

**A MEETING OF THE MEMBERS' COUNCIL OF
THE SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST
WILL BE HELD ON THURSDAY, 16th DECEMBER 2010 AT 5.00 PM
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. | |
| 3 | To agree the minutes of the Members' Council meeting held on 14 th September 2010 and to note any matters arising from the minutes. | Attachment A |
| 4 | Members' Council bids programme - update on the 2010 programme. | Steering Group |
| 5 | Update from the recently established working groups: <ul style="list-style-type: none">• Annual Plan 2010/11• Quality• Membership development and communications• Audit liaison | Attachment B |
| 6 | Update from the joint meeting with the Governors of Kings Health Partners Trusts | Chair |
| 7 | To receive the report from the Nominations Committee regarding: <ul style="list-style-type: none">a) The re-appointment of the Chairb) The appointment of a Non Executive Director | Attachment C |
| 8 | Update from the joint Board / Members' Council meeting | Chair |
| 9 | Proposal for the role of Vice Chair of the Members' Council. | Chair |
| 10 | Chief Executive's report. | Attachment D |
| 11 | Directors' reports | Verbal |
| 12 | Trust Secretary's report. | Attachment E |

13 Forward planner – items for future meetings:

- Alcohol policy
- Personalisation

14 Any other business.

15 Dates of meetings in 2011:

- Thursday, 10th March 2011 at 5.30 pm
- Thursday, 9th June 2011 at 5.00 pm
- Tuesday, 13th September at 3.30 pm
- Thursday, 15th December at 5.00 pm

Please send apologies to Carol Stevenson telephone 0203 288 2441 or email carol.stevenson@slam.nhs.uk

Attachment A

MEMBERS' COUNCIL – SUMMARY REPORT

Date of meeting: 16th December 2010

Name of Report: Minutes of the meeting held on
14th September 2010

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 14th SEPTEMBER 2010
AT GLAZIERS HALL, LONDON BRIDGE**

PRESENT	Madeliene Long	Chair
Public Constituencies	Michelle Baharier	Public (Local)
	Lynn Carlisle	Public (National)
	Sarah Clark	Service User (Local)
	Stephanie Correia	Public (Local)
	Les Elliot	Service User (Local)
	Stephen Hill	Public (National)
	Jaya Kathrecha	Carer
	John Muldoon	Public (Local)
	Robert Oliver	Carer
	Paul Paterson	Service User (Local)
Staff Constituency	Asanga Fernando	Staff
	Francis Keaney	Staff
	Dele Olajide	Staff
	Christopher Scanlon	Staff
	Gill Todd	Staff
	Noel Urwin	Staff
Partner Organisation	Rachel Heywood	Partner – Lambeth Council
IN ATTENDANCE	Martin Baggaley	Medical Director
	Alison Baker	Member
	Stuart Bell	Chief Executive
	S Bhatia	Member
	Charles Bland	Non Executive Director
	David Blazey	Social Inclusion, Rehabilitation and Recovery Project Manager
	Chris Clare	Non Executive Director
	Patricia Connel-Julien	Non Executive Director
	Robert Coober	Non Executive Director
	Richard Dyer	Member
	Harriet Hall	Non Executive Director
	Jon Hayes	Auditor
	Gus Heafield	Director of Finance
	Paul Jacklin	Auditor
	Kumar Jacob	Non Executive Director
	Shitij Kapur	Non Executive Director
	Jill Lockett	Director of National and Neurodevelopmental Services, and Secure Forensic Services
	Jonathon Mitchell	Member
	Hilary McCallion	Director of Nursing and Education
	Paul Mitchell	Trust Secretary
David Norman	Director of Mental Health of Older Adults	
Angela Paget	Member	

	Zoe Reed	Director of Strategy & Business Development
	Gabrielle Richards	Head of Occupational Therapy
	Carol Stevenson	Membership Officer
	Carly Wilson	Foundation Trust Network
APOLOGIES	Sophie Corlett	MIND
	Polly de Blank	Service User (Local)
	Andrew Eyres	Lambeth PCT
	Caroline Hough	Service User (Local)
	Magda Moorey	Lewisham PCT
	Jan Oliver	Guys and St Thomas's Hospital
	Caroline Taylor	Croydon PCT

Ref	Issue	Who	When
MC 10/29	DECLARATIONS OF INTEREST Standing declarations of interest were taken.		
MC 10/30	MINUTES OF PREVIOUS MEETING - MEMBERS' COUNCIL The minutes of the meeting held on 10 th June 2010 were AGREED as an accurate record. Matters Arising 10/16 Lead member Noel Urwin was congratulated on his appointment. 10/17 Joint Governors meeting The next meeting will be on 11 th November 2010 and will be hosted by SLAM. 10/24 Trust Secretary's report There is a vacancy on the Nominations Committee for a stakeholder member. Expressions of interest to be sent to Paul Mitchell who will arrange for an election to take place.		
MC 10/31	RE-APPOINTMENT OF NON EXECUTIVE DIRECTOR Following Prof Eric Taylor's retirement, the Members' Council AGREED to accept the Nomination Committee's recommendation to appoint Prof Shitij Kapur as a Non Executive Director of the Trust.		

MC 10/32	BIDS PROGRAMME Noel Urwin updated on the 2010 programme. The New Economics Foundation (NEF) report on the 2008 and 2009 programmes was tabled. It was noted that the 2010 bids programme will be called "Make Me Smile Again".		
MC 10/33	ANNUAL PLAN WORKING GROUP Zoe Reed reported on the timetable for the production of the Annual Plan 2011/12. A schedule will be produced so as to optimise the involvement of the Members' Council in the process.	PM	
MC 10/34	QUALITY WORKING GROUP Steve Hill reported on the first meeting of the Quality Group. Key items discussed were the role of the group and the draft Quality report. The next meeting will be on 29 th September 2010.		
MC 10/35	MEMBERSHIP DEVELOPMENT AND COMMUNICATIONS WORKING GROUP Paul Mitchell reported on the meeting of the Membership Development and Communications Group. Key issues discussed were: <ul style="list-style-type: none"> • Attendance at the Lambeth Fair where the team had signed up over 100 members. The Trust should aim to have a presence at similar events in 2011. • Development of new membership materials. • Strategic targets for membership. 		
MC 10/36	AUDIT LIAISON GROUP Gus Heafield introduced the draft Annual Audit Letter. This year it included the quality accounts. John Hayes (external auditor) confirmed that the audit concluded that there were not any areas of concern.		
MC 10/37	CHIEF EXECUTIVE'S REPORT Stuart Bell Introduced his report and highlighted : <ul style="list-style-type: none"> • Monitor feedback – in Q1 SLAM was rated green for governance and level 4 (of 5) for finance. • Patient Survey – improved results from the community survey. 		

MC 10/38	TRUST SECRETARY'S REPORT Paul Mitchell presented his report and highlighted: <ul style="list-style-type: none"> • Changes to the Members' Council • Election of the Lead member • Membership development issues 		
MC 10/39	WHITE PAPER ON HEALTH Stuart Bell introduced the discussion on the DH White Paper. Four discussion groups then considered: <ul style="list-style-type: none"> • GP engagement • Taking issues forwards in SLaM FT • Social Enterprises • Choice See appendix for copies of the feedback.		
MC 10/40	FORWARD PLANNER <ul style="list-style-type: none"> • Alcohol policy • Budget Constraints 		
MC 10/41	ANY OTHER BUSINESS None		
MC 10/42	NEXT MEETING Thursday 16 th December in the Lecture Hall, Southwark Training Centre, Maudsley at 5pm. Subsequently moved to the Maudsley Board room.		

Z:\Members' Council\Meetings\

CMS/PNJM September 2010

GP ENGAGEMENT – FEEDBACK

- How does SLaM relate to Primary Care?
- What are the users' experience of GPs?
- How are users identified and treated before they get to SLaM?

- Problems of engagement with mental health. CMHTs were intended to increase engagement with limited success.
- Practices' Patient Consultative Groups to be involved in commissioning services.
- Mental health is difficult for GPs to commission.
- Mental health suffers when times get tough.
- Need for accurate GP mental health lists
 - In Croydon mental health patients are described as '1% of population' i.e. 3500 patients including elderly.
 - SLaM has 4000 users in secondary care in Croydon.
- GPs complain of difficulty accessing MH services
 - Want access to psychiatrist by phone
 - In Canada having a psychiatrist making regular visits to the practise is very popular.
 - Access to MH nurse and psychiatrist via A&E.
- Care pathways

- Health Select Committee in Lewisham has been engaging GPs with the scrutiny committee.
 - GPs on LINK
 - Trust should support GPs in transition because they will have to do it.
- Boroughs to share ideas to develop strategy.

- 170 PCTs will be replaced by about 500 GP groups – so need for national standards.
- GPs will group together
 - Croydon may form 3 groups
 - Lewisham possibly 4 groups
- Need one key player in each practise.

- SLaM to take lead on national (and local) standards.
 - Historically SLaM has been a national standard-setter.
- SLaM to lead on developing information for GPs
 - Balance of acute v mental health
 - How to commission mental health.

- SLaM needs to be aware of the risk of competition from private contractors who may under-cut on price.

TAKING ISSUES FORWARDS IN SLaM FT – FEEDBACK

- Accessibility.
- Inequalities in access to care.
- Control of bureaucracy.
- Expressing views – fight ways through system.
- What about giving GPs control
 - Gatekeepers?
 - Quality of care especially elderly
 - Can SLaM ensure the best system for mental health access?
- Care pathways
 - Accessibility
 - Speed
 - How do we access carers and users views to improve services?
- Lack of clarity in practice
- Medical skills in a management way
- The permeable pathway
 - Needs to be more flexible
 - Easy in – easy out
 - Voluntary sector
 - Transition
 - Physical care
 - Relationship issues.
- Tackling inequalities in access to care.

SOCIAL ENTERPRISES – FEEDBACK

- SLaM to become one.
- GP commissioning bodies.
- Devolve into Social Enterprises
 - Addictions
 - Eating disorders
- Co-operative council / borough
 - Local archives
 - Industrial Provident Company
 - Food waste
 - Housing co-operative
- Problems in set up for small organisations – specialist professional support.
- Pension provision.
- Who wants it – staff / service users?
- Potential distraction in challenging times.
- Charity funded schemes / bids be run as Social Enterprises.

Attachment B

MEMBERS' COUNCIL – SUMMARY REPORT

Date of meeting: 16th December 2010

Name of Report: Minutes of the meeting of the Quality Group held on 23rd November 2010

Author: Carol Stevenson, Membership Officer

Presented by: Steve Hill, Chair of the Quality Group

Purpose of the report:

To note the minutes and any matters arising.

**MEMBERS' COUNCIL QUALITY GROUP
HELD ON TUESDAY 23RD NOVEMBER 2010**

PRESENT Cliff Bean
 Sophie Corlett
 Les Elliot
 Steve Hill
 Magda Moorey
 Roger Oliver

APOLOGIES Noel Urwin

IN ATTENDANCE Professor Alastair MacDonald
 Carol Stevenson (minutes)

Ref	Issue	Who	When
	<p>INTRODUCTION</p> <p>Steve Hill introduced Professor Alastair MacDonald and the group introduced themselves.</p>		
	<p>TALK: MEASURING CLINICAL OUTCOMES</p> <p>The Trust Outcomes Team.</p> <ul style="list-style-type: none"> • A small group based in ITC, Bromley. • Has been collecting data since 2006. • Plans for an advisor from each CAG. <p>Data can be collected from various different viewpoints, including patients, clinicians, families, GPs.</p> <ul style="list-style-type: none"> • Currently collecting data from clinicians (RCOM – from HoNoS). • Plan to start collecting patient data (Pseudo-PROMS) next year. • Plan to start collecting family / carer data (PROMS Recovery Model) next year. <p>Results are fed back to clinicians / managers.</p> <ul style="list-style-type: none"> • Currently having problems feeding back as the system cannot cope with clustering. • Will have to give feed back to patients and carers next year. <p>The Dream.</p> <ul style="list-style-type: none"> • Use for individual care. • Use in team reviews – helps pull out important information. • Valuable in identifying changes that happen slowly over a period of months and may be missed on daily contact. 		

<p>DISCUSSION</p> <p>HoNoS used for Payment by Results</p> <ul style="list-style-type: none"> • There were concerns about potential conflict of interests. • Data shows PbR has boosted initial RCOM but not the paired RCOM data collection. • If payment were by outcome there could be serious concerns. • Payment by outcome is not currently planned for Mental Health because of the difficulty of measuring outcomes. • Mental health outcomes cover a very wide range. • Much treatment is provided at GP level so would be hard to get standardise outcome measures. <p>Risk of artificially inflated scores Might clinicians inflate scores to help maintain staffing on their teams, or users do so in the belief that it could help them retain their Disability Living Allowance?</p> <ul style="list-style-type: none"> • A number of analyses have failed to find any evidence of bias. <p>Long term changes An example was given of where the use of videos had helped identify long term change.</p> <ul style="list-style-type: none"> • Service users need to be involved. Seeing their behaviour on video can be a powerful learning tool. <p>CAGS</p> <ul style="list-style-type: none"> • Outcomes can be measured across CAGs and also at Borough level. • Use of monitoring to see if CAGs improve outcomes? • The glitch in the system due to clustering means that there is a problem with the data for seeing differences between services. <p>Does measuring improve overall outcomes?</p> <ul style="list-style-type: none"> • The only country to have long-term data is Australia. • No long term improvement seen. • Australia does not use feedback which may make a difference. <p>Influence of being measured</p> <ul style="list-style-type: none"> • In any service, performance tends to improve while measurements are being taken. • Gains are lost when monitoring stops. • A good team will always try to get the best result. <p>Lack of data</p> <ul style="list-style-type: none"> • No electronic prescribing means there is no data on medicines. • No data on GP prescribing. • High turnover of SHOs in Outpatient clinics means inconsistency and each new SHO goes back to the beginning. • Data poor from outpatients. • SHOs not keen on HoNoS. • Hard to link user to consultant. • Liaison – is not measured. 		
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	<p>Feedback from patients</p> <ul style="list-style-type: none"> • Feedback to clinicians is important. • How effective do patients find it? • Patient satisfaction is a minefield. <ul style="list-style-type: none"> ◦ Harold Shipman's patients were mainly satisfied. • Need to investigate outliers. • Next year patients will have access to part of ePJS and will be able to edit records. • Problems with physical access to ePJS. <p>Trial sites</p> <ul style="list-style-type: none"> • Lewisham Triage and Lloyd Still ward suggested as good places to do a trial. <p>Purchaser perspective</p> <ul style="list-style-type: none"> • Does it work? • How long does it take? • Training takes half a day and each report takes 4 minutes. • Take-up saw a big jump when linked to payment (PbR). 		
	<p>MINUTES OF LAST MEETING</p> <p>These will be reviewed next meeting.</p> <p>Minutes of the current meeting to be circulated.</p> <p>Both sets of minutes to be available for next meeting.</p>	<p>CS</p> <p>CB/CS</p>	<p>Nov</p>
	<p>PARTNERSHIP CONSULTATION EVENTS</p> <p>Cliff has presented a paper to the Board proposing 2 or 3 partnership Consultation Events at the end of January.</p> <ul style="list-style-type: none"> • For Local Authority, Scrutiny Committee, PCT, LINKs, Safeguarding Lead, key GPs. • Quality group invited to attend. 		
	<p>NEXT MEETING</p> <p>The next meeting is planned for February 2011.</p>	<p>ST/CB</p>	

MEMBERS' COUNCIL – SUMMARY REPORT

Date of meeting: 16th December 2010

Name of Report: Report of the Nominations Committee

Author: Nominations Committee

Presented by: Nominations Committee

Purpose of the report:

To receive the report regarding:

1. The re-appointment of the Chair
2. The process for the appointment of a Non Executive Director

South London and Maudsley NHS Foundation Trust

Members' Council – 16th December 2010

Report of the Nominations Committee on:

**1) the re-appointment of the Chair
and**

2) the process for the appointment of a new Non-Executive Director

1. Introduction

In April 2007, the Nominations Committee recommended to the Members' Council that Madeliene Long should be appointed as Chair of the Foundation Trust for a term of four years which continues to the end of October 2011. The Terms of Reference for the Nominations Committee give it the responsibility to:

'receive reports on behalf of the Members' Council on the process and outcome of appraisal for the Chair and Non-Executive Directors' (2.2.3), and,

'make recommendations to the Members' Council concerning the re-appointment of any Non-Executive at the conclusion of their specified terms of office, giving due regard to their performance and ability to continue to contribute to the Board in the light of knowledge, skills and experience required' (2.2.4).

With October 2011 now less than a year away, the Nominations Committee met on 29th November 2010 to conduct its annual review of both the process and the outcome of the arrangements for the Chair's appraisal, and to establish Madeliene's willingness to put herself forward for reappointment for a further term of office. This report sets out the outcome of that process and the Nominations Committee's recommendation for re-appointment. It also sets out the Nominations Committee's recommendation to fill a newly vacant Non-Executive Director post.

2. Process for the re-appointment of the Chair and the Chair's appraisal

The Nominations Committee has met every year since 2007 and considered the outcome of the process for the Chair's appraisal which has been conducted by independent consultants – initially by KPMG, and subsequently by Debbie de Haas from Renew Consulting. This process is both more independent and more robust than the guidance set out in the Monitor Code of Governance. That guidance suggests the Chair's appraisal be conducted by a 'Senior Independent Director' – one of the Non-executive Directors on the Board of Directors. Instead, every year, the Nominations Committee has reviewed performance on the basis of feedback obtained independently from a wide range of stakeholders, including members of the Members' Council itself, Non-Executive and Executive Board Directors and senior figures from other organisations with which the Trust works closely, for example other NHS Foundation Trusts, commissioners, academic partners and the Foundation Trust Network. The individuals consulted are varied from year to year so that a comprehensive and dynamic picture is obtained. The template used to assess performance is a competence framework developed by KPMG, which was scrutinized by the Nominations Committee, and which takes account of the full range of skills required by the Board.

On this occasion, in view of the need to consider the reappointment of the Chair, the report was more comprehensive and thorough in its inclusion of views from a wider range of stakeholders than on any previous occasion. As usual it draws on the a template developed in 2007 by KPMG, against which the individual and collective skills of Board members were assessed on the a template developed in 2007 by KPMG, but on this occasion it also takes specific account of the potential requirements of the Trust over the next few years. It takes account of the changes in the NHS, the advent of King's Health Partners, and the challenging climate for all public services. With Madeliene's agreement, the full report to the Nominations Committee from Renew Consulting, is attached. The author of the report, Debbie de Haas, who conducted the interviews with stakeholders was available at the Nominations Committee to answer questions about the robustness of the process she adopted. The Nominations Committee was satisfied that the process was thorough and robust. It concluded that the Foundation Trust had the benefit of a very able and strong chair who gave clear leadership to the Trust, and was well prepared to address the challenges facing it in the years to come.

The Nominations Committee consulted Madeliene about her preparedness to put herself forward for a further term and is pleased to report that she is willing to be considered for a further term of four years. Attached to this report is a record of the personal statement which Madeliene was asked to give to the meeting setting out her reasons for wishing to serve a further term at South London and Maudsley.

The Nominations Committee also sought the views of the Chief Executive on the Chair's renomination for a further term; he gave his strong personal support for a recommendation for reappointment, and indicated that his view was fully shared by the Trust Board of Directors and Executive.

As a result of this process, the Nominations Committee unanimously recommends the re-appointment of Madeliene Long as the Foundation Trust Chair for a period of four years from 1st November 2011. The Nominations Committee will continue to adopt appropriate arrangements for ensuring robust appraisal processes on an annual basis. All members of the Committee will speak to this report at the Members' Council meeting.

3. Appointment of a new Non-Executive Director

Madeliene Long reported to the Nominations Committee that Professor Chris Clare would not be seeking reappointment at the end of his first term of office at the end of December, for family reasons. The Committee noted his valuable contribution to the work of the Trust, and wished their appreciation to be conveyed to him.

The Nominations Committee recommends to the Members' Council that, after consultation with the Board about the skills required, it commences the process to appoint a replacement Non-Executive Director in the New Year.

Nominations Committee

December 2010

Report to Nominations Committee

Report on the appraisal of the Chair, Madeliene Long

Introduction

Trust Board directors have an annual appraisal with the Chair or Chief Executive to review their performance over the previous year and identify areas for their personal continuous improvement over the coming year.

In the case of the Chair, alternative arrangements are necessary. When SLaM became a Foundation Trust in November 2006, the Chair initiated a rigorous new process for appraisal of her own role by KPMG as part of a wider Board skills analysis. This obtained feedback from a range of internal and external stakeholders specifically in relation to the Chair's role, as the basis for an objective appraisal of performance. This was repeated in 2008 and 2009 by Renew Consulting who undertook similar exercises as part of the Chair's performance appraisal and presented reports to the Nominations Committee on 5 June 2008 and 10 September 2009. This is therefore the fourth year of independently led reporting on the Chair's appraisal to the Nominations Committee.

Methodology

In carrying out the Chair's appraisal this year, I have:

- Reviewed the context within which the Trust has been operating over the last twelve months and the challenges presented, particularly the authorisation of Kings Health Partners (KHP) as an Academic Health Science Centre (AHSC), the global economic recession and the change in government;
- Reviewed Madeliene's personal objectives for the last year and assessed with her the extent to which these have been met;
- Spoken to sixteen people who have worked closely with her over the last year: five members of the Members' Council, three Non-Executive Board Directors, two Executive Board Directors, one member of the administrative support staff, three members of the Kings Health Partnership Board (the Chair, the Executive Director and one other), one clinical academic and the Chief Executive;
- Identified, for discussion with Madeliene, some possible personal objectives for the coming year, based on the evidence collected from all of the above.

Findings

The findings of a performance appraisal review are confidential to the individual concerned and this is no exception.

I can assure the Committee that the Chair continues to perform at a high level both within and outside SLaM. There is clearly widespread esteem and respect for her personally and for SLaM as an organisation. Comments from interviewees included: 'You'd never find anyone better' and 'She's a brilliant chair'. No serious concerns were raised and no one thought she was doing anything other than a good job. Some suggestions were made and these have been discussed with Madeliene as part of her personal appraisal.

Looking forward 12 months

The process of carrying out Madeliene's appraisal this year has been even more thorough than usual in recognition of the fact that this is an important juncture in her term of office.

The Members' Council will need to decide on Madeliene's re-appointment as Chair in October 2011. The process of appointing a new Chair requires a good 6-12 months, both to give the current Chair certainty of her future and to give the Trust sufficient time to review the situation and make appropriate arrangements, particularly as the Members' Council only meets quarterly. It is therefore timely to review the situation now.

In recognition of the role of the Nominations Committee in making recommendations to the Members' Council on Madeliene's re-appointment as Chair in October 2011, this report is also fuller than usual as I have reviewed four criteria that the Committee may wish to consider in making their recommendations. These are:

- Track record;
- Future challenges, the Trust's needs and the ability of a Chair to respond effectively to these;
- The ability of a Chair to respond to change, particularly the unexpected;
- Madeliene Long's willingness to be re-appointed.

I have reviewed all these areas except the last and set out my findings below.

Madeliene's track record as Chair

Under Madeliene's chairmanship, SLaM has gone from strength to strength. Even before her appointment as Chair of the Foundation Trust (FT) in November 2007, Madeliene successfully chaired the merged trust to bring the former organisations together into a single entity. She then successfully steered the organisation through FT authorisation in 2006. In the last two years, Madeliene has been crucial to ensuring that SLaM has been centrally involved in the establishment of the local AHSC (KHP), and indeed chaired their transitional Board for ten months through the critical time leading up to and immediately after authorisation. Since coming to SLaM in 1999, Madeliene has demonstrated that she has the strategic vision, energy and ability to see what is in the best interests of SLaM and to make it happen. She has taken on new challenges as they arose, well outside the 'brief' of Chair as it was at the time. Her main focus has been the long-term viability of SLaM and the achievement of its vision to promote mental well-being and deliver high quality patient outcomes.

Operationally, SLaM has flourished under Madeliene's chairmanship. A high calibre executive director team talk about how they have stayed working at SLaM because of the balance of support and challenge that Madeliene brings to them. Financially SLaM is strong at a time when many other foundation trusts are not. New ways of working designed to achieve a step change in the quality of patient outcomes, the Clinical Academic Groups (CAGs), have been introduced to bring the best of academic research closer to the best of clinical service delivery. Madeliene has also shown concern for the physical environment for staff and patients, as the new entrance at the Maudsley particularly demonstrates. This helps to improve morale as well as the quality of the patient experience.

SLaM's success has attracted stronger Non-Executive Board Directors (NEDs). As one person said, 'This is probably the strongest Board SLaM has ever had'. The Members' Council itself, whilst there is always more that can be done, is seen to be one of the best in the country. One interviewee talked about the 'sophisticated level of debate' which took place in SLaM's Council compared with most others. There is felt to be more opportunity for involvement, more freedom of discussion and greater distinctiveness of role in SLaM's Members' Council than in most others. Madeliene has shared responsibility with others on the Council in such areas as the Agenda Group, who help set the meeting agendas, and the Bid Group who allocate funds to small patient-focused projects across the organisation. She has also facilitated joint meetings between the Board and the Members' Council and between the Members' Council and the equivalent bodies of the other KHP partners. The Members' Council too has flourished under Madeliene's chairmanship.

Madeliene has forged a strong relationship with Stuart Bell, the Chief Executive. Many people have spoken about how unique this partnership is and how beneficial to SLaM internally and externally. Their complementary skills and abilities make them a formidable team for the good of SLaM.

Madeliene's track record for SLaM is very strong.

Future challenges for SLaM – how well is Madeliene placed to address them?

Although SLaM has faced much change over its eleven year history, the next few years are likely to bring considerably more. The proposed restructure of the NHS – 'the biggest change in its history', will present perhaps the most significant challenge over the coming few years. Madeliene's strong local political connections, as well as her work on the national scene (such as her involvement with the Oxford Chairs), makes her well-placed to know about and address these challenges as they arise.

SLaM will need firm financial management to make best use of reducing resources as well as vision to identify and pursue new sources of income. Under Madeliene's chairmanship, SLaM is financially robust and she has already demonstrated the vision that can see and take advantage of new opportunities.

New ways of driving up the quality of the patient experience and especially patient outcomes, as well as encouraging mental well-being more generally are also challenges that SLaM will increasingly face over the next few years. CAGs will be an important way to achieve this and Madeliene has demonstrated her commitment to these as a key way forward through her active involvement with KHP.

SLaM is increasingly looking to strengthen its global reputation as a world-class provider of mental health services. World-class organisations need to be locally responsive as well as world-renowned and Madeliene's particular blend of strategic vision with local knowledge and rootedness is considered by many to be particularly beneficial to SLaM in retaining this balance.

What does Madeliene herself bring to this? Those who work closely with her talk of her vision, intelligence and drive. Her role as local government councillor helps her to understand local people's needs so even when working strategically, she remains connected with local communities. Madeliene is greatly respected for her highly developed interpersonal skills, her political astuteness and her ability to inspire others. She forms strong relationships with a wide variety of people, both within and beyond the organisation. She is described as being inclusive, collaborative and collegiate, someone who listens well and is open to being persuaded. This balance of strategic and local, of vision and inclusivity, of being highly effective and open to others, is rare.

When considering the challenges that face SLaM over the next few years, it is clear that Madeliene has all the necessary skills, energy and relationships to lead SLaM successfully through these.

Madeliene's ability to respond to change, particularly the unexpected

As SLaM embarks on a period of some years of significant opportunity, challenge and change, Members need to consider what the Trust needs from its Chair, and to balance the benefits of continuity and change. The Chair will need to bring new ideas and ensure that the Trust's approach develops in pace with its external context.

The balance between the ability to respond to change, both known and unknown, and the need for continuity to embed recent changes is critical for SLaM at this time. The changes arising out of SLaM's involvement with King's Health Partners AHSC now need to be embedded to ensure they deliver on their potential. SLaM's current strong performance, operationally, financially, reputationally and in terms of fresh growth, also needs to be maintained through the difficult challenges ahead.

It is also important to avoid a situation where unnecessary disruption impacts adversely both internally and for partners. A change in Chair at this time could potentially distract a number of key people, not least the Chief Executive, at a time when a strong focus is going to be required to address the challenges ahead.

It is clear that Madeliene has not lost her energy, enthusiasm for fresh approaches, or vision for the organisation. Many feel, by contrast, she has recently developed a renewed energy and passion for SLaM and the vital role it can play locally, in King's Health Partners and in the wider NHS. Her ability to evaluate new opportunities and seize them with both hands if they are beneficial to SLaM is also an essential attribute for the organisation which has already been proved on more than one occasion (as evidenced in the section on track record above).

Madeliene Long's willingness to be re-appointed

The Members' Council will also need to consider Madeliene's wish to stay on or not. She is highly respected, internally and externally, for her strong performance as Chair. As one external partner put it to me, 'She's not just good, she's outstanding'. There was also a view that there were more organisations wanting strong and able chairs than there were suitable people to fill these posts.

Indeed Madeliene has already been asked ('head-hunted') to consider other chairing roles, including at a national level, but she has remained loyal to SLaM. Being approached in this way is proof of the high regard in which she is widely held.

Conclusion

Madeliene is a highly-talented chair who is widely respected and highly regarded by many internally and externally to SLaM. SLaM is performing highly under her chairmanship and has continued to grow and develop into (sometimes radically) different areas while she has been Chair. She is deeply committed to SLaM, its work, its vision and its people. She continues to have energy, enthusiasm and drive and is more than capable of helping SLaM face the challenges ahead and achieve its vision over the next few years. There is no clear case for change rather than continuity, indeed rather the reverse. Despite being approached to consider other chairing roles, Madeliene has retained her passion and loyalty for SLaM.

Statement for Nominations Committee

As the Nominations Committee are considering the prospect of my re-appointment as Chair I am happy to provide a statement to contribute to the discussions.

My starting point is that I am actively exercising a positive choice in wanting to be considered for re-appointment as Chair of SLaM. This opportunity of a possible re-appointment enables me to reflect on the situation and to weigh up the skills and contribution I can make in this leadership role. What helps me to come to a positive choice to want to be considered to be the Chair of SLaM, as well as the richness of the experience I have had, is the fact that alternative openings have cropped up during recent months. This has reinforced my commitment to and interest in SLaM. I have actively thought this through and decided I do want to be here at SLaM, It has been important for me to test my motivation from this perspective, and it has reaffirmed for me the commitment I have to the work of this Trust.

Since the Foundation Trust authorisation in 2006 there have been many challenges to face and what has been a constant is the changing context within which the Trust has had to operate. From our setting up as an FT with the need to embed the new structures into our organisation through to the present situation of a new Government with the biggest upheaval to the NHS in decades, there has been no period of life as "routine" for us. Along the way we have embraced the opportunity to locate SLaM at the heart of KHP, and to ensure the key role mental health should occupy in this new venture. This is an achievement I am particularly proud of, to raise the value of SLaM's work with our clinical, academic and other colleagues from our partners in the Acute Trusts and Kings College University, to be considered equal, is a very significant achievement, and has firmly put mental health in amongst the heart of all the thinking. Integrating physical and mental wellbeing is now a given on the agendas, and is firmly centred in all our joint work.

One of the major changes to our role as an FT has been the involvement of the Members' Council in the governance of the Trust. I have played a very active role in this area firmly believing in the value of the wider involvement of Members. I have been well supported by enthusiastic people who have a passion for quality mental health service delivery and I have learnt a lot from many talented individuals who have given their time so generously, and together achieved a great deal. I have communicated my strong support for the work of the Members' Council to the Board, and they have responded with strong participative attendance at meetings. I am keen to continue working alongside the members of the Members' Council, and have readily included many people on the governance side already and look forward to further expansion and inclusion with them.

Through regular ward visits I have organised, I have kept aware of the important issues for patients and their families, and been available for staff to present their views, in an informal way. This has all acted to keep my feet firmly located on the ground, in touch with the experiences of our service users and staff. I have also been closely involved in the work of the Hospital Managers and greatly benefited from the insights I have gained from this very valuable experience.

The local emphasis has been an important part of my role as Chair. I have been an active Governor at Guy's and St Thomas', the South East London Council, and active in the PCT forums, and the London Mental Health Chairs Group and I would wish to continue this work.

As Chair I have developed learning opportunities for the Board with a range of awaydays and seminars, including joint ones with the Members' Council, and the other FT Governors, and I believe this has contributed to an open and transparent way of exercising my leadership role. The Members' Council has been a great source of knowledge on the appointment of Non Executive Directors, and I have approached this key part of their role with great respect.

There are many challenges ahead and this has been a very useful exercise for me to evaluate my current contribution to the work of our Trust and has enabled me to test my continuing enthusiasm and aspirations for the future. I can assure the Nominations Committee and through them, the Members' Council, that I am stimulated by the challenges ahead and keenly look forward to being able to work together to achieve the best possible outcomes for all of us at SLaM.

Madeliene Long

December 2010

MEMBERS' COUNCIL – SUMMARY REPORT

Date of meeting: 16th December 2010

Name of Report: Chief Executive's report

Author: Paul Mitchell, Trust Secretary

Presented by: Stuart Bell, Chief Executive

Purpose of the report:

To update the Members' Council on Trust and national issues.

Chief Executive's Report

December 2010

National and Trust issues

1. Public Health White Paper

Last week, "Healthy Lives, Healthy People: Our strategy for public health in England" was published, outlining the Government's plans for tackling today's causes of premature death and illness and reducing health inequalities.

A new public health service, Public Health England, will be created as a service that gives more power to local people over their health, whilst keeping a national grip on crucial population-wide issues such as flu pandemics. The White Paper also outlines how funding from the overall NHS budget will be ring-fenced for spending on public health.

2. Monitor Q2 feedback

Feedback has been received from Monitor following the submission of the Q2 returns. The analysis of Q2 is now complete and based on this work, the Trust's current ratings are Financial risk rating - 4; Governance risk rating - Green.

3. Comprehensive spending review

The Government has announced details of the Spending Review 2010 for the period from 2011/12 to 2014/15. In line with the Government's stated commitment to protect health, the overall NHS budget will increase. In addition there is a commitment to support social care.

For health, the overall budget will increase by 0.4% in real terms. This includes: a 1.3% increase in the resource budget; a 17% decrease in capital spending; a reduction in the administration budget of 33%; and reinvestment to support the delivery of NHS services. NIHR appears to have been strongly supported. Partner local authorities are giving early indication of the impact of the CSR on their commissioning budgets – these are likely to be significant for the Trust, and I have met with the four Directors of Adult Social Care to identify ways in which more collaboration across boroughs can achieve improved value for money with least impact on services.

4. Planning for 2011/12 and beyond

The start point for the plan is the three year plan finalised in May 2010 for the three years from 2010/11.

We have been benchmarking our critical assumptions through this process with other London MH Trusts, and guidance from DH, Monitor and our colleagues in commissioners. These will be updated at critical points as further information or guidance emerges for example the publication of the DH Operating Framework later this month or as and when Commissioner requirements are refreshed.

The Trust Director of Finance is seeking further intelligence on Local Authority plans from Corporate Finance Departments.

The Business Planning Process this year has been tailored to meet the development needs of CAGs and in recognition of the difficult financial climate.

There are a number of projects underway in 2010/11 which will deliver better information or tools for management of expenditure and some real reductions in expenditure. We will

focus on maintaining progress with delivery and implementation of these projects this year. These include:

- Productive Ward roll-out
- Rolling out eRostering
- Community Prescribing functionality in ePJS
- Placements management functionality in ePJS
- Further investments in energy savings schemes
- Service Line Reporting and trading accounts
- Dashboards
- Suggestions from Trust Conference on Intelligent Austerity
- Key deliverables from 6 December 2010 CAG Infrastructure review

The Trust has established the CAGs and is developing pathways in the recognition that these will be a means of delivering the transformation required to realise the scale of cost reductions needed.

We should develop a plan for a review of the major pathways CAG by CAG throughout the year to consider opportunities for improvements to productivity, efficiency, and outcomes, and information and organisational and personal development requirements. The timetable and objectives of the review need to be finalised by Q4 2010/11.

This will include the scoping work required to identify the contribution that the management of the pathways will make to the delivery of the Cost Reduction programme in future, including the potential for further differential cost improvement targets based around specific elements of the pathway and the skill mix required to deliver them.

There has been considerable discussion and progress as part of the normal course of the business planning process and following the Board and Executive discussions in November. We have sought to include the key elements here but this is also an ongoing process so further developments and refinements will be presented to the Board and Members' Council for discussion at Board and seminar meetings as well as to the Board sub-committees in accordance with the planning timetable.

The delegates at the Trust Conference engaged positively with the discussion on intelligent austerity and we will be following up their suggestions in our performance management this year and in our planning.

We have been exploring opportunities for potential collaborations with KHP and the London MH Trusts as well as other organisations. We will be developing our proposals to pitch key services when opportunities arise.

5. Estates and Facilities

I would like to welcome Simon Mills, who has taken up post as Director of Estates, Facilities and Capital Planning.

6. Clinical Academic Groups (CAGs)

The Trust moved to a new CAG based structure on 1st October 2010. This is an integral development in our membership of King's Health Partners. It is probably the most comprehensive organisational change since the establishment of SLAM but I am fully convinced that this new way of integrating academic, clinical and service responsibilities will be the best approach for addressing the challenges facing us all over the coming years.

The Board met with all the CAGs individually on 8th October 2010 in order to develop a more detailed understanding of the issues facing the CAGs and to launch them in their new role. This was a very helpful process and will be repeated twice a year in future.

The CAG accreditation process has been approved by the KHP Partners Board and is under significant discussion across the Partner organisations. The accreditation process has been divided into three modules in order that the process remains rigorous but is also manageable by the CAGs. The three modules are:

- Mobilisation
- Strategy Development
- Operationalisation

The Performance Council met for the first time on 9th November, charged with overseeing the completion of Modules 1 and 2 (Mobilisation and Strategy Development). Module 3 (Operationalisation) will be reviewed by the Partners Board which is responsible for conferring final accreditation.

The CAG leaders meet with the KHP Executive on a fortnightly basis and this meeting was attended by the three Foundation Trust CEOs on 8 November to provide an opportunity to discuss how the CAG structure can best be supported across the Partner organisations.

Stuart Bell
Chief Executive
December 2010

Z / MC / meeting 2010 12 16 / Chief Exec report Dec 10

MEMBERS' COUNCIL – SUMMARY REPORT

Date of meeting: 16th December 2010

Name of Report: Trust Secretary's report

Author: Paul Mitchell, Trust Secretary

Presented by: Paul Mitchell, Trust Secretary

Purpose of the report:

To update the Members' Council on changes to the Members' Council

Trust Secretary's report -

Changes to the Members' Council

We welcome Ian Creagh who is the new representative from King's College London on the Members' Council. He is currently Head of Administration and College Secretary.

Cllr Derek Friske has replaced Simon Hoar as the representative of the London Borough of Croydon on the SLaM Members' Council.

Lynn Carlisle has resigned as a representative from the public – national constituency due to the pressure of her other commitments with effect from 31st December 2010. Lynn has been on the Members' Council since its inception having previously been the KCL nominee.

Paul Mitchell
Trust Secretary
December 2010

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MEMBERS' COUNCIL WORKPLAN 2010/11 (DRAFT)

Appendix

Task	Breakdown	Who	When	Progress
1. Develop role of working groups: <ul style="list-style-type: none"> Annual Plan Audit liaison Membership and communications Quality 	Provide adequate support for agenda preparation, minute taking and follow up action. Report back to Members Council on a regular basis.	P Mitchell P Mitchell	Dec 10 Dec 10	Support identified. On agenda for Dec 10 meeting.
2. Run another bids programme in 2010-11.	Advertise, receive expressions of interest and applications. Convene panels to confirm successful applications. Feedback to bidders. Evaluate programme.	Steering Group C Stevenson Steering Group Steering Group	Dec 10 Jan 11 Mar 11 June 11	
3. Run elections to fill vacancies on the Member' Council in 2011 and to replace those whose terms are expiring.	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	Mar 11 May 11 Oct 11 Nov 11	
4. Administrative support to Members' Council	Produce schedule of meetings in advance.	P Mitchell	Jan 11	In hand.

	<p>Produce regular press cuttings for MC.</p> <p>Review procedure for monitoring attendance at MC.</p> <p>Induction programme.</p>	<p>D Charlton</p> <p>M Long / P Mitchell</p> <p>M Long / P Mitchell</p>	<p>Dec 10</p> <p>Jan 11</p> <p>Jan11</p>	<p>First package issued.</p> <p>Date and format agreed.</p>
5. Work to improve the service user and carer experience.	<p>Forward plan discussions on:</p> <ul style="list-style-type: none"> • Personalisation. • Choice for users. • Equality impact assessments. • Market – how Trust will interface mixed service providers. • Service within diminishing resources. • Monitoring CAGs, GP engagement (use constituencies on MC). • Care pathway planning. 	<p>P Mitchell</p>	<p>Feb 11</p>	

PNJM / December 2010

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