/24; local practice is being embedded.
- Review of team inclusions for DIALOG is ongoing across service lines.
- Change in clinical practice that will require time to embed.
- Trust is currently benchmarking well on Paired Prom measure – 6% compared to national average of 3% (based on November 2022).
- The Trust has been invited to showcase the work undertaken on the Mental Health Outcomes CQUIN at the National (NHS-E) outcomes CQUIN webinar.
- Trust benchmarks well across London for Dialog Assessment.
- DIALOG is not yet linked to care planning - when this is launched the paired DIALOG scores are expected to increase significantly.
- Patients remaining on community caseloads for long periods are not completing more than one DIALOG currently i.e. no discharge DIALOG.

Actions

- SOP for dialog use has been developed and issued to across the Trust.
- Specialist Service Line to raise exclusions queries with Patient Outcomes Group.
- Baseline DIALOG completeness to be discussed at Improving Patient Outcomes Group (IPO) and further strategy for improvement to be recommended,
- Community: DIALOG refresher training was completed in June 2023.
- Baseline DIALOG completeness to be discussed at IPO and further strategy for improvement to be recommended.
- Focused work within HTT teams to improve compliance with paired dialog.

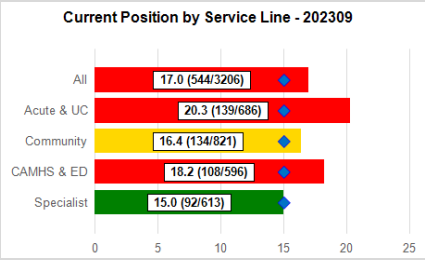
	Death - Suspected suicide	No Target
Patient Safety		**What the chart tells us** The number of suicides each month is low with common cause variation. **Underlying Issue:** - There were five suspected suicides reported in September 2023. - The number of suicides being reported month to month continues to vary. This data is reviewed in the bi-monthly Mortality & Suicide Prevention Committee. The mean monthly average has increased from 2.9 (pre-April 2020) to 3.9 (post April 2020). **Actions:** - All such incidents will be subject to a review in line with the Patient Safety Incident Response Framework (PSIRF). - The milestones from the Trusts Suicide Prevention Strategy continue to be monitored via the Mortality & Suicide Prevention Group. - Community: Learning events now in place and action plan against thematic review of patient deaths being progressed.
		

Workforce Domain

Recruitment / Attraction

Vacancy Rate (%)

Target ≤ 15%



Benchmarking – NHS Digital Q4 22/23

Trust	%
North East London NHS Foundation Trust	20.9%
West London NHS Trust	17.3%
South West London and St George's Mental Health NHS Trust	17.2%
South London and Maudsley NHS Foundation Trust	16.3%
Oxleas NHS Foundation Trust	14.8%
Central and North West London NHS Foundation Trust	13.5%
Barnet, Enfield And Haringey Mental Health NHS Trust	12.9%
East London NHS Foundation Trust	8.1%
Camden and Islington NHS Foundation Trust	4.1%
London	**13.9**
National	**11.3**

Vacancies by Staff Group

Staff Group	Post FTE	Assign FTE	Vacant FTE	Vacancy Rate FTE
Add Prof Scientific and Technic	492.5	393.2	99.2	20.2%
Additional Clinical Services	724.3	586.7	137.6	19.0%
Administrative and Clerical	648.3	568.8	79.5	12.3%
Allied Health Professionals	169.6	129.7	39.8	23.5%
Estates and Ancillary	35.0	31.9	3.0	8.6%
Healthcare Scientists	2.0	2.0	0.0	0.0%
Medical and Dental	240.6	213.3	27.3	11.3%
Nursing and Midwifery Registered	895.1	737.8	157.3	17.6%
Total	**3,207.3**	**2,663.5**	**543.8**	**17.0%**

Background

Ensuring that the Trust has suitably recruited to establishment leads to better continuity of care. A high vacancy rate may adversely affect the continuity/ quality of patient care, increase demands on existing staff and results in increased use of more expensive agency staff.

What the chart tells us

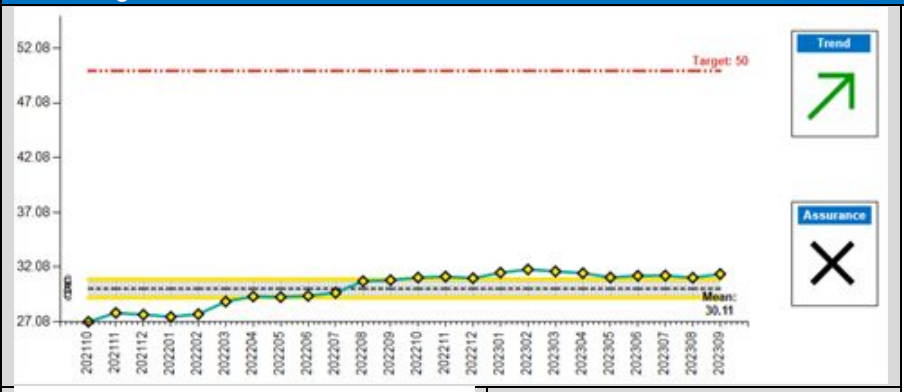
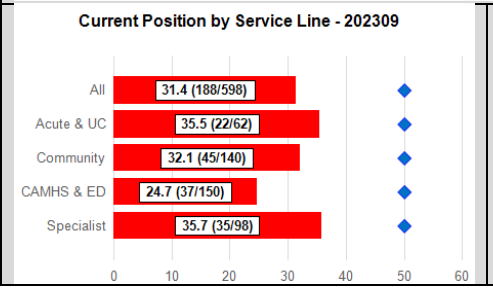
There is an overall downward trend in vacancy rate with performance consistently above target. September performance improved and is below lower control limit.

Underlying issue:

- Each Service Line has created a workforce plan, and they will be working in partnership with the Head of Resourcing and the People Delivery Partner to ensure there is a continued focus on recruitment, including bank and agency conversions into vacant positions.
- The Trust turnover has increased steadily over the last 2 years, which impacts on the vacancy rates, in addition to the newly created roles as in some months there are more staff leaving than being recruited.
- There is a national shortage of various professions and so even with robust recruitment initiatives, for some posts successful recruitment will still continue to prove challenging.
- To meet the skills shortage in some areas new roles will need to be considered and developed at pace to enable areas to continue to provide high quality patient care.

Actions:

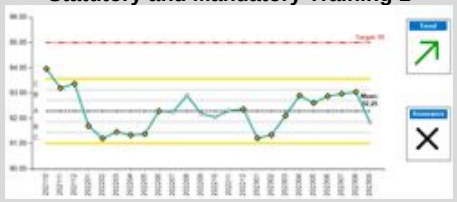
- Recruitment Annual Timetable: A detailed recruitment activity timetable for the year is now in place and outlines key dates for mass recruitment, recruitment fairs and open days, which has been operationalized via the recruitment delivery group. It focuses on building recruitment opportunities and ensure Trust-wide mass recruitment campaigns are scheduled effectively to meet the organisational need.
- Recruitment Delivery Group: Has been operationalized with stakeholders across the services to ensure detailed planning and approach is planned for each recruitment campaign and input to what might be needed in the future months is highlighted.
- RCNI recruitment fair: The Trust attended the RCNI (nursing) recruitment fair on 8th September which resulted in 150 candidates expressing an interest in either joining the Trust or wanting more information about the Trust. Bespoke recruitment events have now taken place with 10 HCA appointments made, and a further 4 Nursing Associates are due to be interviewed shortly, with a further 4 band 4 nurses due to be interviewed shortly to. Additionally, we have redirected some qualified nurses from the RCNi register to colleagues in communities, where they have expressed an interest to ensure they are contacted.
- Career pathways: Two workshops are being scheduled to understand key skills gaps and possible new career paths and new roles. These will be held in September 2023.
- Workforce Plans: These have been established in each service line and are now being monitored through the Service Line Reviews. This also contains details about the recruitment hotspots and other key people issues.
- Increased support within Temporary staffing: additional support has been moved to the Temporary Staffing team to provide professional nursing support to the recruitment and management of bank staff and further to support conversion to substantive roles and conversation of staff with qualifications in other countries.

	Percentage of BAME staff - Band 8+ and Medical	Target ≥ 50%
Recruitment / Attraction	 	**What Chart Tells Us:** Mean position is below target indicating target position seems to have plateaued in recent months following period of improvement. **Underlying issues:** - The number of black, asian and minority ethnic colleagues being appointed at Band 8a is steadily increasing. - The pace of change is slower than needed in order to meet target. **Actions:** - More work needs to be undertaken to understand where the blocks are in terms of our black, Asian and ethnic minority staff progressing in the organisation. It is likely that this is at grades below 8a and the lack of career progression opportunities between bands 6-8a within certain clinical areas, which has been flagged as part of the workforce planning process. - Our anti racism programme has a workstream focussed on career development and has identified that a small pilot is required to understand what more can be done to enable greater career conversations and progression for colleagues keen to progress. - Specialist: Diversity and Inequalities forum is now in the early stages of introduction with a first meeting having taken place in June. As part of this initiative further EDI champions will be appointed to assist in promoting Equality and Diversity within the service line. - The Trust is considering how services plan to meet equality objectives. - Community: New borough based band 7 inequalities leads to be recruited as part of transformation. - Ensure all recruitments have a DIR rep on the panel. (Diversity in recruitment), especially for 8+ posts. - CAMHS & ED: Service line has staff members on the HEE Ethnic Minority Psychological Professions Leadership Mentoring Scheme - The EDI committee has committed to running focus group discussions with Black Asian and Minority Ethnic colleagues based on the NHSE Scope for Growth model. These workshops are being supported by a HR Consultant with expertise in this area of career development dialogue.

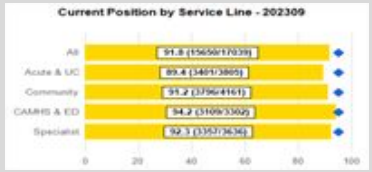
Staff Skills / Development

Statutory and Mandatory training 1 (%), Statutory and Mandatory training 2 (%) — Target ≥ 95%, Target ≥ 85%

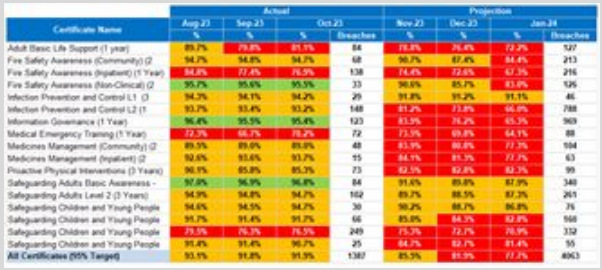
Statutory and Mandatory Training 1



Statutory and Mandatory Training 2

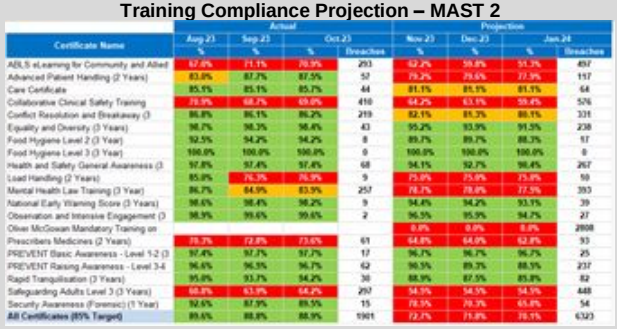


Training Compliance Projection – MAST 1



Certificate Name	Actual Aug-23 %	Actual Sep-23 %	Actual Oct-23 %	Actual Oct-23 Breaches	Projection Nov-23 %	Projection Dec-23 %	Projection Jan-24 %	Projection Jan-24 Breaches
Adult Basic Life Support (1 year)	89.7%	79.8%	85.5%	64	78.8%	76.4%	72.2%	527
Fire Safety Awareness (Community) (2	94.7%	94.8%	94.7%	68	90.7%	87.4%	84.4%	213
Fire Safety Awareness (Inpatient) (1 Year)	84.8%	77.4%	76.9%	138	74.4%	72.6%	67.3%	216
Fire Safety Awareness (Non-Clinical) (2	95.7%	95.6%	95.5%	33	90.6%	85.7%	83.0%	126
Infection Prevention and Control L1 (3	94.3%	94.1%	94.2%	29	91.8%	91.2%	91.1%	46
Infection Prevention and Control L2 (1	93.7%	93.4%	93.2%	148	81.2%	73.8%	66.8%	788
Information Governance (1 Year)	96.4%	95.5%	95.4%	123	83.9%	76.2%	65.3%	969
Medical Emergency Training (1 Year)	72.3%	66.7%	70.2%	72	73.9%	69.8%	64.1%	88
Medicines Management (Community) (2	89.5%	89.0%	89.0%	48	83.9%	80.8%	77.3%	104
Medicines Management (Inpatient) (2	92.6%	93.6%	93.7%	15	84.1%	81.3%	77.3%	63
Proactive Physical Interventions (3 Years)	90.1%	89.8%	89.7%	73	82.5%	82.8%	82.3%	99
Safeguarding Adults Basic Awareness -	97.8%	96.9%	96.8%	84	91.6%	89.8%	87.9%	340
Safeguarding Adults Level 2 (3 Years)	94.9%	94.8%	94.7%	162	89.7%	88.5%	87.3%	261
Safeguarding Children and Young People	94.6%	94.5%	94.7%	30	90.2%	88.7%	86.8%	76
Safeguarding Children and Young People	91.7%	91.4%	91.7%	66	85.8%	84.3%	82.8%	168
Safeguarding Children and Young People	73.5%	76.3%	76.5%	249	75.7%	72.7%	70.9%	332
Safeguarding Children and Young People	91.4%	91.4%	90.7%	25	84.3%	82.7%	81.4%	55
All Certificates (85% Target)	93.5%	91.8%	91.9%	1387	85.3%	81.9%	77.7%	4063

Training Compliance Projection – MAST 2



Certificate Name	Actual Aug-23 %	Actual Sep-23 %	Actual Oct-23 %	Actual Oct-23 Breaches	Projection Nov-23 %	Projection Dec-23 %	Projection Jan-24 %	Projection Jan-24 Breaches
ABLS eLearning for Community and Allied	67.6%	71.1%	70.9%	293	62.2%	59.8%	51.3%	497
Advanced Patient Handling (2 Years)	83.0%	87.7%	87.5%	57	79.2%	79.6%	77.9%	117
Care Certificate	85.1%	85.1%	85.7%	44	81.1%	81.1%	81.1%	64
Collaborative Clinical Safety Training	70.9%	68.7%	69.0%	410	64.2%	63.1%	59.4%	576
Conflict Resolution and Breakaway (3	86.8%	86.1%	86.2%	219	82.1%	81.3%	80.1%	331
Equality and Diversity (3 Years)	96.7%	96.3%	96.4%	43	95.2%	93.9%	91.3%	238
Food Hygiene Level 2 (3 Year)	92.5%	94.2%	94.2%	8	89.7%	89.7%	88.3%	17
Food Hygiene Level 3 (3 Year)	100.0%	100.0%	100.0%	0	100.0%	100.0%	100.0%	0
Health and Safety General Awareness (3	97.8%	97.4%	97.4%	68	94.1%	92.7%	90.4%	267
Load Handling (2 Years)	85.8%	76.3%	76.9%	9	75.0%	75.0%	75.0%	10
Mental Health Law Training (3 Year)	86.7%	84.9%	83.9%	257	78.7%	78.8%	77.5%	393
National Early Warning Score (3 Years)	98.6%	98.4%	98.2%	9	94.4%	94.2%	93.1%	39
Observation and Intensive Engagement (3	98.9%	99.6%	99.6%	2	96.5%	95.9%	94.7%	27
Oliver McGowan Mandatory Training on					0.0%	0.0%	0.0%	2808
Prescribers Medicines (2 Years)	73.7%	72.8%	73.0%	61	64.8%	64.9%	62.8%	93
PREVENT Basic Awareness - Level 1-2 (3	97.4%	97.7%	97.7%	17	96.7%	96.7%	96.7%	25
PREVENT Raising Awareness - Level 3-4	96.6%	96.5%	96.7%	62	90.5%	89.3%	88.5%	237
Rapid Tranquillisation (3 Years)	95.0%	93.7%	94.2%	30	88.9%	87.5%	85.8%	82
Safeguarding Adults Level 3 (3 Years)	68.8%	63.9%	64.2%	297	54.5%	54.5%	54.5%	448
Security Awareness (Forensic) (1 Year)	92.6%	87.3%	89.5%	15	78.5%	70.3%	65.8%	54
All Certificates (85% Target)	89.6%	88.8%	88.9%	1901	72.2%	71.8%	70.1%	6323

Background

Statutory and mandatory training (MAST) is compulsory training that is determined essential for the safe and efficient delivery of services. This type of training is designed to reduce risks and comply with local or national policies and government guidelines.

What the chart tells us

MAST 1: There has been historic downward trend in performance, more recent months have improved but position remains below target although above mean for last 5 of last 6 months.

MAST 2: Despite reduction in performance the Trust remains well above target. Significant downturn in May 2023 (special cause variation) had been followed by immediate improvement.

Underlying issue

A detailed piece of work by the Head of Learning & Development has established some historical underlying reasons for % Compliance not being at the required level - some quick solutions have been put in place:

- The audiences for MAST courses need to be reviewed and re-mapped on COMPASS. Courses are subject to re-categorisation to ensure correct reporting on Dashboard. This process involves collaboration with Subject Matter Experts (SMEs), Workforce Information and Informatics colleagues to ensure applied changes implemented are robust. As audiences change this will have an impact on compliance rates. Mitigations include SMEs to increase training availability/capacity and to also review the methods of training delivery.
- Management of cancelling existing bookings can now be made by all staff via Compass up to 24 hrs before the start of the course this has reduced the no-show rates. In addition, Team Managers now have access to cancel training on behalf of their staff via Compass.
- Technical issues associated with Dashboard, COMPASS and e-LFH platform have been investigated and resolved. The ongoing review of the historical technical issues did not identify any further issues since the resolution was put in place in July.
- Community: Limited spaces for RATE training and conflict resolution therefore bespoke training provide in each borough by ACPs for RATE.

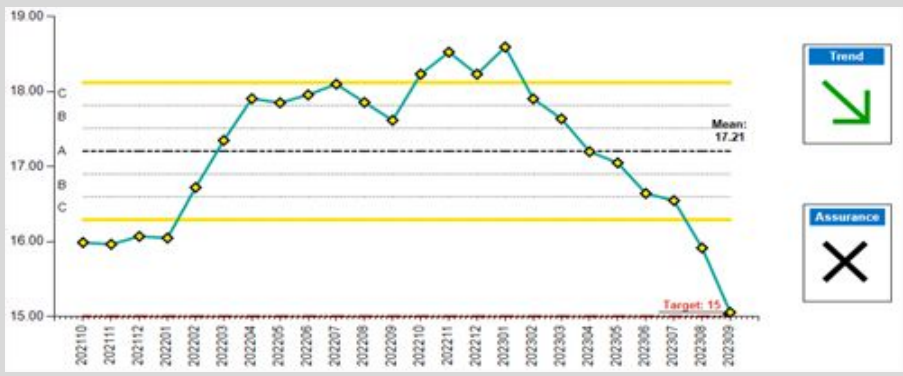
Actions:

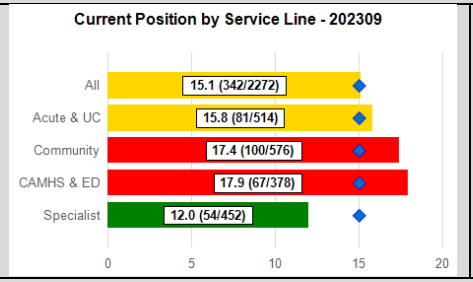
- The Director of People and Director of Nursing & Quality have met with the Head of Learning & Development to review the MAST 1&2 list. This is now being checked with each SME to confirm changes.
- Service Lines asked to adopt a proactive and focused approach to increasing their compliance rates, and to work with their dedicated LDT administrator for solutions to access or availability issues.
- All SME have been asked to provide 6 months in advance training dates and we are in the process of collating MAST year planner.
- New MAST 1 and 2 list to be reflected into dashboard reports.
- 3 x Webinar sessions (which potentially can accommodate 300 staff members) have been made available for Safeguarding Children Training.

Staff Retention/ Support / Satisfaction

Turnover Rate (%)

Target ≤ 15%



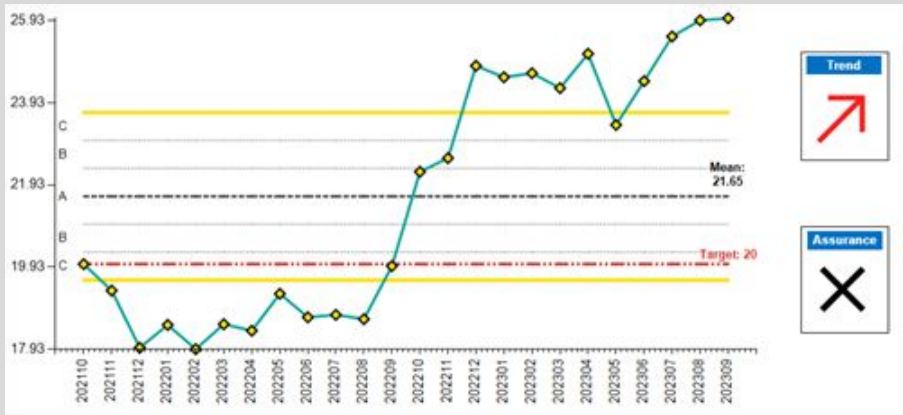


Annual Turnover FTE – April 2022 – April 2023

Trust	Leavers FTE	%
Camden and Islington NHS Foundation Trust	436.1	20.0%
Tavistock and Portman NHS Foundation Trust	128.5	19.9%
East London NHS Foundation Trust	1079.4	17.3%
Barnet, Enfield and Haringey Mental Health NHS Trust	543.6	17.1%
South West London and St George's Mental Health NHS Trust	401.4	16.7%
Central and North West London NHS Foundation Trust	1197.6	16.5%
North East London NHS Foundation Trust	998.7	16.3%
West London NHS Trust	615.6	15.8%
South London and Maudsley NHS Foundation Trust	768.6	14.8%
Oxleas NHS Foundation Trust	545.3	14.3%

Please note: NHS Digital inclusion criteria is slightly different to Trust's definition.

Staff leaving within 12 months of appointment (%) – Trust level



Background

Turnover describes the rate that employees leave an establishment and can disrupt the continuity of care and involves a financial cost to the establishment for replacing staff that leave. The metric is defined as the number of staff that have left the Trust over the last 12 months divided by the average number of staff over the same period. The retention of staff has been highlighted as a risk and priority by NHS England.

What the chart tells us

Turnover rate has improved with positive downward trend with recent performance below lower control limit but position remains slightly above target.

Underlying issue

- Turnover is starting to slowly decrease, however we are still above the 15% target. The high turnover rates are likely impacted by the high vacancies in some teams and lack of career progression and cost of living within SWL.
- Community: Suggested reasons for leaving are promotion options (positive development) and to join agencies (staff report far less stress and more pay and flexibility), however, a lack of evidence-based findings is not readily available.
- High team caseloads and increasing service demands within some teams are causing staff stress and wish to leave some areas of work.
- Turnover under 12 months is increasing and over 30% of this is from staff who are aged 30 or below.

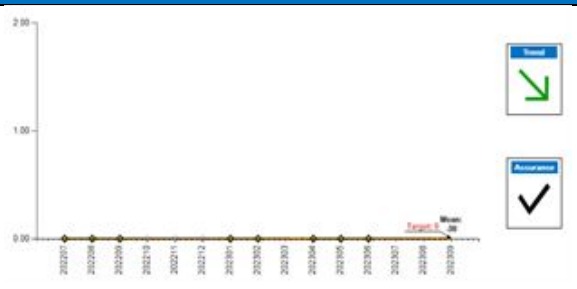
Actions:

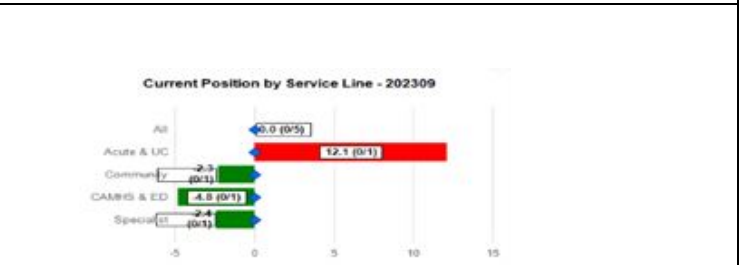
- A revised detailed retention plan is being developed to be managed through People Matters. Actions will include, stay interviews, consideration of external exit provision, revised exit process, review of bespoke actions needed by SL as the reasons for leaving will be different.
- An outline proposal for a focussed work on staff leavers was shared with ELT recently. This work which has now commenced. The first step is to analysis the data more fully to understand the reasons for leaving, the hot spot areas; enabling a greater understand for all on what is driving this level of leavers and where they are going.
- Task and finish group in place for on boarding ensuring staff have a good experience during recruitment and induction, receive all relevant toolkits on day 1and to ensure managers have adequate support in inducting new staff.
- CAMHS & ED: Service line to review staff survey results. Staff survey engagement sessions have been run and themes are to be reviewed.
- Community: Set of actions around wellbeing agreed are being worked on including regular forums for staff with SLT, Quality Award, Quarterly Community staff newsletter and reviewing approach to team away-days to ensure we get the best out of them.

Finance Domain

Grip & Control

% Forecast budget overspend — **Target TBC**





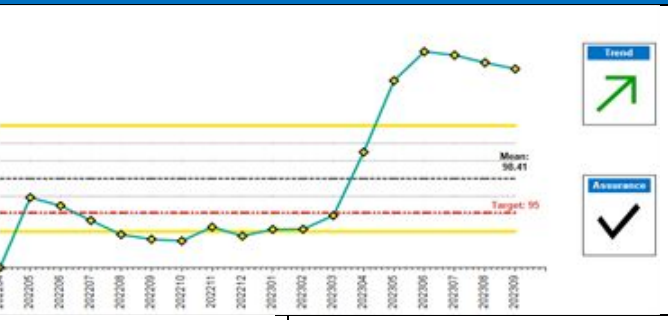
What Chart Tell us:
The chart indicates that Trust forecast is currently at break-even position.

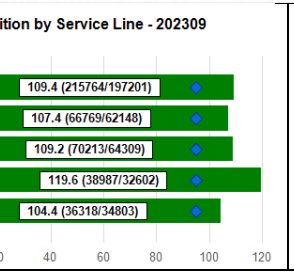
Underlying Issues:
- Trust is breaking even after month 6 compared to plan and forecasting to achieve the planned £0.2m surplus at year end.
- Agency whilst below plan remains above the national requirement of 3.6% of total pay bill.
- The Trust needs to increase recurrent savings delivery; delivery to date is underpinned by non recurrent vacancy factor and other non-recurrent means impacting on longer term financial sustainability. Trajectory is needed on productivity savings.
- External beds pressures continue creating a financial risk.

Actions:
- Work with ICB to identify and remaining Agency control gaps or collaborative actions to reduce agency spend.
- Finalise costed agency trajectories to identify potential shortfall against agency targets and further mitigations.
- Ensure plans are in place and being monitored to deliver 100% of the £13m target i.e. move all schemes out of 'red'.

Productivity

Contracted activity - Local CCG contract (%) — **Target ≥ 95%**





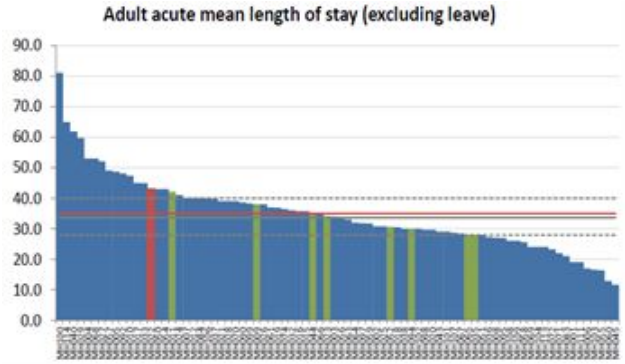
What Chart Tells Us:
Mean performance is above target indicating frequent compliance. 23/24 compliance is comfortably above target and has exceeded upper control limits in recent months.

Underlying Issue:
- Activity plans for 23/24 have been finalised with activity post April 23 based.
- Community: Poor compliance with activity recording in some teams.
- Clinicians may review patients from different teams, but they do not have access to this team's diary on RIO e.g. Depot, CMA and Clozapine Clinics.

Actions:
- Community: Activity recording training within service line has been completed.
- Clinics staff to be given access to all RIO team diaries of patients that they review.

Appendix 1: Benchmarking

The NHS Benchmarking Network's 2021/22 Inpatient and Community Mental Health Benchmarking Report was issued in October 2022 and allows Trusts to benchmark their performance against other participating Trusts throughout England and within their local region. Our Trust is highlighted red in the graphs below, London Trusts are highlighted green and all other Trusts are highlighted blue.

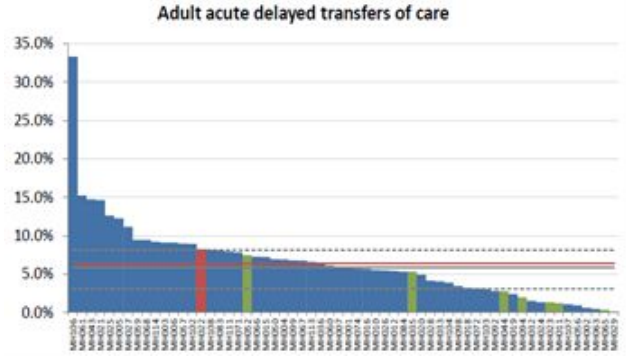


- **Adult acute average length of stay (days):**

2021/22		2023/24	
Trust	England	Sep-23	YTD
43.0	53.0	39.0	55.8

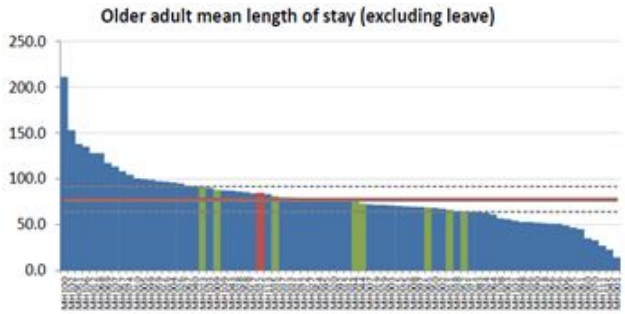
- **Adult acute bed occupancy rate (%):**

2021/22		2023/24	
Trust	England	Sep-23	YTD
97.1%	90.5%	99.0%	98.3%



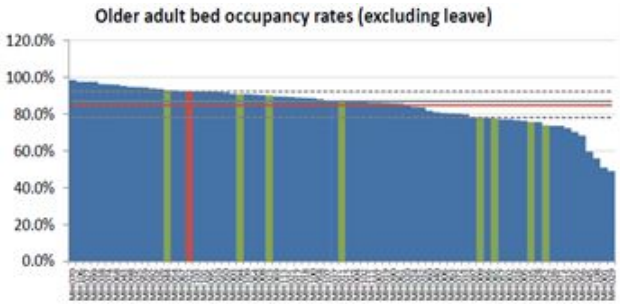
- **Adult acute delayed transfers of care (%):**

2021/22	
Trust	England
8.1%	6.4%



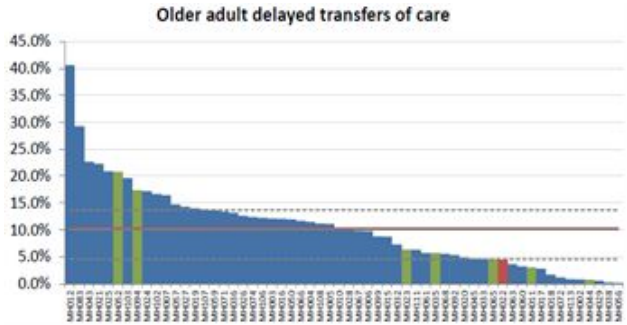
- **Older people's average length of stay (days):**

2021/22		2023/24	
Trust	England	Sep-23	YTD
84.0	78.5	92.2	98.0



- **Older people's bed occupancy rate (%):**

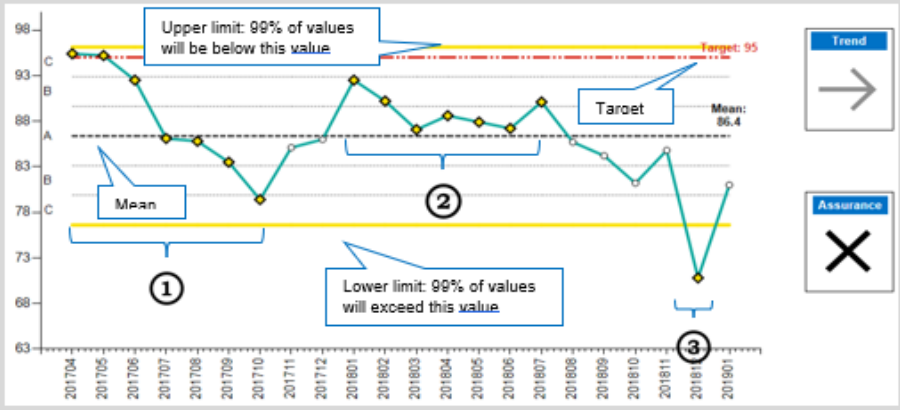
2021/22		2023/24	
Trust	England	Sep-23	YTD
92.6%	84.8%	96.4%	96.7%



- **Older people's delayed transfers of care (%):**

2021/22	
Trust	England
4.4%	10.3%

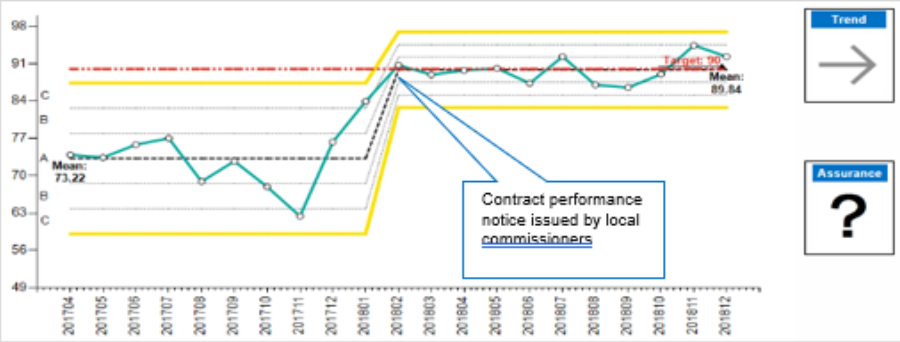
Appendix 2: Statistical Process Control (SPC) Charts & Performance Donut



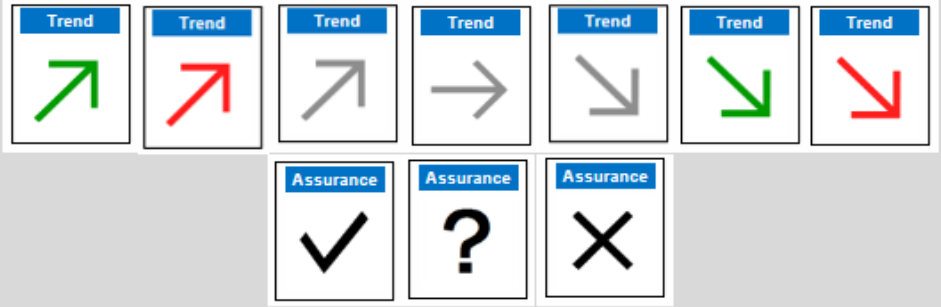
What is an SPC chart?
A Statistical Process Control (SPC) chart is a time series graph (we try to use 2 years) with three reference lines – the mean, upper and lower control limits. The limits help you understand the variability of the data. The variance of the data determines the process limits and you can expect 99% of data points to fall between them in normal circumstances.

Why we use SPC charts
They are used to distinguish between natural variation ('**common-cause**' and not caused by anything in particular) in performance and unusual patterns ('**special cause**', unexpected events) in the data which are unlikely to have occurred due to chance and require investigation. They also give us assurance on whether a target will reliably be met or whether we will never improve without doing things differently and show the impact of any changes made to improve performance.

Evidence suggests that we make better decisions when we've analysed data using SPC



Special-cause variation
These are statistically significant patterns in data which may require investigation and includes the following (as illustrated in the chart above):
Trend: 7 consecutive points trending up or trending down (a 0.8% chance of this happening naturally).
Zone A: 7 or more consecutive points on one side of the average (Zone A or beyond).
Beyond limits: beyond upper or lower control limit.
A full list of the statistical tests applied to determine special cause variation can be viewed under the charts in the Trust's SPC Suite (My Dashboards > Quality > SPC Reports > SPC Suite).
Use of a 'step-change' in SPC charts
Where performance has been permanently affected by a change in process (and the process change is known) then a **'step change'** should be applied to the SPC charts. For example, in the chart opposite the Trust was issued with a contract performance notice and the resulting improvement plan led to a change in process and improvement in performance. In these cases, the mean, upper and lower control limits are recalculated after the change in process.

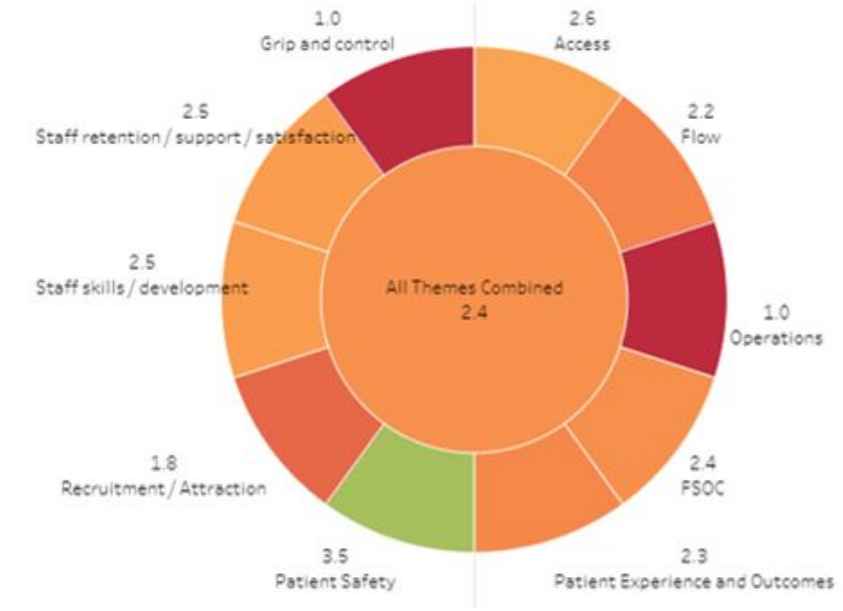


Use of icons to interpret charts
The Trend icon is shown as one of seven upward, horizontal or downward arrows depending on which direction the data is heading, coloured green, grey or red to indicate whether this is an improvement or deterioration in performance (or neutral where there is no target set); the icon is based on any trends identified involving any of the last **SIX** data points.
The Assurance icon
Assurance given: Target is in zone C or beyond (3+ standard deviations) and below the mean; reversed for when target goal is low and target is above the mean.
Questionable Assurance: Target is within zones A and B (1-2 standard deviations).
Assurance not given: Target is in zone C or beyond (3+ standard deviations) and above the mean; reversed for when target goal is low and target is below the mean.
If *Assurance is given* as above, but target has been missed in last 3 months then set to "*Questionable Assurance*" (and reversed for when assurance not given).
If "*Questionable Assurance*", however target has been hit for last 6 months and positive trend identified then set to "*Assurance Given*" (and vice versa for "*Assurance not given*").

Performance Donut Summary

Board Assurance Framework – Latest Risk

A failure to effectively position the organisation within the external environment.



Domain	Full Assurance	Some Assurance	No Assurance	% Full/Some Assurance
Operations	4	16	21	48.8%
Quality	4	8	6	66.7%
Workforce	3	1	7	36.4%
Finance	0	0	2	0.0%
Total	**11**	**25**	**36**	**50.0%**

A table showing how many KPIs have full assurance, some assurance and no assurance, split by domain.

- Overall performance is measured on statistically significant improvement or deterioration and trends and follows NHSI best practice. This replaces performance based on year to date averages and in month performance that are affected by natural variation (RAG rating).
- The new methodology is based on the metrics' assurance on consistently meeting target and whether there is a positive or negative data trend – see appendix 7 for detailed explanation
- The metrics in each of the nine themes are given a score and the average is used to determine the colour rating (shown below).
- The middle section of the 'donut' represents the average score across all 9 themes.
- The table below shows the scores given to each pairing of the 'level of assurance' and 'trend'.
- The best ranking (a positive trend with a 'tick' for assurance) gives a score of 5, while the worst ranking (a negative trend with a 'cross' for assurance) gives a score of 1.

Possible Donut ranking: 5 = best, 1 = worst

	Assurance ✓	Assurance ?	Assurance ✗
Trend ↗	5	3.5	2
Trend ↘	5	3.5	2
Trend →	5	3	1
Trend ↗	4	2.5	1
Trend ↘	4	2.5	1

RAG Rating:

Score 1.0 — 5.0

NHS
South West London and St George's Mental Health NHS Trust

Meeting:	Trust Board
Date of meeting:	9th November 2023
Transparency:	Public
Committee Name	People Committee
Committee Chair and Executive Report	Sola Afuape (Chair) Katherine Robinson (Executive)

BAF and Corporate Objective for which the committee is accountable:
People Committee has responsibility for the following BAF risks:

- Failure to have the right staff with the right skills at the right time.
- Failure to effectively respond to EDI issues facing the Trust.

People Committee is responsible for the following corporate objectives:

- To support our people to develop and grow and develop our organisation to be the best that we can be
- To increase our inclusivity and improve equality and diversity becoming an organisation which values all contributions, voices and experiences

Achieving effective workforce and workflow were the Committee's two main drivers for consideration of assurance as aligned to the key organisational priorities for improvement.

Key Questions or Areas of Focus for the Board following the Committee:
The following are the key themes that informed and reflect the discussion at the September meeting of People Committee:

1. EDI BAF
2. People BAF
3. ER cases
4. Retention
5. Medical staffing
6. Leadership Programme
7. Changes to the Fit and Proper Persons Test.
8. Staff well-being and experience

Areas of Risk Escalation to the Board:

- Employee Relations (ER) cases continue to be a concern, despite more grip and control and better data which is more closely monitored; e.g. cases over 90 days. A new case management system is needed which the team are working with Jen Allen to create a business case for. A temporary work around is in place but this is not ideal.
- The importance of identifying the equality profile of people leaving the organisation to assess for inclusivity and ensure the approach to retention and mitigations needed were robust.
- Concern relating to medical staffing recruitment which links to high agency use and cost.

For each item discussed at the Committee there would be a statement against the 3 areas below:
What
So What
What Next

Board Assurance Frameworks (BAFs)
What: The Committee reviewed the People and the Health Inequalities (HI) and EDI BAFs.

So What: The Committee EDI risks remain at the same score at present. As per the Committee's recommendation, some of the controls had been revised and there were updates to the relevant sections.

Two new risks were added to the People BAF related to tribunal cases and need for a case management system. At the moment the team were using an Excel database to record data which was not effective and greatly compromises progressing HR activity. This is a high risk area.

The industrial action risk score had been reduced to nine, as current industrial action was not correlating with other areas of risk across systems and staff groups.

What next: The next version of the People BAF would be based on the annual delivery plan and would focus on the two Trust priorities of patient flow and a stable and valued workforce. It would also include the impact of funding requested from the strategic investment fund.

Some of the People BAF delivery dates had passed; the Committee had requested that these be refreshed with the capacity challenges of the HR team in mind.

I reflected that the Committee were not always receiving reports on potential bias in the system e.g. recruitment processes; and mitigations to address which should be noted.

The Committee discussed that, given what the Trust had heard strongly from its staff relating to Bullying and Harassment and culture issues, clearer measures and targets were needed. It was not sufficient for assurance to be offered in the form of commentary that Service Lines were working on it and have a toolkit. The Committee heard that the WRES and WDES action planning would occur by end of November and would include reviewing with the staff networks using equality metrics as baseline information and looking at where there could be stretch targets. The networks would be co-producing and assisting with implementation of the plans. The team have been asked to indicate clearer timeline so the Committee has better oversight of the duration and therefore the effectiveness of the HI interventions and EDI BAF mitigations. It was noted that clear outcomes and measures for the transformation programmes were a gap in the BAF. Juliet Armstrong, NED and Chair of the Modernisation Committee, has asked the transformation programmes to identify some HI outcomes. The Chairs will agree how this will be reviewed across the Committees.

Director of People (DoP) Report
What: The Committee regularly receives this fulsome report as it provides timely updates and useful context for the Quality and Performance (Q&P) report.

So What: Assurance was provided that recruitment activity was making good progress. They were pleased to hear that 'time to hire' benchmarked really well and the Trust was below its Long Term Plan aspiration of seven weeks.

ER cases and Employment Tribunals continued to be a concern, in part due to delays at the Tribunal Service. Managing cases was much harder as there was a new team in place. There had been a couple of new tribunals, but this was expected whilst the teams were trying to

resolve a number of very longstanding cases. The team were working closely with Capsticks and others to do this.

There had been an expected spike of ER cases from talking to Service Lines. A number relate to staff absence.

Consultant recruitment to tackle high use of locums and reduce agency spend is a cross function responsibility, with strong support from the Medical Director. However medical staffing in support of this remains a key area of oversight.

What next: Reviewing the ongoing impact on services, teams and our people as industrial action progressed.

A report to consider progress with actions to address retention issue requires constant review given what it, in part, tells us about the culture of the organisation and its critical impact on agency spend. The Committee continues to test some assumptions made and also discussed the importance of identifying the equality profile of people leaving the organisation to ensure the approach and mitigations were inclusive and robust.

Quality and Performance Report
What: The report was presented in a new format that brought out key themes from People Matters and SIREN. The main priority area of concern arising from the report was retention (especially those leaving under 12 months).

So What: Although the overall turnover rate was now within benchmark, retention under 12 months' service remained high (28%), and of that, 30% were under 30 years' old and some were students. Analysis had been undertaken in tandem with Service Lines and one of the main reasons given for leaving was lack of career progression (this may be to do with increments; people move roles and organisations to get to the next pay point more quickly). Other suggestions were offered in discussion including links to the outcome of the WRES, WDES and staff survey.

The Committee were pleased to note MAST compliance rates had improved; and were advised that there may be a temporary dip in figures because a review was underway to revisit the staff audience required to take the various modules. Assurance was given that this would not be a drop in compliance.

The Committee noted that medical staffing had the largest number of vacancies and was the area with the most expensive agency spend; sufficient medical staffing capacity to get grips with this was discussed as an area of concern. A People strategy would be drafted in Q3/4, which would include workforce planning, address hotspots and action to strengthen medical staffing.

Although the percentage of BAME staff in 8A posts was increasing it had stabilised from two years' ago. It was asked why, what the blocks were, how they were identified and what were the Trust doing about them. PADRs had been a consistent issue. There was incomplete paperwork and lack of time on wards to put onto the system. The largest deficit was in community teams. Blockers to BAME staff getting to 8A roles start at bands 4 - 6. It would be good to have an aspiration to move people up bandings but if the organisation was not supporting those staff throughout their career there would always be a block.

What Next: The Trust were monitoring staff information by ethnicity and protected characteristics to see who was leaving from these backgrounds. The information team were also building more qualitative intelligence around BAME staffs' experience and why they were leaving.

The team were working to break the BAME 8A roles data down, including where people have been at the top of their grade a long time, to help pinpoint where to start looking at blocks and potential solutions in more depth.

For the next iteration of the report the Committee would like to see the following: planning required to reduce the agency spend to meet the financial threshold and how the retention work will enable this; recruitment and retention plans alongside workforce planning so the Committee could see how they align; and more forensic analysis reporting on the highest users of temporary staffing / agency.

Leadership Development Programme
What: The Committee received a paper on the planned new Leadership Development programme, why it was needed, its planned implementation, and how it linked in with other training and Trust programmes.

So What: Discussion centred on how the Trust could engage leaders who may not think leadership was for them and may not realise the importance and role they play in developing and supporting their staff; as well as leaders who do not think this training was for them when their behaviour and approach to staff suggests they would actually benefit from it.

What Next: The Committee noted the risk associated with limited capacity within the HR team to deliver this key workforce objective and asked KR and the team to think how the Committee could support them.

There would be a coaching and mentoring hub created, which would include bringing people in from the organisation that are coaches, and bringing in external partners where needed.

A risk identified throughout ER cases relating to issues between managers and staff indicated that new recruitment and selection training should be commissioned with an anti-racism lens. This would be explored from January 2024.

The talent management and talent strategy that would go alongside this work would be developed in Q4. The Scope for Growth model was recommended. This would be a big piece of work but the aim was to have it in place by April 2024 so it was in place for the start of the PADR year.

MLBT update, including wellbeing
What: The Committee receives a regular update on the MLBT programme as it impacts on the organisation's people.

So What: The Committee were happy to receive the report and thanked the Director of Communications for the clear paper.

What next: The Committee asked for the paper to return including some additional measures.

The Committee discussed if there were any more holistic measures that could be used, rather than just the staff survey, to measure the impact of MLBT; e.g. staff sickness and an indication of the most effective interventions e.g. Hastee; cost of living support, possibly drawing from the Hastee pay use monthly report.

Given the Letby case the Committee also explored how else the Trust receives intelligence about staff wellbeing and requested collating and triangulating these for more in-depth analysis such as collating issues people take straight to VF; FTSU data; and triangulated SIREN data with the staff survey.

I raised that one of my roles is the Trust wellbeing NED. I will be meeting with the Director of People, the Director of Communications and Angie Hammond to develop this role and this discussion would be fed back into a future Committee.

Fit and Proper Persons Test revised guidance and process
What: The Committee received a paper on the revised guidance and process for the FPPT.

So What: The process had been updated following NHSE guidance published in August 2023, and some things needed to be implemented by 30th September 2023, and the remainder to be implemented in 2024.

What Next: There would be a review of the Kark response by the government which should be published later this year. This meant the guidance and process was likely to be further updated. The Committee noted that the policy would also be updated when this had been published. The Committee would receive assurance at a future meeting.

FTSU Guardian Report
What: The Committee receive a regular FTSU report to gain assurance that the service is being used appropriately and to review any issues that are raised by the guardian on behalf of Trust staff.

So What: FTSU issues currently have a higher profile than usual in the NHS due to the Letby case. This report provided the Committee with assurance that the Trust's service was providing good and successful coverage to a range of Trust staff.

Outreach was continuing to target teams with low staff survey scores and low use of the Guardian service; e.g. corporate services.

That FTSU data had helped the Committee to triangulate and focus on areas that are important to tackle e.g. corporate services. There is congruence between FTSU and workforce metrics in terms of the relationship between managers and staff. This provides some assurance that the Committee are looking in the right areas.

What Next: The Committee would keep reviewing the FTSU reports and support continued outreach into low use teams.

Items for note

- The Annual Reports for 2022-23, from the two previous Committees that had been merged to form People Committee from 2023-24, were noted and approved for onward approval / note at the Board.

Appendices

- Ratified minutes of the July 2023 meeting.
- Annual report 2022-23 from the EDI Committee
- Annual report 2022-23 from the Workforce and Organisational Development Committee

NHS
South West London and St George's Mental Health NHS Trust

PEOPLE COMMITTEE

Draft Minutes of the meeting held on **Tuesday 25 July 2023**, 13:30-16:00 via MS Teams.

Present:

Sola Afuape (SA)	Non–Executive Director (Chair)
Ann Beasley (AB)	Trust Chair
Juliet Armstrong (JuA)	Non-Executive Director
Jen Allan (JeA)	Chief Operating Officer (until 16:15)
Jenna Khalfan (JK)	Director of Communications and Engagement
David Lee (DL)	Director of Corporate Governance
Katherine Robinson (KR)	Director of People
Sharon Spain (SS)	Director of Nursing and Quality

Attendees:

Jeremy Coutinho (JC)	Diversity in Decision Making Representative and Recovery College Manager
Emdad Haque (EH)	Associate Director of Health Inequalities and EDI (from 15:00)
Mia Kruber (MK)	Head of Resourcing
Lincoln Murray (LM)	Freedom to Speak Up (FTSU) Guardian
Nisha Proietti (NP)	Diversity in Decision Making Representative and Deputy Senior Employment Advisor, Sutton Uplift
Inesa Sinkeviciute (IS)	Interim head of Learning and Development
Leah O'Donovan (LO'D)	Deputy Director of Strategy (Item 26/47 only)

Apologies:

Prof. Deborah Bowman	Non-Executive Director
Pam Warren	Deputy Director of People

Minutes:

Emma Whitaker (EW)	Deputy Director of Corporate Governance

	Item	Action
1	**Standing Items**	
26/38	**Welcome and Apologies** The Chair welcomed attendees to the meeting and welcomed IS to her first meeting.	
26/39	**Declarations of Interest** No new declarations were reported.	
26/40	**Quorum** The Chair confirmed that the meeting was quorate, as one Non-Executive Director, the Director of People, the Director of Nursing and Quality Standards and the Chief Operating Officer were present.	
26/41	**Chair's Actions** No Chair's Actions had been taken since the last meeting.	
26/42	**Minutes of the meeting held on 26 June 2023** The minutes of the meeting held on 26 June 2023 were approved as an accurate record of the meeting, with no amendments.	

26/43 Action Tracker

The Committee received and noted the action tracker. The following updates were received:

25/8 (i) ELT Report on retention and investment
This was on the agenda for the July People Committee. Action to be closed.

26/7 Guardian Report – Guardian to engage with corporate areas and feed back to the Committee; data utilisation
This was on the agenda for the July People Committee. Action to be closed.

26/23 Action tracker – EDI impact on Quality and Workforce being reported to Board
This was on the agenda for the July People Committee. Action to be closed.

26/24 TOR and recommendations from the Appreciative Inquiry
This was on the agenda for the July People Committee (Part B confidential meeting). Action to be closed.

26/24 (ii) KR, SA and EW to discuss retention being a stand-alone, regular agenda item outside of meeting
This was on the agenda for the July People Committee. Action to be closed.

26/24 (iii) mechanisms/internal controls around how people were correctly using policies and procedures
This would be on the September agenda and would be considered on the forward plan.

26/28 People Demographic Profile Report – infographics
This would be on the September agenda and would be considered on the forward plan.

26/29 Health Inequalities and EDI Action Plan Update – to consider RAG rating impact
This was on the agenda for the July People Committee. Action to be closed.

2 Accountability

26/44 EDI BAF

The Committee received and noted the EDI BAF.

Reported:
EH highlighted the following points:

- The BAF had been revised two months' ago to reflect the controls and activities that were happening to mitigate risks. The risk score remained the same.
- The EMHIP had five key interventions where EH's team were working with ICB colleagues and the voluntary sector to fast track some of the delivery. However, it may be the case that the original timeline may not be achieved in some of the intervention areas; e.g. restricted practice and crisis family intervention.
- The plan was to bring all of the outcomes for EDI (NHSE EDI Improvement Action Plan, WRES, WDES, pay gap, etc.) into an integrated HI and EDI action plan, to easily compare implementation of actions and outcomes. This would include clear indication of statutory compliance requirements and assurance.

Discussed:
JuA asked how transformation work was being monitored in terms of reducing health inequalities. EH responded that his team were working with colleagues in the Community Services Service Line to make sure the focus was on areas of greater

inequalities. He had also met with the Service Line Quartet to discuss this. One of the areas of focus would be localities inequalities; e.g. equity of access to services in localities across five boroughs. EH agreed to discuss the work with JuA offline, and also Deborah Bowman as Chair of QSAC for the quality elements.

The Chair pointed out that some of the elements in the EDI BAF were historical and / or had ended, such as the disciplinary deep dive. She asked if the BAF could either be presented in a different way or if these items could be removed.

Whether the BAF should include specific intelligence to help the Committee to think about vacancies; e.g. key workforce metrics broken down by ethnicity; so that the Committee can be assured that controls were in place. KR responded that there was not an EDI dashboard at the moment. This could be considered for the future. There was an overall data dashboard where the data could be 'cut' in any way needed.

That a RAG rating had been used but no progress indicator was included. A progress indicator was requested, to help the Committee see how actions have moved along/shifted.

The importance of using comparative data with other trusts and including best practice was also noted.

Agreed:
EH to consider adding a progress indicator to the EDI BAF and integrated action plan to help the Committee see how actions have moved along/shifted. **EH**

26/45 WDES Report
The Committee received and noted the WDES Report.

Reported:
EH highlighted that the WDES had been submitted to NHSE on 31 May 2023 and was on track for October publication.

Discussed:
Concerns were raised by JC about zero disclosures of disabilities in some staff bands, when we have the highest number of disabled staff across Mental Health trusts. He asked if the EDI team were working with the Staff Networks to encourage people to feel comfortable disclosing disabilities. EH and SS responded that they were currently doing a piece of work on how to encourage people to feel comfortable disclosing disabilities, alongside access to work and reasonable adjustments. The Committee should see that work coming through within the next month or so.

JuA was surprised in the gaps in career progression shown in the WDES. She also raised that she had recently visited the Deaf Adult Community Team (DACT) who had informed her that if some of the band 6 roles in the trust's Deaf services were band 7s in other Mental Health trusts. She asked if the trust had done benchmarking for its roles, particularly for Deaf services; and how did the trust use succession planning to look to promote and encourage disabled staff to go for promotions. SS responded that the Deaf services at the trust had started off with small numbers of Deaf staff. She was proud that the trust had expanded on this and that they were the only trust with a Deaf Ward Manager and Deputy Ward Manager in the country. There was a piece of work taking place with St George's, University of London, to help Deaf student nurses be able to work in hearing wards so that they had the same experience and were developed in the same way as hearing student nurses. She acknowledged that there

was further work to do, especially with promotions for people in band 7 roles and above.

It was suggested that as the WDES related to small numbers of staff it might be helpful to add a RAG rating to make it clearer as to if the data was showing a positive or negative change. For example, "Board members who declared a disability" was rated 'red' because there had been no declarations, but it was not clear if this was because there were no Board members with a disability or had been no declarations. AB added that she had not been asked to declare a disability since she initially joined the Board five years' ago.

26/46 WRES Report

The Committee received and noted the WRES Report.

Discussed:

That the RAG rating seemed disconnected to the data. For example, the proportion of staff in band 2 who declared themselves BAME had gone down and this had been rated as 'red'. However, was the reduction a good thing; i.e. there were less BAME staff in band 2 roles due to the work of the trust? It was asked that if this figure was compared over time had this proportion gone up or down e.g. from last year; also how did it compare to white members of staff. The trust want to say that they do not want BAME staff to feel less valued than white colleagues and yet there was not enough of this in the data analysis. EH responded that he agreed. He had met with the Evolve staff network and they had made similar observations on the data. Figures where white staff may be experiencing disadvantages had also been included. The trust were moving towards more equal representation and more parity across bands of staff.

JC suggested that adding an arrow 'up' or 'down' to the colour to show the direction of performance, and using the RAG to show when actions were completed.

JC raised that the data showed that the trust were performing better with disciplinary processes (with a 'green' RAG rating) but union data showed that BAME staff were three times more likely to be put through that process. He suggested that perhaps this might need to be RAG rated 'red' with an upwards arrow to show the progress.

EH agreed to change the RAG before publication date to ensure better representation of what is happening. The final draft would come back to PC for approval in September with the action plan.

The Chair added that it was important to be mindful that representation does not always equal experience; e.g. you can have people who are from a minority background who might be having a difficult experience. It was therefore important to ensure that the intelligence in the WRES captures this and balances it against the positive aspects.

Agreed:

EH to change the RAG rating in the WRES to better reflect progress. **EH**

3 Culture

26/47 Corporate Objectives Q1

The Committee received and noted the Corporate Objectives Q1 update report.

Reported:
LO'D highlighted the following points:

- The People corporate objectives were mostly on track with slight slippage. A lot of work needed to be done this year and a lot of good progress had been made, especially around retention data and the leadership development offer.
- Across the trust it was a positive picture at Q1. That being said, some things were slipping due to the required volume of work and the capacity of some teams to deliver.

Discussed:
That the early slippage for workforce objectives was not a cause for concern. The People function were trying to navigate many workstreams alongside stabilising the department. The Chair acknowledged this but asked for some assurance around where grip would be in terms of catching up with slippage and ensuring that targets were hit in Q2. She also asked what were some of the barriers that might inhibit grip and outputs. KR responded that the leadership development work may be a barrier. It had been difficult to create, commission and deliver one offer that suited all of the different needs. An approach would go to ELT this week and implementation should happen in Q2. It had been hoped to deliver the Training Needs Analysis by now, but the Learning and Development team were struggling with capacity around Mandatory and Statutory Training. The team now had additional support in place. The paper on retention had slipped due to capacity and staff absence; this would now go to the August People Matters meeting. All of the other pieces of work were on target to be achieved on time.

The Chair asked what meaningful delivery would look like for the leadership offer. KR responded that a gap analysis took place in the People team and it transpired there were only two people in the team with experience of leadership development, and they did not have capacity to just work on this. A 'leadership ladder' had been prioritised. The offer would focus on middle managers and senior operational managers at bands 6, 7 and 8. The team recognised there were some urgent things that needed to be prioritised in the offer, such as Employee Relations, recruitment and retention practice, reasonable adjustments and Access to Work (AtW). Capsticks had been commissioned to deliver the reasonable adjustments and AtW training and had been asked to include understanding the impact of lack of thought and decision making in this area. The team were also looking at getting better recruitment and retention training.

KR would look at aligning the corporate objectives with the actions that were within the People BAF, in time for the September People Committee.

26/48 Director of People Report
The Committee received and noted the Director of People Report.

Reported:
KR highlighted the following points:

- Recruitment was making good progress, with clear tracking and a timetable for recruitment across the year now in place. MK had set up a recruitment delivery group that would identify opportunities to manage vacancies, in addition to the ongoing workforce planning piece of work.
- Industrial action – further action from junior doctors and consultants had recently taken place and the trust had been notified of further planned action from consultants over the August bank holiday weekend. Industrial Action continued to be managed through the Operational Resilience Assurance Forum (ORAF) and Local Negotiating Committee (LNC).

- Employee Relations (ER) continued to be a concern, despite a manageable level of cases, more grip and control and better data which was more closely monitored; e.g. cases over 90 days.
- There were 15 active Employment Tribunals (ETs), many of which were historical. There were problems with managing the historical ETs. Many of the people originally involved were no longer employed with the trust, so the team have had to investigate and research for the appropriate response. There were also time restrictions from the courts that would need to be met and time spent collating legal responses. The HR Business Partners were helping with ET cases, but this moved them from work that they needed to be doing. The ET tracker had been improved.
- The NHS Workforce Plan was published on 30 June 2023. The People team had been considering it. One reflection was that it was a long term plan and it would be a few years before any output was realised; it was however useful to keep it in mind as the trust developed its own People Plan towards the end of this year.
- Current risks –
    - ER – a case management system was needed for ER cases. The team were working with JeA to utilise a system the trust already has.
    - Retention – the team needed to dedicate time to this, to demonstrate all of the actions happening and in which Service Lines. There may be different needs for different Service Lines.
    - Bank staff – the national pay deal recommended a lump sum and 5% increase for any Agenda for Change (AfC) substantive staff but not bank staff. However the trust system had automatically lifted the increase for bank staff as the trust had its own bank which paid staff via AfC pay scales. It had not been a conscious decision to do this, it had happened automatically on the system and the trust wanted to value its bank staff. There had been lots of conversations around this and it would go to FPC as a risk as it was unfunded. This meant that the trust was an outlier in the ICS and this had been flagged.
- The People team were trying to resolve a number of things all at once, including ER and Leadership Development. In order for managers to operate well they need development available and policies in place. In turn the People team needed managers to support ER cases. This may feel like challenge as it was all coming together at once.
- A current People team structure had been included as requested. The purple colour indicated fixed term roles.

Discussed:
The Chair summarised that the team were picking up the pieces post-HR recovery and cementing a foundation, against a background of current pressures that had complexity and trying to implement some additional building work such as a case management system. All of this was happening with a relatively small team. She added that it would be helpful for the Committee to get a sense of how it could support in terms of prioritising and if anything additional was needed.

JuA raised that there was some budget available to be spent on investment priorities. She encouraged the team to think about using some of that to help with capacity the challenges.

That when comparing the People team structure to HR leadership in the private sector, there were key differences, such as a dedicated Head of Recruitment and Head of Talent Management, who would pick up retention points around career development. KR agreed, and also noted that in previous roles she had had a Head of Pay and Reward in her team which would pick up job evaluation. The key issue was that the trust was small. KR would think more about where the investment help might be

needed and the possible issues that might arise if there was not any additional capacity. The Chair felt it would be helpful if the Committee received some comparisons and some benchmarking around what the People structure might look like not just now but in the future.

Agreed:
That a comparisons/benchmarking paper for the People structure to be put onto the Committee forward plan. **KR / SA**

26/49 Quality and Performance Report (May data) and Highlight Report
The Committee received and noted the Quality and Performance Report and Highlight Report.

Reported:
KR highlighted the following:

- Agency use continued to be a concern. Since this report had been submitted to the Committee, ELT had had a discussion around assurance, actions and delivery times. SS, JeA and KR had a further discussion and a paper would go to ELT this week to provide assurance on what else needs to be done, the traction on current actions and what actions were needed to hit target by the end of this year. A trajectory for each Service Line had been produced. The People team were working closely with the Operations team to consider when would be a right time to say the trust would no longer be able to use clinical agency and HCA agency, with patient safety at the forefront of that discussion and decision. This was a continued area of scrutiny for the Executive and the teams were in a position to provide better assurance. Even with all of that, it was still hard to reduce agency use, and it was not a guarantee that it could be reduced completely. This was being flagged as partial assurance at this stage.
- Turnover was stabilising overall but those leaving the trust within 12 months remained a concern, as did the fact that 30% of that group were under 30 years old. This was being explored further.
- Recruitment was at the highest levels it had been since the HR separation from SLaM. If turnover could be stabilised this would reduce the agency use rate which was positive. Time to hire remained in target and the People team were getting more positive comments regarding the support teams had received from the recruitment team.

Discussed:
That with the more granular report data it could be seen that, whilst time to hire was overall within the seven weeks' standard, there were particular areas where it remained longer, and some of these might be critical areas. It was asked if there was an opportunity to be more forensic in the actions, with bespoke responses to the immediate issues. KR responded that there were weekly review meetings with the Service Lines. This week they discussed vacancies in the Community. She would discuss at these meetings how the People team could best support with the key issues for each Service Line. The People team had deliberately positioned the workforce plans to assist with this and the workforce planning process had some HR Business Partner support included. There were outliers with time to hire, and MK's team review this. It is usually because of the length of time managers take to shortlist.

The Chair asked about the HR Business Partners, who had an important role supporting the Service Lines with the workplans, but the Committee had heard they are also assisting with other important and competing tasks, such as in ER cases. She asked if there was anything additional needed to add more capacity if there was limited resource. KR responded that even though the position remained challenging, this was

being managed by keeping a continued eye on the People priorities; workforce planning, recruitment, retention and agency use. KR was also having ongoing discussions with her Executive colleagues on the sequencing of pieces of work and how best to use the limited resources available.

The Chair asked how the workforce plans timelines sit on top of the overall timelines for expected improvements, and if there was anything that the Committee needed to know about risks or extra support the People team may need. KR responded that the scrutiny of agency use was being picked up in the weekly Service Line meetings and ELT; and there was a refresh action plan in place. The workforce plans and agency use overall were not 'owned' by the People team but by the Service Lines with support and advice from the People team; therefore it was not necessarily about People capacity but the capacity of the Service Lines. This had been discussed at Board a few times, and members were keen on creating that space to allow senior leaders to do these things well.

JuA stated that she had found the more detailed dashboard information interesting and, if laid against the KPIs, there were top five areas and also the five worst areas with a lot of common areas between them; such as the PICU (one of the worst performing areas). She asked, if this was correct, what additional support do the worst areas need; and was there an opportunity for some buddying up with one of the top five performing areas. She added that there was no data on corporate departments and it was important to not lose sight of these departments.

26/50 Freedom to Speak Up Report

The Committee received and noted the Freedom to Speak Up (FTSU) Report.

Reported:

LM highlighted the following:

- LM had just started some promotional work in the Corporate areas that were not using the service. That work would be ongoing.
- That so far he had consistently heard that one reason why staff in these areas did not speak up or that when they did they wished to keep anonymous was a fear of their career being affected. This was something LM wanted to delve more into and discuss further with staff, to try and get to what was underneath this.

Discussed:

This was an unexpected response for members of the Committee and their support was given to LM working to understand what sat behind this. JuA suggested reviewing the Corporate Services Service Line review and any actions/findings that came out of it, to triangulate with the FTSU work. The Committee noted the different elements of information around Corporate Services teams that may need to be triangulated (e.g. low disability declarations; staff survey results) and were seeking assurance that there were active controls in place to address issues around fear to report for Corporate Services teams.

Whether some of the fear of raising concerns was driven by the corporate staff moves to Tolworth. LM would report more on that as he had more conversations.

Whether some interventions to improve this situation could be considered when more detail had been gathered, such as the psychological safety training the trust were currently commissioning. Ian Petch was promoting this training to colleagues across Service Lines and staff networks.

NP asked if there could be a link between the 48% of people who believe they are not being listened to, and WDES metric 4 (decrease in the percentage of staff with Long Term Conditions in reporting harassment); i.e. were they going to the guardian service instead of reporting harassment through the appropriate channels. She also asked what happened if someone used the guardian service but wished to remain anonymous. LM escalated a small percentage to KR / the People team. He supported many staff with their soft skills to help them escalate their concerns themselves.

KR added that this demonstrated why the People team needed a first point of contact to deal with general queries. A number of colleagues use the FTSU service for this as previously this support had not been available or accessible within the People Team.

Agreed:

- KR and LM to consider how best to provide assurance that there are active controls and mechanisms in place to address and pick up issues around Corporate Services teams. **KR / LM**
- The Corporate Services Service Line review to be presented at the September Committee to understand what came out of it. **KR**

4 Performance

26/51 Mandatory and Statutory Training (MAST) Progress Report

The Committee received and noted the MAST Progress Report.

Reported:

KR highlighted the following:

- The Compass system update had now taken place and should provide accurate data. The IT control that would have picked up the initial issue was now in place and the trust had been given a dedicated account manager.
- IS had been seconded to the Learning and Development team, in order to release capacity to focus on getting traction and delivery with MAST.
- The Learning and Development team and Subject Matter Experts had proactively pushed training and had a better grasp on the amount of Did Not Attends (DNAs). Improvements should soon be seen month on month.

Discussed:

That it would be helpful for the Committee to have an update on the following items, including assurance, for the October Committee meeting: agreement of what training courses were classed as MAST 1, 2 and 3 and what the staff audience was for each level; the number of DNAs and if Compass was fulfilling its IT functionality.

JuA was interested in hearing about what the Executive were doing to set a strong culture and leadership expectations around the importance of MAST; and how to support staff to embed training so it was not seen as a tick box exercise. SS responded that the focus was that MAST was required to keep staff and their patients safe. The ELT were using the Service Line meetings to shift the culture and conversations around this. KR added that ELT were confident that there was a robust plan in place and that root causes had been identified and mitigated, including resolving the system issues.

Agreed:

For October's meeting, KR to provide agreement of what training courses were classed as MAST 1, 2 and 3 and what the staff audience was for each level; the number of DNAs and if Compass was fulfilling its IT functionality. **KR**

26/52 Agency Progress Report
This item was not discussed and would be moved to the September agenda.

26/53 HR Internal Audit Recommendations
The Committee received and noted the HR Internal Audit Recommendations.

Reported:
KR highlighted the following:

- RSM had planned to review the 10 recommendations from the original HR review that had been commissioned for the joint service. They then established that most of the recommendations had been based on staying as a joint service and were closed down as a consequence of splitting the service. RSM instead moved to a broader review of the new service and had produced some recommendations.
- KR felt that the RSM recommendations were fair and she was confident progress had already been made on a number of them
- With regards to the recommendation around development of a strategy, it had previously been agreed to delay some of the strategy development work to prioritise the team becoming "brilliant at the basics".

Discussed:
The Committee discussed that some of these recommendations were relevant some months ago but there had been great improvement since: the management information had provided increasing levels of analysis which had allowed the Committee to focus even further into items of assurance, and the recent addition of the Director of People and new Q&P report had strengthened this further. KR and SA had discussed ways in which Committee papers and reporting could be further strengthened ahead of September's Committee meeting. There would be an additional evaluation discussed at ELT tomorrow (26 July 2023). It was agreed that KR and SA reflect upon what that might mean in terms of this Committee and presentation of papers; and also what support the People function may need. JuA drew attention again to resource that might be made available for investment as outlined in FPC and indicated she could service as a bridge across both Committees in relation to this subject.

That RSM had suggested a cultural shift was needed but had not gone into any detail about what that meant. KR would follow up with them about this. She added that the staff survey in November had the lowest engagement from HR and the RSM auditors would have had access to the survey.

Agreed:
RSM had suggested a cultural shift was needed but had not gone into any detail about what that meant. KR would follow up with them about this. **KR**

26/54 Key Matters to Report to the Board or other Committees

- That the Committee received quite good assurance of the actions in the EDI BAF.
- That the WDES had been submitted and work was ongoing around zero disclosures of disabilities in some staff bands, alongside access to work and reasonable adjustments. These items would be monitored by People Committee.
- That the WRES final draft would be reviewed at the September meeting as the Committee had requested a change in the RAG to better reflect progress.
- The Committee were on track with their corporate objectives despite slight slippage at Q1 due to capacity issues. The Committee were assured that there were no concerns at present.
- The three risks around the ER case management system, retention and bank staff unintended uplift.

- The FTSU guardian had started promotional work to corporate teams who did not use the service much.
- The FTSU guardian reported that there was a consistently heard reason why corporate services staff do not speak up or want to keep anonymous, and this was fear of their career being affected. The guardian would be looking into this further.
- That the HR internal audit findings were noted and discussed but that a lot had improved over the past five months and further work was ongoing for assurance to be strengthened.

6 Forward Plan and draft agenda for the next meeting

26/55 People Committee Forward Workplan 2023/24

The Workplan was bought to Committee for note.

JuA discussed that agile working (working at the office and other sites/ at home) was handed over to People Committee from the Estates Modernisation Committee (EMC) for review and assurance, but she had not seen it on the forward workplan. She would be interested to see a review of how this was going, as she had had some conversations with teams over the last few weeks where managers were finding this challenging. KR responded that flexible working, the term the trust was using which included agile working, would be going into the retention plan and monitored there, as these had been identified as key areas that staff would like to see, and had been raised in the staff survey. There have been some vanguard trusts doing work around flexible working where self-rostering had had some real impact.

Agreed:

KR to bring a paper to the Committee on agile working (passed to People Committee from EMC) as to how agile and flexible working would be included in the retention plan, what monitoring and assurance might look like, when the retention plan can come to Committee and how to feed back to EMC to close the loop. **KR**

26/56 Draft Agenda – September meeting

The draft agenda was bought to Committee for note.

26/57 Date of Next Meeting

It was noted that the next Committee meeting would be held on: Tuesday 26 September 2023, 14:30 – 17:00, via MS Teams.

NHS
South West London and St George's Mental Health NHS Trust

People Committee Acronyms List

BAF	Board Assurance Framework
DiDM	Diversity in Decision Making
EAG	Employee Advisory Group
EDI	Equalities, Diversity and Inclusion
ELT	Executive Leadership Team
ER	Employee Relations
ERR	Executive Risk Register
FPC	Finance and Performance Committee
HRBP	HR Business Partners
ICB	Integrated Care Board
ICS	Integrated Care System
KPI	Key Performance Indicator
LDA	Learning Disability and Autism
LMC	Local Medical Committee
LNC	Local Negotiating Committee
MAST	Mandatory and Statutory Training
NHSE	NHS England
OD	Organisational Development
OH	Occupational Health
OHW	Occupational Health Works (current trust OH provider)
ORAF	Operational Resilience Assurance Forum
PSED	Public Sector Equality Duty
PSIF	Patient Safety Incident Framework
QSAC	Quality and Safety Assurance Committee
RAG rated	Red, Amber, Green rated (usually used on action plans and the BAF)
SLaM	South London and the Maudsley NHS Trust
TOR	Terms of Reference
WDES	Workforce Disability Equality Standard
WRES	Workforce Race Equality Standard

ANNUAL COMMITTEE REPORT 2022-23
EQUALITY AND DIVERSITY COMMITTEE

1. Introduction

1.1. Committee Establishment

The Equality and Diversity Committee (the Committee) was a long-established Committee of the Board of Directors (the Board) and operated during the reporting period 1 April 2021 to 31 March 2022 (the period). 2022-23 was the last year of operation as, at the direction of the Board, it would be merged with the Workforce and Organisational Development Committee to become the People Committee as of 1 April 2023.

1.2. Committee Purpose

The key purpose of the Committee was to provide assurance to the Board about the delivery of the Trust's strategic ambition of *reducing inequalities*. The Committee ensured that in the following areas there were measurable and demonstrable outcomes:

- Workforce and leadership;
- Developing organisational culture – Making Life Better Together;
- Stakeholder involvement and engagement; and
- Service delivery, development and co-production.

The Committee and its members were also charged with being champions of the *reducing inequalities* agenda in any decision-making forum.

1.3. Terms of Reference

The full details of the Committee's duties are outlined in the Terms of Reference.

The internal audit report on corporate risks management flagged the importance of ensuring that all Board Committees have oversight of the relevant key risks. As a matter of good practice the Committee reviewed key risks and will continue to so as the People Committee, in relation to the Board Assurance Framework (the BAF) risk related to inequalities.

2. Membership and Meeting Attendance

The Committee comprised of a mixture of non-executive directors, executive directors and other representatives and attendees. During the period the Committee met on five occasions, compared to five in 2021/22. The number of meetings attended by members and contributing attendees is detailed in the table below**.**

Table 1: Committee members' attendance - April 2022 to March 2023

Members	21/04/2022	23/06/2022	20/10/2022	01/12/2022	16/02/2023
Sola Afuape (Chair)		X	Apols.		
Doreen McCollin (Chair)	X	Apols.	X	Apols.	X
Prof. Deborah Bowman	Apols.	X	X	X	X
Juliet Armstrong (NED)			Apols.		
Ann Beasley (Trust Chair)	X			X	
Vanessa Ford (CEO)	Apols.	X	X	X	X
Billy Boland	X	X	X	X	X
Jenna Khalfan	X	X	X	X	X
David Lee	X	Apols.	Apols.	X	Apols.
Katherine Robinson	Apols.	X	X		
Sharon Spain		Apols.	X	X	X
Melena Blake	Apols.			Apols.	
Sarah Burrell	X	X	X	X	X
Stephen Charlery			X	X	X
Andrew Cohen	X	X	X		
Emily Downey	X	X	X	X	
Jacqueline Ewers	X	X	X	X	X
Andrew Francalanza	X	X	X	X	X
Emdad Haque			X	Apols.	X
David Heasman	Apols.	Apols.	X	Apols.	Apols.
Ranti Lawumi	Apols.	X		X	Apols
Lenka Novakova	X	X	X	X	X
Ashley Painter	X	X	X	X	X
Johnny Steyn	X	X			
Pam Warren	Apols.				

	Voting members of the Committee
	Executive Team
	Staff Network representatives
	Service User representatives

3. Committee Work and Activities

3.1. Annual Review - April 2022 to March 2023

The Committee has conducted work in line with its purpose to provide oversight of Equality and Diversity matters on behalf of the Board as detailed in the Terms of Reference. The Committee's agendas focussed on business that enabled the Committee to gain assurance over those responsibilities delegated to it by the Board.

The Committee continued to work with the two Service User representatives, whom joined the Committee in the 2021-22 year.

The Committee has welcomed the development of the Staff Networks whereby an executive director is aligned to each Network. Each Network has presented to the Committee during the year. Some of the Staff Network Chairs had also assisted with Trust-wide pieces of work, such as re-drafting the Disability Leave Guidance.

The Committee were concerned to hear the challenges faced by the Staff Networks, including interpreters, training and capacity concerns; and in February 2023 they were informed of a collective grievance raised by the Deaf Network regarding lack of BSL interpreters at training sessions. The Committee were updated by the Staff Networks on how the Trust were supporting staff during the ongoing cost of living crisis. The Committee were also concerned about the moving of deadlines for the WRES and WDES action plans, but it was appreciated that the necessary work of the HR recovery had impacted these. All of these areas would be passed on to the new People Committee for continued monitoring and assurance.

The Committee remained concerned that the evidence from the WRES and WDES standards, together with the staff survey results, continued to indicate issues with bullying and harassment and inequalities experienced by BAME staff and disabled staff, although positively the percentage of staff experiencing bullying and harassment and inequalities had decreased since last year. Some assurance was received; in that the data of the staff survey was being shared with senior managers and the Senior Management Team, hot spots were being highlighted, and individual teams were being invited to workshops in order for changes to be identified and actioned going forward.

The Committee was assured by progress with the Anti-Racism hub and the EMHIP; the Trust being awarded a Silver Employer Award from Stonewall for commitment to workplace equality; the Trust being awarded Level 2 Disability Competent Employer; and the new EDI and Health Inequalities action plan that would progress the necessary work to ensure focus on these areas and to ensure solutions are found to current challenges across the Trust. The Committee asked also that an EDI and Health Inequalities specific corporate objective be created to further support this work.

The Committee noted that EMHIP would go through QSAC for reporting in the future, as it lends itself more to quality.

Items featured on the Committee's agenda during the period included:

- WRES
- WDES
- Equality and diversity dashboard (incorporating WRES and WDES data)

- Staff Network Updates and annual presentations
- Staff Demographics Annual Report
- Staff survey results
- Ethnicity and Mental Health Improvement Programme (EMHIP)
- Equality and Diversity corporate objectives and Board Assurance Framework
- Gender pay gap report and action plan
- Stonewall index updates
- Committee Annual Report
- Committee forward plan.

These items would continue to be monitored in the new People Committee from 2023-24; with some elements of the BAF moving to QSAC as they would be monitoring Health Inequalities work going forward.

For the whole of this reporting period the Committee has met 'virtually' rather than through face to face meetings.

3.2. Forward Plan

The Committee's forward plan is presented to each Committee for review and is detailed in **Table 2: Forward Workplan – 01 April 2022 to 31 March 2023.** The Committee's workplan will be combined with that of the Workforce and OD Committee so that People Committee's work over the next year covers both workforce and equality. Items on the workplan will also be driven by the Risk Register and in consultation with the Director of People and the People Committee Chair.

Table 2: Forward Workplan – 01 April 2023 to 31 March 2023

				2022-23				
AGENDA ITEMS	**Executive Lead**	**Author/SME**	**Purpose**	**21/04/2022**	**23/06/2022**	**20/10/2022**	**01/12/2022**	**16/02/2023**
Strategy								
Draft Equality and Diversity Strategy 2021 to 2024	KR/BB	KR/AF	FA				✓	
Governance & Accountability								
BAF: Equalities and Diversity	KR	AF	FN	✓	✓	✓	✓	✓
Board seminar actions - progress report	KR		FN			✓		✓
Executive Champions Reports	Exec	Exec	FN			✓		
Performance								
WRES/Equality dashboard	KR	AF	FD		✓			
Medical Race Equality Standard	BB	EDI Lead	FD		✓			
1/4ly report - Delivery of Equality and Diversity Corporate Objectives	KR	AF	FN	Q4	Q1	Q2		Q3
Culture								
Staff survey results (Equalities Focus)	DHR	KR	FD	✓				
Staff survey action plans/update (Equalities Focus)	KR	KR	FN		✓			
Stonewall Account Action Plan Update - submission Feb 2023	KR	AF/ AF	FN	✓				✓
Health Inequalities update	BB		FR	✓				
Staff Networks Report	N/A	SN Chair	FD	✓	✓	Staff Network presentations	✓	✓
Reports and updates								
EMP presentation - equality impact assessment and approach	PM	IG	FD				✓	
WDES Annual Report and Priorities - Submission to NHSE/I	KR	AF	FD			✓		
WRES Annual Report and Priorities - Submission to NHSE/I	KR	AF	FD			✓		
WDES update	KR	AF	FD	✓		✓		
Gender Pay Gap Report & Action Plan Submission	KR	PW	FN				✓	
Workforce Equality Reports: Report of staff breakdown and demographics (Annually)	KR	PW/ AF	FD	✓				
Service Line re-structure update (Oct 2022)	JeA					✓		
Committee Governance								
Workforce Matters minutes	KR		FI	✓	✓	✓	✓	✓
Committee forward plan	KR	NM	FD	✓	✓	✓	✓	✓
Committee forward plan Review	KR	NM	FN					✓
Committee ToR review (membership review)	KR	DL	FD	✓				
Committee Annual Report	DL		FA		✓			

4. Draft assurance and position statement

The Committee has focused on key issues and reviewed data from internal and external sources. The Committee focused its work on the delivery of the Trust's strategic ambition around reducing inequalities, using the BAF to review mitigation of this risk, framing its work programme so that it can adequately assure the Board that enough is being done to ensure the Trust is reducing inequalities as described in the Trust strategy. The Committee's key issues and aim of delivery of the strategic ambition of reducing inequalities, would continue to be championed and monitored by the new People Committee from 2023-24.

Appendix 1: Equality and Diversity committee Terms of Reference

Committee	Equality and Diversity Committee
Strategic ambitions	The work of the Committee will be relevant to all the Trust's strategic ambitions, especially ***reducing inequalities***
Chair	Non-executive director
Executive Lead	Executive Director of Human Resources and Organisational Development Supported by the Medical Director who will continue to play a leading role in patient equality and diversity issues
Secretary	Trust Secretariat
Members	A non-executive director (in addition to the committee chair) Medical Director Executive Director of Human Resources and Organisational Development Executive Director of Nursing and Quality Standards Chief Operating Officer Director of Communications and Stakeholder Engagement
Attendees	Service User Representative x2 Carer Representative x2 Involvement Lead Diversity Manager Strategic Co-Production Manager Associate Director of Learning and Development A representative from each of the staff networks Trust Secretariat (Minutes) Facilities Representative The Committee may invite any other Trust representative and/or external professional advisors as it deems necessary from time to time.
Frequency	The Committee will meet six times per year and will include two seminars where members from the Workforce and Organisation Development Committee will also attend.
Quorum	The quorum of the Committee shall be i) one Non-Executive Director ii) the Director of Human Resources (or a deputy agreed with the Chair) and iii) ***either*** the Director of Nursing and Quality Standards ***or*** Chief Operating Officer. Where an executive director is not able to attend the meeting they must send a deputy who is authorised to make decisions on their behalf.

PURPOSE

The key purpose of the Committee is to provide assurance to the Board about the delivery of the Trust's strategic ambition of "reducing inequalities."

The Committee will ensure that in the following areas there are measureable and demonstrable outcomes:

- Workforce and leadership
- Developing organisational culture – making life better together
- Stakeholder involvement and engagement
- Service delivery, development and co-production

The Committee and its members are also charged with being champions of the ***reducing inequalities*** agenda in any decision making forum.

DUTIES

The Committee will drive the development and delivery of the Trust's Equality and Diversity Strategy and regularly monitor key equality and diversity metrics

The committee will focus on the development of a positive working environment for staff.

The committee will also promote the Trust's mission and values, with a focus on reducing inequalities.

Core committee duties also include:

Workforce and Leadership

- Regular review of the Trust's workforce demographics to ensure that they are representative of the communities we serve and meet the statutory and contractual requirements in, but not limited to, the follow areas:
  - Public Sector Equality Duty
  - Equality Delivery System (EDS2)
  - Workforce Race Equality Standard
  - Workforce Disability Equality Standard
  - Gender Pay Gap Audit

  In doing this, to ensure that there are effective systems and robust controls in place to deliver required targets and escalate to the Board any areas of exception.

- Monitor the Trust's performance against agreed equality and diversity key performance indicators and ensuring there are effective procedures and standards of practice in place.

- Ensure that there are effective processes in place which reduce the barriers when recruiting staff and monitoring recruitment practices to ensure that people with protected characteristics are mindfully included.

Organisational Culture

- Alongside the making life better together programme, to support the development of a co produced programme of work between clinicians and service users and carers, reaching agreement around how to measure change and impact

Stakeholder Focus (Service users, carers, local communities)

- Receive reports from key stakeholders and ensure there are effective and robust systems to make appropriate changes which support the delivery of an inclusive service.
- Drive and monitor action plans to secure assurance that the Trust is reducing inequalities

Service delivery, development and co-production

- Consider assurance on action to address identified under- and over-representation of key population groups in our services
- Consider assurance on action to reduce gaps in service through engagement with commissioners, implementing effective transition pathways and collaboration with other providers
- Review equality impact assessments for all major programmes by assessing:
    - Equality and diversity risks
    - Value added
    - Ownership
    - Appropriate stakeholder involvement/engagement
    - Sustainability

The Committee will escalate any key concerns or risks to the relevant forum.

RISK

The Committee will regularly review the Trust's board assurance framework to consider the risks to the delivery of the Trust's corporate objectives around reducing inequalities. The committee will also receive from time to time a report on the executive risk register to provide assurance on the identification and treatment of any key areas of risks relating to equality and diversity.

For the avoidance of doubt, the work of the Committee is underpinned by the requirement to provide assurance to the Board

AUTHORITY

The Committee has been established to make relevant recommendations to the Board and must act within its delegated authority. It may make decisions which give effect to agreed objectives and workforce plans.

OPERATION

The Secretary to the Committee shall produce minutes of each meeting which will be presented at the subsequent meeting for approval, subject to the Chair's prior review.

The Committee will develop a robust work plan each year which outlines the business it will consider. The plan must include relevant operational and strategic workforce priorities for the Trust. The Committee is open to virtual discussions and engagement with key issues.

REPORTING

Reports to the Board

Following each meeting the Chair with support from the Secretary, will produce a report to the Board which highlights key matters considered, provide relevant assurances or exception reports. The approved Committee minutes will also be submitted to Board for information.

The Committee must also conduct an annual self-assessment and review of its terms of reference and present to the Board for endorsement and approval. Once the Board has approved the Committee's terms of reference any future material change must be presented to the Board for approval.

Reporting Groups

The Committee will receive the minutes and reports from the following networks.

- Evolve Staff Network
- Deaf Staff Network
- LGBTQIA+ Staff Network
- Mental Health Staff Network
- DiverseAbility Staff Network
- Christian Staff Network
- Women's Network Group

Sub Committees

The ***People Matters*** committee will develop a subcommittee structure to operationalise the aims and objectives summarised in the Terms of Reference and agreed workplan

a) Inclusive leadership and Board development activities
b) Equality of recruitment practices
c) WRES – implementation plan
d) Equal pay and gender gap action plan
e) EDS2
f) Equalities aspect of staff survey
g) BME Leadership Academy BME leadership and succession planning
h) WDES - Implementation plan

To be agreed by the Trust Board July 2022
Approved by EDC on 21 April 2022

ANNUAL COMMITTEE REPORT 2022-23
WORKFORCE AND ORGANISATIONAL DEVELOPMENT COMMITTEE

1. Introduction

1.1. Committee Establishment

The Workforce and Organisational Development Committee (the Committee) was a long-established Committee of the Board of Directors (the Board) and operated during the reporting period 1 April 2022 to 31 March 2023 (the period). 2022-23 was the last year of operation as the Committee was then merged with the Equality and Diversity Committee to become the People Committee as of 1 April 2023.

1.2. Committee Purpose

The Committee was charged with ensuring that there were effective mechanisms and systems in place to deliver the workforce and educational investment objectives of the Trust whilst keeping abreast of pertinent system-wide strategic issues and implications. The Committee also had a duty to support the Board in fostering an organisational culture and environment where staff are engaged, feel valued and developed to support an innovative recovery-focused service which is co-produced with service users.

The broad themes of the Committee's work were:
- Workforce Planning and Equality and Diversity;
- Retention and Recruitment;
- Leadership and Culture; and
- Governance and Reporting.

Through its work the Committee drove the development and delivery of the workforce and organisational development strategy and monitored key workforce metrics which underpinned the delivery of the Trust's strategic objectives.

1.3. Terms of Reference

The full details of the Committee's duties are outlined in the Terms of Reference.

The internal audit report on corporate risk management flagged the importance of ensuring that all Board Committees had oversight of the relevant key risks. As a matter of good practice the Committee reviewed key risks in relation to the Board Assurance Framework (the BAF) risk related to workforce and organisational development. Review would continue in 2023-24 year by the People Committee.

The Terms of Reference were reviewed annually and these were presented to the Committee's meeting in June 2022.

2. Membership and Meeting Attendance

The Committee comprises a mixture of non-executive directors, executive directors and other representatives and attendees. In addition, report writers attended to present reports, including the Freedom to Speak Up Guardian. During the period the Committee met on six occasions, compared to five occasions in 2021-22. Since the Covid pandemic the Committee continued to meet virtually rather than as a face-to-face meeting. The number of meetings attended by members and contributing attendees is detailed in the table below.

Table 1: Committee members' attendance - April 2022 to March 2023

Members	06/06/2022	26/07/2022	27/09/2022	22/11/2022	24/01/2023	28/03/2023
Sola Afuape (Chair)	x	x	x	x	x	x
Deborah Bowman	apols	apols	apols			
Doreen McCollin	apols	apols	apols	x	x	
Katherine Robinson	x	x	x	x	x	x
Jenna Khalfan	apols	x	x	x	apols	x
Sharon Spain	x	x	x	x	x	x
Jen Allan	x	apols	apols		x	apols
David Lee	apols	apols	apols	x	apols	
Ann Beasley (Trust Chair)				x	x	x
Shikainah Champion	x	x				
Vik Sagar (NED)			x	apols	apols	

3. Committee Work and Activities

3.1. Annual Review - April 2022 to March 2023

The Committee has conducted work in line with its purpose reviewing key workforce related matters and during the period developed and agreed its Terms of Reference and workplan.

The decision to separate the HR function from SLaM was reported into the Committee in March 2022 and was monitored closely by the Committee as the separation occurred, including agreeing the proposal. The Committee also received assurance updates regarding the short-term work to fix immediate issues in Employee Relations (ER) cases, MAST and Recruitment. The new appointments to the team were welcomed especially around the areas of Medical Staffing and MAST.

The Committee had limited assurance around the BAF risks at the beginning of the Committee year, but steady progress was made and this was monitored using the People Plan approach. By March 2022 the Committee agreed that all of the appropriate risks were included on the BAF and that the actions to mitigate the risks were appropriate.

The Committee were concerned by some vulnerability in OD but the Committee continued to be sighted on this. Recruitment remained an area of high concern, but the Committee were assured by the incident being raised and the weekly reporting to EMT for oversight.

There was concern around the FTSU Guardian Reports which highlighted the main issues the Guardian received related to 'management aspects' and that some departments consistently do not engage with the service. Work was ongoing to rectify the engagement. The Director of People was regularly meeting with the FTSU Guardian to sort the management aspects. In January 2022, the Trust had the second highest number of concerns raised in the London area; however this was considered to be a reflection of the promotional work and relationship that the Guardian Service holds within the Trust and their engagement in team meetings.

The Committee were assured by the Corporate Objectives updates and were happy to hear of the new EDI lead coming into post; the anti-racism workshop and refresh of the EDI programme; the MLBT updates; the cost of living support provided to staff by the trust; the Employment Tribunals progress since the split from SLaM;

The Committee noted the fall in staff survey response rates but was assured that comprehensive engagement and communication was being undertaken and thanked those involved for their efforts. The Committee were assured around the work to increase staff survey responses, such as the success of the ComplEAT lunches, the CEO weekly updates, the iPad in the vaccination clinics and You Said, We Did updates. The Committee requested that the April People Committee paper address how the new Committee could have oversight of the ELT's new approach to the staff survey and track its progress.

The items featured on the Committee's agenda during the period included:

- Workforce Q&P Report
- Risk Register and BAF
- Corporate Objectives
- MAST and PADR
- Joint Workforce and Organisational Development Strategy
- Occupational Health updates
- People Readiness and Culture Change
- Workforce Transformation
- Workforce Planning
- People Plan
- HR Recovery
- Making Life Better Together (MLBT)
- Apprenticeship Levy
- Freedom to Speak Up (FTSU) Guardian
- Nurse Validation
- Estates Modernisation Project updates
- Committee Workplan
- Committee Terms of Reference
- Committee Annual Report

3.2. Committee Workplan

The Committee's workplan was presented to each Committee for review and included robust monitoring of key elements of the Joint Workforce and Organisational Development Strategy, key workforce challenges and BAF and corporate risks.

The forward workplan is detailed in **Table 2: Forward Workplan – 01 April 2022 to 31 March 2023,** however this would be driven by the Risk Register and in consultation with the Director of People and the Committee Chair.

Table 2: Forward Workplan – 01 April 2022 to 31 March 2023

				2022/2023						
AGENDA ITEMS	**Executive Lead**	**Purpose**	APRIL SEMINAR	24/05/2022 (Board 12/05/2022)	26/07/2022 (Board 14/07/2022)	27/09/2022 (Board 08/09/2022)	22/11/2022 (Board 10/11/2022)	DECEMBER SEMINAR	24/01/2023 (Board 12/01/2023)	28/03/2023 (Board 09/03/2023)
Workforce Planning										
Inclusion Report:	**DHR**	**FR**		√	√	√	√		√	√
Workforce Scorecard and Q&P Dashboard										
Training Update to include MAST / PADR and Supervision										
Employee of the Month										
Temporary Staffing and Agency use										
Workforce Profile Report										
Red Flag Employee Relations Cases including any MHPS cases										
Vacancies / Turnover / Recruitment/Retention, Compliance & Governance Report KPI's										
Sickness Absence & Health & Wellbeing										
Staff Friends, Family Test and National Staff Survey Report										
HR Recovery and Risk Register Update	**DHR**	**FR**		√	√	√	√		√	√
People Priorites Plan (Attraction, Retention and Development)	**DHR**	**FR**			√		√			√
Board Assurance Framework Review (HR Risks Only)	**DHR**	**FR**		√	√	√	√		√	√
Leadership & Culture										
PADR - Revisions	**DHR**	**FR**			√					
Supervision	**DHR**	**FR**			√					
Recruitment and Retention (every other meeting) to inc workforce planning	**DHR**	**FR**		√		√			√	
MLBT - Update (alternate meetings, each meeting from Sept)	**DCE**	**FI**		√	√	√	√		√	√
Quality Leadership Programme (Leadership Update)	**DHR**	**FR**				√				
Guardian Service Report (every 6 months)	**DHR**	**FI**			√					
Occupational Health	**DHR**	**FR**			√					
Staff Survey - update	**DHR**	**FR**	√							
Mandatory & Statutory Training - Update	**DHR**	**FR**		√			√			
Nurse Development Programme	**DON**	**FR**			√					
Nurse Validation Report (noting only)	**DON**	**FN**								√
Corporate Objectives	**DHR**	**FR**			Q1		Q2		Q3	
Estate Modernisation Programme updates	**DHR**	**FR**		√		√			√	
Governance & Reporting										
People Matters - sub group (minutes for noting)	**DHR**	**FI**		√	√	√	√		√	√
Employee Relation updates (alternate meetings)	**DHR**	**FI**		√		√			√	
Terms of Reference	**DHR**	**FI**								√
Committee Workplan	**DHR**	**FI**		√	√	√	√		√	√
Committee Annual Report	**TS**	**FA**			√					

4. Draft assurance and position statement

The Committee's work has supported the Board in achieving the strategic objective to improve leadership and talent. The Committee has focused on those areas that might prevent the realisation of the Trust's objectives, especially where they could impact on the quality of care, high agency usage, staff health and safety, Trust reputation, financial controls and CQC requirements/regulations. All areas of recruitment and retention, including turnover and time to recruit, have been scrutinised. Supervision, Performance and Development Reviews (PADRs) and Mandatory and Statutory Training (MAST) have also been considered regularly especially if areas required continued improvement. Employee relations, the staff survey, communications plan and occupational health reports were also considered. The FTSU Guardian presented reports to the Committee every six months. The Committee has routinely received updates from the Workforce Matters Group and received a number of updates including recruitment of staff and medical staff; apprenticeships; Quality Leadership Programme, SLP and nurse development, staff development and organisational development.

The three-year Joint Workforce and OD Strategy was approved by the Board and SLaM, when the Trust shared its HR resource across both organisations. The Committee monitored implementation of the strategy, acknowledged the achievements and noted the focus on six strategic objectives covering the following priority areas:

- Improving Recruitment and Retention
- Equality Diversity and Inclusion
- Improving workforce planning and workforce information
- Improving Health and well being
- Embedding our Values, Culture and Behaviour
- Enhancing Education and Learning.

The Committee's key issues and aim of delivery of the strategic ambition of reducing inequalities, would continue to be championed and monitored by the new People Committee from 2023-24.

Appendix: Workforce and Organisational Development Committee Terms of Reference

Committee	Workforce and Organisational Development
Key Strategic Ambitions	3. Making the Trust a Great Place to Work
Chair	Non-Executive Director
Executive Lead	Chief People Officer
Secretary	Trust Secretariat
Members	x2 Non-Executive Director, one of whom is the Chair Chief People Officer Chief Operating Officer Director of Nursing and Quality Standards
Attendees	Deputy of Director of Human Resources Director of Corporate Governance (from time to time) The Committee may invite any other Trust representative and/or external professional advisors as it deems necessary from time to time.
Frequency	Presently the work plan can be accommodated with quarterly meetings. Two seminars will also be held in the year and will include members from the Equality and Diversity Committee
Quorum	The quorum of the Committee shall be one Non-Executive Director, Chief People Officer (or a deputy agreed with the Chair) and either the Director of Nursing and Quality Standards or Chief Operating Officer. Where an executive director is not able to attend the meeting they must send a deputy who is authorised to make decisions on their behalf.

Purpose

This Committee has been established to ensure, on behalf of the Board, that there are effective mechanisms and systems in place to deliver the objectives approved by the Board in relation to the Trust's workforce and educational investment.

Through its work the Committee will support the Board in creating a culture and environment where staff are engaged, feel valued and developed to support an innovative recovery focused service which is co-produced with services users.

The Committee will also keep abreast of the strategic context the Trust operates in and the workforce consequences and implications of this.

Duties

The Committee will drive the development and delivery of the Trust's workforce and organisational development strategy and regularly monitor key workforce metrics which underpin the delivery of the Trust's workforce strategic objectives.

With the view of providing relevant assurance to the Board the core Committee duties include:

Workforce Planning and Equality and Diversity

- Regular review the Trust's workforce performance metrics and data (e.g. sickness, absences, staff survey, diversity etc) to ensure that there are effective systems in place and provide exception reports to the Board as necessary.

- To support development of the Trust's workforce strategies in line with the overarching Trust vision including, but not limited to:
    - workforce and organisational development strategy;
    - staff wellbeing strategy; and
    - education and training strategy

- Ensure there are effective workforce and organisational development policies, procedures and practice standards in place to deliver the Board's strategy for workforce.

- Through regular review and scrutiny ensure there are robust systems and controls in place to ensure the Trust's continues to comply with all statutory and regulatory requirements including, but not limited, to Care Quality Commission Standards and NHS Improvement.

- Review and contribute to the production of the annual workforce report included in the Trust's annual report and accounts.

Retention and Recruitment

- Ensure that there are effective governance systems and mechanisms in place to delivery compliant recruitment in the Trust.

Leadership and Culture

- Regularly review the Trust's quality development programme.

- To review the Trust's Workforce and OD Strategy to include professional education, training and re-validation (where relevant) for all frontline staff including students and apprentices, and employee wellbeing strategies prior to approval by the Board, to ensure that they support the Trust's vision.

- Oversight of the People Readiness and Culture Change Programme. However during the Estates Modernisation Programme this oversight will be managed by the Estates Management Committee.

Governance

- Ensuring compliance with statutory elements of workforce governance.

- Considering internal audit reports in respect of areas which directly impact on workforce, HR and organisational development.

- Reporting to the Audit Committee its findings in regard to the system of control in place to manage workforce risks.

- Receiving updates from the Clinical Transformation Programme, People Readiness and Culture Change Programme and Estates Modernisation Programme via the Estates Modernisation Management Group, where key areas from these programmes fall within the Committee remit

- Agreeing work plans and monitoring the work of People Matters Group.

Risk and Board Assurance Review
The Committee will also review key risks related to its work and escalate to the Board as appropriate. Where key risks exist, the Committee will support the executive team in developing action plans and monitoring delivery.

As and when required the Committee will flag key risks which give rise to wider issues to the Audit Committee.

For the avoidance of doubt, the work of the Committee is underpinned by the requirement to provide assurance to the Board, and as such, will scrutinise key documents such as strategies and annual reports before they are presented to the Board for approval.

Authority
The Committee has been established to make relevant recommendations to the Board and must act within its delegated authority. It may make decisions which give effect to the agreed strategic objectives and workforce plans.

Operation
The Secretary to the Committee shall produce minutes of each meeting which will be presented at the subsequent meeting for approval, subject to the Chair's prior review.

The Committee will develop a robust work plan each year which outlines the business it will consider. The plan must include relevant operational and strategic workforce priorities for the Trust.

Reporting
Reports to the Board
Following each meeting the Chair with support from the Secretary, will produce a report to the Board which highlights key matters considered, provide relevant assurances or exception reports. The approved Committee minutes will also be submitted to Board for information.

The Committee must also conduct an annual self-assessment and review of its terms of reference and present to the Board for endorsement and approval. Once the Board has approved the Committee's terms of reference any future material change must be presented to the Board for approval.

Reporting Groups

- The Committee will receive the minutes and regular reports from the following groups; People Matters Group and the Service Transformation Group.

  The Service Transformation Group was established in April 2022 for a fixed term period of six months. Its purpose is to oversee the HR Recovery and Transformation process and report back to the Committee to provide assurance in respect of an improvement in the service.

Updated TOR agreed by the Committee on 6 June 2022.

Meeting:	Trust Board
Date of meeting:	9 November 2023
Transparency:	Public
Committee Name	Finance and Performance Committee
Committee Chair and Executive Report	Vik Sagar Philip Murray

BAF and Corporate Objective the committee is accountable for:

BAF Risk Description
A failure to achieve financial targets

Corporate Objective
Objective 6: To continue to work towards financial sustainability supporting best value and efficiency in health and care in SWL.

Key Questions or Areas of Focus for the Board following the Committee:

The following are themes that informed and reflect the discussion at the September and October meetings of Finance and Performance Committee:

1. Financial Position – The Trust is on track to achieve the required position for 2023/24, focus must be maintained on reducing external beds and agency whilst increasing delivery of recurrent savings.

Areas of Risk Escalation to the Board:
None.

For each item discussed at the Committee there would be a statement against the 3 areas below:

Performance Report
What: The Committee regularly receives and reviews this report for assurance.

So What: The Committee noted the report; overall position is stable and focus remains on incremental sustainable improvements. Length of stay has reported a moderate improvement, agency numbers have reduced with increased substantive recruitment, retention remains a problem. DNAs have improved and DTOC remain broadly flat. Patient flow remains a significant area of concern and trajectories to reduce external bed usage have been revised.

What next: The Committee acknowledged the improvements and will keep monitoring the KPIs with particular focus on agency and flow which are key drivers of the underlying financial position.

Monthly finance and savings reports
What: The FPC receives a monthly report on the finances in the Trust.

So What: The Trust's financial position remains broadly on track. Whilst areas remain a concern (agency, acuity, external beds) the Trust is relatively confident of achieving the £250k required surplus position.

What Next: The Committee will continue to monitor the finances via the monthly report.

Strategy, Transformation, Corporate objectives and Commercial Priorities report Q2
What: The Committee received a paper on the delivery of strategy, transformation and commercial priorities in Q2.

So what: Committee noted and accepted the report.

What next: n/a

Items for note

None

Appendices

Appendix 1 - 2023/24 M5 Finance Report Part A – Cover
Appendix 2 - 2023/24 M5 Finance Report Part A - Powerpoint
Appendix 3 - 2023/24 M6 Finance Report Part A – Cover
Appendix 4 - 2023/24 M6 Finance Report Part A - Powerpoint

NHS
South West London and St George's Mental Health NHS Trust

Report Title:	**Finance Report 2023/24 Month 5 – part A**
Meeting:	Trust Board
Date of Meeting:	9 November 2023
Author(s):	Debbie Hollinghurst, Deputy Director of Finance
Executive Sponsor(s):	Philip Murray, Director of Finance & Performance
Transparency:	Public
Scrutiny Pathway	Director review / ELT / FPC / Trust Board

Purpose:	☒	Approval	☒	Discussion	☒	Information	☒	Assurance
Additional information:	The purpose of the paper is to report on the financial position of the Trust and provide updates on the financial targets against which the Trust is performance monitored against.							

What?	Key items to note are: ➢ **Plan / Year End Forecast** – forecast in line with plan at £250k surplus before impairments, impairments estimated at £50m for planning purposes. ➢ **In Month / cumulative position** - £0.1m surplus in month, £0.4m deficit cumulatively, in line with plan. ➢ **Agency** – a decrease in spend compared to 2022/23 and £0.6m below plan for 2023/24. In month reduction, for second month, following upward Q1 trajectory. NHSE target not being achieved. ➢ **Observation Costs –** Costs have decreased for the third month, with average monthly spend falling from £0.6m in Q1 to £0.4m in months 4 &5. ➢ **External Beds** – Costs increased in the month, following reductions in the two previous months. Costs in the month were £0.9m and the second highest monthly spend of the year to date. Year to date costs £1.3m more than budget. ➢ **Savings** – identified schemes more than achieve the £13.0m target, with £1.6m over programming. Recurrent Delivery is currently 47%. The plan is to achieve a minimum of 62%, £8.1m at year end. ➢ **Capital** – underspend of £5.4m ytd due mainly to slippage on Tolworth, Barnes and Richmond Royal schemes. ➢ **Cash** – the cash balance is £20.3m
So What?	The report provides full assurance that the Trust can achieve its revenue and capital target for the year. The report provides partial assurance that the Trust is on track to achieve this position in accordance with the plan for the year and progress is required against recurrent savings delivery. In addition focus must be maintained against major actions including agency spend, external beds and energy cost reductions.

NHS
South West London and St George's Mental Health NHS Trust

	The Executive Team have reviewed and support the items approve by FPC below. ➢ **External Beds** – A plan is in place and ELT remain confident this will deliver and focus must be maintained on these existing actions and service lines supported to delivery them. Although bed usage dropped in June, July and also early August we have seen a surge in the 2nd half of August and into September. The test of the plan will be the ability to recover the position. ➢ **Agency** – Improved Oversight is in place however the Trust is not achieving the national requirement of agency spend not exceeding 3.6% of paybill. Costed forecast trajectories have been produced by service lines and are now being refined, consolidated to give an overall picture and assurance that the required position can be achieved for the year. ➢ **Savings** – Delivery to date is improved compared to prior years and schemes are in place to deliver. Delivery is ahead of plan in cumulatively and in month. Forecast recurrent delivery remains below plan. Other Key items to note are: ➢ Indications are that the Observation Project, which is driven by clinical work to reduce restrictive practice, has had an indirect positive impact on agency costs. Whilst this is positive, costs will vary depending on acuity of patients and may result in unintended increase in spend on additional staffing to manage serious incidents and is heavily impacted by risk appetite. ➢ The Trust has sufficient cash to manage its business and must not lose sight of the requirement to start repaying the loan in 2023/24.
What Next?	Actions have been identified as follows: ➢ Financial position to be communicated to budget holders through the 'Managers Matters' briefing being developed by Communications ➢ Agency delivery trajectories to be consolidated to compare against the national target and further mitigation agreed if required
Any specific issues to note and/or for escalation:	1. Trust Board is asked to ensure that focus is maintained on reducing external beds, reducing agency and delivering recurrent savings

Strategic ambitions this paper supports	☐	Increasing quality years	This paper supports by outlining how the Trust will achieve its financial goals, highlighting key
	☐	Reducing inequalities	
	☐	Making the Trust a great	

NHS
South West London and St George's Mental Health NHS Trust

		place to work	cost drivers and their impact on underlying financial sustainability.
	☒	Ensuring sustainability	

Implications	Outlined below are the key implications which may result from the proposals or information contained within this report
Equality analysis *[linking to EDI strategy]*	Positive impact – The Trust spends money to improve equality and diversity for patients and staff
Service users/ carers	Positive impact – Trust Funds are spent to get the best value to support our clinical services and patients
Estates:	Positive impact – The Trust is investing in its Estate to provide modern mental health facilities
Financial:	Positive impact - Provides information on the delivery of key financial targets
Legal:	Positive impact - Provides information on the statutory requirement of achieving break even
Reputation:	Positive impact – The Trust has a good reputation for achieving financial targets
Strategy:	Positive impact – The Trust has a good reputation for achieving financial targets
Workforce:	Positive impact – The Trust has a good reputation for achieving financial targets
Sustainability Eg. Green Plan.	Positive impact – The Trust knows its cost drivers and is taking positive action to ensure financial sustainability
Other (specify):	n/a

Appendices/Attachments:	One Power Point accompanies this cover sheet.

1. I&E Position

Cumulatively to end of August we remain in line with plan; a deficit of £0.4m. A surplus of £0.1m was reported in month. Underlying underspends on pay continue driven primarily by vacancies and slippage on investment. The non pay overspend is driven by continued high external bed usage and the utilities cost pressure is now materialising.

As all Trusts will have significant income and expenditure variances resulting from the pay award being agreed after plans were set, there is an opportunity to re-align the plan with no impact on the overall surplus position.

Workforce/agency – The Trust plan has been set based on 2022/23 levels (7.1%) reducing to 3.6% (as nationally required) of the paybill at year-end.

Agency expenditure in August was £0.8m (5.5%) marginally below plan, and a reduction on July costs. Costs need to continue to reduce in line with the plan trajectory to achieve the national target by March. The observation project, which is driven by clinical work to reduce restrictive practice, has had an indirect positive impact on agency costs. Whilst this is positive, costs will vary depending on acuity of patients and may result in unintended increase in spend on additional staffing to manage serious incidents and is heavily impacted by risk appetite.

External beds – updated analysis of external bed usage is provided with costs increasing in August following reduction in June and July. Costs were £0.9m and were £0.2m more than the 2022/23 monthly average. Cumulatively costs are £1.3m more than budget. Use of beds is being managed at the EMC and trajectories for reduction produced. These need to be reviewed as they have been significantly impacted by the medical industrial action. Whilst the overspend to date has been covered by investment slippage, this is at reduced levels to 2022/23 and therefore cannot be relied upon to cover external bed costs should the current high usage continue.

Savings – The Trust savings plan for the year is £13m and £14.6m of schemes have been identified providing over programming of 13%. Cumulative delivery is £0.6m above target with £6.0m of savings being delivered. Risk adjusted forecast delivery for the year is £12.3m (£0.3m improvement in the month). Recurrent delivery of green rated schemes is forecast at £6.0m (47%) against planned delivery of £8.0m (62%) with an expectation that more schemes will become Green Recurrent during the year. Only schemes being delivered are given a recurrent status in the forecast. The risk adjusted forecast and recurrent delivery will therefore improve as schemes progress through implementation stages and confidence is achieved.

2. Capital, Cash and Balance Sheet Update

Capital is reporting a £5.4m cumulative underspend due to slippage against EMP schemes i.e Barnes, Tolworth and Richmond Royal. The forecast position is £58.5m in line with plan.

Cash is currently £20.2m, £0.2m more than plan. There is £1.8m in an escrow account. Now the RGH grant has been waived action is being taken to transfer the funds from escrow. The Trust is due to start repayments in 2023/24 on the £99m loan.

NHS
South West London and St George's Mental Health NHS Trust

Finance Report 2023/24
5 Months to August 2023

Meeting	Trust Board
Date of Meeting	October 2023
Report Title	Finance Report 2023/24 – 5 Months to August 2023
Author	Debbie Hollinghurst, Deputy Director of Finance
Executive Sponsor	Philip Murray, Director of Finance & Performance
Purpose	For Information
Scrutiny Path	Director review/ELT/FPC/Trust Board
Transparency	Public
Recommendation	None
The Board is asked to	Discuss and Note

NHS
South West London and St George's Mental Health NHS Trust

Contents

South West London and St George's Mental Health NHS Trust

Overall – I & E Position

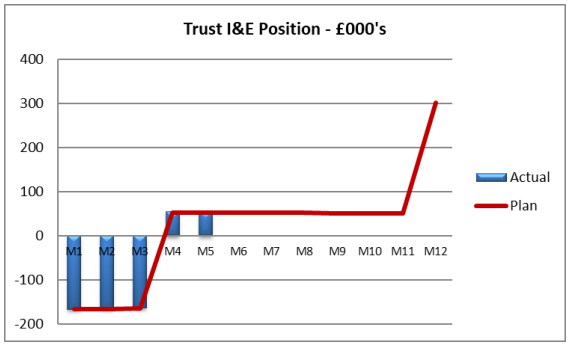
- In August, the Trust recorded a £0.1m surplus, in line with plan bringing the cumulative deficit to £0.4m, also in line with plan. The planned and actual deficit to date are due to costs associated with new buildings being incurred before associated savings from moving out of old buildings are delivered. The improvement in-month is caused by rental savings after vacating more of the QMH site in June
- The forecast remains a surplus of £0.2m for the year before impairments.
- Completion of two new hospital buildings in 2023/24 will generate significant impairments (approx. £50m). The Trust is performance managed before impairments
- In line with national guidance, the Month 5 position includes both additional income and costs associated with the Medical pay award, which is to be paid in September
- The baseline surplus forecast is subject to material risks including full funding of the pay award, external beds usage, patient acuity, inflationary pressures, energy, and CIP delivery
- The impact of an additional £200m national funding to the NHS, announced by the Government on 14 September, has not been incorporated into the position as allocations to individual Trusts have not been announced.

Financial Reports 2023/24	Current Month			YTD month 5			12 Mths to 31 March 2024		
	Budget	Actual	(Adv)/ Fav'ble	Budget	Actual	(Adv)/ Fav'ble	Budget	F/Cast	(Adv)/ Fav'ble
Income	25.1	25.7	0.6	119.7	121.5	1.9	292.4	295.3	2.9
Pay	(16.7)	(16.5)	0.2	(79.6)	(79.5)	0.1	(193.8)	(190.6)	3.2
Non Pay	(6.9)	(7.7)	(0.8)	(32.3)	(34.4)	(2.1)	(80.3)	(86.7)	(6.5)
EBITDA	**1.5**	**1.5**	**(0.0)**	**7.8**	**7.6**	**(0.2)**	**18.3**	**18.0**	**(0.3)**
Cap Charges - Depreciation	(0.9)	(0.9)	(0.0)	(5.1)	(5.1)	(0.1)	(11.2)	(11.2)	0.0
Cap Charges - Interest & Div	(0.6)	(0.6)	0.0	(3.2)	(3.2)	0.0	(7.6)	(7.6)	0.0
Interest	0.0	0.1	0.0	0.0	0.3	0.2	0.7	1.1	0.4
Post EBITDA	(1.5)	(1.5)	0.0	(8.2)	(8.0)	0.2	(18.1)	(17.8)	0.4
Underlying Surplus / (Deficit)	**0.1**	**0.1**	**0.0**	**(0.4)**	**(0.4)**	**0.0**	**0.2**	**0.2**	**0.0**
Profit / (Loss) On Asset Disps	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Impairments	0.0	0.0	0.0	0.0	0.0	0.0	(50.0)	(50.0)	0.0
Net Surplus / (Deficit)	**0.1**	**0.1**	**0.0**	**(0.4)**	**(0.4)**	**0.0**	**(49.8)**	**(49.8)**	**0.0**

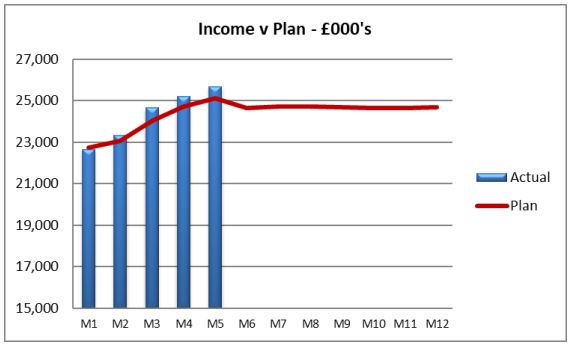
South West London and St George's Mental Health NHS Trust

Key Finance Metrics

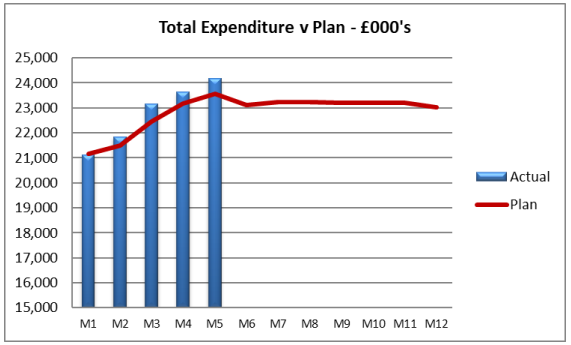
- Baseline surplus of £0.1m reported in month, in line with plan
- Cumulative deficit of £0.4m, also in line with plan
- Deficit driven by EMP phasing
- In month external bed pressures offset by investment slippage
- Significant risks to planned surplus



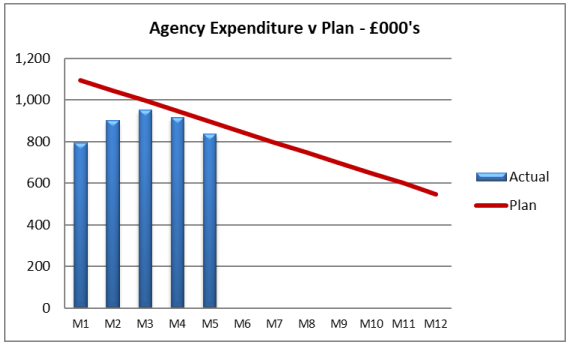
- Income received in month, £25.7m, £0.6m above plan
- Month 5 reflects an additional £1.3m funding in relation to Complex Care Wave 2
- Month 5 also reflects backdated impact of Medical Pay Award funding (£0.6m)
- £0.2m Microsoft funding reduction reversed



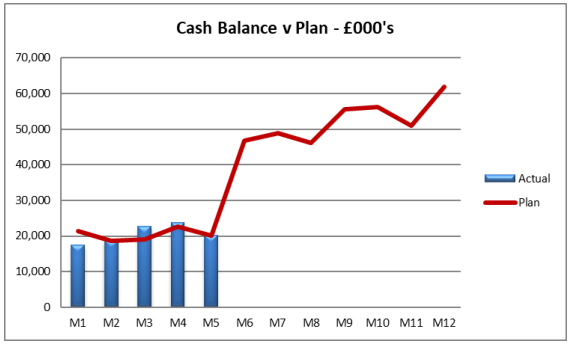
- Spend of £24.2m, £0.6m adverse to plan
- Reflects Complex Care Wave 2 expenditure (£1.3m) and Medical Pay award (£0.6m)
- External bed expenditure of £0.9m in month, £0.2m above 2022/23 average
- Cumulative overspend on external beds of £1.3m, funded from slippage
- High external bed usage continues into M6



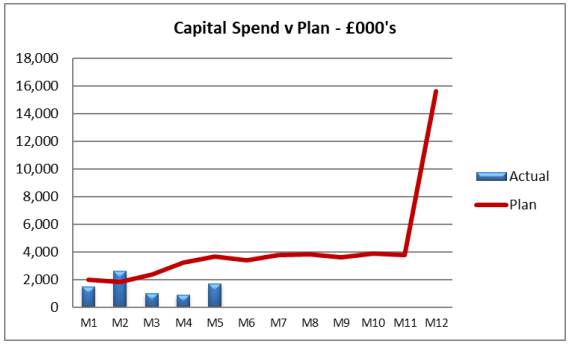
- Agency spend in month £0.8m, £0.2m below 2022/23 average spend
- Marginally below plan and below M4 expenditure
- Equates to 5.1% of pay bill, 1.5% above NHSE target of 3.6%
- 42% of monthly spend on Medical, 40% on Nursing
- Community Service Line spend amounts to 59% of total spend



- Cash balance at end of August £20.3m
- £0.2 favourable to plan
- Result of favourable working capital balances
- Loan repayments of £99m to commence in 2023/24
- Movement in cash during the year due to asset sales, deferred receipts, and loan repayments



- Cumulative capital spend of £7.7m.
- £5.4m behind plan
- BAU capital on track, underspend relates to slippage on significant site developments – Richmond Royal, Barnes & Tolworth
- Forecast spend of £51m
- Spike in M12 the result of current uncertainties around the timings in spend on the Tolworth redevelopment



South West London and St George's Mental Health NHS Trust

Income Position

- Cumulatively, income is £1.8m favourable to plan
- Local contract income is £0.5m ahead of plan due to additional funding after the initial contracting round on which the plan was set, primarily hostel income
- NPSA income is £0.1m behind plan as external referrals are below planned levels
- Provider Collaborative income is £0.6m below plan due to reduced Adult Eating Disorders inflow income
- Other NHS Clinical income is over-recovered by £1.3m due to the release of deferred income to cover the AED shortfall alongside additional investments in CAMHS and Complex Care
- Other Non Clinical Income is £0.7m ahead of plan, primarily due to additional SLP allocations
- Non-NHS Clinical income is showing a £0.2m favourable variance due to Local Authority grants and reimbursement for above plan deaf interpreter costs
- Other income flows are approximately break-even

Financial Reports 2023/24	Current Month			YTD month 5			12 Mths to 31 March 2024		
	Budget	Actual	(Adv)/ Fav'ble	Budget	Actual	(Adv)/ Fav'ble	Budget	F/Cast	(Adv)/ Fav'ble
Local Contracts	19.7	19.8	0.1	92.3	92.8	0.5	227.1	228.2	1.2
Nhs England	1.8	1.8	(0.0)	8.8	8.8	(0.0)	21.0	21.1	0.1
Npsa Income	0.0	0.0	(0.0)	0.2	0.1	(0.1)	0.6	0.3	(0.3)
Provider Collaborative Income	2.1	2.0	(0.1)	10.8	10.1	(0.6)	26.1	24.0	(2.0)
Other Nhs Clinical Income	0.1	0.4	0.3	1.0	2.3	1.3	2.0	5.1	3.1
Nhs Clinical Income	**23.8**	**24.1**	**0.3**	**113.0**	**114.1**	**1.0**	**276.7**	**278.8**	**2.1**
Education & Training	0.7	0.7	0.0	3.6	3.5	(0.0)	8.3	8.5	0.2
Other Non Clinical Income	0.2	0.3	0.1	1.2	1.9	0.7	2.5	2.9	0.4
Merit Award Income	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.0
Non Clinical Income	**0.9**	**1.0**	**0.1**	**4.8**	**5.5**	**0.7**	**10.8**	**11.5**	**0.7**
Non NHS Clinical Income	0.4	0.6	0.1	1.8	2.0	0.2	4.9	5.1	0.2
Non Nhs Clinical Income	**0.4**	**0.6**	**0.1**	**1.8**	**2.0**	**0.2**	**4.9**	**5.1**	**0.2**
Income	**25.1**	**25.7**	**0.6**	**119.7**	**121.5**	**1.8**	**292.4**	**295.3**	**2.9**

South West London and St George's Mental Health NHS Trust

Pay Position

- Pay amounted to £16.5m in-month, a £0.2m underspend. Cumulatively, pay is £0.1m underspent.
- Month 5 included backdated costs associated with the Medical Pay award. This increased expenditure by £0.6m
- Medical staffing are cumulatively overspent by £0.4m. The largest single driver of this is the premium paid for agency medical staff to cover vacancies
- Nursing budgets are now overspent by £1.6m. Of this, approximately £0.6m relates to extra packages of care funded by the SLP with a further £0.2m relating to specialling for off-site patients. The balance encompasses acuity pressures and the costs of the additional bank holiday in May.
- The underspend of £2.1m on Other Clinical staff primarily consists of Psychologist vacancies and continues the trend seen in recent years
- Non-clinical staff are underspent by £0.1m

Financial Reports 2023/24	Current Month			YTD month 5			12 Mths to 31 March 2024		
	Budget	Actual	(Adv)/ Fav'ble	Budget	Actual	(Adv)/ Fav'ble	Budget	F/Cast	(Adv)/ Fav'ble
Medical	(3.1)	(3.1)	(0.0)	(12.7)	(13.2)	(0.4)	(31.2)	(31.6)	(0.3)
Nursing	(6.7)	(6.8)	(0.1)	(32.4)	(34.0)	(1.6)	(78.6)	(81.5)	(2.8)
Other Clinical	(4.1)	(3.7)	0.5	(20.3)	(18.2)	2.1	(49.8)	(43.8)	6.0
Non Clinical	(2.9)	(2.9)	(0.1)	(14.2)	(14.1)	0.1	(34.1)	(33.8)	0.3
Total Pay	**(16.7)**	**(16.5)**	**0.2**	**(79.6)**	**(79.5)**	**0.1**	**(193.8)**	**(190.6)**	**3.2**

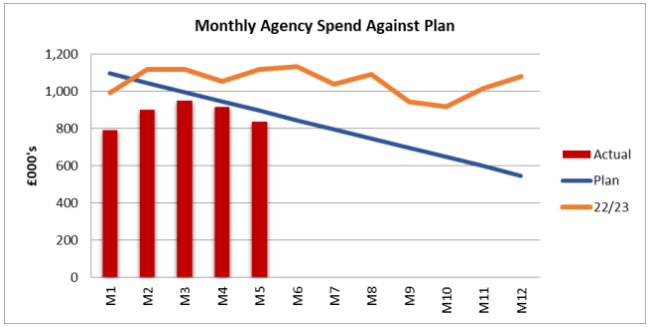
- Spend on agency staffing is £0.6m favourable to plan. This is positive but health warnings should be applied as the plan assumes improvement each month until NHSE target achieved in March. If August expenditure was replicated across the last 7 months of the year, the Trust would overspend against the agency target
- Bank is now £1.2m adverse to plan with the overspend being driven by the Nursing overspends detailed above
- Permanent staffing is now £0.7m favourable to plan and the result of continued vacancies

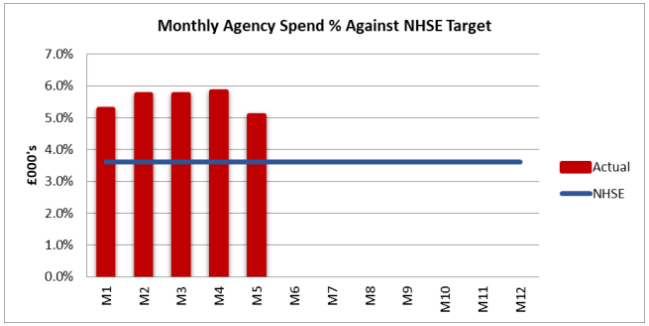
Financial Reports 2023/24	Current Month			YTD month 5			12 Mths to 31 March 2024		
	Budget	Actual	(Adv)/ Fav'ble	Budget	Actual	(Adv)/ Fav'ble	Budget	F/Cast	(Adv)/ Fav'ble
Permanent	(13.9)	(13.4)	0.5	(64.9)	(64.3)	0.7	(160.7)	(154.9)	5.8
Bank	(1.9)	(2.3)	(0.3)	(9.7)	(10.8)	(1.2)	(23.2)	(25.8)	(2.6)
Agency	(0.9)	(0.8)	0.1	(5.0)	(4.4)	0.6	(9.9)	(9.9)	0.0
Total Pay	**(16.7)**	**(16.5)**	**0.2**	**(79.6)**	**(79.5)**	**0.1**	**(193.8)**	**(190.6)**	**3.2**

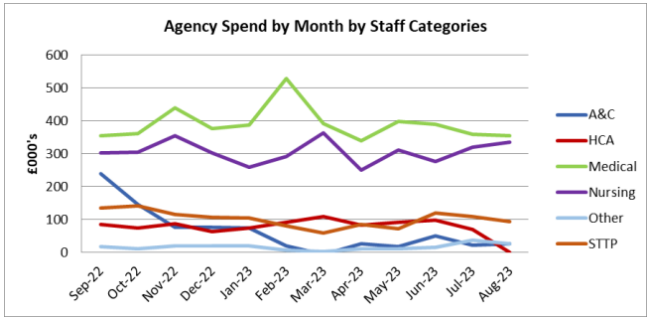
South West London and St George's Mental Health NHS Trust

Agency - in month and cumulative position

- Actual Trust agency expenditure in 2022/23 amounted to 7.1% of total pay costs; the Trust needed to halve its agency expenditure to meet the 2023/24 NHSE target of 3.6%
- Through system wide agreement the Trust set agency targets which started at 2022/23 actuals and exited the year at the required 3.6%
- Month 5 performance was better than plan: expenditure of £837k was £31k favourable to plan and amounted to 5.1% of the total pay bill. It was also £283k less than expenditure this time last year (August 2022)
- Cumulative expenditure amounts to 5.5% of the pay bill and is £583k below plan but £1,534k above the NHSE target.
- Expenditure in August was £78k below July levels.
- Whilst the headline positive variance is encouraging it should be noted that
  - Spend in April and May was depressed by bank holidays and additional leave taken
  - Spend in the Community Service Line remains at high levels
  - If spend remained at August levels for the rest of the year, the agency target would be breached by £0.4m
  - HCA expenditure in August showed a £56k reduction, indicating that most other areas remained relatively static
- Of August expenditure, Medical staffing remained the largest element, amounting to £355k. Nursing was £335k with the next highest being STTPs (scientific staff) at £95k
- As shown on the next page, the Community Service Line remains the highest user of agency staffing. Cumulative expenditure of £2,572k equates to 59% of the Trust total
- The Trust is required to produce an agency forecast for NHSE. Despite currently being below plan, the forecast will be maintained at planned levels until further assurance is gained to enable the forecast to be varied



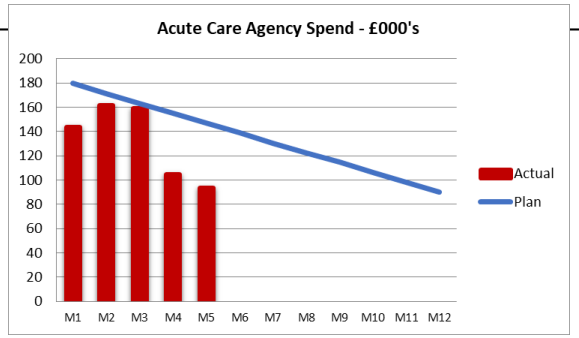




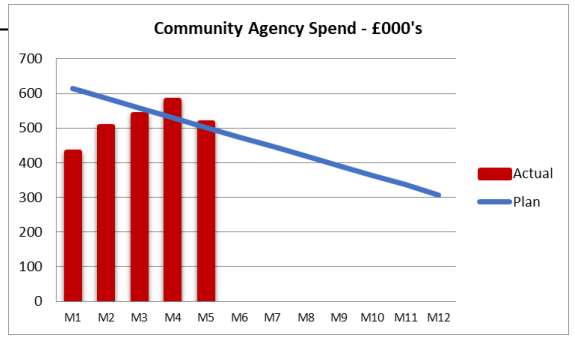
South West London and St George's Mental Health NHS Trust

Agency – Service Line and Corporate Analysis

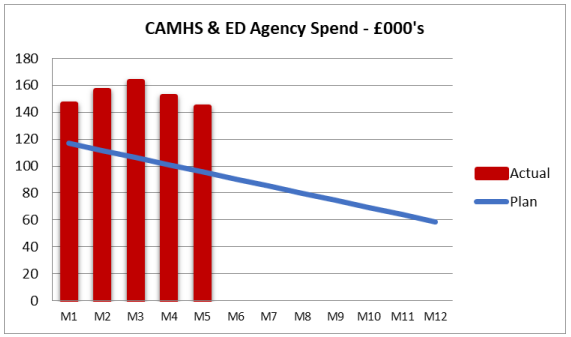
- In month spend of £94k
- £53k below plan
- £11k below M4 spend
- Cumulative spend of £663k, £154k below target
- Largest type of spend: Medical (£297k) followed by HCA (£224k), Nursing (125k) and STTP (£16k)
- £439k of total spend on wards, with £63k in Liaison Services and £61k in HTTs
- Highest area of spend: Ellis Ward (£180k)



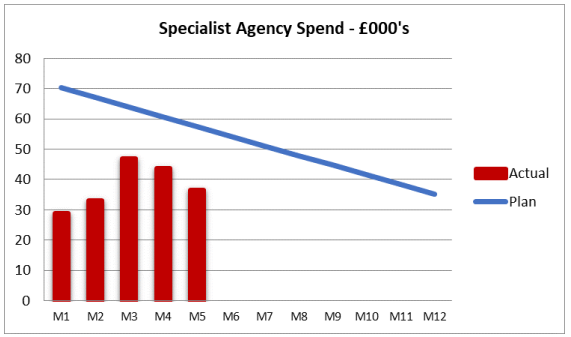
- In month spend of £516k
- £13k above plan
- £65k below M4 spend, reduction in Medical, Nursing and HCA spend
- Cumulative spend £2,572k
- Largest type of spend: Medical (£1,235k), followed by Nursing (1,137k), and STTP (£132k), HCAs (£1k), Other (£66k)
- Highest areas of spend: Carshalton IRH (£283k) and Twickenham IRH (£221k)



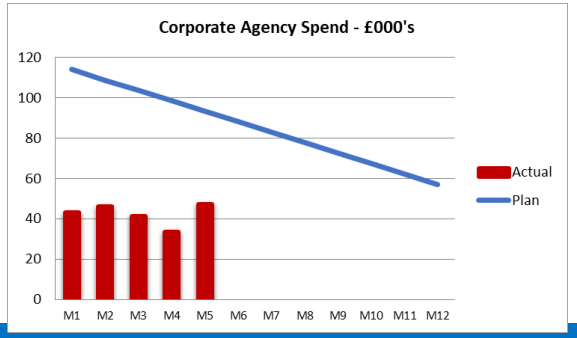
- In month spend of £144k
- £48k above plan
- £8k below M4 spend
- Cumulative spend of £761k
- Largest spends: Medical (£310k), STTP (£259k), Nursing (£125k), HCAs (£34k), Others (£33k)
- £612k of spend in community, £149k on wards
- Highest area of spend: Tier 3 Wandsworth (£124k)



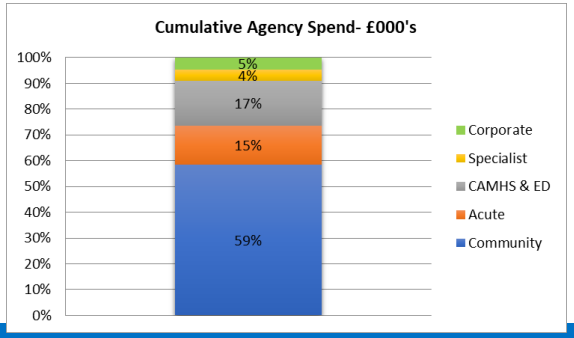
- In month spend of £36k
- £21k below plan
- £8k below M4 spend
- Cumulative spend of £189k
- Spend: HCA (£81k), Nursing (£95k), STTP (£13k)
- £89k of spend in wards, £90k in community settings
- Highest single area of spend: Jasmine Ward (£38k)



- Spend of £47k in month
- £46k below target
- £14k above M4 spend
- Cumulative spend of £211k
- Largest area of spend: Digital Services (£79k)



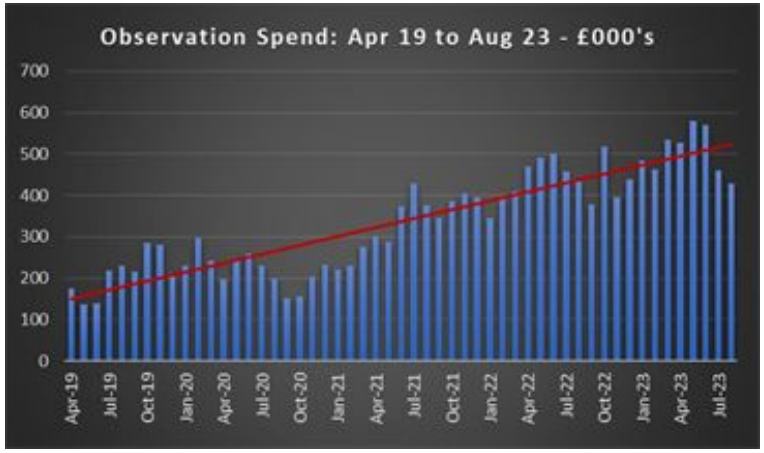
- Largest area of cumulative spend = Community (59%)
- CAMHS ED – 17%, Acute = 15%
- Specialist = 4%, Corporate = 5%
- Service line and Corporate split = 95/5. Last year amounted to 89/11

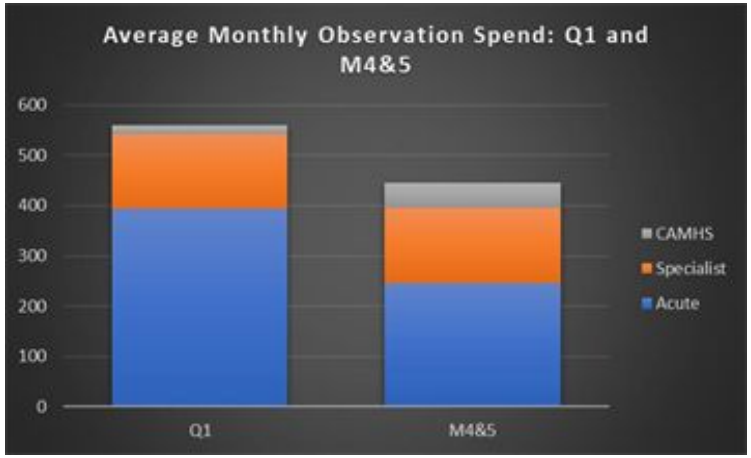


NHS
South West London and St George's Mental Health NHS Trust

Observation Costs - Update

- As detailed in previous reports, Observation spend has been on an upward trajectory since April 2019
- In Q1 of 2023/24 average monthly spend indicated that specialling would cost the Trust at least £6.7m this year, a 20% increase on that incurred during 2022/23
- Month 4 and 5 results have been more encouraging, with average monthly spend falling from £559k in Q1 to £444k in Months 4 and 5
- Sub analysis reveals that CAMHS spend has increased from £18k per month to £49k. Specialist spend has remained relatively flat, recording a small increase from £147k to £150k
- The results within the Acute Service Line are more dramatic, with expenditure falling from an average of £394k per month to £245k. This is a significant, 38%, reduction.
- The Service Line attribute this to the initial impacts of the Observation Project but remain cautious about future reductions and have warned of the likelihood of fluctuations in the future particularly given the reduction in spend is driven by patients' clinical need. As a result, there may also be an unintended increase in spend on additional staffing due to need and clinical risk management.
- Financially, these are encouraging initial results recorded against a backdrop of high demand and external bed usage.
- The above resulted in a clear reduction in Nursing bank usage between Q1 and M4. In August bank usage returned to Q1 levels, however, this could be due to other factors impacting on bank usage e.g. more annual leave cover being provided by bank than in other months





South West London and St George's Mental Health NHS Trust

Non-Pay & Post EBITDA

- Non-Pay budgets overspent by £0.8m in the month to take the cumulative overspend to £2.1m
- The major pressure area continues to be external beds, accounting for £1.3m of the £1.9m Secondary Commissioning costs overspend. The balance relates to hostels and Complex Care investment, both of which are covered by additional income
- Other costs overspent by £0.4m in the month. The prime drivers for this were energy costs associated with the new hospital and other estates costs. Energy costs are expected to be a recurring pressure for the remainder of the year. Other costs are now cumulatively £0.2m overspent

Financial Reports 2023/24	Current Month			YTD month 5			12 Mths to 31 March 2024		
	Budget	Actual	(Adv)/ Fav'ble	Budget	Actual	(Adv)/ Fav'ble	Budget	F/Cast	(Adv)/ Fav'ble
Drug Costs	(0.2)	(0.2)	0.0	(0.9)	(1.0)	(0.1)	(2.3)	(2.5)	(0.2)
Clinical Supplies & Servs Cost	(0.1)	(0.0)	0.0	(0.3)	(0.3)	0.0	(0.6)	(0.6)	(0.0)
Secondary Commisioning Costs	(4.4)	(4.9)	(0.5)	(17.9)	(19.8)	(1.9)	(48.9)	(52.6)	(3.7)
Other Costs	(2.2)	(2.6)	(0.4)	(13.2)	(13.4)	(0.2)	(28.5)	(31.0)	(2.5)
Contingency	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Non Pay	**(6.9)**	**(7.7)**	**(0.8)**	**(32.3)**	**(34.4)**	**(2.1)**	**(80.3)**	**(86.7)**	**(6.5)**

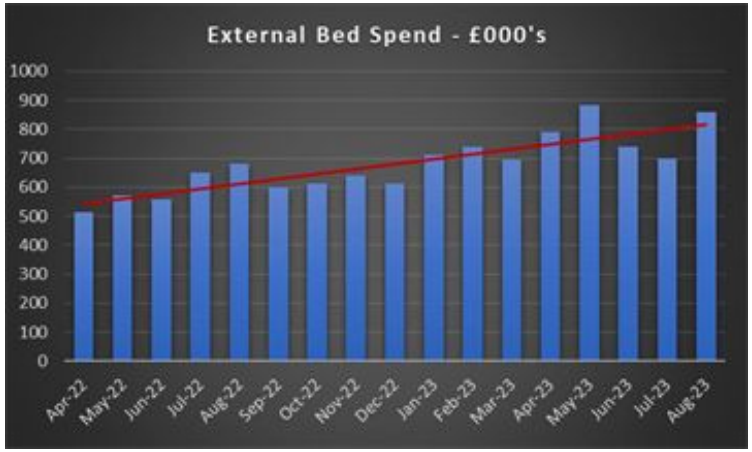
- Post EBITDA costs are now £0.2m favourable to plan. This is due to capitalising interest payable in relation to the £99m loan for hospital construction, alongside a favourable performance on Interest Receivable
- A significant impairment of approximately £50m is expected to be occurred due to market valuation when the two new hospitals on the Springfield site complete in 2023/24.

Financial Reports 2023/24	Current Month			YTD month 5			12 Mths to 31 March 2024		
	Budget	Actual	(Adv)/ Fav'ble	Budget	Actual	(Adv)/ Fav'ble	Budget	F/Cast	(Adv)/ Fav'ble
Cap Charges - Depreciation	(0.9)	(0.9)	(0.0)	(5.1)	(5.1)	(0.1)	(11.2)	(11.2)	0.0
Cap Charges - Pdc Dividend	(0.6)	(0.6)	0.0	(3.2)	(3.2)	0.0	(7.6)	(7.6)	0.0
Impairments	0.0	0.0	0.0	0.0	0.0	0.0	(50.0)	(50.0)	0.0
Interest	0.0	0.1	0.0	0.0	0.3	0.2	0.7	1.075	0.4
Profit / (Loss) On Asset Disps	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Post EBITDA	**(1.5)**	**(1.5)**	**0.0**	**(8.2)**	**(8.0)**	**0.2**	**(68.1)**	**(67.8)**	**0.4**

South West London and St George's Mental Health NHS Trust

External Beds

- This analysis of external beds incorporates unplanned external bed usage as well as contracted beds at ELFT (both Female PICU and Acute)
- Significant external bed costs incurred in 2022/23 continue into 2023/24
- August expenditure amounted to £0.9m an increase of £0.2m on July costs
- This was the second highest monthly spend of the year to date and was £0.2m above the monthly average for 2022/23
- August activity started out at a relatively low level but exited at a high run rate
- Activity was relatively similar, in total, to July with the increase in costs being driven by 2 factors:
  - A high use of Hollybourne during the later part of the months meaning that the Trust went above block contract levels and incurred higher unit costs for the excess
  - Previous accruals for Female PICU activity had been based on historic specialling levels at £1.1k per day. Actual invoices received showed that specialling had increased significantly and the unit cost increased to £1.4k per day. This is being followed up with the Service Line
- Cumulatively, external beds are now overspent by £1.3m
- The budgetary base for August covered 744 days, actual utilisation amounted to 905 days, 161 days above plan.
- The overspend has been covered by slippage against 2023/24 new investments. Available slippage is at reduced levels compared to 2022/23 impacting on the ability to cover external bed costs should the current high usage continue
- Of the cumulative expenditure: £2.3m was at Hollybourne, £0.9m was spent on Female PICU, £0.7m spent on other acute beds, and £0.1m spent on Male PICU beds
- The daily bed occupancy report produced by Information Management indicates that external acute bed remains at a very high level in September



South West London and St George's Mental Health NHS Trust

Service Line Positions

- Whilst the overall position remains on plan, there is significant variation in Service Line performance
- All positions reflect the devolvement of CIP targets which was enacted in Month 1.
- Acute Care is £2.4m overspent as a result of acuity and external bed pressures, alongside additional nursing pressures outlined earlier in the report
- CAMHS & ED is £0.6m underspent due to continued recruitment slippages
- Community is £0.7m underspent as a result of recruitment slippages
- Specialist is now £0.5m underspent, again predominantly non-recurring recruitment slippages
- The Corporate underspend of £0.3m is caused by an amalgam of items: Income over-recoveries, and reserve and balance sheets releases to cover the cost of external beds and the pay award excess
- To enable a balanced position, Corporate costs will have to underspend by £2.5m. This is likely to be achieved by non-recurrent means
- Capital costs are £0.2m underspent in relation to interest income
- The forecast for the year is (before impairments of £50m) for a £0.2m surplus. This is subject to material risk in terms of: adequate pay award funding, capacity, acuity, inflation, energy, and CIP delivery

Financial Reports 2023/24	Current Month			YTD month 5			12 Mths to 31 March 2024		
	Budget	Actual	(Adv)/ Fav'ble	Budget	Actual	(Adv)/ Fav'ble	Budget	F/Cast	(Adv)/ Fav'ble
Acute And Urgent Care	(4.1)	(4.5)	(0.4)	(20.5)	(22.8)	(2.4)	(48.7)	(54.6)	(5.9)
Camhs & Ed	(2.8)	(2.6)	0.3	(13.2)	(12.6)	0.6	(32.6)	(31.4)	1.2
Community (Adults)	(4.6)	(4.5)	0.0	(22.8)	(22.1)	0.7	(54.3)	(53.2)	1.1
Specialist Services	(2.9)	(2.7)	0.1	(13.7)	(13.3)	0.5	(33.1)	(32.3)	0.8
Corporate	15.9	15.9	(0.0)	78.0	78.3	0.3	187.0	189.5	2.5
Capital Costs	(1.5)	(1.4)	0.0	(8.2)	(8.0)	0.2	(68.1)	(67.8)	0.4
Total	**0.1**	**0.1**	**0.0**	**(0.4)**	**(0.4)**	**0.0**	**(49.8)**	**(49.8)**	**0.0**

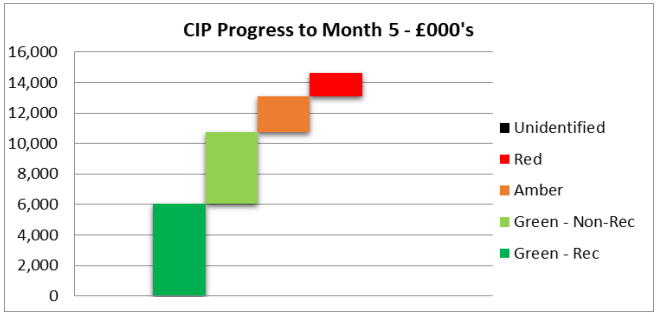
South West London and St George's Mental Health NHS Trust

Savings – YTD Position

- **Target £13m** - £14.6m schemes identified; Green £10.7m (83%), Amber £2.4m (18%), Red £1.5m (11%) and Overprogramming -£1.6m (-13%); offsets outstanding red schemes enabling external reporting to have zero Red
- **In month Delivery** - £1.3m delivered, £0.1m ahead of plan
- **YTD Delivery** - £6.0m delivered, £0.6m ahead of plan
- **Delivery Confidence** – Risk assessed delivery £12.3m, 95% compared to 58% at Month 5 last year. This is a slight improvement from last month (93%)
- **Recurrent Target £8m (62%)** - forecast delivery of green schemes is £6.0m (47%), £2.0m behind plan and improved on 2022/23 position.
- **Key movements reported in month:**
  - Community £0.2m from non-recurrent sources (R/A → GNR)
  - Strategy £0.06m from non-recurrent sources (R/A → GNR)
  - Acute & Urgent Care £0.05m from non-recurrent sources (A → GNR)
  - Improvement of BRAG for £0.3m commercial income schemes including private patients (A → R)

Status	2023/24 £000's	2023/24 %	Risk Level %	Expected £000's
Green - Rec	6,068	47%	0%	6,068
Green - Non-Rec	4,668	36%	0%	4,668
Amber	2,377	18%	50%	1,189
Red	1,484	11%	75%	371
Overprogramming	-1,624	-13%	100%	0
Unidentified	0	0%	100%	0
Total	**12,974**	**100%**	**95%**	**12,296**

Gap	**-678**



		In Month			YTD		
Service Line £k	Total Target	Plan	Actuals Total	Variance	YTD Plan	YTD Actuals	YTD Variance
Acute And Urgent Care	1,439	120	50	70	600	370	-229
Camhs & ED	1,042	87	30	57	434	743	309
Community (Adults)	2,228	186	206	-21	928	783	-145
Specialist Services	1,056	88	8	80	440	560	120
Operations total	**5,765**	**480**	**294**	**187**	**2,402**	**2,457**	**55**
Corporate total	**1,833**	**153**	**57**	**96**	**764**	**634**	**-130**
Technical Savings	7,000	582	930	-348	2,905	2,904	-1
Overprogramming	-1,624	-135	0	135	-677	0	677
Total	**12,974**	**1,080**	**1,281**	**70**	**5,394**	**5,994**	**600**

South West London and St George's Mental Health NHS Trust

Capital

	Month			YTD			Annual		
	Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m	Budget £m	Forecast £m	Variance £m
Schemes									
EMP	3.4	1.5	1.9	11.9	6.6	5.3	48.1	48.1	0.0
Estates Maintenance	0.1	0.1	0.0	0.6	0.5	0.1	1.4	1.4	0.0
IT/Digital	0.1	0.1	(0.0)	0.6	0.7	(0.1)	1.4	1.4	0.0
Operational Total	3.6	1.8	1.9	13.1	7.7	5.4	51.0	51.0	0.0
Leases	0.0	0.0	0.0	0.0	0.0	0.0	7.5	7.5	0.0
Total Capital Expenditure	**3.6**	**1.8**	**1.9**	**13.1**	**7.7**	**5.4**	**58.5**	**58.5**	**0.0**

- The capital plan has a value of £58.5m, predominantly Phase 2 EMP £33.5m, Barnes £11.1m and £3.5m for other EMP schemes.
- The plan includes £0.5m relating to new leases that are expected to materialise in 2023/24 and £7.0m of leases due for renewal during the year.
- Capital expenditure for the month is £1.8m (£1.9m below plan). The underspend is predominantly in EMP due to delays in Tolworth, Barnes and Richmond Royal offset by cost of sales of Phase 2. Estates and IT are broadly on plan.
- The Trust has a planned CRL target of £2.6m and an EFL plan of (£33.8m). The Trust is forecasting to achieve both targets

South West London and St George's Mental Health NHS Trust

PSPP

	2022/23 NHS Volume				2023/24 NHS Volume				NHS Volume	2022/23 Non NHS Value				2023/24 NHS Value				NHS Value
	Paid	Queried	Prepayment	%	Paid	Queried	Prepayment	%	% Improved	Paid	Queried	Prepayment	%	Paid	Queried	Prepayment	%	% Improved
April	81	2	5	68.35	62	11	1	82.35	14.00	5,338,826.58	2,157.38	15,164.31	94.15	4,506,449.87	964,093.41	15,792.12	98.84	4.68
May	46	1	0	93.3	33	6	1	100.0	6.67	2,380,282.23	350.00	-	99.9	3,577,786.69	580,501.47	328,500.00	100.00	0.08
June	26	4	0	95.5	52	11	17	97.6	2.11	3,089,810.57	4,248.34	16,512.13	99.8	3,628,300.79	812,099.06	1,453,986.09	98.75	- 1.08
July	54	14	5	52.5	41	9	0	93.8	41.25	4,522,092.97	1,818,441.18	32,672.53	96.7	4,191,140.90	1,118,744.17	-	99.75	3.03
Aug	49	11	7	100.0	84	23	7	98.4	- 1.64	4,559,010.27	248,687.32	66,733.62	100.0	5,074,949.48	379,815.95	919,756.63	99.30	- 0.70
Sept	22	1	1	76.2	45	9	5	80.6	4.37	3,749,686.66	229,853.00	575.00	99.4	3,000,791.96	- 74,339.42	294,394.57	99.06	- 0.29

- NHS volume percentage has overall improved 66.75% in 2023/24 till Sept 2023, Also identified a greater number of queries and prepayment in 2023/24 compared to last year, NHS Value percentage has overall improved 5.73% in 23/24 till Sept 2023
- Non NHS volume percentage has significantly increased to 40.49% in 23/24 compared to last year.
- Also identified higher number of queries and prepayment in 23/23 compared to last year

	2022/23 Non NHS Volume				2023/24 Non NHS Volume				Non NHS Volume	2022/23 Non NHS Value				2023/24 Non NHS Value				Non NHS Value
	Paid	Queried	Prepayment	%	Paid	Queried	Prepayment	%	% Improved	Paid	Queried	Prepayment	%	Paid	Queried	Prepayment	%	% Improved
APRIL	2321	34	28	92.87	1890	104	58	95.35	2.48	17,619,333.92	297,998.76	1,500.00	95.89	11,303,520.89	755,308.17	325,430.14	95.87	- 0.02
MAY	1903	68	8	92.3	1709	95	11	96.6	4.33	11,815,783.86	211,788.77	169,945.22	94.26	5,450,488.98	1,377,281.44	125,707.62	96.96	2.70
JUNE	1943	70	44	88.5	2038	103	47	93.2	4.71	9,180,867.50	485,254.72	265,779.69	95.20	9,753,363.89	1,021,407.32	291,280.60	88.12	- 7.08
JULY	2060	64	25	88.5	2327	160	13	94.6	6.17	11,218,505.81	437,227.77	443,531.22	97.77	7,375,467.12	989,406.79	121,911.91	96.84	- 0.93
AUG	2413	54	28	87.0	2655	99	10	95.9	8.91	13,684,233.44	4,258,985.33	151,989.28	95.32	21,425,232.20	1,236,955.40	54,168.05	96.45	1.13
SEPT	1838	21	16	77.0	1571	171	17	91.3	14.29	8,316,602.47	93,144.08	1,350,833.74	89.47	9,987,602.97	1,230,338.97	72,833.22	94.81	5.34

South West London and St George's Mental Health NHS Trust

Statement of Financial Position

Statement of Financial Position (£m)	Plan as at end August 2023	Actuals as at end August 2023	Variance to YTD Plan
NON CURRENT ASSETS:			
Intangible assets	6.2	6.7	0.5
Plant, Property and Equipment	343.7	342.9	(0.8)
Receivables	16.0	15.9	(0.2)
Right of Use Asset	0.0	10.2	10.2
Total Non-Current Assets	**366.0**	**375.7**	**9.8**
Total Non-Current Assets Held for sale	**0.0**	**0.0**	**0.0**
CURRENT ASSETS:			
Inventories	0.2	0.2	0.0
Receivables due in less than 1 year	17.3	11.7	(5.6)
Other Financial Assets	1.6	6.7	5.0
Prepayments	0.0	0.0	0.0
Cash and Cash Equivalents	20.1	20.3	0.2
Total Current Assets	**39.2**	**38.8**	**(0.4)**
CURRENT LIABILITIES:			
Trade Payables	(6.7)	(9.2)	(2.4)
PDC Dividend Payable	(0.0)	(3.2)	(3.2)
Capital Payables	(13.9)	(8.5)	5.3
Provisions	(4.2)	(4.3)	(0.1)
Other Financial Liabilities (Accruals)	(34.0)	(31.8)	2.2
Deferred Revenue	(8.0)	(3.8)	4.3
Borrowings	(10.0)	(11.8)	(1.8)
Total amounts falling due within one year	**(76.8)**	**(72.5)**	**4.4**
NET CURRENT ASSETS/(LIABILITIES)	**(37.7)**	**(33.6)**	**4.0**
NON CURRENT LIABILITIES:			
Provision for Liabilities and Charges	(1.7)	(2.1)	(0.4)
Capital Payables	(5.2)	(6.1)	(0.9)
Borrowings	(89.4)	(89.4)	0.0
Lease Liability	0.0	(8.7)	(8.7)
Total amounts falling due after one year	**(96.2)**	**(106.2)**	**(1.3)**
TOTAL ASSETS EMPLOYED	**232.1**	**235.9**	**3.8**
FINANCED BY TAXPAYERS EQUITY:			
Public dividend capital	147.6	145.9	(1.8)
Retained Earnings (accumulated losses)	30.6	28.6	(2.0)
Retained Surplus(Deficit) in year	(0.4)	(0.4)	(0.0)
Revaluation Reserve	54.3	61.8	7.5
TOTAL TAXPAYERS EQUITY	**232.1**	**235.9**	**3.8**

- Current Receivables stand at £11.7m, £5.6m lower than plan, of which prior year is £1.3m (£0.5m lower than last month). This plan includes the deferred receipt from plot sales in 2019/20 due during 2023/24.
- Cash is £20.3m, £0.2m higher than plan, see next slide.
- There have been no loan repayments with the loan remaining at £99.4m. After consultation with Provider Finance and NHS England, the £5m scheduled loan repayment in September has been deferred until March 2024, meaning a total of £10m is due in March.

NHS
South West London and St George's Mental Health NHS Trust

Cash

All figures £k	Plan as at end Aug 2023	Actuals as at end Aug 2023	Variance to plan
Cash Flows from Operating Activities			
Operating Surplus/(Deficit)	3,087	2,947	(140)
Non Cash Adjustments			
Depreciation and Amortisation	5,060	5,114	54
Interest Received	(340)	(437)	(97)
Increase/(Decrease) in Working Capital	(2,797)	3,415	6,212
Net Cash Inflow/(Outflow) from Operating Activities	**5,010**	**11,040**	**6,030**
Cash Flows from Investing Activities			
Interest Received	340	340	0
(Payments) for Property, Plant and Equipment	(14,755)	(15,443)	(688)
Net Cash Inflow/(Outflow) from Investing Activities	**(14,415)**	**(15,103)**	**(688)**
Net Cash Inflow/(Outflow) before financing	**(9,405)**	**(4,063)**	**5,342**
Cash Flows from Financing Activities			
Public dividend capital received	3,679	1,837	(1,842)
Interest paid	(150)	0	150
Interest element of finance lease	(172)	(172)	0
PDC dividend (paid)/refunded	0	0	0
Net Cash Inflow/(Outflow) from Financing Activities	**3,357**	**1,665**	**(1,692)**
Net Increase/(Decrease) In Cash And Cash Equivalents	**(6,048)**	**(2,398)**	**3,650**
Cash / Cash Equivalents at beginning of month	**26,148**	**22,680**	**(3,468)**
Cash / Cash Equivalents at end of month	**20,100**	**20,282**	**182**

- The cash balance at the end of the month was £20.3m compared with the plan of £20.1m.
- Funds held in escrow accounts continue to be monitored.
- There have been no further PDC draw downs relating to the Barnes scheme in July, the balance remains £1.8m
- The main variances to the plan are an increase in working capital +£6.2m partially offset by escrow monies, less capital creditors and less PDC than planned
- This resulted in a slight increase in cash in the month compared to plan

NHS
South West London and St George's Mental Health NHS Trust

Report Title:	**Finance Report 2023/24 Month 6 – Part A**
Meeting:	Trust Board
Date of Meeting:	9 November 2023
Author(s):	Debbie Hollinghurst, Deputy Director of Finance
Executive Sponsor(s):	Philip Murray, Director of Finance & Performance
Transparency:	Public
Scrutiny Pathway	Director review / ELT / FPC / Trust Board

Purpose:	☒	Approval	☒	Discussion	☒	Information	☒	Assurance
Additional information:	The purpose of the paper is to report on the financial position of the Trust and provide updates on the financial targets against which the Trust is performance monitored against.							

What?	Key items to note are: ➢ **Plan / Year End Forecast** – forecast in line with plan at £250k surplus before impairments, impairments estimated at £50m for planning purposes. ➢ **In Month / cumulative position** - £0.1m surplus in month, £0.3m deficit cumulatively, in line with plan. ➢ **Agency** – a decrease in spend compared to 2022/23 and £0.7m below plan for 2023/24. In month reduction, for third month, following upward Q1 trajectory. NHSE target not being achieved, ytd at 5.4% of pay bill. Trajectories indicate further work required to achieve NHSE target by end of March. ➢ **External Beds** – Costs increased in the month (second month in a row) and indications are of continuing high levels for October. Costs in the month were £0.9m and the second highest monthly spend of the year to date. Year to date costs £1.6m more than budget. ➢ **Savings** – identified schemes forecast more than delivers the £13.0m target. Risk assessed delivery is 96%. Recurrent Delivery is currently 54% (47% last month). The plan is to achieve a minimum of 62% £8.1m recurrent delivery at year end. ➢ **Capital** – underspend of £7.0m ytd due mainly to slippage on Tolworth, Barnes and Richmond Royal schemes. ➢ **Cash** – the cash balance is £21.0m ➢ **Better Payments Practice Code** – Finance department processes improved. Ytd deliver above target by value and marginally below target by number. Focus on Q2 will be on improving the timeliness of budget holder authorisation.
So What?	The report provides full assurance that the Trust can achieve its revenue and capital target for the year. The report provides partial assurance that the Trust is on track to

NHS
South West London and St George's Mental Health NHS Trust

	achieve this position in accordance with the plan for the year and progress is required against recurrent savings delivery. In additional focus must be maintain against major actions including agency spend, external beds and energy cost reductions. The Executive Team have reviewed and support the items approved by FPC. ➢ **External Beds** – A plan is in place and ELT remain confident this will deliver and focus must be maintained on these existing actions and service lines supported to deliver them. Bed usage dropped in June, July and also early August, since then there has been an increase in usage. ➢ **Agency** – Improved Oversight is in place however the Trust is not achieving the national requirement of agency spend not exceeding 3.6% of paybill. Costed forecast trajectories have been produced by service lines and the consolidated overall picture indicates further work required to achieve the target. Actions continue to be monitored and trajectories refined. ➢ **Savings** – Delivery to date is improved compared to prior years and schemes are in place to deliver. Delivery is ahead of plan cumulatively. Forecast recurrent delivery remains below plan. Other Key items to note are: ➢ The Trust has sufficient cash to manage its business and must not lose sight of the requirement to start repaying the loan in 2023/24.
What Next?	Actions have been identified as follows: ➢ Financial position to be communicated to budget holders through the 'Managers Matters' briefing being developed by Communications ➢ Capital forecast to be updated and reported back through CPB and FPC. ➢ Value for money on external beds to be reviewed – whilst the Trust is looking to minimise external bed usage it should review contracts to ensure they give value for money for likely future demand.
Any specific issues to note and/or for escalation:	1. Trust Board are asked to ensure that focus is maintained on reducing external beds, reducing agency and delivering recurrent savings

Strategic ambitions this paper supports	☐	Increasing quality years	This paper supports by outlining how the Trust will achieve its financial goals, highlighting key
	☐	Reducing inequalities	
	☐	Making the Trust a great	

NHS
South West London and St George's Mental Health NHS Trust

		place to work	cost drivers and their impact on underlying financial sustainability.
	☒	Ensuring sustainability	

Implications	Outlined below are the key implications which may result from the proposals or information contained within this report
Equality analysis *[linking to EDI strategy]*	Positive impact – The Trust spends money to improve equality and diversity for patients and staff
Service users/ carers	Positive impact – Trust Funds are spent to get the best value to support our clinical services and patients
Estates:	Positive impact – The Trust is investing in its Estate to provide modern mental health facilities
Financial:	Positive impact - Provides information on the delivery of key financial targets
Legal:	Positive impact - Provides information on the statutory requirement of achieving break even
Reputation:	Positive impact – The Trust has a good reputation for achieving financial targets
Strategy:	Positive impact – The Trust has a good reputation for achieving financial targets
Workforce:	Positive impact – The Trust has a good reputation for achieving financial targets
Sustainability Eg. Green Plan.	Positive impact – The Trust knows its cost drivers and is taking positive action to ensure financial sustainability
Other (specify):	n/a

Appendices/Attachments:	One Power Point accompanies this cover sheet.

NHS
South West London and St George's Mental Health NHS Trust

1. I&E Position

Cumulatively to end of September we remain in line with plan; a deficit of £0.3m. A surplus of £0.1m was reported in month. Underlying underspends on pay continue driven primarily by vacancies and slippage on investment. The non pay overspend is driven by continued high external bed usage and the utilities cost pressure that is materialising.

Workforce/agency – The Trust plan has been set based on 2022/23 levels (7.1%) reducing to 3.6% (as nationally required) of the paybill at year-end.

Agency expenditure in September was £0.7m (4.7%, 5.4% cumulatively) marginally below plan, and a reduction on August costs. Costs need to continue to reduce in line with the plan trajectory to achieve the national target by March. Service lines trajectories currently indicate that further work is needed to achieve this target.

External beds – updated analysis of external bed usage is provided with costs increasing again in September following reductions earlier in the year. Costs remained broadly at £0.9m and £0.2m more than the 2022/23 monthly average. Cumulatively costs are £1.6m more than budget. Use of beds is being managed at the EMC and trajectories for reduction produced. These need to be reviewed as they have been significantly impacted by the medical industrial action. Whilst the overspend to date has been covered by investment slippage, this is at reduced levels to 2022/23 and therefore cannot be relied upon to cover external bed costs should the current high usage continue.

Savings – The Trust savings plan for the year is £13m and £14.6m of schemes have been identified providing over programming of 13%. Cumulative delivery is £0.5m above target with £6.9m of savings being delivered. Risk adjusted forecast delivery for the year is £12.4m (£0.1m improvement in the month). Recurrent delivery of green rated schemes is forecast at £7.0m (54%. 47% last month) against planned delivery of £8.0m (62%) with an expectation that more schemes will become Recurrent during the year. Only schemes being delivered are given a recurrent status in the forecast. The risk adjusted forecast and recurrent delivery will therefore improve as schemes progress through implementation stages and confidence is achieved.

2. Capital, Cash and Balance Sheet Update

Capital is reporting a £7.0m cumulative underspend due to slippage against EMP schemes i.e Barnes, Tolworth and Richmond Royal. The forecast position is £58.5m in line with plan.

Cash is currently £21.0m, significantly below plan due to known delays in asset sale completions. There is £1.8m in an escrow account. Now the RGH grant has been waived action is being taken to transfer the funds from escrow. The Trust is due to start repayments in 2023/24 on the £99m loan.

NHS
South West London and St George's Mental Health NHS Trust

Finance Report 2023/24
6 Months to September 2023

Meeting	Trust Board
Date of Meeting	October 2023
Report Title	Finance Report 2023/24 – 6 Months to September 2023
Author	Debbie Hollinghurst, Deputy Director of Finance
Executive Sponsor	Philip Murray, Director of Finance & Performance
Purpose	For Information
Scrutiny Path	Director review/ELT/FPC/Trust Board
Transparency	Public
Recommendation	None
The Board is asked to	Discuss and Note

NHS
South West London and St George's Mental Health NHS Trust

Contents

South West London and St George's Mental Health NHS Trust

Overall – I & E Position

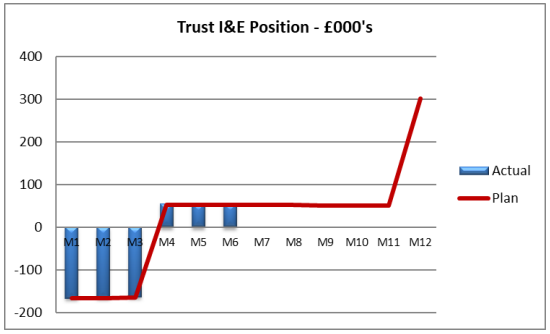
- In September, the Trust recorded a £0.1m surplus, in line with plan bringing the cumulative deficit to £0.3m, also in line with plan. The planned and actual deficit to date are due to costs associated with new buildings being incurred before associated savings from moving out of old buildings are delivered. The improved monthly position from Q2 onwards is associated with rental savings as the Trust moves into the new build
- The forecast remains a surplus of £0.2m for the year before impairments.
- Completion of two new hospital buildings in 2023/24 will generate significant impairments (approx. £50m). The Trust is performance managed before impairments
- The baseline surplus forecast remains subject to material risks including full funding of the pay award, external beds usage, patient acuity, inflationary pressures, energy, and CIP delivery. Detailed mitigations for these risks are being developed
- The impact of an additional £200m national funding to the NHS, announced by the Government in September, has not been incorporated into the position as allocations to individual Trusts have not been announced
- The Trust will receive an extra £1.7m in relation to Complex Care funding
- There is potential additional funding in relation to intensive Autism support (£0.5m) which the Trust is bidding for from the ICB

Financial Reports 2023/24	Current Month			YTD month 6			12 Mths to 31 March 2024		
	Budget	Actual	(Adv)/ Fav'ble	Budget	Actual	(Adv)/ Fav'ble	Budget	F/Cast	(Adv)/ Fav'ble
Income	24.1	24.4	0.4	143.6	146.0	2.3	290.6	294.3	3.8
Pay	(16.1)	(15.8)	0.3	(95.7)	(95.3)	0.4	(193.8)	(191.1)	2.6
Non Pay	(6.5)	(7.2)	(0.7)	(38.6)	(41.6)	(3.0)	(78.5)	(85.2)	(6.8)
EBITDA	**1.5**	**1.5**	**(0.0)**	**9.4**	**9.1**	**(0.2)**	**18.3**	**18.0**	**(0.3)**
Cap Charges - Depreciation	(0.9)	(0.9)	(0.0)	(5.9)	(6.0)	(0.1)	(11.2)	(11.2)	0.0
Cap Charges - Interest & Div	(0.6)	(0.6)	0.0	(3.8)	(3.8)	0.0	(7.6)	(7.6)	0.0
Interest	0.0	0.1	0.0	0.0	0.3	0.3	0.7	1.1	0.4
Post EBITDA	(1.5)	(1.5)	0.0	(9.7)	(9.5)	0.2	(18.1)	(17.8)	0.4
Underlying Surplus / (Deficit)	**0.1**	**0.1**	**0.0**	**(0.3)**	**(0.3)**	**0.0**	**0.2**	**0.2**	**0.0**
Profit / (Loss) On Asset Disps	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Impairments	0.0	0.0	0.0	0.0	0.0	0.0	(50.0)	(50.0)	0.0
Net Surplus / (Deficit)	**0.1**	**0.1**	**0.0**	**(0.3)**	**(0.3)**	**0.0**	**(49.8)**	**(49.8)**	**0.0**

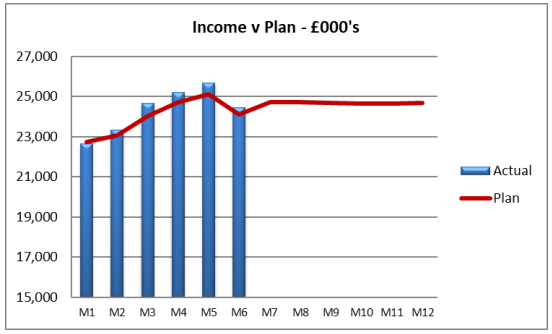
South West London and St George's Mental Health NHS Trust

Key Finance Metrics

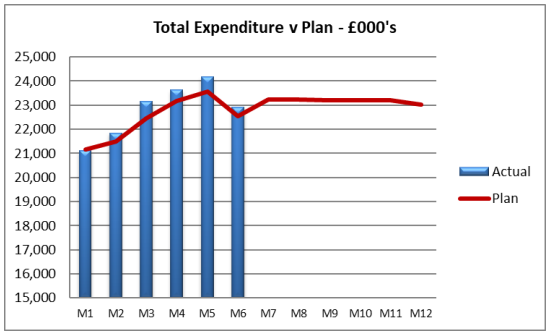
- Baseline surplus of £0.1m reported in month, in line with plan
- Cumulative deficit of £0.3m, also in line with plan
- Deficit driven by EMP phasing
- In month external bed pressures offset by investment slippage
- Number of risks to planned surplus



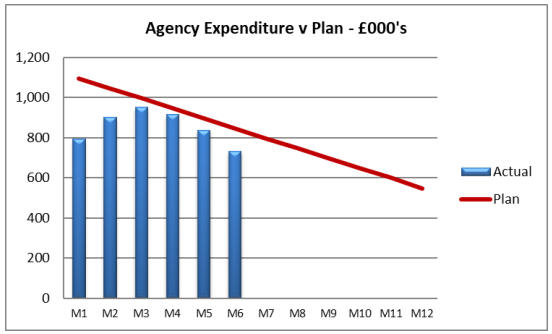
- Income received in month, £24.4m, £0.4m above plan
- Position fully reflective of medical pay award
- Interim cash payment for Complex Care Wave 2 now received, income position reflects this
- An additional £1.7m expected in relation to Complex Care (CNWL)
- Bid for non-recurring Autism funding to be made



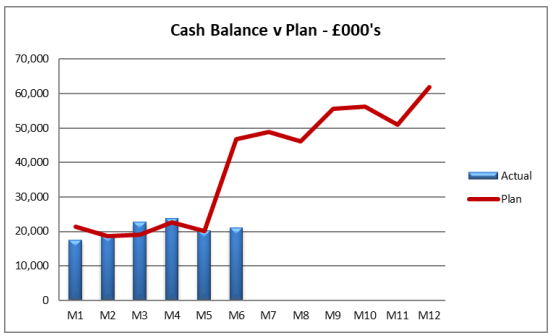
- Spend of £22.9m, £0.4m adverse to plan
- Reflects new build energy pressure
- External bed expenditure of £0.9m in month, £0.2m above 2022/23 average
- Cumulative overspend on external beds of £1.6m, funded from slippage
- High external bed usage continues into M7



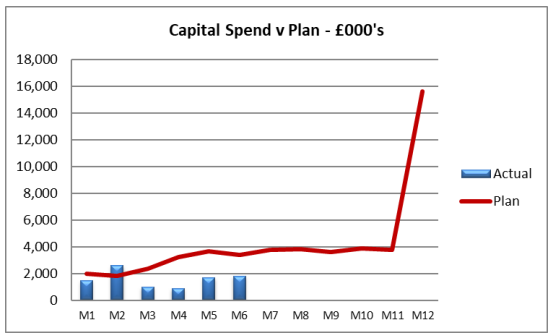
- Agency spend in month £0.7m, £0.3m below 2022/23 average spend
- £0.1m below both plan and M5 expenditure
- Equates to 4.7% of pay bill, 1.1% above NHSE target of 3.6%
- 42% of monthly spend on Medical, 40% on Nursing
- Community Service Line spend amounts to 60% of total spend



- Cash balance at end of September £21.0m
- £25.8 adverse to plan
- Result of delayed asset sale, completion now expected in Q3
- Loan repayments of £99m to commence in 2023/24
- Movement in cash during the year due to asset sales, deferred receipts, and loan repayments



- Cumulative capital spend of £9.5m.
- £7.0m behind plan
- £6.9m relates to slippage on significant site developments – Richmond Royal, Barnes & Tolworth
- £0.1m relates to BAU capital
- Forecast spend of £51m
- Spike in M12 the result of current uncertainties around the timings in spend on the Tolworth redevelopment



South West London and St George's Mental Health NHS Trust

Income Position

- Cumulatively, income is £2.3m favourable to plan
- Local contract income is £0.6m ahead of plan due to additional funding after the initial contracting round on which the plan was set, primarily hostel income
- NPSA income is £0.1m behind plan as external referrals are below planned levels
- Provider Collaborative income is £0.7m below plan due to reduced Adult Eating Disorders inflow income
- Other NHS Clinical income is over-recovered by £1.5m due to the release of deferred income to cover the AED shortfall alongside additional investments in CAMHS and Complex Care
- Other Non Clinical Income is £0.8m ahead of plan, primarily due to additional SLP allocations
- Non-NHS Clinical income is showing a £0.3m favourable variance due to Local Authority grants and reimbursement for above plan deaf interpreter costs
- Other income flows are approximately break-even

Financial Reports 2023/24	Current Month			YTD month 6			12 Mths to 31 March 2024		
	Budget	Actual	(Adv)/ Fav'ble	Budget	Actual	(Adv)/ Fav'ble	Budget	F/Cast	(Adv)/ Fav'ble
Local Contracts	18.8	18.9	0.0	111.2	111.7	0.6	225.8	226.8	1.1
Nhs England	1.6	1.6	(0.0)	10.4	10.4	(0.0)	20.6	20.6	0.0
Npsa Income	0.0	0.0	(0.0)	0.3	0.1	(0.1)	0.6	0.3	(0.3)
Provider Collaborative Income	2.2	2.1	(0.1)	13.0	12.3	(0.7)	26.2	24.4	(1.8)
Other Nhs Clinical Income	0.2	0.4	0.3	1.1	2.7	1.5	2.0	5.4	3.3
Nhs Clinical Income	**22.9**	**23.1**	**0.2**	**136.0**	**137.2**	**1.2**	**275.2**	**277.5**	**2.3**
Education & Training	0.5	0.5	(0.0)	4.1	4.1	(0.0)	7.9	8.4	0.4
Other Non Clinical Income	0.1	0.3	0.1	1.4	2.2	0.8	2.4	3.4	1.0
Merit Award Income	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.0
Non Clinical Income	**0.7**	**0.8**	**0.1**	**5.5**	**6.3**	**0.8**	**10.4**	**11.8**	**1.4**
Non NHS Clinical Income	0.5	0.5	0.0	2.2	2.5	0.3	5.0	5.0	0.0
Non Nhs Clinical Income	**0.5**	**0.5**	**0.0**	**2.2**	**2.5**	**0.3**	**5.0**	**5.0**	**0.0**
Income	**24.1**	**24.4**	**0.4**	**143.6**	**146.0**	**2.3**	**290.6**	**294.3**	**3.8**

South West London and St George's Mental Health NHS Trust

Pay Position

- Pay amounted to £15.8m in-month, a £0.3m underspend. Cumulatively, pay is £0.4m underspent.
- Medical staffing are cumulatively overspent by £0.3m. The largest single driver of this is the premium paid for agency medical staff to cover vacancies
- Nursing budgets are now overspent by £2.0m. Of this, approximately £0.7m relates to extra packages of care funded by the SLP with a further £0.4m relating to specialling for off-site patients. The balance encompasses acuity pressures and the costs of the additional bank holiday in May.
- The underspend of £2.5m on Other Clinical staff primarily consists of Psychologist vacancies and continues the trend seen in this and previous years
- Non-clinical staff are underspent by £0.2m

Financial Reports 2023/24	Current Month			YTD month 6			12 Mths to 31 March 2024		
	Budget	Actual	(Adv)/ Fav'ble	Budget	Actual	(Adv)/ Fav'ble	Budget	F/Cast	(Adv)/ Fav'ble
Medical	(2.5)	(2.4)	0.2	(15.3)	(15.6)	(0.3)	(31.2)	(31.6)	(0.4)
Nursing	(6.5)	(6.9)	(0.4)	(38.9)	(40.9)	(2.0)	(78.5)	(82.1)	(3.6)
Other Clinical	(4.1)	(3.7)	0.5	(24.4)	(21.9)	2.5	(49.7)	(44.1)	5.6
Non Clinical	(2.9)	(2.8)	0.1	(17.1)	(16.9)	0.2	(34.3)	(33.4)	1.0
Total Pay	**(16.1)**	**(15.8)**	**0.3**	**(95.7)**	**(95.3)**	**0.4**	**(193.8)**	**(191.1)**	**2.6**

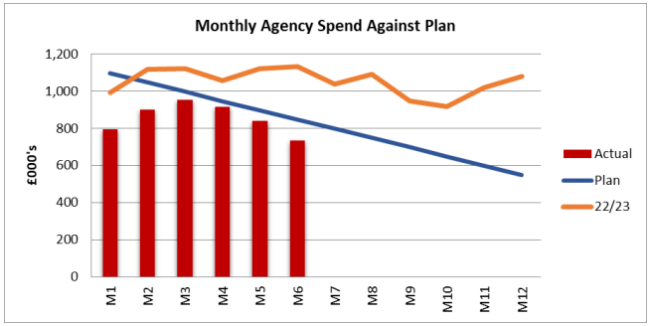
- Spend on agency staffing is £0.7m favourable to plan, including £0.1m reduction recorded in September. This is positive but health warnings should continue to be applied as the plan assumes improvement each month until NHSE target monthly expenditure is achieved in March.
- Bank is now £1.4m adverse to plan with the overspend being driven by the Nursing overspends detailed above
- Permanent staffing is now £1.1m favourable to plan and the result of continued vacancies

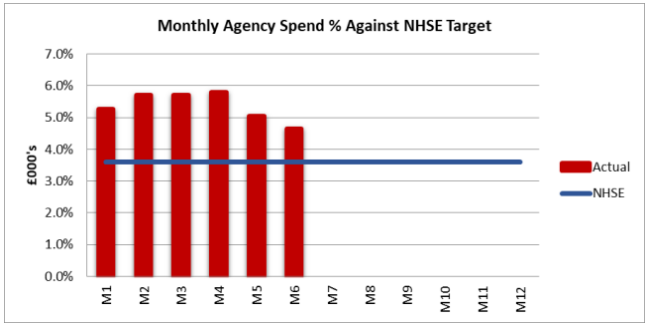
Financial Reports 2023/24	Current Month			YTD month 6			12 Mths to 31 March 2024		
	Budget	Actual	(Adv)/ Fav'ble	Budget	Actual	(Adv)/ Fav'ble	Budget	F/Cast	(Adv)/ Fav'ble
Permanent	(13.3)	(12.8)	0.5	(78.2)	(77.1)	1.1	(160.6)	(155.3)	5.3
Bank	(1.9)	(2.2)	(0.3)	(11.7)	(13.1)	(1.4)	(23.3)	(26.0)	(2.7)
Agency	(0.8)	(0.7)	0.1	(5.8)	(5.1)	0.7	(9.9)	(9.9)	0.0
Total Pay	**(16.1)**	**(15.8)**	**0.3**	**(95.7)**	**(95.3)**	**0.4**	**(193.8)**	**(191.1)**	**2.6**

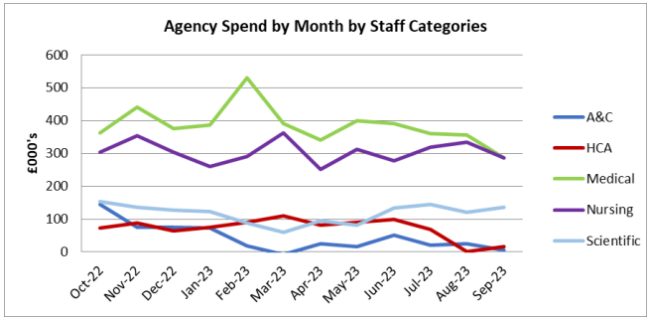
South West London and St George's Mental Health NHS Trust

Agency - in month and cumulative position

- Actual Trust agency expenditure in 2022/23 amounted to 7.1% of total pay costs; the Trust needed to halve its agency expenditure to meet the 2023/24 NHSE target of 3.6%
- Through system wide agreement the Trust set agency targets which started at 2022/23 actuals and exited the year at the required 3.6%
- Month 6 performance was better than plan: expenditure of £732k was £114k favourable to plan and amounted to 4.7% of the total pay bill. It was also £401k less than expenditure this time last year (September 2022)
- Cumulative expenditure amounts to 5.4% of the pay bill and is £697k below plan but £1,702k above the NHSE target.
- Expenditure in September was £105k below August levels.
- The top graph shows a sustained fall in Agency expenditure from M3
- Whilst this is positive, significant work remains; for the M12 spend target to be achieved, a further 33% reduction on September cost is required
- Of September expenditure, Nursing was marginally the highest user at £287k. Medical spend amounted to £286k with the next highest being Scientific at £136k
- As shown on the next page, the Community Service Line remains the highest user of agency staffing. Cumulative expenditure of £3,071k equates to 60% of the Trust total
- The Trust is required to produce an agency forecast for NHSE. Despite currently being below plan, the forecast will be maintained at planned levels until further assurance is gained to enable the forecast to be varied



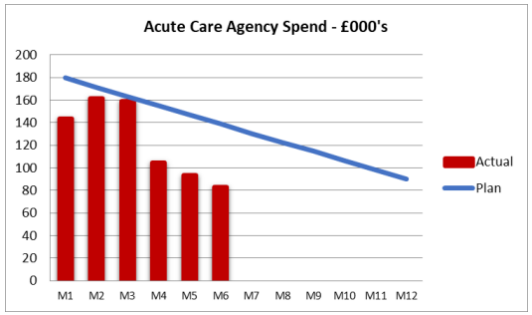




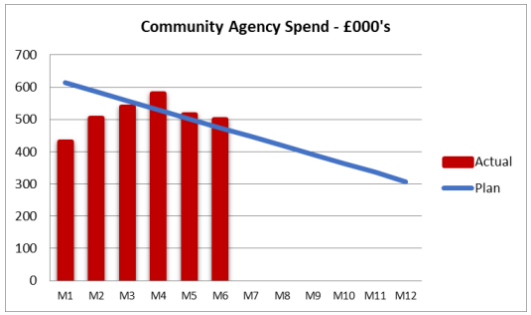
South West London and St George's Mental Health NHS Trust

Agency – Service Line and Corporate Analysis

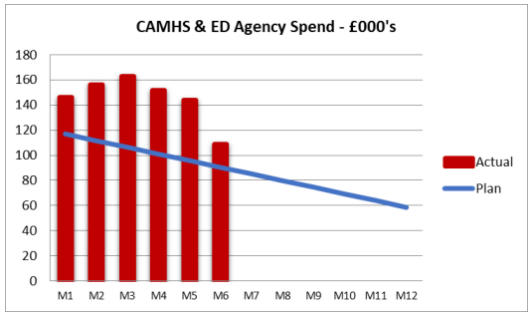
- In month spend of £83k
- £56k below plan
- £13k below M5 spend
- Cumulative spend of £746k, £210k below target
- Largest type of spend: Medical (£353k) followed by HCA (£239k), Nursing (135k) and Scientific (£18k)
- £600k of total spend on wards, with £70k in Liaison Services and £75k in HTTs
- Highest area of spend: Ellis Ward (£195k)



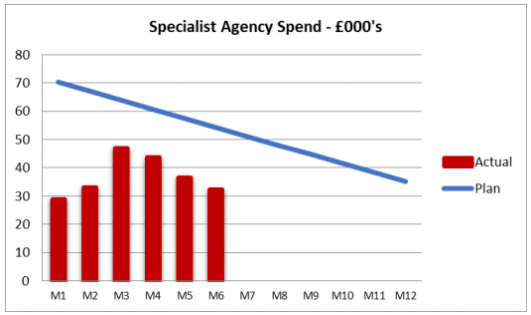
- In month spend of £500k
- £26k above plan
- £16k below M5 spend
- Cumulative spend £3,071k. £195k below plan
- Largest type of spend: Medical (£1,427k), followed by Nursing (1,363k), and Scientific (£281k
- Highest areas of spend: Carshalton IRH (£346k) and Central Wandsworth CMHT (£242k)



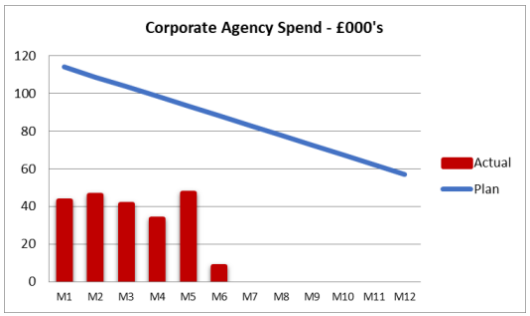
- In month spend of £109k
- £19k above plan
- £35k below M5 spend
- Cumulative spend of £871k
- Largest spends: Medical (£350k), Scientific (£333k), Nursing (£153k), HCAs (£35k)
- £712k of spend in community, £159k on wards
- Highest area of spend: Tier 3 Wandsworth (£149k)



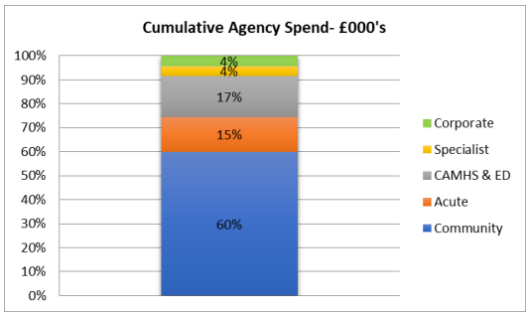
- In month spend of £32k
- £22k below plan
- £4k below M5 spend
- Cumulative spend of £221k
- Spend: HCA (£82k), Nursing (£126k), Scientific (£13k)
- £91k of spend in wards, £130k in community settings
- Highest single area of spend: Sutton Op CMHT (£39k)



- Spend of £8k in month
- £80k below target
- £39k below M5 spend
- Cumulative spend of £219k
- Largest area of spend: Digital Services (£82k)



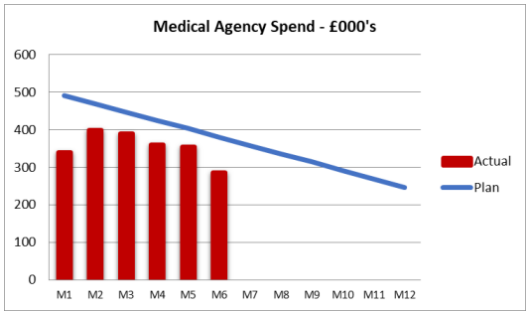
- Largest area of cumulative spend = Community (60%)
- CAMHS ED – 17%, Acute = 15%
- Specialist = 4%, Corporate = 4%
- Service line and Corporate split = 96/4. Last year amounted to 89/11



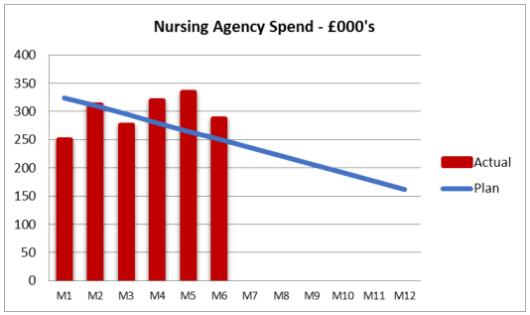
South West London and St George's Mental Health NHS Trust

Agency – Analysis by Pay Type

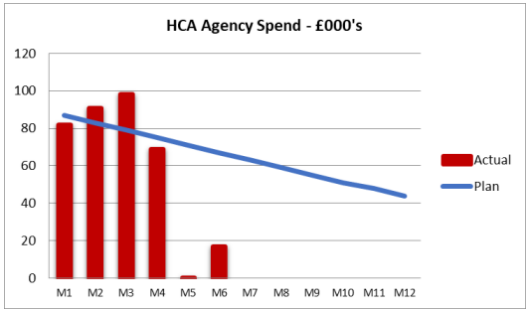
- In month spend of £286k
- £87k below plan
- £61k below M5 spend
- Cumulative spend of £2,132k, £482k below target
- £372k of total spend on wards, with £1,685k in Community settings and £75k in HTTs
- Highest area of spend: Carshalton IHR (£261k)



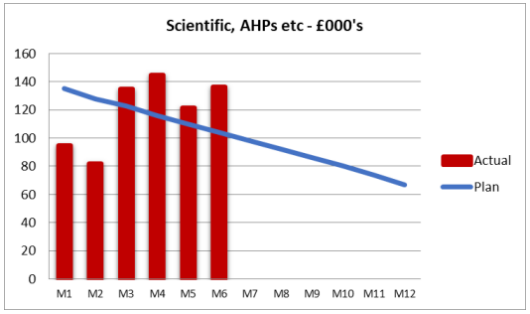
- In month spend of £287k
- £36k above plan
- £48k below M5 spend
- Cumulative spend £1,781k. £56k above plan
- £1,623k of spend in in Community settings, £88k on wards, and £70k within Liaison
- Highest area of spend: Central Wandsworth CHMT (£99k)



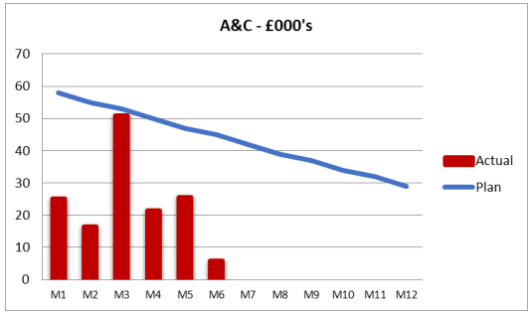
- In month spend of £117k
- £50k below plan
- £17k above M5 spend
- Cumulative spend of £356k, £106k below plan
- Fall from M5 caused by change to booking procedures
- Totality of spend on wards
- Highest area of spend: Lilacs Ward (£48k)



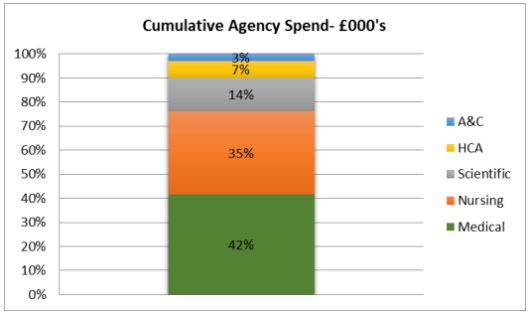
- In month spend of £136k
- £32k above plan
- £15k above M5 spend
- Cumulative spend of £714k, £2k below plan
- £707k of spend in Community, £35k in Pharmacy, and £28k in wards
- Highest single area of spend: Rehab Team (£69k)



- Spend of £6k in month
- £39k below target
- £20k below M5 spend
- Cumulative spend of £145k, £163k below target
- Largest area of spend: Digital Services (£82k)



- Largest area of cumulative spend = Medical (42%)
- Nursing = 35%
- Scientific = 14%, HCA = 7%, A&C = 3%
- Clinical/Non-Clinical split = 97/3, last year amounted to 84/16



South West London and St George's Mental Health NHS Trust

Non-Pay & Post EBITDA

- Non-Pay budgets overspent by £0.7m in the month to take the cumulative overspend to £3.0m
- The major pressure area continues to be external beds, accounting for £1.7m of the £2.4m Secondary Commissioning costs overspend. The balance relates to hostels and Complex Care investment, both of which are covered by additional income
- Other costs overspent by £0.2m in the month. The prime driver for this were energy costs associated with the new hospital. Energy costs are expected to be a recurring pressure for the remainder of the year. Other costs are now cumulatively £0.5m overspent

Financial Reports 2023/24	Current Month			YTD month 6			12 Mths to 31 March 2024		
	Budget	Actual	(Adv)/ Fav'ble	Budget	Actual	(Adv)/ Fav'ble	Budget	F/Cast	(Adv)/ Fav'ble
Drug Costs	(0.2)	(0.2)	(0.0)	(1.1)	(1.2)	(0.1)	(2.3)	(2.4)	(0.1)
Clinical Supplies & Servs Cost	(0.1)	(0.1)	0.0	(0.3)	(0.3)	0.0	(0.6)	(0.6)	(0.0)
Secondary Commisioning Costs	(3.9)	(4.3)	(0.4)	(21.6)	(24.1)	(2.4)	(47.1)	(52.0)	(4.9)
Other Costs	(2.4)	(2.6)	(0.2)	(15.5)	(16.0)	(0.5)	(28.5)	(30.2)	(1.7)
Contingency	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Non Pay	**(6.5)**	**(7.2)**	**(0.7)**	**(38.6)**	**(41.6)**	**(3.0)**	**(78.5)**	**(85.2)**	**(6.8)**

- Post EBITDA costs are now £0.2m favourable to plan. This is due to capitalising interest payable in relation to the £99m loan for hospital construction, alongside a favourable performance on Interest Receivable
- A significant impairment of approximately £50m is expected to be occurred due to market valuation when the two new hospitals on the Springfield site complete in 2023/24.

Financial Reports 2023/24	Current Month			YTD month 6			12 Mths to 31 March 2024		
	Budget	Actual	(Adv)/ Fav'ble	Budget	Actual	(Adv)/ Fav'ble	Budget	F/Cast	(Adv)/ Fav'ble
Cap Charges - Depreciation	(0.9)	(0.9)	(0.0)	(5.9)	(6.0)	(0.1)	(11.2)	(11.2)	0.0
Cap Charges - Pdc Dividend	(0.6)	(0.6)	0.0	(3.8)	(3.8)	0.0	(7.6)	(7.6)	0.0
Impairments	0.0	0.0	0.0	0.0	0.0	0.0	(50.0)	(50.0)	0.0
Interest	0.0	0.1	0.0	0.0	0.3	0.3	0.7	1.1	0.4
Profit / (Loss) On Asset Disps	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Post EBITDA	**(1.5)**	**(1.5)**	**0.0**	**(9.7)**	**(9.5)**	**0.2**	**(68.1)**	**(67.8)**	**0.4**

South West London and St George's Mental Health NHS Trust

External Beds

- This analysis of external beds incorporates unplanned external bed usage as well as contracted beds at ELFT (both Female PICU and Acute)
- Significant external bed costs incurred in 2022/23 continue into 2023/24
- September expenditure amounted to £0.9m a marginal increase on August costs
- This was the second highest monthly spend of the year to date and was £0.2m above the monthly average for 2022/23
- Cumulatively, external beds are now overspent by £1.6m
- The budgetary base for September covered 720 days, actual utilisation amounted to 1,114 days, 394 days above plan and 209 days above August actuals
- The overspend has been covered by slippage against 2023/24 new investments. Available slippage is at reduced levels compared to 2022/23 impacting on the ability to cover external bed costs should the current high usage continue
- Modelling shows, that at current usage levels, excess external bed usage will outstrip available slippage and the Trust will have to find an additional £0.5m to fund this excess
- Of the cumulative expenditure: £2.9m was at Hollybourne, £1.0m was spent on Female PICU, £0.9m has been spent on other acute beds, and £0.1m spent on Male PICU beds
- The daily bed occupancy report produced by Information Management indicates that external acute bed remains at a very high level in October

South West London and St George's Mental Health NHS Trust

Service Line Positions

- Whilst the overall position remains on plan, there is significant variation in Service Line performance
- All positions reflect the devolvement of CIP targets which was enacted in Month 1.
- Acute Care is £2.7m overspent due to acuity and external bed pressures, alongside additional nursing pressures outlined earlier in the report
- CAMHS & ED is £1.1m underspent due to continued recruitment slippages
- Community is £0.7m underspent as a result of recruitment slippages
- Specialist is now £0.6m underspent, again predominantly non-recurring recruitment slippages
- The Corporate underspend of £0.1m is caused by an amalgam of items: Income over-recoveries, and reserve and balance sheets releases to cover the cost of external beds and the pay award excess
- To enable a balanced position, Corporate costs will have to underspend by £1.9m. This is likely to be achieved by non-recurrent means
- Capital costs are £0.4m underspent in relation to interest income and reduced interest payable on the EMP loan
- The forecast for the year is (before impairments of £50m) for a £0.2m surplus. This is subject to material risk in terms of: adequate pay award funding, capacity, acuity, inflation, energy, and CIP delivery

Financial Reports 2023/24	Current Month			YTD month 6			12 Mths to 31 March 2024		
	Budget	Actual	(Adv)/ Fav'ble	Budget	Actual	(Adv)/ Fav'ble	Budget	F/Cast	(Adv)/ Fav'ble
Acute And Urgent Care	(4.2)	(4.5)	(0.4)	(24.7)	(27.4)	(2.7)	(48.9)	(54.9)	(5.9)
Camhs & Ed	(3.1)	(2.7)	0.4	(16.3)	(15.3)	1.1	(33.3)	(31.7)	1.6
Community (Adults)	(4.7)	(4.6)	0.1	(27.4)	(26.7)	0.7	(54.7)	(53.4)	1.2
Specialist Services	(3.0)	(2.9)	0.1	(16.7)	(16.1)	0.6	(33.5)	(32.6)	0.8
Corporate	16.5	16.2	(0.3)	94.5	94.6	0.1	188.7	190.6	1.9
Capital Costs	(1.5)	(1.5)	0.0	(9.7)	(9.4)	0.3	(68.1)	(67.7)	0.4
Total	**0.1**	**0.1**	**0.0**	**(0.3)**	**(0.3)**	**0.0**	**(49.8)**	**(49.8)**	**0.0**

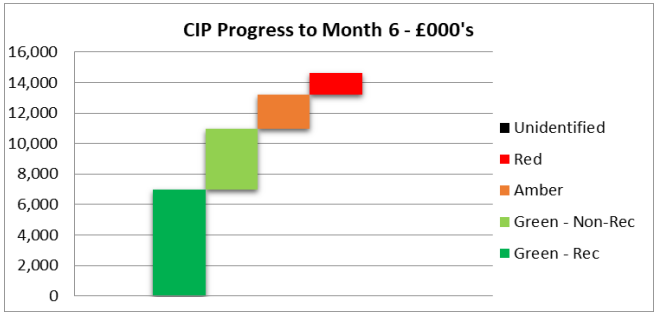
NHS
South West London and St George's Mental Health NHS Trust

Savings – YTD Position

- **Target £13m** - £14.6m schemes identified; Green £10.9m (84%), Amber £2.3m (18%), Red £1.4m (11%). Overprogramming of £1.6m offsets
- **In month Delivery** - £0.9m delivered, £0.2m below plan
- **YTD Delivery** - £6.9m delivered, £0.4m ahead of plan
- **Delivery Confidence** – Risk assessed delivery £12.4m, 96% compared to 74% at Month 6 last year. This is a slight improvement from last month (95%)
- **Recurrent Target £8m (62%)** - forecast delivery of green schemes is £7.0m (54%), £1.1m behind plan and improved on 2022/23 position

Status	2023/24 £000's	2023/24 %	Risk Level %	Expected £000's
Green - Rec	6,956	54%	0%	6,956
Green - Non-Rec	3,984	31%	0%	3,984
Amber	2,274	18%	50%	1,137
Red	1,383	11%	75%	346
Overprogramming	-1,624	-13%	100%	0
Unidentified	0	0%	100%	0
Total	**12,974**	**100%**	**96%**	**12,424**

Gap	**-550**



		In Month			YTD		
Service Line £k	Total Target	Plan	Actuals Total	Variance	YTD Plan	YTD Actuals	YTD Variance
Acute And Urgent Care	1,439	120	0	120	720	370	-349
Camhs & ED	1,042	87	37	50	521	780	259
Community (Adults)	2,228	186	0	186	1,114	783	-331
Specialist Services	1,056	88	16	72	528	576	48
Operations total	**5,765**	**480**	**53**	**428**	**2,883**	**2,509**	**-373**
Corporate total	**1,833**	**153**	**146**	**6**	**917**	**781**	**-136**
Technical Savings	7,000	582	641	-59	3,487	3,545	58
Adjustment for YTD position	0	0	73	-73	0	73	73
Overprogramming	-1,624	-135	0	-135	-812	0	812
Total	**12,974**	**1,080**	**913**	**167**	**6,474**	**6,907**	**433**

South West London and St George's Mental Health NHS Trust

Better Payment Practice Code

	% Value	% Number
2022/23 Full Year	95.4%	88.7%
2023/24 - M1	96.6%	95.0%
2023/24 - M2	98.2%	96.6%
2023/24 - M3	91.7%	93.3%
2023/24 - M4	97.8%	94.6%
2023/24 - M5	97.0%	95.9%
2023/24 - M6	96.0%	91.4%
2023/24 - Cumulative	96.1%	94.6%

- The Better Payment Practice Code requires all Trusts to pay 95% of invoices within 30 days. The metric is calculated based on the number of invoices and the value of invoices.
- In 2022/23 the Trust did not achieve the 95% target for number of invoices paid within 30 days, with actual delivery of 88.7%. The Trust achieved the target for value of invoices with actual delivery at 95.4%
- The process has been reviewed - reviewing the calculation rules and reducing the amount of manual intervention that is required to produce the monthly figures with more automated reporting. This has freed up time to review invoices purporting not being paid on time, and further improve the process.
- These initial changes have improved the overall percentages by nearly 7% by volume and 0.4% of value between Sept 22 and Sept 23.
- At M6 the Trust is achieving the % by value (96.1%) and is only 0.4% short of the target for % by number (94.6%).
- Further enhancements during Q3 are planned to improve the authorization process with budget holders and further improve prompt payment of invoices.

NHS
South West London and St George's Mental Health NHS Trust

Capital

	Month			YTD			Annual		
	Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m	Budget £m	Forecast £m	Variance £m
Schemes									
EMP	3.2	1.6	1.6	15.1	8.2	6.9	48.1	48.1	0.0
Estates Maintenance	0.1	0.0	0.1	0.7	0.5	0.2	1.4	1.4	0.0
IT/Digital	0.1	0.1	(0.0)	0.7	0.8	(0.1)	1.4	1.4	0.0
Operational Total	3.4	1.8	1.6	16.5	9.5	7.0	51.0	51.0	0.0
Leases	0.0	0.0	0.0	0.0	0.0	0.0	7.5	7.2	0.3
Total Capital Expenditure	**3.4**	**1.8**	**1.6**	**16.5**	**9.5**	**7.0**	**58.5**	**58.1**	**0.3**

- The capital plan has a value of £58.5m, predominantly Phase 2 EMP £33.5m, Barnes £11.1m and £3.5m for other EMP schemes.
- The plan includes £0.5m relating to new leases that were expected to materialise in 2023/24 and £7.0m of leases due for renewal during the year. A recent review, in conjunction with the ICB, of the IFRS 16 leases has led to a forecast reduction of £0.3m to £7.2m.
- Capital expenditure for the month is £1.8m (£1.6m below plan). The underspend is predominantly in EMP due to delays in Tolworth, Barnes and Richmond Royal offset by cost of sales of Phase 2. Estates and IT are broadly on plan.
- The Trust has a planned CRL target of £2.6m and an EFL plan of (£33.8m). The Trust is forecasting to achieve both targets

NHS South West London and St George's Mental Health NHS Trust

Statement of Financial Position

Statement of Financial Position (£m)	Plan as at end September 2023	Actuals as at end September 2023	Variance to YTD Plan
NON CURRENT ASSETS:			
Intangible assets	6.2	6.6	0.3
Plant, Property and Equipment	341.4	344.3	2.9
Receivables	16.0	15.9	(0.2)
Right of Use Asset	0.0	10.2	10.2
Total Non-Current Assets	**363.7**	**377.0**	**13.3**
Total Non-Current Assets Held for sale	**0.0**	**0.0**	**0.0**
CURRENT ASSETS:			
Inventories	0.2	0.2	0.0
Receivables due in less than 1 year	17.9	14.9	(3.0)
Other Financial Assets	2.3	2.7	0.4
Prepayments	0.0	0.0	0.0
Cash and Cash Equivalents	46.8	21.0	(25.8)
Total Current Assets	**67.2**	**38.8**	**(28.4)**
CURRENT LIABILITIES:			
Trade Payables	(6.7)	(10.1)	(3.4)
PDC Dividend Payable	(0.0)	(1.3)	(1.3)
Capital Payables	(9.6)	(9.8)	(0.2)
Provisions	(4.2)	(4.3)	(0.1)
Other Financial Liabilities (Accruals)	(30.6)	(33.4)	(2.8)
Deferred Revenue	(9.7)	(3.1)	6.6
Borrowings	(5.0)	(11.8)	(6.8)
Total amounts falling due within one year	**(65.8)**	**(73.6)**	**(7.9)**
NET CURRENT ASSETS/(LIABILITIES)	**1.4**	**(34.8)**	**(36.3)**
NON CURRENT LIABILITIES:			
Provision for Liabilities and Charges	(1.7)	(2.1)	(0.4)
Capital Payables	(5.2)	(6.1)	(0.9)
Borrowings	(89.4)	(89.4)	0.0
Lease Liability	0.0	(8.7)	(8.7)
Total amounts falling due after one year	**(96.2)**	**(106.2)**	**(1.3)**
TOTAL ASSETS EMPLOYED	**268.9**	**235.9**	**(33.0)**
FINANCED BY TAXPAYERS EQUITY:			
Public dividend capital	148.3	145.9	(2.4)
Retained Earnings (accumulated losses)	30.6	28.6	(2.0)
Retained Surplus(Deficit) in year	35.7	(0.3)	(36.1)
Revaluation Reserve	54.3	61.8	7.5
TOTAL TAXPAYERS EQUITY	**268.9**	**235.9**	**(33.0)**

- Current Receivables stand at £14.9m, £3.0m lower than plan, of which prior year is £1.0m (£0.3m lower than last month). This plan includes the deferred receipt from plot sales in 2019/20 due during 2023/24.
- Cash is £21.0m, £25.8m lower than plan, see next slide.
- There have been no loan repayments with the loan remaining at £99.4m.

South West London and St George's Mental Health NHS Trust

Cash

All figures £k	Plan as at end September 2023	Actuals as at end September 2023	Variance to plan
Cash Flows from Operating Activities			
Operating Surplus/(Deficit)	3,833	3,666	(167)
Non Cash Adjustments			
Depreciation and Amortisation	5,943	6,008	65
Interest Received	(420)	(532)	(112)
Increase/(Decrease) in Working Capital	(7,019)	6,006	13,025
Net Cash Inflow/(Outflow) from Operating Activities	**2,337**	**15,148**	**12,811**
Cash Flows from Investing Activities			
Interest Received	420	532	112
(Payments) for Property, Plant and Equipment	(18,159)	(16,360)	1,799
Proceeds from sales of property, plant and equipment	40,872	0	(40,872)
Net Cash Inflow/(Outflow) from Investing Activities	**23,133**	**(15,828)**	**(38,961)**
Net Cash Inflow/(Outflow) before financing	**25,470**	**(680)**	**(26,150)**
Cash Flows from Financing Activities			
Public dividend capital received	4,339	1,837	(2,502)
Loans from Department of Health and Social Care - repaid	(5,000)	0	5,000
Interest paid	(180)	(185)	(5)
Interest element of finance lease	(204)	(204)	0
PDC dividend (paid)/refunded	(3,792)	(2,476)	1,316
Net Cash Inflow/(Outflow) from Financing Activities	**(4,837)**	**(1,028)**	**3,809**
Net Increase/(Decrease) In Cash And Cash Equivalents	**20,633**	**(1,708)**	**(22,341)**
Cash / Cash Equivalents at beginning of month	**26,148**	**22,680**	**(3,468)**
Cash / Cash Equivalents at end of month	**46,781**	**20,972**	**(25,809)**

- The cash balance at the end of the month was £21.0m compared with the plan of £46.8m.
- Funds held in escrow accounts continue to be monitored.
- There have been no further PDC draw downs relating to the Barnes scheme in July, the balance remains £1.8m
- The main variance to the plan is due to delays in asset sale receipts compared to plan expectations. The asset sale is now expected to complete during Q3.

NHS
South West London and St George's Mental Health NHS Trust

Meeting:	Trust Board
Date of meeting:	9th November 2023
Transparency:	Public
Committee Name	Estates Modernisation Committee (EMC) – 5th September meeting
Committee Chair and Executive Report	Juliet Armstrong (Chair) Ian Garlington (Executive)

BAF and Corporate Objective the committee is accountable for:

BAF Risk Description
A failure to deliver transformed models of care, working practices and environments

Corporate Objective:

- **Objective 5:** To deliver our integrated transformation programme improving access and outcomes, reinvigorating working practices for staff and service users alike and providing state-of-the-art mental health facilities. Our focus is on delivering clinical transformation elements and supporting change within the Trust

Key Questions or Areas of Focus for the Board following the Committee:

The Board to note:

- The committee was particularly pleased and enthused to receive the update on Community Transformation. The huge opportunities of this important work for our patients and the wider community were recognised and the committee thanked the team for their hard work to date

- New Terms of Reference for the committee were agreed together with a new name - Modernisation Committee (MC), to emphasise the change is wider than estates. The remainder of the work to complete the programme refresh (including on reporting, resourcing and assurance plan) will come to the November MC
- The committee reflected on the large volume of transformation underway, and the positive changes already taking place. This should help with attraction and retention although this is not yet being seen significantly.

Areas of Risk Escalation to the Board:

Item discussed- Community Transformation

Assurance Position

Reasonable assurance was provided with the following noted:

- Some improvement green shoots; with data showing a reduction of beds used in 2 of the three transformed boroughs, improvements in waits for longer than 30 weeks of treatment, and reduced staff turnover in Sutton
- Risks: included the need for improved interfaces with primary care and delivering the workforce model into all boroughs. There are also some challenges currently with waits for psychological therapies, but a plan is in place to address this
- The importance of embedding the workforce, with further opportunities to improve recruitment and retention - action to track (People Committee)
- Opportunities to do more with Voluntary, Community and Social Enterprise partners and the broader system
- Enablers are starting to make a difference, including the enhanced response team and the focus on culture/OD. The move towards holistic care planning will also help.

Evidenced by

Papers presented to EMC.

What next?

- Action agreed to include more patient feedback for the next update to the committee
- Committee to review again within the next 6 months (workplan date tbc).

The committee chair is looking forward to visiting Sutton in October.

Item discussed- Corporate Objectives – Q1 delivery

Assurance Position

- Reasonable assurance on the delivery position, noting some of the Q1 objectives are amber and there is a risk on Q2 delivery due to industrial action.

Evidenced by

Papers presented to EMC.

What next?

- Committee to review again in November.

Item discussed- EMC Terms of Reference

Assurance Position

- The revised scope and focus of the committee will be linked to the commitments in the EMP Full Business Case and on Clinical Transformation to improve the patient journey and to reduce private bed usage
- This accompanies a wider governance and management piece of work, which includes rebranding the programme to Better Communities and changing the committee name to be the Modernisation Committee.

Evidenced by

Papers presented to EMC.

What next?

- Reporting changes will be effective from the next committee meeting November 2023.

Item discussed- KPI report for EMC

Assurance Position

- Reasonable assurance provided, noting this was the first report and more evolution is planned, including greater consistency on reporting of outcomes and more focussed/summary KPIs
- Health inequalities will be a new focus, with transformation programmes asked to identify some specific measures to reduce inequalities
- More work needs to be done to make patient journey/flow activities and KPIs consistent and clearer in a single format.

Evidenced by

Papers presented to EMC.

What next?

- Regular review of the KPI report at each committee meeting going forward.

Appendices

All annual reports and other items that require to be in the full Board papers will be appended to the Committee Report

- Minutes of the 5th September 2023 EMC (Part A)

South West London and St George's Mental Health NHS Trust

Trust Board 9 November 2023

Report Title:	2023/24 Annual Delivery Plans – Q2 delivery
Author(s):	Leah O'Donovan, Deputy Director of Strategy & Transformation
Executive Sponsor(s):	Amy Scammell, Director of Strategy, Transformation & Commercial Development
Transparency:	Public
Scrutiny Pathway	ELT – 21 September 2023 People Committee – 26 September 2023 Finance and Performance Committee – 26 October 2023 Quality and Safety Assurance Committee – 7 November 2023 Modernisation Committee – 7 November 2023

Purpose:	☐	Approval	☒	Discussion	☒	Information	☒	Assurance
Additional information:								

What?	Each year, a set of organisational annual delivery plans (formerly known as corporate objectives) are developed to support delivery of the Trust Strategy. The Trust Board in May 2023 approved the proposed set of annual delivery plans for 2023/24 following discussions at the Executive Leadership Team, within the Executive Advisory Group and at Trust Board development sessions. We have considered our greatest challenges and 'must do' work for 2023/24 and agreed that the most important priorities are to (1) improve flow through our services (most specifically our adult acute pathway) and (2) value and stabilise our workforce. In this context, we are continuing to progress strategic delivery through our existing annual delivery plan structure while we have also identified and elevated a smaller set of work areas, which will see us successfully address our challenges and deliver against those 'top priorities.' The 2023/24 annual delivery plans are: 1. To empower service users and carers to ensure their experience informs quality improvements in practice and services. Our focus is on the care planning and safety planning. 2. To increase our inclusivity and improve equality and diversity becoming an organisation which values all contributions, voices and experiences. Our focus is on implementing the Patient and Carer Race Equality Framework (PCREF), delivering the Ethnicity and Mental Health Improvement Project (EMHIP) and embedding EDI and health inequalities in our services. 3. To support our people to grow and develop our organisation to be the best we can be. Our focus is on getting the HR basics right, recruitment, retention and leadership, learning and development. 4. To continue to work towards financial sustainability supporting best value and efficiency in health and care in SWL. Our focus is

	on reducing agency and external bed use and improving clinical and corporate efficiency. 5. To deliver our integrated transformation programme improving access and outcomes, reinvigorating working practices for staff and service users alike and providing state of the art mental health facilities. Our focus is on delivering clinical transformation elements and supporting change within the Trust. 6. To proactively develop partnerships and act as a system leader driving strategic improvements to mental health of the SWL population. Our focus is on mental health provider collaborative development and the SWL MH Strategy delivery. For each annual delivery plan, key delivery items are outlined with the intended timescale for delivery. Key outcomes or metrics are included to enable monitoring of delivery of the objective. Baseline measures were agreed where these were available. Finally, our first four annual delivery plans are mapped directly to one of the Trust's four strategic ambitions – effectively acting as annual work programmes for that ambition. The remaining two areas – transformation and partnerships – are enablers for all strategic ambitions. Within the annual delivery plans there are 8 critical areas of work that will support the delivery of our top priorities of improved flow and a valued and stable workforce. These pieces of work are: 1. Complex Emotional Needs (CEN) pathway. 2. Discharge challenge work. 3. Community enhanced response service and interface team. 4. Organisational development framework. 5. Clinical systems development. 6. Recruitment. 7. Retention. 8. Leadership, learning and development. Quarterly reports on progress will be made to ELT, committees and the Trust Board using the established RAG rating system illustrating both progress and outcome delivery as follows: • Progress: Red – milestones off track and unrecoverable; amber – milestones partially on track with recovery planned and manageable; green – milestones all on track. • Outcomes: Red – undelivered; amber – some improvements delivered but full delivery not achieved; green – metric/ target met in full. Outcomes will be assessed at year end but where data is available through the year (for example financial delivery) a indication of progress towards the outcome will be included Reporting on the top priorities will focus on delivery against target with patient and staff experience as balancing measures. This reporting will have greater oversight on a monthly or bi-monthly basis via ELT or the Better Communities Transformation Group (BTCG; formerly the Estate Modernisation Management Group – EMMG) and relevant Board committees. This paper provides the Q2 2023/24 annual delivery plans update highlighting a summary of work completed and any outstanding elements. Notes on future milestone risk have been included.

	In reviewing Q2 delivery, ELT discussed the need to recast due dates in a small number of areas. Changes to Digital and People are included here. There has also been a change to the productivity metric Activity vs WTE whereby inpatient wards are now excluded, better reflecting Community activity. This has changed the target from 15 to 23.5.
So What?	Annual delivery plans remain an effective way of defining delivery requirements of the Trust on an annual basis. The identification of top priorities around flow and people for 2023/24 will support the Board and Board committees to focus directly on a small number of work programmes with specific metrics. Progress and delivery should be more clearly measurable. This also takes account of previously flagged issues around ensuring activities undertaken will genuinely deliver the desired outcome/ impact. Further work is continuing to provide baseline and progress data where gaps remain. Work also continues to slip in some areas but with mitigations being put in place to try to bring delivery in line for the end of the year. Significant challenges for year-end remain due to the volume and complexity of work in some areas.
What Next?	The Trust Board is asked to: • Note the Q2 2023/24 delivery and key risks or issues to future delivery.
Any specific issues to note and/or for escalation:	None

Strategic ambitions this paper supports	*(please check box including brief statement)*		
	☒	Increasing quality years	This paper supports all four strategic ambitions as it details delivery against our 2023/24 annual delivery plans, which are directly linked to delivery of our strategic ambitions.
	☒	Reducing inequalities	
	☒	Making the Trust a great place to work	
	☒	Ensuring sustainability	

South West London and St George's Mental Health NHS Trust

Implications	
Equality analysis *[linking to EDI strategy]*	Positive – Delivery of equality, diversity and inclusivity is everyone's business. EDI work begun in previous years continues and develops in 2023/24 within a specific annual delivery plan aligned to the 'Reducing Inequalities' strategic ambition within the Trust Strategy.
Service users/ carers	Positive – Delivery of our annual delivery plans and top priorities supports improving care for our service users and their carers. Impact of our work is measured through service user and carer feedback and the Trust scores on the nationally recognised Friends and Family Test.
Estates:	Positive – Delivery of the Estate Modernisation Programme (EMP) remains a key organisational priority in 2023/24.
Financial:	Positive – Financial delivery is a key focus in 2023/24 with a specific annual delivery plan aligned to the 'Ensuring Sustainability' strategic ambition within the Trust Strategy. Work described under the 'top priorities' element all contributes to improving efficiency and reducing financial pressure.
Legal:	N/A
Reputation:	Positive – Delivery of annual delivery plans in 2023/24 continues to support the Trust's reputation with stakeholders.
Strategy:	Positive – Annual delivery plans continue to support delivery of the four strategic ambitions of the Trust Strategy. Work to progress delivery for the SWL MH Strategy in 2023/24 also adds renewed strategic focus.
Workforce:	Mixed – Workforce is arguably the greatest risk the Trust faces. Our people remain under pressure and we have challenges with recruitment and retention. Workforce has a specific annual delivery plan linked to the 'Making the Trust a Great Place to Work' strategic ambition within the Trust Strategy. The annual delivery plan focuses on continuing to develop our HR service and tackling core workforce issues. In addition, 'stabilising and valuing our workforce' is one of our two top priorities for 2023/24 with key targets.
Sustainability Eg. Green Plan.	Positive – Work around transformation, EMP and improved flow all contribute to delivering against the sustainability and green agenda within the NHS.
Other (specify):	
Appendices/Attachments:	N/A

Q2 2023/24 annual delivery plans

Annual delivery plan 1: To empower service uses and cares to ensure their experience informs quality improvements in practice and services.
Key outcome: Successfully commence holistic care planning, risk assessment and safety plans as part of changes to Care Programme Approach (CPA).
Outcomes/ Metrics:

- Numbers of service users with a DIALOG in place - % of caseload (**22/23 average: Dialog assessment recorded in the last 6 months (%) – 11.6%) Q1 – 20.9%; Q2 – 23.7%**
- Numbers of service users with a DIALOG care plan - % of caseload **TBC – not yet available as a measure**
- Increase in number of safety plans in place - % of caseload **TBC – not yet available as a measure**
- Increase in % risk assessments reviewed within last 12 months (**22/23 average: Community patients with an up to date risk assessment (%) – 91.9%) Q1 – 91.4%; Q2 – 92.4%**
- Increase in % Always Ready care planning audits completed **(22/23 average – 78.4%) Q1 – 76%; Q2 – 79.4%**
- Friends and Family Test (FFT) net positive score target 81% - **(22/23 average – 70.66%) June 23 – 72.8%; Aug 23 – 79.5%**
- Patient experience of changes monitored through Feedback Live! and through Service User and Carer Group feedback (to be reported quarterly through narrative). **TBC – not yet available**

Delivery priorities	Q2 2023/24 delivery summary	Q2 delivery rating	Plans for any outstanding Q2 delivery	Future quarters delivery at risk/ revised	Future quarters progress rating	Year end outcome forecast
Embedding use of DIALOG/ holistic care planning, through co-production with service users and carers • Set up work completed – Trust-wide project group and service user and carer co-production groups in place; SU and carer development needs identified; DIALOG+ care plan standard operating procedure (SOP) and care planning standards signed off; RiO changes developed and in testing – (Q1) • Care planning training package developed (Q2) and delivered (Q3) • Care planning process piloted (Q3) • OD support for key worker culture changes identified and case management and key worker SOP signed off (Q3)	**Embedding use of DIALOG/ holistic care planning, through co-production with service users and carers** • The project group was paused in Q1 due to capacity, awaiting identification of project support, which has now been recruited and due to start in Q3. Service user representation has been identified and is ready to join the group when it is re-established in Q3. • The SOP continues to iterate through further consultation with sign-off now likely to be in Q3. • Care planning training package development is delayed owing to lack of project support but plans have been agreed to scope programme within existing capacity		• Care planning training package programme being scoped ready for delivery in Q3 • DIALOG+ Care Planning SOP to be signed off in Q3 • Interfaces with safety planning initially identified with further work to be picked up by Project Lead in Q3.	A Project Lead has been recruited and is due to start in Q3. Future quarters remain at risk until this is in place.		

• Dashboard adjustments in place – aligning to measure care planning compliance and quality (Q3) • Key worker role and new case management process piloted (Q3) and then fully rolled out (Q4) **Implementation of safety planning in alignment with a change in risk assessment** • Delivery piloted (Q1) • Pilot evaluated and adaptations made to the framework (Q2) • Interfaces identified between safety planning framework and DIALOG use and agree implementation plan (Q2) • Safety planning implemented (Q3-Q4)	ready for delivery when Project Lead starts in Q3. **Implementation of safety planning in alignment with a change in risk assessment** • Safety planning pilots delivered and completed in Q1 with presentation to QGG in Q2. Following this, there was consensus to bring Safety Planning under the holistic care programme. • A workshop was held on 5 September 2023 to identify interfaces and agree a plan for implementation. Work is outstanding on this area and will be picked up when the Project Lead begins in Q3 but a decision has been taken to phase delivery of changes to safety planning after initial piloting of changes to care planning.					

6

Annual delivery plan 2: To increase our inclusivity and improve equality and diversity becoming an organisation which values all contributions, voices and experiences.
Key outcome: Anti-racism outcomes delivered for staff and patients.
Outcomes/ Metrics:

- Ethnicity dashboard developed
- Increase in numbers of BAME staff at Band 8A and above **(22/23 average 31.5%) Q1 – 31.3%; Q2 – 31.3%**
- Numbers of racism complaints reported **Available from Q3**
  - By patients
  - By staff
- Maintenance of improved staff survey results on EDI sections[1]
- Improved MWRES, WRES[2] and WDES scores[3]

Delivery priorities	Q2 2023/24 delivery summary	Q2 delivery rating	Plans for any outstanding Q2 delivery	Future quarters delivery at risk/ revised	Future quarters progress rating	Year end outcome forecast
Delivery of the integrated EDI Action Plan, including producing resources, tools and capability to support delivery and refresh of the EDI strategy • Health Inequalities and EDI programmes developed with borough system partners and Inclusion Matters Group established (Q1)	**Delivery of the integrated EDI Action Plan, including producing resources, tools and capability to support delivery and refresh of the EDI strategy** • Collaborative programmes remain partially achieved with remaining objectives expected to be delivered in Q3-Q4. This includes advertising		• Remaining collaborative programmes to be developed in Q3-Q4. • EQIA template and guidance to be delivered in Q3 subject to QGG approval.	Procurement for the EMHIP evaluation is delayed due to imposed limitations on spending at system level. Partners are in negotiations with NHS England to seek approval and proceed to		

[1] For PP element on diversity and equality specifically Q15 (does your organization act fairly with regard to career progression/ promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age? Baseline of 45.% in 2021, 47.6% in 2022), Q18 (2021)/Q20 (2022) (I think that my organization respects individual differences (eg cultures, working styles, background, ideas, etc) Baseline of 67.1% in 2021, 70.5% in 2022) and Q7c (I receive the respect I deserve from my colleagues at work. Baseline of 75.6% in 2021, 77.6% in 2022).

[2] For WRES indicators improvements in (1) relative likelihood of BME staff entering the formal disciplinary process compared to white staff – 2021 2.24 (2) relative likelihood of white staff being appointed from shortlisting compared to BME staff – 2021 1.43 (3) relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff – 2021 0.77. In addition, gap reduction in WRES staff survey questions between white and BME respondents around (1) % of staff experiencing harassment, bullying or abuse from patients/ service users, relatives or the public, or staff in the past 12 months (Baseline gap of 2.4% and 8% respectively in 2021) (2) % of staff believing that the organisation provides equal opportunities for career progression or promotion (Baseline gap of 20.1% in 2021), and (3) % of staff experiencing discrimination at work from manager/ team leader or other colleagues in the last 12 months (Baseline gap of 10.1% in 2021). 2022 data will be reviewed and included as a baseline when available. MWRES baselining will take place when 2022 data is available.

[3] For WDES indicators improvements in (1) relative likelihood of non-disabled staff being appointed from shortlisting compared to disabled staff – 2021 0.72 and (2) relative likelihood of disabled staff entering the formal capability process compared to non-disabled staff – 2021 11.45. In addition, gap reduction in WDES staff survey questions between staff without a LTC/ illness and staff with a LTC/ illness around (1) % of staff experiencing harassment, bullying or abuse from patients/ service users, relatives or the public, or staff in the past 12 months (Baseline gap of 2.5% and 8.1% respectively in 2021) (2) % of staff believing that the organisation provides equal opportunities for career progression or promotion (Baseline gap of 7.3% in 2021) (3) % of staff who have felt pressure form their manager to come to work, despite not feeling well enough to perform their duties (Baseline gap of 7.7% in 2021) (4) % of staff satisfied with the extent to which their organisation values their work (Baseline gap of 9.4% in 2021). Finally, also, improvement in % of staff with LTC/ illness who say the organisation has made adequate adjustments to enable their to carry out their work (Baseline value of 74.4% in 2021). 2022 data will be reviewed and included as a baseline when available.

• Resource portal for managers delivered (Q1) • Diversity in Decision Making, Executive Advisory Group, and Staff Networks evaluated (Q2-Q4) • Anti-racism training and seminars for staff and managers delivered (Q2-Q4) • Leadership Development Seminars and resources focused on anti-racism and culture change delivered (Q2-Q4) • Renewed strategy signed off (Q4) **Embedding EDI and health inequalities in service lines** • EQIA guidance and template revised (Q1) • Outcome measures embedded and QI work in place across all service lines and analyse the impact on different groups (Q3) **Deliver EMHIP and support the implementation of the Patient and Carers Race Equality Framework (PCREF)** • Project plans agreed for all EMHIP key interventions (Q1) • Ethnicity dashboard completed and functional (Q1) • EMHIP interventions around reducing restrictive practice and cultural capability developed and delivered (Q1) • Patient and Carers Race Equality Framework (PCREF) work programme developed (Q1)	jobs via VCSE partners and implementing the EMHIP SWL Community Empowerment programme, the latter of which is likely to be completed at the end of Q4. • Diversity in Decision Making third-year cohort is being appointed and the Executive Advisory Group has been meeting to advise on the OD framework development. Staff networks evaluations are due to the October People Committee. • The anti-racism Action Learning training for Action Learning Set facilitators has completed. Action Learning sets will be delivered in Q3 and Q4. • The next series of Anti-racism Leadership sessions for operational and senior leaders will be developed to deliver between November 2023 and March 2024. In addition, our New Leadership Development offer will launch in November 2023 and include a tailored offering for all existing and aspiring leaders in the Trust, with anti-racism embedded. For example, the Team and Clinical Leader Development Programmes will consist of modules including expectations of a leader, being diverse and inclusive, and compassionate. **Embedding EDI and health inequalities in service lines**		• Implementation of EMHIP Key Intervention 3 (reducing restrictive practice) is continuing into Q3. • Patient diversity data including impact of services on access, experience and outcomes is delayed to Q3	deliver within the financial year. Much of the work is delayed, in part due to external factors, and thus future delivery is at risk.		

• Patient diversity data including impact of services on access, experience and outcomes published (Q2) • EMHIP evaluation commissioned and completed (Q3-Q4)	• EQIA template and guidance will go to QGG in early October for final sign-off. Discussions are in progress with service lines on roll-out following approval. This means delivery will be delayed to Q3. **Deliver EMHIP and support the implementation of the Patient and Carers Race Equality Framework (PCREF)** • There continue to be delays to delivery of EMHIP KI3, including the recruitment of a project lead. An action plan is in place. • Scoping for EMHIP KI5 has completed. Delivery will be jointly managed with Wandsworth Community Empowerment Network (WCEN) and procurement of training is underway. • Patient diversity data regarding access, experience and outcomes is delayed and will form part of the EMHIP and PCREF implementation for race and intersectionality, and the EQIA roll-out. Service lines are currently working on analysing data to identify any disparities and develop action plans.					

Annual delivery plan 3: To support our people to develop and grow and develop our organisation to be the best we can be.
Key outcome: Stable HR function in place with solid improvements in recruitment, employee relations and health and wellbeing.
Outcomes/Metrics:

- Numbers of leaders accessing approach **TBC once launched**
- Attendance rate of leadership offer sessions **TBC once launched**
- Reduction in overall staff turnover and turnover of those with less than 12 months service with the Trust (tolerance of 15%) – **(22/23 average – 17.6% and 24.3% respectively) Q1 – 17.0% and 24.3% respectively; Q2 – 15.8% and 25.8% respectively**
- Reduction in sickness absence rate **(22/23 average 4.9%) Q1 – 4.3%; Q2 – 4.4%**
- Reduction in vacancy rate (target of 15%) **– (22/23 average – 17.8%) Q1 – 18.3%; Q2 – 18.4%**
- Improvement in staff advocacy score in quarterly pulse staff survey and annual staff survey (targets 6.4 and 6.9 respectively) – **(22/23 average – 5.2 and 6.7 respectively) Q1 – 6.27; Q2 – 6.26**
- Maintenance and stretch improvement in staff survey scores (health and safety climate, negative experiences and support for work-life balance people promise elements[4]) and learning development (development people promise element[5]) **TBC once survey results returned**
- Qualitative feedback on leadership approach and offer gathered via feedback forms and reported quarterly via narrative update **TBC once launched**

Delivery priorities	Q2 2023/24 delivery summary	Q2 delivery rating	Plans for any outstanding Q2 delivery	Future quarters delivery at risk/ revised	Future quarters progress rating	Year end outcome forecast
Implement the Leadership Framework and associated Leadership Development offer • Leadership Development approach signed off and leadership development centres held to determine priorities (Q1) • Training needs analysis finalised (Q1) • Lunch & learn sessions (difficult conversations, flexible working, absentee management, etc.)	**Implement the Leadership Framework and associated Leadership Development offer** • First Leadership Programme launched 25 September 2023 with senior Leadership. Implementation will be phased to ensure all arrangements are in place. • Three dates booked for Leadership Engagement sessions at the end of September and early October 2023 and invites sent.		• The Leadership Framework Training Needs Analysis will not be implemented until Q3. • The work on developing a people plan is delayed and will be prioritised in Q3.	There is a significant programme of work to deliver and any delays risk future quarters and year end achievement.		

[4] For PP element on health and safety climate specifically Q11a (my organization takes positive action on health and wellbeing. Baseline of 56.4% in 2021, 55.4% in 2022). For the PP element on negative experiences specifically Q11c (During the last 12 months has you felt unwell as a result of work related stress? Baseline 43.4% in 2021, 41.1% in 2022). For the PP element on work-life balance Q6c (I achieve a good balance between my work and home life. Baseline 51.7% in 2021, 54.1% in 2022).

[5] For PP element on development specifically Q20c (2021)/Q22c (2022) (I have opportunities to improve my knowledge and skills. Baseline 70.3% in 2021, 71.1% in 2022) and Q20d (2021)/Q22d (2022) (I feel supported to develop my potential. Baseline 54.4% in 2021, 56.5% in 2022).

delivered for frontline leaders (Q1-Q2) • Coaching and mentoring system established (Q2) • Training needs analysis findings implemented (Q2) • Talent strategy/ plan defined (Q3) • Key HR policies agreed (Q3) • Talent strategy/ plan implemented (Q4) • Succession planning development in progress (Q4) **Produce and deliver clear workforce plan for each service line aligning to overarching corporate priorities** • Detailed action plans designed and implemented (Q1-3) • Draft 2024/25 workforce plan in progress (Q3) and completed (Q4) **Produce focused programme of work to attract and retain our people** • Data analysis completed with recommendations for action (Q1) • Revised approach implemented and evaluated (Q2-Q4) **Development work to support future People Plan** • Plan on a page drafted (Q4) and socialised across the Trust (Q4) • 2024/25 plan in progress: lessons learned and 2024/25 priorities set (Q4)	• The Training Needs Analysis will not be implemented until Q3. The priority has been on MAST and Leadership Development. A Head of Professions Group has been convened to consider the training needs analysis approach, with a first meeting on 18 September 2023. • Two Lunch & Learn sessions with Capsticks have been held. Feedback is being obtained about the next subjects for these sessions, due to be held in October and November 2023. • Coaching Platform purchased and plan in place to build coaching network, for which it is recognised many already hold these qualifications within the organization. An Expression of Interest will be sent by the end of September, with refresher dates booked to support leadership development (supplier already in place). **Produce and deliver clear workforce plan for each service line aligning to overarching corporate priorities** • Workforce Plans are in place. A meeting held in early October will review process and plan for next year's round, including working with Medical Director and Deputy MD to focus on medical staff and changes to training allocations.					

	Produce focused programme of work to attract and retain our people • Detailed Retention Data analysis has been completed and actions are ongoing. • Recruitment hotspots have been identified through the workforce plans and a plan is being put in place to support. **Development work to support future People Plan** • The work on developing a people plan is delayed and will be prioritised in Q3.					

Annual delivery plan 4: To continue to work towards financial sustainability supporting best value and efficiency in health and care in SWL.
Key outcome: Review productivity overall programme governance, including effective oversight and monitoring to deliver productivity and efficiency.
Outcomes/Metrics:

- Reduction in agency spend in line with new national target (3.6% of pay bill) **– (22/23 average – 7.1%); Q1 – 5.6%; Q2 – 5.2%**
- Increase in activity per WTE (productivity metric) towards 23.5 units per month (this metric has been revised to exclude inpatient wards to better reflect Community activity) – **(22/23 average – 12.45); Q1 – 24.3; Q2 – 24**

Delivery priorities	Q2 2023/24 delivery summary	Q2 delivery rating	Plans for any outstanding Q2 delivery	Future quarters delivery at risk/ revised	Future quarters progress rating	Year end outcome forecast
Implement the agency reduction plan • Existing process embedded and being used to monitor usage (Q1) • Processes reviewed to determine efficacy and monitoring in Q1 with plans for change implemented accordingly (Q2) • Processes reviewed quarterly and necessary changes implemented (Q3-Q4) **Implement Clinical Efficiency programme** • Clinical efficiency assessed by service lines and improvement plans, including use of digital tools, developed (Q1) • Service lines plans implemented and monitored (Q2-Q4) **Align transformation to deliver productivity to reduce the bed base** • Trajectory to deliver bed reduction by year-end agreed (Q1) **Introduce workflows to improve corporate productivity (e.g. HR)**	**Implement the agency reduction plan** • Agency reduction plan is being reviewed regularly, including planning exits for agency workers and ongoing actions around reviews of bank processes and setting bulk recruitment timetables for the year. More than half of the actions have been completed and the remaining are on track to deliver within timescales. • Some service lines have achieved reductions in Q2 ahead of forecast, which is positive. • A core skills workshop was held 20 September to discuss skill mix opportunities and support recruitment. • Agency usage trajectories against the target have been finalised for sign off. **Implement Clinical Efficiency programme** • Actions to date are impacting positively on activity KPI statistics. ○ Activity variation: delivery timetable finalised		No milestones outstanding.	Good progress is being made towards actions in the agency reduction plan, but significant work is still needed to meet the trajectory. Future progress appears achievable, but it is not yet possible to have confidence in overall delivery for year-end.		

• As-is scoped and opportunities for change identified (Q1) • Workflows amenable to change analysed and plans developed to implement (Q2) • Plans implemented (Q3-Q4)	○ Reducing unused appointment slots: training for admin staff on re-booking cancelled slots now compulsory ○ Digital advancement: training sessions launched in September. ○ Reducing staff travel time: contract management discussions continuing • Plans continue to be monitored via Delivering Value. **Introduce workflows to improve corporate productivity (e.g. HR)** • Discussions are continuing on defining this work following the initial review in Q1.					

Annual delivery plan 5: To deliver our integrated transformation programme improving access and outcomes, reinvigorating working practices for staff and service users alike and providing state of the art mental health facilities.
Key outcome: Flow and outcomes improved across our services and Springfield Village now a reality.
Outcomes/ Metrics:

- Bed reductions to original 18 Holybourne (60,390 OBDs) and, then to 12 (58,194 OBDs) – **(22/23 baseline – 64,807 OBDs[6]) Q1 – 16,367 OBDs; Q2 – 16,354 OBDs**
- Zero inappropriate out of area placements[7] **(22/23 baseline – 1,715 OBDs) Q1 – 792 OBDs; Q2 466 OBDs**
- Reduction in average Length of Stay (target 38 days) – **(22/23 average – 44 days[8]); Q1 – 52.2; Q2 – 45.1**
- Reduction in % of patients on caseload presenting to crisis services (target 1.1%) – **(22/23 average – 1.4%) Q1 – 1.5%; Q2 – 1.4%**
- Reduced DToCs **(22/23 average – 8.1%); Q1 – 11.1%; Q2 – 10%**
- Waiting times in key areas reduced (community, CAMHS) – **Service lines are working to establish data sets to monitor waiting times for key services through new dashboards. This should be available from Q3.**
- Number of patients waiting over 30 weeks for complex emotional needs or psychology and psychotherapy support reduced (targets of 20 and 400 respectively) – **Work is continuing to establish data sets to monitor waiting times for key services through new dashboards. This should be available from Q3.**
- Reported positive staff engagement in transformation work – **TBC; work is ongoing**

Delivery priorities	Q2 2023/24 delivery summary	Q2 delivery rating	Plans for any outstanding Q2 delivery	Future quarters delivery at risk/ revised	Future quarters progress rating	Year end outcome forecast
Integrated programme overall • Principles and scope of future integrated programme agreed (Q1) • Refresh of governance and structure completed and in place (Q1) **Clinical transformation** • CEN pathway fully implemented (Q1) • Community enhanced response service and interface team delivered (Q1) • New community model fully implemented in Kingston and	**Integrated programme overall** • Terms of Reference and revised names of meetings are approved but the Programme Delivery Framework and Scope Definition documents are delayed and will be approved in Q3. Reporting should begin in the November Board sub-Committee cycle. **Clinical transformation** • Training on CEN protocols continues into Q3 with good engagement from attendees.		• Integrated Programme Delivery Framework and Scope Definition documents will be approved in Q3 • Training on CEN protocols continuing into Q3. • Delays to Barnes and Tolworth construction. Barnes main construction	• Delays to recruitment of some posts in the CAMHS NDT may put Q3 delivery at risk as go live is subject to recruited staff being in post. • Richmond Royal is estimated to be a year behind schedule (Q3 23/24) but service can		

[6] This includes only Adult Acute Beds
[7] This includes only Adult Acute Out of Area Placements
[8] The 22/23 figure is based on rolling 12-month LOS. Further work is being done to report this quarterly for 23/24 in light of changes to collection and reporting of this data. Figures presented for Q1 and Q2 are the monthly ALOS as presented in the Q&P report.

Richmond (Q3) and mobilisation underway for Wandsworth and Merton (Q4) • Discharge challenge workstreams mobilised (Q2) and impact being delivered (Q4) • System level work to enable individuals to return to their own accommodation post admission progressed (Q3) • Psychiatric Liaison work to reduce readmission and re-presentation finalised (Q2) and implemented (Q3-Q4) • CAMHS communications protocol published (Q2) and pathway improvements implemented to the NDT and emotional difficulties and complex needs pathways (Q3) **Digital** • Clinical systems cleaned-up and RiO useability and functionality improved (Q1) • Ward workflows implemented across all wards (Q2) • Digital skills programme rolled-out (Q2-Q3) • Clinical workflows programme on RiO (Q3-4) • SLP patient health record programme scoped (Q4) **Organisational development and change support** • OD framework in place (Q1) • Change support menu of options being accessed by staff (Q2)	• Community enhanced response service pilot started in July in Sutton, Kingston & Richmond. • All discharge challenge workstreams have now mobilised. • Psychiatric Liaison work to reduce admission and re-presentation is delayed until Q3 owing to prioritisation of Discharge Challenge and CEN work. • Partner feedback on the CAMHS communications protocol is awaited and will likely be published at the end of October. **Digital** • Clean-up of RiO was delayed into Q2 but now on track for delivery. • Ward Workflows was delayed due to the move into Shaftesbury and has been extended by one month to allow for a review to be completed. This will now close in December. • Webinars to support the Digital Skills programme have commenced and the Digital Champions scheme is underway **Organisational development and change support** • The change support menu of is nearing completion, with the framework having gone to the Executive Advisory Group and next to be shared with the core leadership group.		planned to start in Q3. • Fifth acute ward options appraisal will be complete in Q3. • CAMHS communications protocol delayed to Q3.	remain at Teddington. • Tolworth main construction has been delayed due to the approval process and is estimated to start in Q2 23/24 but an early works package has been approved which will commence in Q3. Delays to building projects and delivery of key parts of the AUC transformation programme contribute to future quarters at risk.		

EMP • QMH moves completed (Q1) • Springfield Village park open (Q2) • Shaftesbury building completed and services operating (Q3) • Barnes construction commenced (Q2) • Richmond Royal completed and services operating (Q3) • Fifth acute ward options appraisal completed (Q2) • Tolworth business case approved externally (Q2) and conditions precedent met (Q4) • Tolworth enabling works package (Q3) and main construction (Q4) commenced	**EMP** • The first section of the Springfield Village Park has opened. • Main construction at Barnes is delayed as the contract is being re-tendered. Early works have been approved and planned to start in Q3. • Fifth acute ward options appraisal completed (Q2) – A Clinical Director has been engaged and additional resource is being sought to support the option work for the fifth acute ward. This will complete in Q3. • Tolworth business case approved in August 2023 by DHSC subject to conditions.					

Annual delivery plan 6: To proactively develop partnerships and act as a system leader driving strategic improvements to mental health of the SWL population.
Key outcome: SWL MH Provider Collaborative in place with first phase of delegation completed and delivery of SWL MH Strategy underway.
Outcomes/Metrics:

- SWL MH Strategy year 1 work delivered
- SWL MH strategic financial and delivery review completed
- Complex Care phase 2 year 1 delivered
- Perinatal provider collaborative in place
- CAMHS and Adult Eating Disorder cases for change agreed
- SLP business support revised and processes amended

Delivery priorities	Q2 2023/24 delivery summary	Q2 delivery rating	Plans for any outstanding Q2 delivery	Future quarters delivery at risk/ revised	Future quarters progress rating	Year end outcome forecast
SWL • SWL MH provider collaborative partnership delivery agreement in place (Q1) • SWL MH Partnership Delivery Group elements – planning, performance and oversight, sub-groups – in place and operating effectively (Q2) • SWL MH strategic financial and delivery review completed (Q3) • SWL MH Strategy year 1 delivery completed (Q4) **SLP** • Complex care delivery mechanisms updated to support phase 2 (Q1) • SLP business processes and structures refreshed (Q2) • Perinatal provider collaborative live (Q3) • CAMHS and AED cases for change agreed (Q4)	**SWL** • SWL MH Partnership Delivery Groups continue to develop. There are issues with capacity to lead the sub-group structure. The Trust is working to actively support. **SLP** • Complex care governance has been implemented now and reporting is underway. Work on complex care delivery including monitoring of progress and impact remains underway and is not yet complete. Funding and responsibility transfer has progressed but is not yet finalised. Updated modelling taking account of revised delivery is awaited. • New SLP business planning and programme delivery lead has started and will refresh business processes and structures during Q3/Q4 as part of the 2024/25 planning cycle.		DoSTCD, COO and DoFP all to remain involved in trying to move complex care programme forward.	There are likely to be capacity pressures in strategy delivery through the year and the Trust is working with partners to mitigate these.		