

**A MEETING OF THE MEMBERS' COUNCIL OF  
THE SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST  
WILL BE HELD ON THURSDAY, 10<sup>TH</sup> DECEMBER 2009 AT 5.00PM  
IN THE BOARD ROOM, MAUDSLEY HOSPITAL**

**(Please note there will be an opportunity for the Members Council to join a seasonal social buffet following the meeting at 6.30 pm)**

**AGENDA**

- 1 Introductions and apologies for absence.
- 2 To receive any declarations of interest.

**FOR DECISION**

- 3 To agree the minutes of the Members' Council meeting held on 15<sup>th</sup> September 2009 and to note any matters arising from the minutes. Attachment A
- 4 To receive the notes of the joint meeting held between the Members' Council and the Board of Directors and to agree the workplan for 2010. Attachment B

**FOR INFORMATION**

- 5 Quality - update on the standards for better health declaration
- 6 Update on the Members' Council bids programme. Attachment C
- 7 Chief Executive's and Directors' reports. Attachment D

**FOR DISCUSSION**

- 8 Presentation by Gus Heafield on Financial planning – “Downside Scenarios”
- 9 Forward planner – items for future meetings:
  - AIQUIP
  - Anti stigma “Time for Change” programme
- 10 Any other business.
- 11 Meetings dates for 2010 Attachment E

**Please send apologies to Carol Stevenson telephone 0203 288 2441 or email [carol.stevenson@slam.nhs.uk](mailto:carol.stevenson@slam.nhs.uk)**

**Attachment A**

**MEMBERS' COUNCIL – SUMMARY REPORT**

**Date of meeting:** 10<sup>th</sup> December 2009

**Name of Report:** Minutes of the meeting held on  
15<sup>th</sup> September 2009

**Author:** Paul Mitchell, Trust Secretary

**Presented by:** Madeliene Long, Chair

**Purpose of the report:**

To agree the minutes and to note any matters arising.

**MINUTES OF THE MEETING OF THE MEMBERS' COUNCIL OF THE  
SOUTH LONDON & MAUDSLEY NHS FOUNDATION TRUST  
HELD ON TUESDAY, 15<sup>th</sup> SEPTEMBER 2009  
IN THE BOARD ROOM, MAUDSLEY HOSPITAL**

<b>Present:</b>	Madeliene Long	Chair
<b>Public Constituencies</b>	Derrick Bentley Paula Crook Les Elliot Jaya Kathrecha John Muldoon Roger Oliver Noel Urwin	Public (Local) Service User (Local) Service User (Local) Carer Public (Local) Carer Public (Local)
<b>Staff Constituency</b>	Cliff Bean Francis Keaney Dele Olajide Gill Todd	Staff Staff Staff Staff
<b>Partner Organisations</b>	Lynn Carlisle Andrew Eyres Magda Moorey	Kings College London Lambeth PCT Lewisham PCT
<b>In Attendance</b>	Martin Baggaley Stuart Bell Dan Charlton Patricia Connell-Julien Robert Coomber Harriet Hall Gus Heafield Kumar Jacob Robert Lechler Ricky Mackennon Hilary McCallion Paul Mitchell Zoë Reed Eric Taylor	Medical Director Chief Executive Head of Communications Non Executive Director Non Executive Director Non Executive Director Director of Finance and Corp Governance Non Executive Director Executive Director, Kings Health Partners Head of IMT Director of Nursing & Education Trust Board Secretary Director, Strategy and Business Development Non Executive Director
<b>Apologies</b>	Abbey Akinoshun Stephanie Correia Paul Paterson	Staff Public (Local) Service User (Local)

Ref	Issue	Who	When
<b>MC 09/24</b>	<b>DECLARATIONS OF INTEREST</b>  Madeliene Long and John Muldoon made declarations as Councillors for the London Borough of Lewisham.		

<p><b>MC 09/25</b></p>	<p><b>MINUTES OF PREVIOUS MEETING</b></p> <p>The minutes of the meeting on 18<sup>th</sup> June 2009 were agreed as a correct record subject to:</p> <p>09/18 Paragraph 5 – remove.</p>		
<p><b>MC 09/26</b></p>	<p><b>NOMINATIONS COMMITTEE</b></p> <p>A report on the appraisal of the Chair was tabled. The Trust had re-commissioned Deborah de Haes from Renew Consulting to undertake the appraisal. She had interviewed 14 people including Non Executive Directors and Executive Directors of the Trust. This year the numbers had been extended to include feedback from the KHP Partnership Board and representatives from each of the constituencies of the Members' Council. The individuals selected from the Members' Council did not serve on the Nominations Committee.</p> <p>The Nominations Committee was assured that the process undertaken for the appraisal was suitably robust and particularly welcomed the wider involvement of key stakeholders in the process and was assured that the outcome of the appraisal was very positive.</p> <p><b>AGREED:</b></p> <p>The Members' Council noted the annual appraisal of the chair.</p> <p>A report on the recommended re-appointment of Harriet Hall as a Non-Executive Director on the Foundation Trust Board was tabled. It was noted that she had been subject to appraisal by the Chair on annual basis.</p> <p>The Chair's review of her performance has been concluded and endorsed Harriet Hall's continued ability to contribute to the Board in the light of the knowledge, skills and experience required.</p> <p><b>AGREED:</b></p> <p>The Members' Council approved the re-appointment of Harriet Hall for a further three year term as a Non Executive Director.</p> <p>It was noted that it was the last meeting of the Nominations Committee for Patricia Moberly. Madeliene Long warmly thanked her for the contribution that she had made to the establishment of the SLaM Members' Council and for her work on the Nominations committee.</p> <p><b>AGREED:</b></p> <p>Start the process to appoint a new stakeholder representative on the Nominations Committee.</p>		
<p><b>MC 09/27</b></p>	<p><b>BIDS PROGRAMME 2009/10</b></p> <p>Noel Urwin updated the Members' Council on the bids programme for 2009. He confirmed that an assessment day had been held on 24<sup>th</sup> August to consider all the bids and to award funding. A robust scoring scheme</p>		

	<p>had been used and the assessment panels had included representation from all constituencies.</p> <p>Initial work had taken place on themes from the bids which could be fed into the annual planning process. More detailed work would be brought to the next meeting.</p> <p>The steering group had recommended that an event should be held in 2010 to showcase the scheme and encourage future bidders.</p> <p><b>AGREED:</b></p> <p>Approach the Charitable Funds Committee for funding.</p>		
<b>MC 09/28</b>	<p><b>CHIEF EXECUTIVE'S REPORT</b></p> <p>Stuart Bell introduced his update report and highlighted:</p> <ul style="list-style-type: none"> <li>• The bid for funding the expansion of the existing facilities housing the SLaM BRC Case Register Interactive Search (CRIS) for £997,500 had been successful.</li> <li>• There has been pressures on admissions faced by the Trust (in line with others across London) over the last few months. This had been particularly manifesting itself in demand for female beds – adult and PICU. Considerable additional expenditure has been incurred in securing extra capacity.</li> <li>• The Trust had invited NHS London and the Department of Health to visit in order to give advice and feedback on improving privacy and dignity and delivering same sex accommodation. The visit had place on 26<sup>th</sup> August at Bethlem Royal Hospital, and the Trust has been given feedback as well as specific advice relating to particular areas. The extract from the response giving the generic feedback was quoted.</li> <li>• An update on CAG development and appointments to the KHP Executive.</li> </ul>		
<b>MC 09/29</b>	<p><b>TRUST BOARD SECRETARY'S REPORT</b></p> <p>Paul Mitchell introduced his update to the Members' Council on the following issues:</p> <ul style="list-style-type: none"> <li>• Membership development.</li> <li>• Communication with the membership.</li> <li>• Standards for Better Health meetings prior to submission of the Trust declaration.</li> <li>• Elections to the Members' Council.</li> <li>• Joint meeting with the Board of directors in November 2009</li> <li>• Monitor consultation – de-authorisation of a Foundation Trust</li> </ul>		
<b>MC 09/30</b>	<p><b>ANNUAL AUDIT LETTER</b></p> <p>Noel Urwin introduced John Hayes and Steve Lucas from the Audit Commission who had recently been appointed by the Members' Council as the Trust's external auditors.</p>		

	<p>The Annual Audit Letter summarised the conclusions from the work of the Audit Commission 2008/09 and to highlighted any significant issues arising during the course of that work.</p> <p>Discussion focussed on the potential impact on future revenue of impairments and the current economic downturn.</p>		
<b>MC 09/31</b>	<p><b>KINGS HEALTH PARTNERS STRATEGY</b></p> <p>Prof Robert Lechler, Executive Director of Kings Health Partners, made a presentation to the meeting and received feedback about the strategy. A number of comments related to the development of Clinical Academic Groups (CAGs) and in particular the importance of retaining a local focus to services whilst improving care pathways.</p> <p>It was noted that the two most recent Annual Public Meetings of the Trust had focused on national developments in services for the elderly (2008) and addiction services (2009) with themes which are fundamental to the concept of an AHSC. The theme in 2009 was “Bringing Ideas to Life”.</p> <p><b>AGREED:</b></p> <p>The SLaM Members’ Council should respond supporting the five propositions listed in the KHP consultation:</p> <ul style="list-style-type: none"> <li>• Decreasing translational research times</li> <li>• Creating clinical care that addresses the whole person</li> <li>• Shifting the balance of care</li> <li>• Improving public health and wellbeing</li> <li>• Developing the workforce to transform healthcare</li> </ul> <p>These propositions were consistent with plans and developments which had been implemented within local and national mental health services over recent years.</p>		

PNJM / CMS September 2009

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## MEMBERS' COUNCIL WORKPLAN 2010 (DRAFT)

## Appendix

Task	Breakdown	Who	When	Progress
1. Develop deeper links with service user and carer groups.	Re-establish group to give this further consideration.  Report back to March meeting with proposals.	P Mitchell	Feb 10  Mar 10	
2. Increase engagement with the wider membership.	Develop programme for establishing links with: <ul style="list-style-type: none"> <li>• TWIG</li> <li>• Local churches – especially BME</li> <li>• Voluntary sector</li> <li>• Social enterprises</li> </ul> Communicate role of the Members Council.	P Mitchell  MC / Comms	Mar 10	
3. Run an election to fill vacancies on the Member' Council in 2010.	Agree date for elections.  Set up one off meeting to agree on means of raising awareness of the process and developing interest.  Communicate result of elections.  Carry out induction programme.	Members Council  P Mitchell  P Mitchell  P Mitchell	Dec 09  Jan 10	
4. Streamline notice of meetings.	Review current arrangements and report back.  Keep under review.	P Mitchell  Members' Council	Mar 10	

<p>5. Work to improve the service user and carer experience.</p>	<p>Establish group to further consideration.</p> <ul style="list-style-type: none"> <li>• Effects of drugs on nutrition</li> <li>• Sense of what different treatment options are available</li> <li>• Encourage physical health checks</li> <li>• Improve the overall service user / carer experience</li> <li>• Link to the integration of personalisation as part of the care pathway</li> </ul>	<p>P Mitchell</p>	<p>Feb 10</p>	
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**Attachment B**

**MEMBERS' COUNCIL – SUMMARY REPORT**

**Date of meeting:** 10<sup>th</sup> December 2009

**Name of Report:** Minutes of the joint meeting held on  
27<sup>th</sup> November 2009

**Author:** Paul Mitchell, Trust Secretary

**Presented by:** Madeliene Long, Chair

**Purpose of the report:**

To agree the minutes and to agree the workplan produced following the meeting.

**MINUTES OF THE JOINT BOARD AND MEMBERS' COUNCIL MEETING  
HELD ON FRIDAY 27<sup>th</sup> NOVEMBER 2009  
AT THE LONDON MARRIOTT COUNTY HALL**

<b>PRESENT</b>		
<b>Chair</b>	Madeleine Long	
<b>Members Council</b>	Michelle Baharier	Public - local
	Stephanie Correia	Public - local
	Polly de Blank	Service User - local
	Les Elliot	Service User - local
	Stephen Hill	Public - national
	Simon Hoar	Croydon BC
	Jaya Kathrecha	Carer
	Francis Keaney	Staff
	Layla McCay	Staff
	Dele Olajide	Staff
	Jan Oliver	Guys & St Thomas NHS FT
	Roger Oliver	Carer
	Noel Urwin	Public - local
<b>Board of Directors</b>	Martin Baggaley	Medical Director
	Stuart Bell	Chief Executive
	Charles Bland	Non Executive Director
	Chris Clare	Non Executive Director
	Patricia Connell-Julien	Non Executive Director
	Harriet Hall	Non Executive Director
	Gus Heafield	Director of Finance and Corporate Governance
	Zoe Reed	Director Strategy and Business Development
<b>IN ATTENDANCE</b>	Paul Mitchell	Trust Secretary
	Carol Stevenson	Membership Officer
<b>APOLOGIES</b>	Lorna Campbell	Lambeth BC
	Robert Coomber	Non Executive Director
	Sophie Corlett	MIND
	Andrew Eyres	Lambeth PCT
	Kumar Jacob	Non Executive Director
	Hilary McCallion	Director of Nursing and Education
	Magda Moorey	Lewisham PCT
	Crada Onuegbu	Lewisham BC
	Paul Paterson	Service User - local
	Eric Taylor	Non Executive Director
	Gill Todd	Staff

Ref	Issue	Who	When
<b>MC/ BOD/ 01</b>	<b>INTRODUCTION</b>  Thanked Members' Council Financial constraints Big year – forming KHP Future – uncertainties mean opportunities		
<b>MC/ BOD/ 02</b>	<b>MEMBERS' COUNCIL REVIEW</b>  Paul Mitchell presented a summary of Members' Council activity in 2009.  Elections and appointments: <ul style="list-style-type: none"> <li>• Appointment of a Non Executive Director</li> <li>• Re-appointment of two Non Executive Directors</li> <li>• Appointment of external auditors</li> <li>• Involvement in the process for the appraisal of the Chair</li> <li>• Elections to vacancies</li> </ul> Planning and compliance: <ul style="list-style-type: none"> <li>• Members Council input to Trust Annual Plan</li> <li>• Commentary on the Trust SfBH declaration</li> <li>• Response to the KHP strategy</li> </ul> Public discussion at Members' Council meetings: <ul style="list-style-type: none"> <li>• Recovery model (discussion led by Tom Craig, Consultant Psychiatrist)</li> <li>• Academic Health Sciences Centre (discussion led by Martin Baggaley, Medical Director)</li> <li>• KHP strategy (presentation from Robert Lechler, Executive Director of KHP)</li> </ul> Bids programme: <ul style="list-style-type: none"> <li>• Review of previous year</li> <li>• Refinement of programme for 2009</li> <li>• Establishment of an assessment day for detailed consideration of the bids</li> <li>• Presentations to "Communities of Influence" and "Governance in Challenging Times" conferences</li> <li>• Initial planning of an event for 2010</li> </ul>		
<b>MC/ BOD/ 03</b>	<b>BOARD OF DIRECTORS' REVIEW</b>  Stuart Bell presented a summary of issues considered by the Board of Directors in 2009.  Quality: <ul style="list-style-type: none"> <li>• Regular reports on privacy and dignity issues</li> </ul>		

	<ul style="list-style-type: none"> <li>• Regular reports on cleanliness</li> <li>• Monthly report on Infection Control</li> <li>• Safeguarding children, specifically agreement of a Trust declaration</li> <li>• SfBH update and consideration of the final declaration</li> <li>• Consideration of the Mid Staffordshire report and any lessons relevant to SLaM</li> </ul> <p>Strategy:</p> <ul style="list-style-type: none"> <li>• Development and accreditation of the Academic Health Sciences Centre. Specific activity relating to the development of a Partnership Agreement, CAGs development and consideration of the KHP strategy</li> <li>• Financial forecasting and downside scenario planning</li> <li>• Consideration of the strategic risks facing the organisation as part of the production of the annual plan</li> <li>• Carbon management plan</li> </ul> <p>Performance:</p> <ul style="list-style-type: none"> <li>• Monthly finance reports</li> <li>• Key Performance Indicators</li> <li>• Education and Training report</li> <li>• Equality and Diversity report</li> <li>• Mental Health Act report</li> <li>• Emergency Preparedness report with specific consideration of pandemic flu preparation</li> </ul> <p>Governance:</p> <ul style="list-style-type: none"> <li>• Chief Executive's report</li> <li>• Members' Council update</li> <li>• KHP update</li> <li>• Caldicott report</li> <li>• Board Committees review</li> </ul> <p><b>Discussion</b></p> <p>The Trust should seek greater service user engagement with CAGs. Terminology relating to CAGs and care pathways required further consideration. Governance arrangements for CAGs need explaining. There is a role for staff in communicating the benefits of membership of the Trust.</p>		
<p><b>MC/ BOD/ 04</b></p>	<p><b>TABLE EXERCISE: WHAT WENT WELL IN THE PAST YEAR</b></p> <ul style="list-style-type: none"> <li>• Relationship with Board members <ul style="list-style-type: none"> <li>○ Directors listen to the MC</li> <li>○ Questions are dealt with well</li> </ul> </li> <li>• Bids Programme</li> <li>• Appointment of the external auditors</li> </ul>		

	<ul style="list-style-type: none"> <li>• Establishment of an agenda planning group</li> <li>• Nominations Committee appointment of Non Executive Directors</li> <li>• Learning for the Members' Council</li> <li>• Wellbeing and Social inclusion</li> <li>• Engagement in events</li> </ul>		
<b>MC/ BOD/ 05</b>	<p><b>TABLE EXERCISE: WHAT NEEDS IMPROVING</b></p> <ul style="list-style-type: none"> <li>• Better notice of meetings</li> <li>• Increase membership of service users and carers, specifically by developing links with: <ul style="list-style-type: none"> <li>○ TWIG</li> <li>○ Local churches – especially BME</li> <li>○ Voluntary sector</li> </ul> </li> <li>• Attendance of Members' Council at events</li> <li>• Development of links with social enterprises</li> <li>• Communication of the role of of the Members' Council</li> <li>• Personalisation as part of the care pathway</li> <li>• Engaging the wider membership</li> </ul>		
<b>MC/ BOD/ 06</b>	<p><b>TABLE EXERCISE: PRIORITIES FOR NEXT YEAR</b></p> <ul style="list-style-type: none"> <li>• Effects of drugs on nutrition</li> <li>• Sense of what different treatment options are available</li> <li>• Encourage physical health checks</li> <li>• Improve service user / carer experience <ul style="list-style-type: none"> <li>○ All areas</li> <li>○ Establish a group to take forward</li> <li>○ Also need to work with staff</li> </ul> </li> </ul>		
<b>MC/ BOD/ 07</b>	<p><b>SUMMARY</b></p> <p>Madeleine Long thanked everyone for attending. She explained that the comments will be pulled together into a work programme for approval by the Members' Council.</p>		

CMS / PNJM / November 2009

**MEMBERS' COUNCIL – SUMMARY REPORT**

**Date of meeting:** 10<sup>th</sup> December 2009

**Name of Report:** Members' Council bids programme update

**Author:** Noel Urwin and David Blazey

**Presented by:** Noel Urwin and David Blazey

**Purpose of the report:**

- To update the Members' Council on progress with the bids programme 2009.
- To note the themes identified in the 2009 programme and to forward them to the Trust Executive for consideration as part of the annual planning process.
- To agree to hold an event in 2010

# Make Me Smile 2009

## Analysis of Project Themes

Forty-eight projects were awarded funding of up to £750. The following analysis examines a number of themes running through the proposals.

### **Physical Activity**

Fourteen projects include participation in physical activity as a significant element, either as a main focus or as part of a wider set of activities.

Stand-alone projects include swimming lessons for parents, dance (including Salsa), "fitness in the park" classes and "laughter yoga" workshops. A project involving facilitated belly dancing classes aims to become self-sustaining by developing skills among participants to enable them to continue the classes without a teacher after the end of the funding period.

An element of peer support is included in a project in which service users with appropriate skills will empower, motivate and encourage other service users to participate in sports and leisure activities and make use of community facilities. This approach is echoed in a project in which accomplished service-user sailors wish to become volunteers so that they can help others learn to sail. To achieve this, they will undertake training for a nationally recognised day skipper qualification.

More wide-ranging projects include one involving walks that will take service users to green spaces and cultural centres and one in which women service users will plan their own programme of varied activities including visiting the cinema, tenpin bowling, picnics in local parks, using a snooker/pool club, visiting museums, the Sanctuary Club, playing Bingo and playing board games.

Several projects have sought funding to support physical activity in less direct ways. One project will bring about physical improvements to the yard at a clinic by involving service users in a gardening club, so that the yard can become a place for clients and staff to enjoy and relax in. Another aims to renovate some garden space with sports equipment for clients to use during coffee mornings and another to buy equipment to promote physical activities on an acute admissions ward.

Indirect promotion of physical activity will be achieved in a project intending to buy football kit and equipment for a newly formed team. "This will encourage more service users to join the team and promote physical fitness and social inclusion leading to improved mental well-being." Similarly, another project aims to use their funding to pay fares for non-freedom pass holders so they

can attend mental health sports and recreation events currently being offered by their local Mental Health and Disabled People's Action group.

### **Arts and Culture Participation**

Ten projects include elements of service-user participation in arts and cultural activity. These include a series of patient days celebrating culture and diversity on the ward using food, music and entertainment; a Friendship Club introducing German food, culture and language; and community singing workshops in a supportive environment “where people could take their first steps into freeing their singing voices and connecting with others through song”. A project for children will provide social inclusion activities, including art workshops followed by a series of art sessions on the ward to create work in response to what they have experienced on visits to exhibitions and the theatre.

A series of creative arts workshops in which people will make their own affirmation collage will also provide space for discussion about how participants can take care of their emotional and mental health and “hold onto the positives when the going gets tough”.

A group of service users will create a 'calendar book' for SLaM, illustrating the interaction between the environment, physical wellbeing and mental health.

Three projects involve creation and/or performance. A series of three concerts for patients (one in each of three hospitals) will provide the recipients with the opportunity of being involved in a professionally performed musical experience. They will be invited to experiment with musical instruments, join in singing and dancing and to request music of their choice, “all providing a welcome distraction from their illness and helping to improve their quality of life”.

A group of young service users will collaborate to make a record which will be promoted via a website and be free to download. “We'd be talking/singing/ rapping about issues that affect us, expressing our views about life and experiences of mental health.”

A group of service users plan to produce, perform and facilitate an awareness raising event, to be used as a training tool for workers in mental health services in the form of a collaboratively-devised play based on real life experiences. “This grass-roots theatre play explores the way our society as we know it, responds to mental distress.”

### **Arts and Culture Consumption**

Nine projects include non-participatory engagement with arts and culture. The majority of these overlap with other areas of interest – for example where there are multiple activities within a project or where there are both

participatory and non-participatory components within the same project. Several projects in this category have been included under the heading above.

Single focus projects include visits to the cinema and theatre, and a “cinematherapy” group. In one project an extension of the theatre visit idea includes an excursion to Stratford upon Avon and a second group will visit an exhibition in another city.

### **Outings, day trips and short breaks**

The seven projects in this category include pure leisure activities for groups of friends – such as a day trip to Alton Towers and week-long breaks at Butlins and CenterParcs. One project will allow a group of women to visit a health spa and have a meal together. The other projects, all referred to above, consist of less ambitious outings aimed at accessing local places of interest, exhibitions or performances.

### **Therapeutic activities including complementary/alternative therapies**

Seven projects provide access to activities that may be described as complementary therapies. In one project, a facility will be provided in a primary school for parents to work in groups and support each other in relation to parenting difficulties. In another, a salon owner will provide free beauty and complementary therapy sessions to service users. Another project will provide complementary therapy sessions for women in-patients, and a well-being drop-in group will run a series of workshops consisting of “ways into relaxation and stress reduction”. One unusual project will provide “laughter workshops” for service users and another, linking with physical activity, will deliver “laughter yoga”.

### **Food**

Six projects include elements associated with preparation and/or sharing food. Several of these have been referred to above.

Projects that have food as their main focus include a Black Users Forum organising an evening out to an Afro-Caribbean restaurant; a “Fit as a Fiddle” group targeted at service users over 50, looking at healthy living and healthy eating using nutritious cheap meals that can be made quickly and simply at home; and a “cook and taste group” providing an opportunity for people to cook and sample healthy food in a social setting, which aims to become self-sustaining by recruiting volunteer cook and taste leaders to enable the group to continue.

## **Peer Support/Service users as trainers**

Five projects include elements of peer support in which people with lived experience of mental health difficulties provide support to others who are at an earlier stage of their recovery journey. Several of these projects have been mentioned above where they include other activities. For example, while the Black Users Forum will promote the social inclusion of its members by visiting an afro-Caribbean restaurant, its main aim is for members to be mutually supportive and able to discuss issues relating to their race, culture and experience of the mental health system. Similarly, the exercise scheme run by service users will enable them to support and encourage others to access and participate in mainstream community leisure activities.

Five young service users who have completed an accredited course in Effective Listening Skills at a drop-in centre will become facilitators and form part of the training team at the centre. "Our vision is to offer the course to all members of the wider community who wish to improve their skills and quality of life."

Peer support is also provided in the Arts and Culture Participation project (referred to above) in which creative arts workshops provide space for discussion about how people take care of their emotional and mental health.

In an eating disorders service, service users and carers who attend its support group have asked to meet with ex-patients who have recovered to inspire and encourage them and give them hope for recovery. "Meeting people who have recovered provides carers with encouragement to keep going in their supportive role."

## **Improvements to clinical environments**

Four projects aim to make improvements to the physical environment in clinical settings and thereby improve the patient experience. One involves the purchase and installation of a fish tank in a lounge, and another redecoration of a waiting room and purchase of new pictures.

The other two projects, both referred to above, include in one case service-user participation through the formation of a gardening group to improve a yard so that it can become a usable social space, and in the other renovation of garden space with the installation of sports equipment for clients to use.

## **Equipment and materials to enhance therapeutic activities**

Three projects wish to buy equipment and materials to improve the patient experience: one will buy subscriptions to newspapers and magazines and another books, games and other materials. The third project, referred to above, will purchase football kit and equipment to encourage more people to participate in the activity.

## **Activities to reduce stigma**

Two projects are designed primarily to tackle stigma and discrimination. One will organise a 'Hear Us' day to which staff and members of the public are invited to listen to users, and another (referred to above) will consist of a play and workshop devised by service users.

## **General (unspecified) activities**

One project will provide young people with activities while they are on the unit. These will be especially useful during school holiday periods, evenings and weekends.

## **What makes people smile and what does this mean for services?**

The projects show a strong pre-occupation with participatory and social activity, particularly where it involves physical exercise and/or active involvement in creativity. Even where projects appear on the surface to be relatively passive (for example theatre, cinema and gallery visits), they all involve the further active element of “going on an outing” with other people, so that participants may share their appreciation or criticism of the things they go to see – and in several instances have the additional opportunity to share a meal.

There is a high level of interest in complementary therapies that promote relaxation, stress reduction and positive body image. Similarly, activities such as day trips and short breaks that briefly take people away from their usual surroundings are seen as re-invigorating opportunities.

There is a very strong thread of peer support running through the projects. Service users place a high value on learning and deriving hope from those who have had similar experiences to their own and who have developed sufficient resilience and confidence to share their positive skills and enthusiasms with those who are still struggling.

There appears to be a similarly high value placed on activities that relate to particular cultures, or that are gender-specific, and gain strength from common bonds within the groups concerned.

There is a generally strong emphasis on activity that takes place away from clinical settings, demonstrating determination amongst applicants to recover their ordinary lives and to participate in activities that move them away from a pre-occupation with illness into social situations where they are in the mainstream but can nevertheless maintain a lifeline of (ideally peer) support at levels appropriate to their needs.

## **BIDS PROGRAMME 2010**

### **PROPOSAL FOR PUBLIC EVENT**

#### **Note from Bids Steering Group**

#### **Background**

- A principal aim of the Bids Programme is to encourage Trust Members to put forward 'seed-corn' bids which fall within SLaM's strategic aims. These are to improve patient experience; to promote mental well-being; and to develop social inclusion.
- Successful bids provide valuable feed-back to SLaM. They illuminate the pathways, within the three objectives above, which are important to Trust Members themselves.

#### **Planning the 2010 Programme**

- The response to the 2008 and 2009 programmes has been encouraging. Over 80 awards have been made. We should draw as much as possible on this experience in designing the 2010 programme.
- Two main lessons have emerged. First, successful bids have often benefited from support from SLaM staff and other mentors. This support has helped for instance to clarify the Programme's rules, where sometimes Steering Group members themselves have been able to assist, and on that basis to think through the bid very thoroughly. Second, most unsuccessful bids have lacked that type of support, largely it is felt because despite considerable publicity they did not seek assistance. It is clear that broader channels of communication are needed.

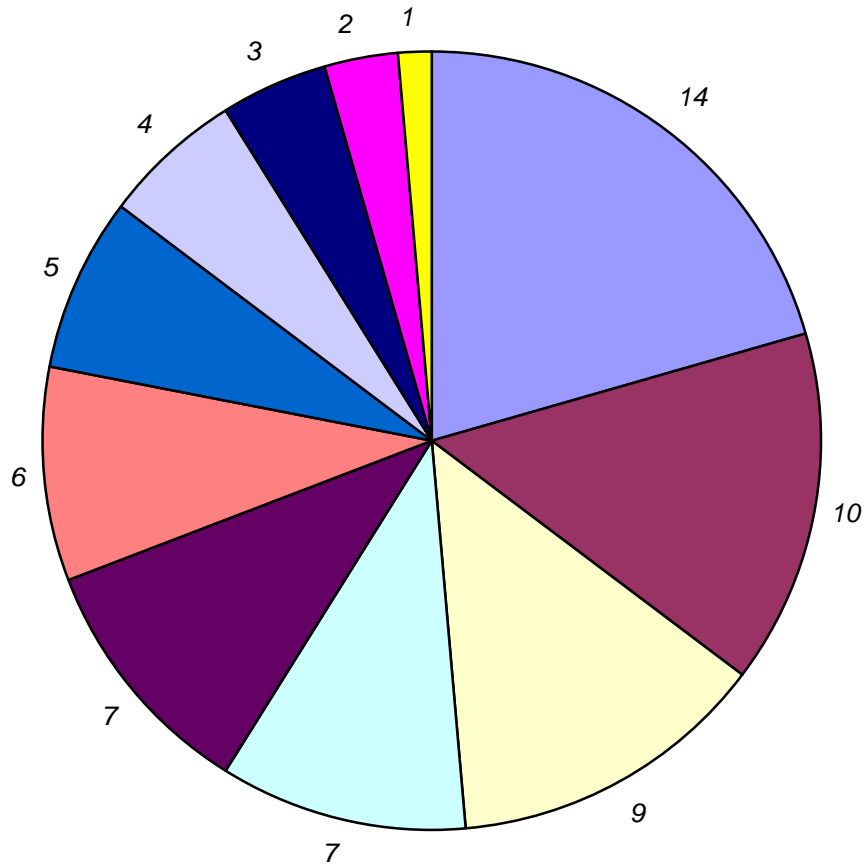
#### **Proposal**

- Prior to designing the 2010 scheme in detail, the Steering Group propose that a Public Event should be held, early in March 2010.
- The purpose of the event would be to draw as widely as possible on the experience of all who contributed to the 08 and 09 programmes, and to hear their ideas for the future. It would also enable the Trust visibly to thank all concerned for their efforts.
- Invitations to the Event would therefore include all Trust Members who expressed an interest but did not bid; successful bidders; unsuccessful bidders; mentors and supporters of bidders, including representatives of the service management teams involved; the SLaM Trust Board and all Members Council members.
- A draft programme for the Event is attached, which the MC are asked to support.

#### **Bids Steering Group membership.**

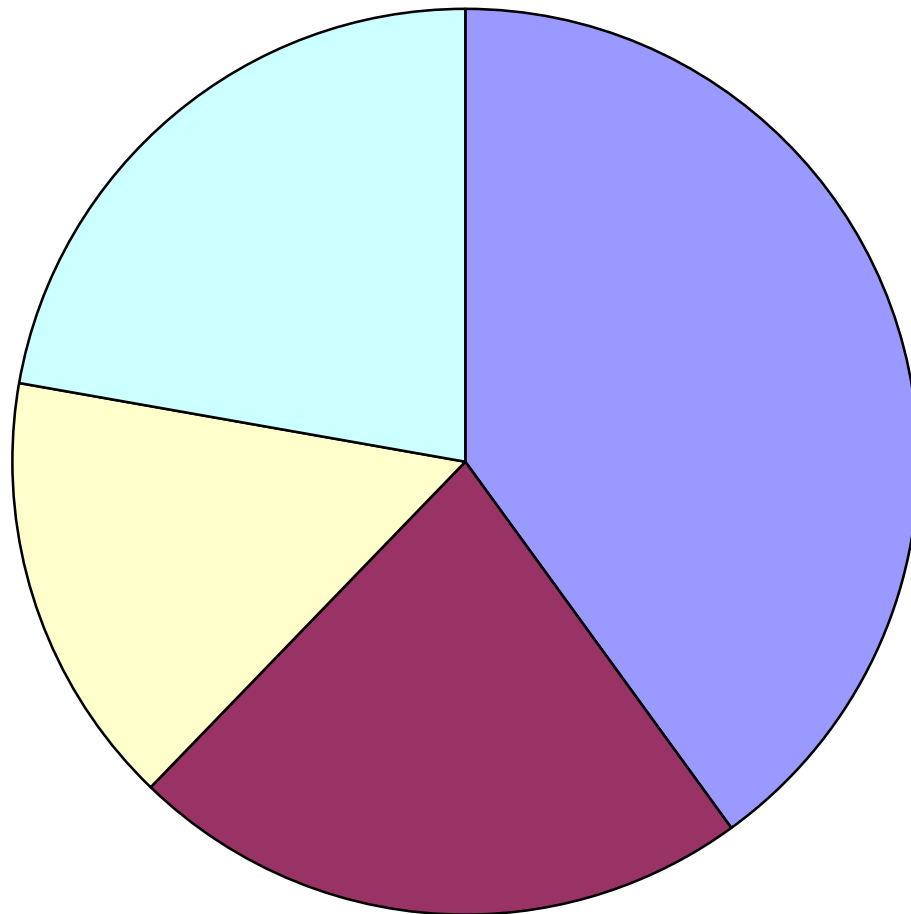
Les Elliot (User); Gill Todd (Staff); Magda Moorey (Stakeholder/Lewisham PCT); Noel Urwin (Public); Paula Crook (User, to September 09); Paul Mitchell (Trust Secretary).  
Plus Gabrielle Richards and David Blazey from SLaM's Social Inclusion, Rehabilitation, and Recovery team; and Carol Stevenson, Trust Membership Officer.

### Make Me Smile 2009: Project Themes



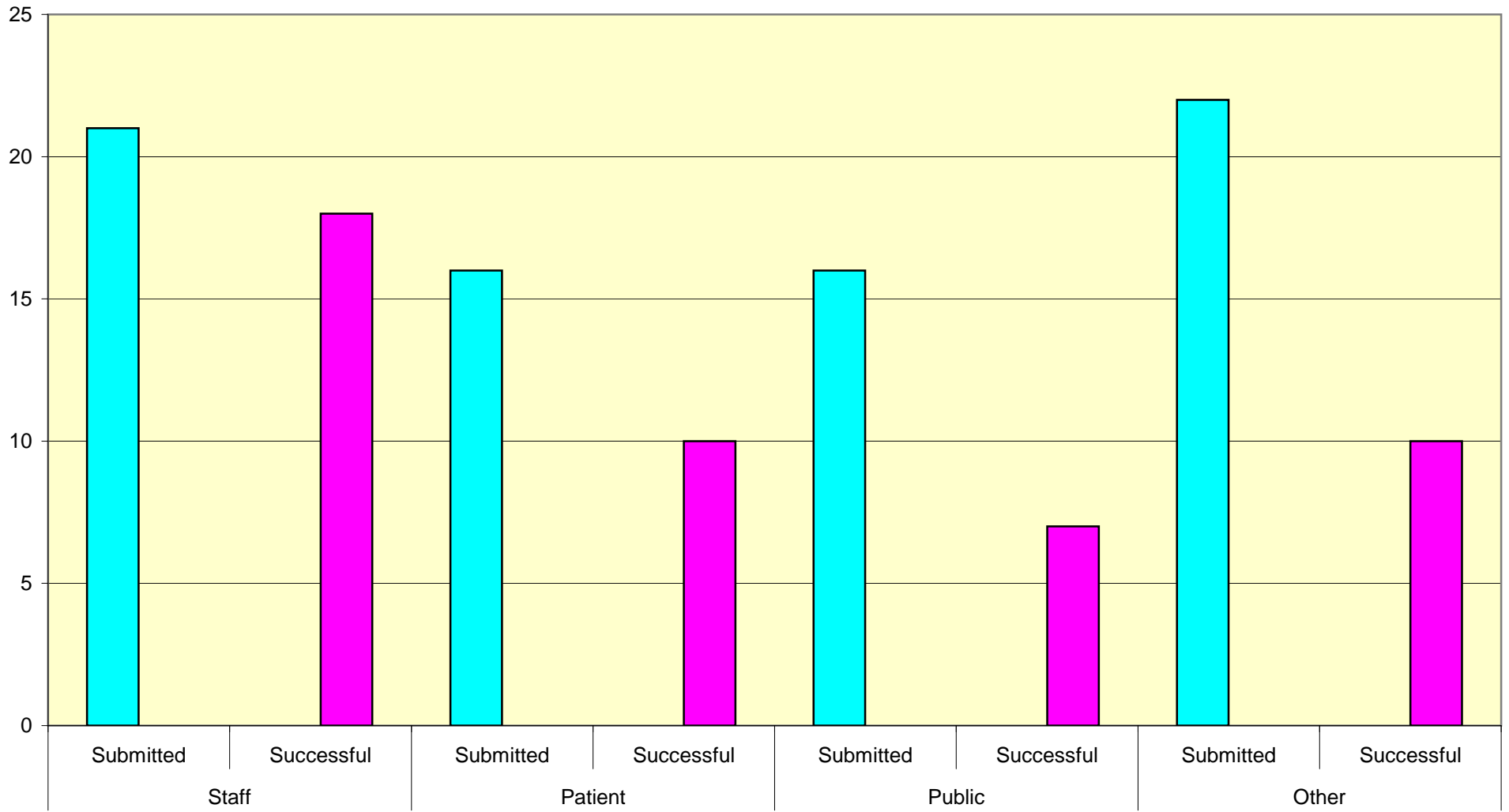
- Physical Activity
- Arts and Culture Participation
- Arts and Culture Consumption
- Outings, day trips and short breaks
- Therapeutic activities including complementary/alternative therapies
- Food
- Peer Support/Service users as trainers
- Improvements to clinical environments
- Equipment and materials to enhance therapeutic activities
- Activities to reduce stigma
- General (unspecified) activities

### Constituency of Successful Bids



- Staff
- Patient
- Public
- Other

**Success Rate by Constituency**



**MEMBERS' COUNCIL – SUMMARY REPORT**

**Date of meeting:** 10<sup>th</sup> December 2009  
**Name of Report:** Chief Executive's report  
**Author:** Paul Mitchell  
**Presented by:** Stuart Bell

**Purpose of the report:**

To update the Members' Council on:

- Trust issues
- National issues

# Chief Executive's Report

December 2009

## 1. Trust issues

### Annual Health Check 2008/09

The 2008/09 Annual Health Check has found the Trust's quality of services to be 'good', and our quality of financial management (use of resources) to be 'excellent'. The available ratings are excellent, good, fair, or weak. Last year the Trust scored excellent in both categories. The Care Quality Commission's (CQC) report will be launched on its website on Thursday 15 October.

There were three areas that pulled the Trust's score from excellent to good. These were:

- **Learning Difficulties access to services.** SLaM failed this indicator (a loss of 3 points) and therefore could not achieve a rating of excellent. There are 12 key requirements for access to and provision of services, deriving from the Green Light Toolkit developed by CQC's predecessor, the Health Care Commission. In a self-assessment the Trust scored itself amber overall (representing amber in 11 areas and red in one).

Action plans on addressing this in all four boroughs were presented to the Executive in September and work is underway to meet the key requirements in each area. An update on progress achieved is to be presented to the Board before the end of the year.

- **Experience of patients.** The Trust was rated as below average (a loss of one point). Across the four categories identified from the last inpatient survey, SLaM scored below the national average, although in London SLaM was the second highest performing mental health trust, reflecting the complex and diverse inner city population we serve.

Extensive work on measuring and improving the patient experience is taking place, through the development of new information systems such as PEDIC (Patient Experience Data Intelligence Centre) and the work of the Patient Experience Group, chaired by the Medical Director, which reported to the Board in July.

- **Mental Health Minimum Data Set (MHMDS).** 'Completeness of MHMDS'. The Trust apparently underachieved on this measure (a loss of one point) despite a score of 98.45% against a national average of 98.29%. 'Patterns of care from the MHMDS' (refers to recording a care coordinator's profession). The Trust apparently achieved this indicator despite a score of 84.8% against a national average of 90.73%.

It is possible the two items have been confused and clarification on this is being sought. However, this would not change the Trust rating of 'good' quality of services. When we have clarification from CQC about this, we will determine what action will need to be taken to improve the position.

### **Trust conference 2009**

The annual Trust conference was held on Monday, 16<sup>th</sup> November and the theme centred around 'Quality, Innovation, Productivity and Prevention'. I opened the day which featured a keynote speaker, Charles Gray, Sales Director from Unipart Group Ltd. There was a full and exciting programme with an ample opportunity throughout the day for discussion, group table work and networking.

### **Clinical Academic Groups (CAGs) development**

Further to the King's Health Partners strategy consultation process, we have begun the planning phase associated with the development of our CAGs. We have invited staff to workshops to start this process as a means of seeking ideas about the best way to ensure that the developments build on our existing strong partnerships.

Work has also started on establishing the requirements of the CAGs from the infrastructure departments. More detailed consideration will continue to place at Executive Team meetings in December.

### **Appointments**

I am delighted to report that Mike Denis has been appointed as Director of IT Strategy. Mike will be working closely with colleagues across Kings Health Partners to develop and integrate information technology and innovation within the Trust and across the partner organisations.

I can also report that Jane Sayer, currently Deputy Director of Nursing, will take up post as Programme Director (Nursing Excellence and Magnet Recognition) on 2<sup>nd</sup> January 2010.

Magnet is:

- An internationally recognised system of accreditation of nursing excellence;
- A framework for disseminating excellent nursing practice, developing and recognising quality patient care, leading the way in innovative practice;
- A vehicle that promotes organisational strength in: nursing leadership development, empowerment of nurses at the point of care delivery, the continuous development of nursing and its practice, measurement of performance and outcomes, and developing new knowledge and improvements.

Magnet accredited organisations are increasing in number in the US, and are growing internationally. Visits to Magnet accredited facilities in 2008 and 2009 confirmed that Magnet has a powerful and positive impact on direct care nursing. In a Magnet facility, direct care nurses spend at least 80% of their time working with their patients and families, nurses are actively involved in research activity and implementing research findings, and full employment with capable nursing staff is a given. Patients want to receive treatment and nurses want to work in a Magnet facility.

The process of achieving Magnet recognition is lengthy, complex and challenging. The South London and Maudsley NHS Foundation Trust is aiming to achieve accreditation by 2013, and Trustee funding is supporting a programme of implementation.

Magnet recognition will improve quality of care for our patients, enabling us to measure what we're doing well, where we could improve, and ensuring that we're operating at a 'world-class' level of practice. This will result in focus on quality of care with the development of outcome measures that allow for national and international benchmarking.

## **2. National issues**

### **Health Bill**

The final stages of the health bill have taken place. Baroness Meacher tabled an amendment, with cross party support, to build on the successful amendment in the Commons that gave a private patient income cap of 1.5% to mental health foundation Trusts. Baroness Meacher's amendment widened the minimum level of 1.5% to all Foundation Trusts. This was not successful; however the 1.5% for mental health FTs remains and the Bill received Royal Assent and is now an Act.

### **Anti-psychotic drugs and dementia**

An action plan to tackle the over-prescribing of anti-psychotic drugs to people with dementia has been announced. This responds to an independent review by Professor Sube Banerjee, commissioned by the Department of Health. Professor Banerjee's review shows that too many people with dementia are routinely prescribed anti-psychotic drugs to treat aggression and agitation, contrary to National Institute of Health and Clinical Excellence (NICE) guidance.

### **Promoting mental wellbeing at work, NICE, November 2009**

This NICE guidance is intended to offer employers of all sectors evidence-based advice about what they can do to promote mental wellbeing through 'productive and healthy working conditions.' Such conditions encompass both the emotional and physical aspects of work, including just reward, satisfaction and prospects for development, level of control over work, job stability, as well as noise, dust, and other hazards. According to the guidance employers should: ensure a whole-organisation approach to improving the mental wellbeing of their employees, put systems in place for assessing and monitoring their mental wellbeing and offer and support flexible working where practical.

### **Offender health**

A cross-government action plan to improve the health of offenders in prison and in the community, was launched on 17<sup>th</sup> November by Care Services Minister, Phil Hope. He announced the first comprehensive approach across government to address health inequalities in this vulnerable population.

### **Swine flu**

This week has seen a further small decrease in the numbers of cases of swine flu, however the worrying trend of deaths as a result of swine flu continues and this week has seen the biggest week-on-week increase so far.

The vaccination programme is well underway, with 8 million doses having been distributed across England. There is therefore sufficient stock to vaccinate everyone in the priority groups and GPs are now able to re-order the vaccine, via their PCTs, to continue to deliver the programme.

**Stuart Bell**  
**Chief Executive**  
**December 2009**

**MEMBERS' COUNCIL – SUMMARY REPORT**

**Date of meeting:** 10<sup>th</sup> December 2009

**Name of Report:** Meetings schedule for 2010

**Author:** Paul Mitchell, Trust Secretary

**Presented by:** Paul Mitchell, Trust Secretary

**Purpose of the report:**

To note the dates of the meetings of the Members' Council for 2010 and also to note that the layout for the meetings will change as recently agreed. Alternative venues will be sought.

**SLaM MEMBERS' COUNCIL**

**MEETING SCHEDULE 2010**

<b>Date</b>	<b>Time</b>	<b>Venue</b>
Thursday, 11 <sup>th</sup> March 2009	5.00 pm	TBC
Thursday, 10 <sup>th</sup> June 2009	5.00 pm	TBC
Tuesday, 14 <sup>th</sup> September 2009	3.30 pm	Glaziers Hall
Thursday, 16 <sup>th</sup> December 2009	5.00 pm	TBC