



South London and Maudsley NHS Foundation Trust

Annual Report and Summary Accounts 2010/2011

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Find out about King's Health Partners - the Academic Health Sciences Centre we are part of, along with King's College London, and Guy's and St Thomas' and King's College Hospital NHS Foundation Trusts .

www.kingshealthpartners.org

Annual report

This report was produced by the Communications and Media Department.

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Annual Report and Summary Accounts
2010/2011

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Message from the Chair

In the course of this year I was immensely proud to be selected by the Members' Council to serve another four year term as Chair from November 2011. In the time since I first took up the role, when South London and Maudsley was established, a huge amount has been achieved by the people who work within the organisation and in partnership with us.

We have developed more alternatives to hospital admission, offering service users greater choice and care closer to home, and changed traditional service models where there has been a clear clinical case to do so. We have made major improvements to our clinical environments, such as the River House medium secure unit development at Bethlem Royal Hospital, which Dame Sally Davies did us the honour of opening in December 2010. And we have made great strides towards bringing physical and mental health services more closely together for the benefit of patient care through the creation of King's Health Partners Academic Health Sciences Centre. Moreover, we have led the way nationally on developing more effective service models and treatments in fields such as anxiety and depression, dementia and addictions.

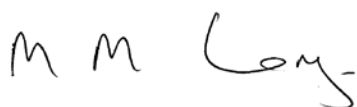
Most of all, I continue to be struck by the expertise, creativity and commitment that exist across the organisation, attributes that will be crucially important as we seek to steer our way through the difficult economic times ahead. I am acutely aware of the difficulties and concerns that people have as a result of the need to respond to the financial pressures facing public services. Moreover, I know that patients and their families will be worried about the impact of financial cuts upon the services that they use. Much of what we do at South London and Maudsley is in partnership with local authorities, the voluntary sector, NHS partners and others. Responding to these difficult times will require us to look hard at what we do, how well we all work together and how we can do so more effectively in future in a way which makes the most of the resources available to us.

Service developments such as our new unit for young people in Kent and Medway show that there are also new opportunities available to us. The challenge for us is to make the most of these new possibilities whilst ensuring that the local people we serve in south London continue to receive the very best mental health care and treatment possible.

During the last year, two of our non executive directors have completed their terms of office on the Board of Directors. I would like to thank Professor Eric Taylor and Professor Christopher Clare for the contribution to the work of the Trust, and to welcome Professor Shitij Kapur to the Board as our University representative. There have also been a number of changes to our Members' Council over the course of the year and you can find out more on page 20 of this report.

Over the last year, both the SLaM Board of Directors and Members' Council have continued to work closely with our counterparts at Guy's and St Thomas' and King's College Hospital NHS Foundation Trusts. The joint meetings we have held have proved an invaluable opportunity for us to share ideas, discuss concerns and identify how we can build on the ever stronger links we have developed through King's Health Partners.

To end on a personal note, I was very honoured this year to have been awarded an Honorary Fellowship by King's College London which I will receive in a ceremony at the end of June 2011. I am proud to have the opportunity to continue in my role as Chair of South London and Maudsley NHS Foundation Trust and to be part of our shared endeavour to ensure that the patients and communities we serve have access to high quality NHS care informed by the best research.



Madeliene Long
Chair

Message from the Chief Executive

In the course of this year, we have undertaken the most significant reorganisation of our operational management structure since SLaM was established 12 years ago. The creation of Clinical Academic Groups (CAGs) aligns our clinical services, research and training much more closely for the benefit of patient care. It will take the unique partnership between SLaM and the Institute of Psychiatry, King's College London to another level so that we can translate high quality research into practice more reliably, consistently and systematically across everything we do. I would like to thank all of those involved in this major change for their commitment, professionalism and hard work over the year.

The last year has been one in which we have been required to address the challenges arising as a result of the economic climate and of the pressure on public finances. We have been working with our primary care trust and local authority colleagues to manage the effect of this in a way which reduces the impact upon patient care as far as we can. One way we have done this is by developing care pathways across each of our CAGs to improve both the quality and efficiency of the service we provide. Achieving better value in healthcare means looking at the whole cycle of care and continuously measuring and striving to improve it. It involves looking at patient experience, the timeliness and effectiveness of interventions, and the skill and competence of delivery.

The Lambeth Living Well Collaborative is an example of how we are working with our partners to look at how the whole system of care can be organised more effectively so that patients receive better quality, more responsive and flexible care and we make most effective use of the resources available to us. This initiative aims to achieve a fundamental shift in the way the health and social care agencies work together in the Borough. It is based on the recognition that no one organisation can provide all the elements that contribute to good mental health and wellbeing. Key to this model is the concept of 'easy in easy out'. This means primary and secondary care services offering easy access, especially when the service user has been known to that service, to allow service users to move smoothly between services

We have expanded our clinical service portfolio in the course of the last year, having been awarded the contract to provide specialist Child and Adolescent Services in Kent and Medway. We were delighted to open a new 24 bed adolescent unit, Woodland House, in Staplehurst. By providing specialist care and treatment for this vulnerable group of young people, including 24/7 access to inpatient care, we can help them recover from mental health problems such as eating disorders and depression and to get their lives back on track. We will be working with local health and social care agencies to develop the best possible service for the local community in Kent.

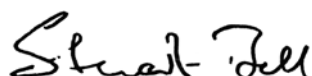
Another positive clinical development is our new partnership with the voluntary sector to treat people with drug and alcohol addictions in Croydon. Our work with London-based charity Foundation 66 builds on similar successful approaches we have taken in Lambeth and Southwark. Working in partnership allows community drug and alcohol services to benefit from the combined strengths of the NHS and the voluntary sector. The new Croydon contract will see SLaM and Foundation 66 operate from one main base using one clinical record system and one access point.

We have also launched a new memory service in Lambeth and Southwark to detect and diagnose the symptoms of dementia as early as possible. Early diagnosis enables people to take advantage of treatments to slow the onset of the condition, allowing them to plan their care and maintain a higher quality of life. The new memory service, and the people who use it, are able to benefit from groundbreaking research innovations made by our National Institute for Health Research (NIHR) Specialist Biomedical Research Centre for Mental Health, which we operate in partnership with the Institute of Psychiatry, King's College London. Researchers at the BRC are using an advanced computer programme to accurately detect the early signs of Alzheimer's disease from a routine clinical brain scan. The new scan can return 85% accurate diagnostic results in under 24 hours, providing people with an early and accurate diagnosis so that they can plan their lives and get access to the support they need. It is an exciting development and an excellent example of how research can bring direct benefits to patients.

Another striking piece of research which has emerged from the BRC is that people suffering serious mental illness can expect to live up to 18 years less than the national average. The research is the first to examine life expectancy for people with specific mental illnesses in the UK and shows that women with schizoaffective disorder and men with schizophrenia are among those most affected, with a reduced life expectancy of 17.5 years and 14.6 years respectively. The findings have been identified using our Case Register Interactive Search (CRIS) facility, a system which enables researchers from our BRC to search and retrieve anonymised data from over 170,000 records at the touch of a button. The research highlights the need for health and social care services to treat the whole person, both their physical and mental health needs. This is one of the important challenges we are addressing as part of the work of our Academic Health Sciences

Centre, King's Health Partners, established with King's College London, Guy's and St Thomas' and King's College Hospital NHS Foundation Trusts.

Finally, I am very pleased that Madeliene Long has been reappointed by SLaM's Members' Council to serve a further four year term as Chair from November 2011. Madeliene chaired the organisation through its successful application for NHS Foundation Trust status in 2006 and has played a leading role in developing King's Health Partners. Madeliene's continued leadership will be central to shaping our response to the challenges ahead and harnessing the opportunities available to us in the coming year and beyond.

A handwritten signature in black ink that reads "Stuart Bell". The signature is written in a cursive, flowing style.

Stuart Bell CBE
Chief Executive

Directors' report

Who we are

Clinical services

- Most extensive portfolio of mental health and substance misuse services in the UK, serving a local population of 1.1 million in south London and offering specialist expertise nationally

Research

- Working in partnership with the Institute of Psychiatry, King's College London to generate and put into practice world leading research
- Largest mental health research and development portfolio in the country.
- Joint host with the Institute of Psychiatry of the UK's only specialist National Institute for Health Research (NIHR) Biomedical Research Centre for mental health.

Education and Training

- Provider of an extensive range of learning opportunities, delivered in part from three hospital based training centres
- Responsible for delivering 18,000 training experiences a year, including e-learning, study days and workshops
- A leader in the field of involving service users in the provision of education and training
- Provider of the most comprehensive mental health NHS library in London.

Partnership

- Part of an Academic Health Sciences Centre (AHSC) - King's Health Partners - which promotes health in mind and body, and which is one of only five AHSCs in the U.K
- Provider of integrated adult mental health and social care services in partnership with local authorities.

History

- A history that dates back to the foundation of the Bethlem Royal Hospital in 1247, the oldest psychiatric institution in the world.

Our mission

- To treat mental illness effectively
- To work in partnership to promote mental well-being
- To support others by sharing our clinical expertise and knowledge.

Our core value

Everything we do is to improve the experience of people using our services, and to promote mental health and well-being for all.

Strategy

Provide high quality clinical care and treatment, delivered sensitively, consistently and based on evidence that it works

Which means...

- Delivering local services in partnership with local authority social care teams, which meet the diverse needs of our local communities
- Developing better treatments through excellence and innovation, based on reliable and up to date evidence of what works best
- Ensuring that our inpatient services measure up against the best that is available elsewhere

Being clear about what we offer, which includes:

- describing our clinical services in a way that can be understood by the people who use them and their carers
- defining care pathways across the whole system of care, so that commissioners and service users are clear about the stages involved in the care and treatment provided by South London and Maudsley NHS Foundation Trust (SLaM)
- providing clear evidence that our services are both clinically and cost efficient, delivering effective outcomes
- Systematically obtaining feedback from service users and carers about their experience of using our services – and using it to develop and improve our services
- Expanding the provision of psychological therapies across all our services.

Promote recovery, social inclusion and mental wellbeing

Which means...

- Moving beyond a service that mainly reacts and responds to illness, and contributing even more widely to helping the community stay well
- Providing services which are focused on recovery – as well as containing and treating the symptoms of illness – and which offer choice and promote independence
- Providing help back into education or employment for those people who want it.

Translate research into practice

Which means...

- Undertaking research which is relevant to the needs of our clinical services and local populations
- Making sure that research is applied - directly, speedily and consistently - to improve clinical care and treatment
- Ensuring that we have a well deserved reputation for excellence in research that benefits people who use our services, and helps to transform services beyond SLaM
- Ensuring that all members of the multi professional team have the opportunity to grow the research portfolio
- Making the most of our strong relationship with colleagues in King's Health Partners to maximise the global impact of our research portfolio, enabling all partners to compete with the best in the world.

Create a supportive environment which enables people to flourish and achieve excellence

Which means...

- Attracting, recruiting, developing and retaining the best staff
- Recognising that staff are talented and have the potential to learn and contribute more
- Paying attention to high quality performance and challenging poor performance
- Helping staff experience a sense of achievement and satisfaction from their work
- Encouraging new ideas and new ways of working as a means of delivering better services
- Being an organisation where people want to come and work
- Providing opportunities for people who have used mental health services to come and work here
- Striving for excellence and challenging mediocrity
- Valuing creativity and innovation.

Provide leadership and management which inspires, directs and drives the organisation

Which means...

- Setting a vision and providing a clear sense of direction to all parts of the organisation – clinical services, research, education and corporate infrastructure
- Allowing people the freedom to act, make decisions and take risks where appropriate
- Providing a safe environment that enables staff to develop ideas and new ways of working, and where errors can be used constructively to promote learning.

Develop as an organisation so that quality becomes central to everything we do

Which means...

- Encouraging a 'can do' culture
- Embracing change
- Encouraging openness and learning from when things go wrong
- Involving teams in the organisation's development
- Developing commercial skills so that the organisation is able to thrive in a more competitive environment.

Maintain corporate infrastructure services which provide effective, timely and customer friendly support

Which means...

- Readily accepting that the way we have done things in the past may not be the best way of doing so in future
- Ensuring that our infrastructure services are flexible, adaptable and decisive
- Being open to new ways of working, which may mean sharing resources across King's Health Partners.

Develop and grow as an organisation in order to respond effectively to the changing environment within which we operate

Which means...

- Understanding what people want from and think of us – by engaging with, responding to, and respecting the views of commissioners, referrers, service users, carers, the wider community and other stakeholders
- Working collaboratively with our partners in social care
- Developing the commercial and marketing expertise needed to thrive in a competitive environment and respond effectively to opportunities for growth
- Managing our resources effectively and developing financial surpluses which we can then reinvest to fund developments
- Increasing referrals because we have earned a reputation for clinical excellence.

Key facts (as of 31 March 2011)

- Local population: 1.1 million
- Hospital services: 4 sites, 68 wards
- 5,200 inpatients treated annually
- Community services: 125 sites, 328 clinical teams, caseload 39,000
- 4,800 staff.

Our history in brief

1247

The Priory of St Mary of Bethlehem, Bishopsgate, is founded on land given by Alderman Simon FitzMary. It later becomes a place of refuge for the sick and infirm. The names 'Bethlem' and 'Bedlam', by which it came to be known, are early variants of 'Bethlehem'. It is first referred to as a hospital for 'insane' patients in 1403, after which it has a continuous history of caring for people with mental distress

1676

In its first move, the Bethlem is re-sited at Moorfields, the first purpose-built hospital for the 'insane' in the country

1815

The Bethlem moves to St George's Fields, Southwark. Following a parliamentary inquiry into the treatment of patients, blocks for the 'criminally insane' are built in 1815-1816

1863

The newly-built Broadmoor Hospital in Berkshire admits Bethlem's 'criminal patients'

1867

The Southern Districts Hospital (or Stockwell Fever Hospital as it became known) opens on the site which is today known as Lambeth Hospital

1908

Henry Maudsley writes to the London County Council offering to contribute £30,000 towards the costs of establishing a "fitly equipped hospital for mental diseases." The Maudsley initially opens as a military hospital in 1915 to treat cases of shell shock and becomes a psychiatric hospital for the people of London in 1923

1948

With the introduction of the National Health Service (NHS) in 1948, the Bethlem Royal Hospital and Maudsley Hospital are merged to create a postgraduate psychiatric teaching hospital. The Maudsley's medical school becomes the Institute of Psychiatry

1954

Sister Lena Peat and Reginald Bowen become the first community psychiatric nurses, caring for patients at home who had been discharged from Warlingham Park Hospital in Croydon

1997

The Ladywell Unit, at University Hospital Lewisham, is refurbished for use by adult inpatient mental health services. The development brings together inpatient services which had previously been spread across other hospital sites (Hither Green, Guy's and Bexley)

1999

South London and Maudsley NHS Trust (SLaM) is formed - providing mental health and substance misuse services across Croydon, Lambeth, Lewisham and Southwark; substance misuse services in Bexley Greenwich and Bromley; and national specialist services for people from across the UK

2006

South London and Maudsley becomes the 50th NHS Foundation Trust in the UK under the Health and Social Care [Community Health and Standards] Act 2003

2007

South London and Maudsley and the Institute of Psychiatry, King's College London establish a Biomedical Research Centre, one of only 12 in the UK and the only one devoted to mental health funded by the National Institute for Health Research (NIHR)

2009

South London and Maudsley is part of one of the five Academic Health Sciences Centres (AHSCs) in the UK to be accredited by the Department of Health. King's Health Partners AHSC also involves King's College London, Guy's and St Thomas' and King's College Hospital NHS Foundation Trusts.

2010

SLaM introduces mental health Clinical Academic Groups (CAGs) in partnership with the Institute of Psychiatry, King's College London. This is a new way of bringing clinical services, research and education together to improve patient care

2011

SLaM opens a new 24 bed, state-of-the-art centre for children and teenagers with mental health problems living in Kent and Medway.

Remuneration Report

The salary and pension entitlements of senior employees has been audited.

Remuneration of Senior Managers

Salary and pension entitlements of senior employees

			Salary	Other remuneration	Real increase in pension at age 60	Lump sum at age 60 related to real increase in pension	Total accrued pension at age 60	Lump sum at age 60 related to accrued pension	Cash equivalent transfer value	Real increase in cash equivalent transfer value
			£ 000's	£ 000's	£ 000's	£ 000's	£ 000's	£ 000's	£ 000's	£ 000's
Madelienne Long	Chair	2011	55-60							
		2010	55-60							
Charles Bland	Non-Executive Director from 20th October 2009	2011	10-15							
		2010	5-10							
Chris Clare	Non-Executive Director to 31st December 2010	2011	10-15							
		2010	10-15							
Robert Coomber	Non-Executive Director and Chair of the Audit Committee	2011	15-20							
		2010	15-20							
Patricia Connell-Julien	Non-Executive Director	2011	10-15							
		2010	10-15							
Harriet Hall	Non-Executive Director	2011	10-15							
		2010	10-15							
Kumar Jacob	Non-Executive Director	2011	10-15							
		2010	10-15							
Shitij Kapur	Non-Executive Director from 14th September 2010	2011	5-10							
Eric Taylor	Non-Executive Director to 31st August 2010	2011	5-10							
		2010	10-15							
Stuart Bell	Chief Executive	2011	185-190		5	15	72	215	1,266	(31)
		2010	185-190		5	14	67	200	1,297	175
Martin Baggaley	Medical Director	2011	150-155		2	6	22	67	376	(11)
		2010	145-150		2	5	20	60	387	55
Gus Heafield	Director of Finance and Corporate Governance	2011	125-130		2	5	25	74	373	(26)
		2010	120-125		2	5	23	69	399	47
Hilary McCallion	Director of Nursing and Education	2011	105-110		4	12	45	135	840	4
		2010	100-105		2	6	41	122	837	77
Zoe Reed	Director of Strategy and Business Development	2011	100-105		3	9	46	139	1,090	7
		2010	100-105		1	2	43	130	1,083	94

There were no golden hello payments or payments made for compensation for losses of office to senior employees, nor did senior employees receive benefits-in-kind.

Operating and finance review

Financial position

This year we reported a net surplus of £6.7m. This was £1.8m better than the plan agreed by the Board at the start of the year. The Trust operating surplus of £21.7m was £2.6m better than plan. Cash reserves at year-end were £63.1m, an increase of £6.7m in the year. This provides both the headroom to manage unexpected events and a source of funds to invest in new developments. Details on our financial performance are shown below;

Income and expenditure position

Total income £370.9m

Expenses (£349.2m)

Operating surplus £21.7m

Depreciation (£7.0m)

Net Impairments (£0.7m)

Restructuring expense (£1.6m)

Net released gains £1.4m

Net Interest received £0.2m

Government Dividend (£7.3m)

Net surplus £6.7m

Cash position

Opening cash £56.4

Add Operating surplus £21.7m

Add improvement in working capital £6.1m

Less donated assets movement (£0.5m)

Less restructuring provisions (£1.6m)

Less financing and dividend (£7.4m)

Less capital expenditure (£14.9m)

Add capital receipts £3.3m

Closing cash £63.1

This performance is set against a backdrop of the issues set out below.

- Internal revenue investment of £4.3m using non recurring funding and an in year generated surplus. Significant investment was made in:
 - clinical directorates to accelerate service quality and improvement and improve monitoring of the patient experience
 - the development of Information and Communications Technology (ICT) infrastructure including the continued development of our patient information system (EPJS), data warehouse and reporting capabilities
 - estates and facilities including energy saving initiatives and refurbishment of Trust facilities
 - supporting a significant R&D programme together with our colleagues in Kings Health Partners

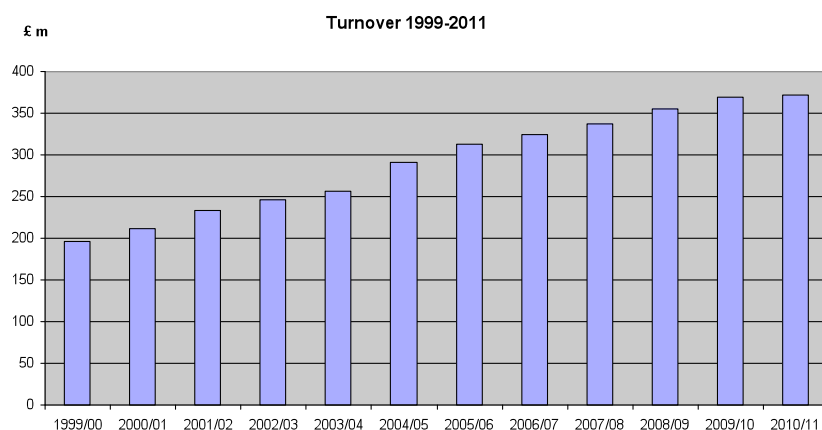
- A major restructure in the way clinical services are managed with the formation of Clinical Academic Groups (CAGs) in October 2010.
- A wide ranging programme of cost improvements required to meet Government efficiency targets (set at 3.5% in 2010/11), cost pressures and re-investment into more efficient service delivery and other improvements
- A further reduction in costs required to meet the budgetary targets of local PCTs. In 2010/11 contracts with Lambeth, Southwark and Croydon PCTs were reduced by £4.3m with further reductions expected of £21m over the next 3 years across all 4 local PCTs
- Continuing pressure on a number of CAGs where activity levels exceed resources available and where delays or gaps in cost improvement plans contributed to those services not being in financial balance. The Trust was required to deploy part of its contingency fund to enable it to continue to meet its financial targets in 2010/11

The Trust is assigned an annual financial risk rating by Monitor (the independent regulator of Foundation Trusts) based upon four criteria: achievement of Annual Plan; underlying performance; financial efficiency; and liquidity. We achieved a rating of 4 which indicated excellent use of resources.

Past trends in income, retained surplus and assets employed

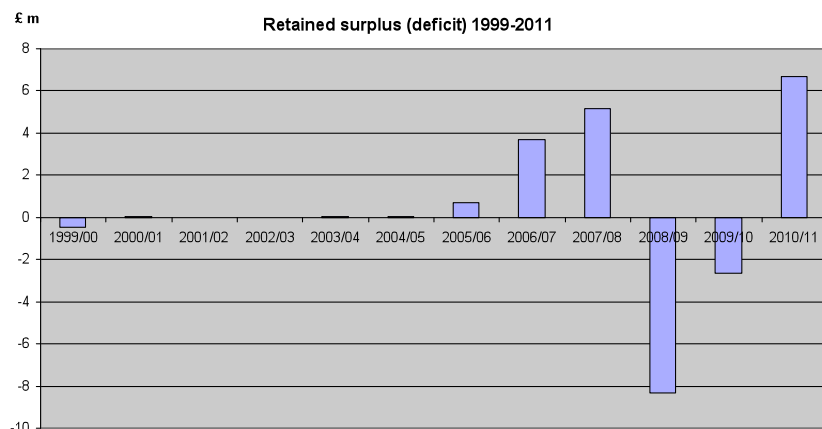
The charts below show the trends in turnover, retained surplus/deficit and assets employed over the eleven year period since the formation of SLaM

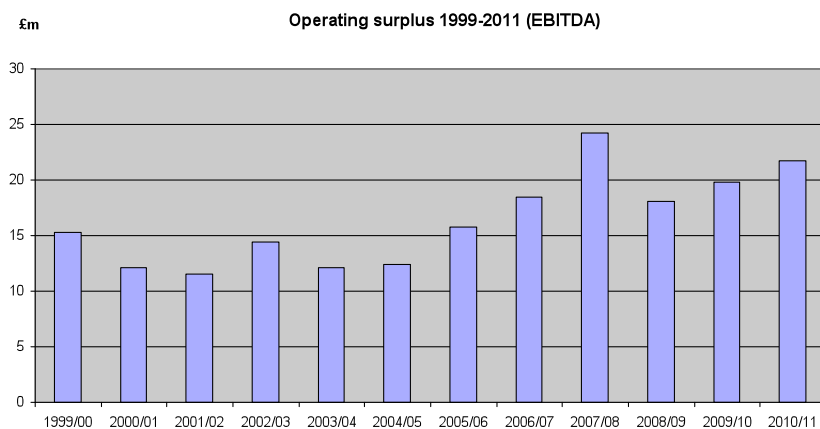
Turnover



Turnover has risen 18% in the past 5 years but by just 0.5% in 2010/11. The majority of income (80%) is received from NHS Primary Care Trusts.

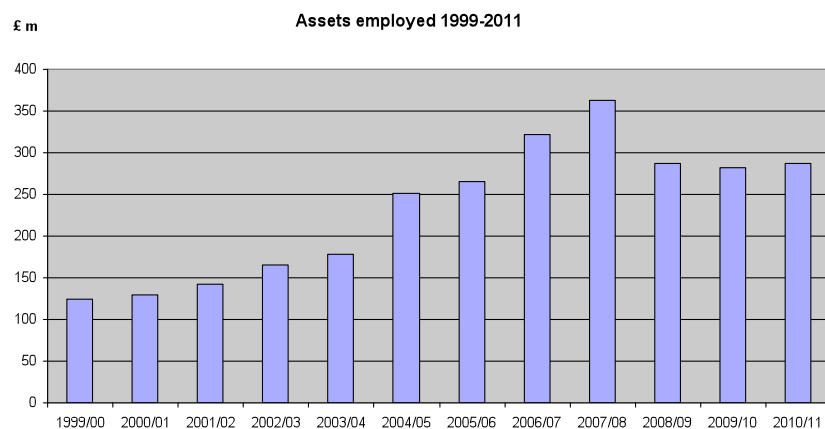
Retained surplus / (deficit)





In the 2 years prior to 2010/11 the Trust recorded net deficits totalling £9.3m following a number of fixed asset impairments resulting from reductions in UK property/land values. The Trust returned to a net surplus position in 2010/11.

Assets employed



The net assets of the Trust increased 2.4% in 2010/11. This was driven by a net increase in property assets from capital expenditure.

Future performance

We face a number of key challenges in the year(s) ahead including:

- Alongside all public services, the NHS has been set challenging savings targets over the next few years. The annual NHS efficiency target (which is applied to all NHS contracts) rose by 0.5% to 4% in 2011/12 and is expected to continue at this level for the foreseeable future.
- Our 4 main local PCTs, that together provide over 70% of Trust income, have set out planning targets that will result in a further £21m reduction in income over the next 3 years. These are in addition to the 4% efficiency savings referred to above and are likely to result in some major changes to the way we deliver services in future.
- Additional funding received by the Trust in recognition of the increased costs of undertaking Research and Development (R&D) in mental health will cease in 2011/12 resulting in a £2.2m reduction in R&D income
- The Addictions CAG is facing a number of challenges linked to reductions in income and activity following a contraction in the services provided. The CAG is re-positioning itself as a provider of specialist services but the coming year is expected to be a challenging transitional period.
- Work continues on developing currencies for use in the commissioning of mental health services for adults of working age and older people. The ultimate goal is the creation of a tariff for these currencies. It is intended that currencies will be available for use in 2011/12 and that all health economies will be using these currencies in some form in 2012/13 whilst establishing local prices. This should ultimately lead to activity based contracts using, in the first instance, a locally derived set of tariffs to determine future payments to the Trust
- A proportion of income paid to the Trust by PCTs will continue to be tied to meeting quality and innovation targets established under the Commissioning for Quality and Innovation (CQUIN) Programme. The Trust will continue to seek to maximise its performance in this area and thereby augment income opportunities.

Accounts

Accounting policies for pensions and other retirement benefits are set out in note 1 to the full accounts and details of senior employees' remuneration can be found later on within this report.

The accounts have been prepared under a direction issued by Monitor.

Name of Trust's auditor: Audit Commission

Cost allocation requirements

We have complied with cost allocation and charging requirements set out in HM Treasury and office of public sector information guidance.

NHS Foundation Trust Code of Governance

Members' Council

The role of the Members' Council responsibilities – set out in the NHS Bill 2006 (chapter 5) consolidated and updated regulations regarding Foundation Trusts and in the Trust's constitution – is to:

- support the Board of Directors in setting the longer-term vision for the Trust, to influence proposals to make changes to services and to act in a way that is consistent with NHS principles and values and the terms of the Trust's authorisation
- engage in dialogue with and provide advice to the Board of Directors regarding the Trust's future vision and strategy, and to act as a source of ideas about how the Trust can provide its services in ways that meet the needs of the community it serves
- review annually the extent to which the Trust is meeting its objective of delivering high quality services
- work with the Board of Directors on such other matters for the benefit of the Trust as may be agreed between them
- exercise other functions at the request of the Board of Directors
- respond as appropriate when consulted by the Board of Directors
- exercise such other powers and to discharge such other duties as may be conferred on the Members' Council under the Constitution.

The legislation relating to NHS Foundation Trusts lists a number of further responsibilities for the Members' Council:

- appointing the Chair and other Non-Executive directors of the NHS Foundation Trust at a general meeting
- removing, where it is deemed necessary by three quarters of the Members' Council, the Chair or Non-Executive Directors of the NHS Foundation Trust at a general meeting
- approving, by a majority, the appointment of the Chief Executive by the Non-Executive Directors
- appointing or removing the auditor at a general meeting of the Council
- receiving a presentation of the annual report and accounts at a general meeting.

The Board of Directors has a duty to consult and pay due regard to the views of the Members' Council in relation to forward planning, particularly in relation to information which is submitted to Monitor.

The Members' Council is not responsible for the day-to-day running of the organisation. Legislation provides that all the powers of the NHS Foundation Trust are to be exercised by its directors. The Members' Council cannot therefore veto decisions made by the Board of Directors.

All Directors are invited to attend the meetings of the Members' Council as a means of both gaining an understanding of the issues being considered and to give immediate responses to questions or issues raised during the course of the meeting. A report of the Members' Council activity is a standing item on the agenda for the monthly meetings of the Board of Directors. Members of the Members' Council are able to approach any member of the Board with any questions or concerns they have.

Members' Council Meetings

Attendance at Members Council meetings 2010/11

	June 2010	September 2010	December 2010	March 2011
Michelle Baharier	X	√	X	√
Derryk Bentley	X	X	X	X
Peta Caine	X	X	X	X
Lynn Carlisle	X	√	X	N/A
Sarah Clark	X	√	X	X
Sophie Corlett	√	X	√	√
Stephanie Correira	√	√	X	√
Ian Creagh	N/A	X	√	√
Polly de Blank	√	X	√	√
Les Elliot	√	√	√	√
Andrew Eyres	X	X	√	√
Asanga Fernando	N/A	√	√	X
Derek Friske	N/A	N/A	X	X
Marion Heithus	X	X	X	X
Rachel Heywood	N/A	√	√	√
Stephen Hill	√	√	√	√
Simon Hoar	X	X	N/A	N/A
Caroline Hough	N/A	X	√	√
Jaya Kathrecha	X	√	√	X
Francis Keaney	√	√	X	√
Layla McCay	√	X	X	√
Magda Moorey	√	X	X	√
John Muldoon	X	√	√	X
Dele Olajide	√	√	√	√
Jan Oliver	√	X	√	X
Roger Oliver	√	√	√	√
Crada Onuegbu	√	X	√	√
Paul Paterson	√	√	X	X
Christopher Scanlon	N/A	√	X	X
Tim Smart	√	X	√	√
Caroline Taylor	X	X	√	N/A
Gill Todd	√	√	X	√
Noel Urwin	X	√	√	√

√ In attendance X Not in attendance N/A Not a member

Joint Members' Council

Three joint meetings were held in 2010 between the SLaM Members' Council, the Board of Governors of Guy's and St Thomas' NHS Foundation Trust and the Council of Governors of King's College Hospital NHS Foundation Trust. These provided an opportunity to receive updates on the development of the Academic Health Sciences Centre. They have also been used as a way of informing those on the Members' Council of the developing tripartite mission at Clinical Academic Group level.

Nominations Committee

The Nominations Committee is appointed and authorised by the Members' Council. The Committee is responsible for the selection and re-appointment process for Non Executives; receiving reports on behalf of the Members' Council regarding the outcome of appraisals for the Chair and Chief Executive; providing advice to the Members' Council on remuneration and allowances for the Chair and Non Executive Directors; and reviewing the skill mix of the Board of Directors.

Members

Madeliene Long	Chair
John Muldoon	Public - Local
Dr Dele Olajide	Staff
Paul Paterson	Service User - Local
Noel Urwin	Public - Local
Vacant	Representative of partner organisations

The Nominations Committee met on 6th June and 29th November 2010.

Board of Directors

The Board of Directors:

- is collectively responsible for the exercise of the powers and the performance of the Trust
- provides active leadership of the Trust within a framework of prudent and effective controls which enables risk to be assessed and managed
- is responsible for ensuring compliance by the Trust with its terms of authorisation, its constitution, mandatory guidance issued by Monitor, relevant statutory requirements and contractual obligations
- sets the Trust's strategic aims, taking into consideration the views of the Members' Council, ensuring that the necessary financial and human resources are in place for the Trust to meet its objectives and review management performance
- is responsible for ensuring the quality and safety of healthcare services, education, training and research delivered by the Trust and applying the principles and standards of clinical governance set out by the Department of Health, the Care Quality Commission, and other relevant NHS bodies
- is responsible for ensuring that the Trust exercises its functions effectively, efficiently and economically
- sets the Trust's values and standards of conduct and ensures that its obligations to its members, patients and other stakeholders are understood and met.

As a unitary board, all Directors, Executive and Non Executive have joint responsibility for every decision of the Board of Directors and share the same liability. This does not impact upon the particular responsibilities of the Chief Executive as the accounting officer.

Non Executive Directors are responsible for determining appropriate levels of remuneration of Executive Directors and have a prime role in appointing - and where necessary removing - Executive Directors, and in succession planning.

The Board of Directors meets in public throughout the year, with private sessions where required. There is also a regular programme of seminars.

Meetings

	Board meetings 11 held in 2010/11	Remuneration Committee Attended / Eligible to attend	Audit Committee Attended / Eligible to attend***
Madeliene Long*	11	2	
Martin Baggaley	11		
Stuart Bell	11		
Charles Bland	10		5
Chris Clare	8		
Robert Coomber**	11		6
Patricia Connell-Julien	10		
Harriet Hall	10	2	
Gus Heafield	10		
Kumar Jacob	10	2	
Hilary McCallion	10		
Zoë Reed	10		
Eric Taylor°	2		2

Non Executive Directors

Madeliene Long (Chair)

Re-appointed Oct 2007 - Oct 2011. Re-appointed until Oct 2015

Madeliene Long is a Barrister with experience in both civil and criminal law. She was called to the Bar in 1999 following a first career in social work education and training. Until 1997 she was Head of the Department of Social Work at the Mid-Kent College of Higher and Further Education. She has postgraduate qualifications in law and management and was an External Academic Examiner to the Masters Programme in Social Work at the University of Kent. Madeliene is also an Elected Member of Lewisham Council and was the Chair of the first Lewisham Joint Committee of Health and Social Services. She was actively involved in the early joint initiatives in services for people with learning difficulties. Madeliene has spent over 20 years in the public service, having held senior Council positions as Cabinet member for Resources and Finance, and Chair of the Social Services, and Personnel Committees. She has a keen interest in health and social care issues and public sector employment relations. Madeliene was a Non-Executive Director at Lewisham and Guy's NHS Trust before being appointed as the first Chair of South London and Maudsley NHS Trust. Madeliene has led the Trust into Foundation Trust authorisation in November 2006 and has recently been reappointed as Chair by the Members' Council. She chaired the Partnership Board of Kings Health Partners during the AHSC accreditation process. Madeliene is an Honorary Fellow of King's College London.

Charles Bland

Appointed October 2009 - October 2012

Charles Bland joined the board of SLAM in 2009. Since 1999 he has worked in the oil and gas industry with BG Group, an international gas company. As BG Group's Executive Vice President for Policy and Corporate Affairs he had responsibility for government affairs and public policy issues. He now advises BG Group and other companies on sustainable development and political risk management. Prior to BG Group, he had a career in the UK civil service. He is a trustee of LEPRO Health in Action, a charity working on leprosy in India, and has previously been a council member of the World Business Council for Sustainable Development, Co-Chairman, Kazakhstan Britain Trade and Industry Council, Co-Chairman, Egypt Britain Business Council, a member of the UK Government Oil and Gas Advisory Board and a member of the Advisory Board for the Centre for Caspian and Central Asian Studies, SOAS, London University.

Professor Chris Clare

Appointed Jan 2008 - Dec 2010

Professor Chris Clare's background is in both information systems and technology, and management. He graduated in mathematics and statistics from the University of London and joined British Telecom as a programmer/systems analyst. He moved on to become head of a management services group undertaking various projects within BT. From there he joined the (then) South Bank Polytechnic as a lecturer in computing. During his time at South Bank, he became Head of Computing and Mathematics and, as it became a university, was appointed Director of strategic planning and management information.

In the mid 1990s Chris was appointed Dean of Engineering, Science and Technology and Professor of information systems. Following a major restructure, he became Dean of a new faculty of business and computing, being responsible for 250 staff and 4,000 students. He retired from London South Bank University in 2007. As well as his work with the Trust, he has a part time role with the body that audits and reviews universities in the UK and has returned to some teaching with the Open University.

Robert Coomber

Appointed May 2007 - June 2013

Bob Coomber joined SLaM in 2007, having left Southwark Council in June 2006 after twelve years as their Chief Executive and a similar period as Director of Finance. At Southwark Bob was instrumental in driving much of the improvement and regeneration that has taken place in recent years which can be seen in Peckham and Bermondsey. Southwark was also one of the first authorities to attempt to integrate its social care function with that of the local PCT. In all Bob has spent more than thirty five years in London local government and has extensive experience of working with public service organisations to improve local public services like health, community safety, education and housing. Bob lives in the London borough of Lewisham.

Dr Patricia Connell-Julien

Re-appointed June 2008 - June 2011

Dr Patricia Connell-Julien has a sociology background, with a PhD in criminology, and has worked as a researcher for over ten years. Patricia has an interest in social and health-care issues. She has project-managed and conducted research with residents of south London, and has co-authored a number of publications about young people and sexual health, on stroke services, and evaluation of local healthcare services. Patricia has previous experience in social welfare, and managerial experience in commercial banking. In a voluntary capacity, Patricia has been a Board Member of a local housing association for several years, and is a Trustee of a local charity providing services to people with mental health needs and people with learning difficulties. Patricia's Board responsibilities include Chairing the Trust-wide Mental Health Act Committee, and membership of the Patient Safety and Service Improvement Committee.

Harriet Hall

Re-appointed Nov 2009 - Nov 2012

Harriet Hall qualified as a solicitor in 1976 and first worked in private practice and later as legal officer for the National Consumer Council from 1991 to 2000. More recently she was a member of the Financial Services Consumer Panel, representing the interests of retail customers of financial services companies to regulators. As a freelance researcher and writer, she has been involved in several projects developing consumer/user policy in fields including pensions and data use and privacy. Until May 2010 she was deputy chairman and a non executive director of C & J Clark Ltd, the shoe company, where she sat on the Appointments and Remuneration Committee and Audit Committee. She lives in Lambeth and has been a member of a number of management committees for local voluntary organisations.

Kumar Jacob

Re-appointed Aug 2009 - Aug 2012

Kumar Jacob is a business consultant and advises on career change and setting up of new businesses and social enterprises at KJx. He is also founder director of KJLearning Limited, a consultancy specialising in training and performance within the computer games industry. He completed his MBA at Cranfield University School of Management. He is a Trustee and member of the board of directors of Christian Aid, and currently its Vice Chair. Kumar has been involved in local political activities on behalf of the Labour Party. He chairs the South London and Maudsley NHS Foundation Trust Charitable Funds Committee and is a Council member of the Association of NHS Charities. Kumar's wife is a psychiatrist, specialising in Eating Disorders and they have a daughter and son, who are both at medical school. He has lived in Lewisham for 25 years.

Professor Shitij Kapur

Appointed Sept 2010 – Sept 2013

Professor. Shitij Kapur, FRCPC, PhD, FMedSci is the Dean and Head of School at the Institute of Psychiatry, King's College London, UK. He moved to this post after serving as Canada Research Chair and Professor of Psychiatry at the University of Toronto.

He graduated from the All India Institute of Medical Sciences, did his psychiatric training at the University of Pittsburgh and subsequently completed a PhD and Fellowship at the University of Toronto. His main research interest is in the use of brain imaging, animal models and clinical studies to understand the basis of psychosis, antipsychotics and how to improve them. His work has led to a better understanding of antipsychotic action and its relationship to D2 blockade, and to the development of the 'salience' framework of psychosis and has given rise to the 'early onset' hypothesis of antipsychotic action. He has published over two hundred peer-reviewed papers, made dozens of presentations worldwide, and serves in advisory capacity to public charities and pharmaceutical companies and has received national and international awards including the AE Bennett Award of the Society for Biological Psychiatry, Paul Janssen Award of the CINP and is a Distinguished Fellow of the American Psychiatric Association and Fellow of the Academy of Medical Sciences, UK.

Professor Eric Taylor

Appointed July 2007 - June 2010

Professor Eric Taylor, M.B. is Emeritus Professor of Child and Adolescent Psychiatry at King's College, London Institute of Psychiatry. He has previously been engaged in research in hyperactivity and other neuropsychiatric conditions (for which he was awarded the Ruane Prize) and in clinical work at the Maudsley Hospital with a neuropsychiatry specialization and lead clinician responsibility for the child outpatient teams at the Maudsley. He is a Trustee of the National Academy of Parenting Practitioners, chairs the Paediatric Psychopharmacology Group, the Association for Child and Adolescent Mental Health, and a Guidelines Development Group for the National Institute of Clinical Excellence. He has previously been a Head of Department at King's College London, Chair of the Child Psychiatry research Society, Vice-Dean and Deputy Registrar of the Royal College of Psychiatrists, and a Trustee of the Psychiatry Research Trust. He is a Fellow of the Royal College of Physicians, the Royal College of Psychiatrists, and the Academy of Medical Sciences. He has been involved for a long time with user groups in child mental health, especially ADDISS (Attention Deficit Disorder Information Services), and chaired Southwark Association for Mental Health and a community development project for families with a member with severe learning difficulties.

Executive Directors

Dr Martin Baggaley

Medical Director

Martin Baggaley is the Medical Director of the Trust and lead for Clinical Governance. He joined Lewisham and Guy's Mental Health Trust in 1997 as a consultant psychiatrist based in Lewisham. He then became clinical director for Lewisham adult mental health services in 1999. He has a long term interest in health informatics and carried out a two-year secondment with Connecting for Health. He was a military psychiatrist and has extensive experience in post-traumatic stress disorder. He contributed to the development of the Triage ward model in Lewisham and will be working in the new Triage ward at Lambeth Hospital when it opens in August 2011

Stuart Bell, CBE

Chief Executive

Stuart Bell joined the NHS in 1982 after graduating from Oxford University. He worked at Charing Cross and the Whittington Hospitals and then moved to South West Thames Regional Health Authority in 1990. In 1996 he was seconded to the NHS headquarters as Head of Performance Management for England. Since then he has been Chief Executive of Thameslink NHS Trust and Lewisham and Guy's Mental Health NHS Trust. Stuart was awarded a CBE in 2008 for services to the NHS. He is an Honorary Fellow of King's College London.

Gus Heafield

Director of Finance and Corporate Governance

Gus is a Chartered Accountant. He joined the Bethlem and Maudsley NHS Trust in 1996 as Director of Finance and Information and was appointed to his current post when SLaM was formed in 1999. An Oxford chemistry graduate, Gus trained as a chartered accountant at Touche Ross working on a number of high profile plc audits as well as consultancy assignments. He joined the NHS 19 years ago as a consultant to the NHS Management Executive Trust Unit establishing the financial monitoring regime for the then newly created NHS Trusts. Following this, he spent three years as Assistant Director at South Thames Regional Office assessing and performance managing NHS Trusts in south London. His role at SLaM includes providing financial and governance advice to the Board and providing professional leadership for the finance and corporate governance and IT functions, ensuring high standards of integrated financial planning and probity. He also manages the development and implementation of the Trust's Integrated Governance framework.

Professor Hilary McCallion

Director of Nursing and Education

Hilary McCallion is responsible for clinical quality standards, patient safety, hotel services and education and training. She is responsible for the professional leadership of nurses and nursing across the organization, ensuring standards are set and maintained. Hilary has worked across England and Wales in education and clinical practice and has both general and psychiatric nursing experience. She has been a recipient of the Florence Nightingale Award for the examination of people with AIDS related brain impairment. She is visiting professor at London South Bank University and Nightingale School, Kings College, London. She is a former Chair of the Mental Health and Learning Disabilities, Director of Nursing and Lead Nurses National forum.

Zoë Reed

Executive Director, Strategy and Business Development

Zoë Reed is the Executive Director Strategy and Business Development, with responsibility for developing and articulating the organisation's strategic goals, and ensuring that it works in partnership with others to achieve them. This requires building a picture of internal performance and the external market and reputation, and identifying how the Trust improves its position whilst ensuring compliance with the Terms of Authorisation. Promoting organisational growth, development and innovation are key to the role and to ensuring delivery of the Trust's Strategy and Business Development. Zoe had a wide-ranging experience in local government prior to joining SLaM which gives her an understanding of the perspectives and mechanisms in that sector. She continues to have a significant role in the development of Kings Health Partners with a particular focus on community involvement, public health and wellbeing.

The Register of Interests for the Board of Directors can be obtained from the Chair's Office (tel: 020 3228 4763)

Reports to the Board

Monthly	Quarterly	Annual
Finance Control of infection Information governance King's Health Partners Academic Health Sciences Centre update Report on Members' Council activity Quality report	Cleanliness Privacy and dignity Key Performance Indicators Monitor quarterly returns	Medicines management Estates strategy Information strategy NHS staff survey results Health and safety Mental Health Act Safeguarding children Serious untoward incidents Adverse incidents Equality and diversity Annual plan Annual audit letter Patient Advice and Liaison Service (PALS)

Sub Committees

Area	Sub Committees
Assurance / Scrutiny	Audit Patient safety and service improvement Serious untoward incidents Complaints monitoring Activity and finance Remuneration

Area	Sub Committees
Strategy / Planning	Estates strategy Information services strategy Workforce development Research and development

Audit Committee

The Audit Committee's key objectives are to monitor, review, and report to the Board of Directors on whether the Trust's processes in the following areas are efficient and effective: internal control and risk management; internal audit; external audit and financial reporting.

Remuneration Committee

The role of the Remuneration Committee is to advise and assist the Board of Directors on: meeting its responsibilities to ensure appropriate remuneration and terms of service for the Chief Executive and other Executive Directors; all aspects of the remuneration and terms of service of senior managers in the Trust. (See page 14 Remuneration Report for remuneration of senior managers).

Individual objectives are agreed with the Chief Executive for each of the Executive Directors. Annual cost of living awards and increments are subject to achieving objectives. Executive Directors are employed on permanent contracts with six month notice periods. Any redundancy payments [should this situation arise] would be made in line with current NHS policy.

Charitable funds

The Trust is the corporate Trustee for the South London and Maudsley charitable funds. Activity over the last year has focused on the renovation of the properties in Windsor Walk, in conjunction with King's College Hospital and the planning of a new learning centre on the Maudsley Hospital site. This is an ambitious project which will transform the Trust's ability to provide training in a modern environment, raise the profile of the provision with our partner organisations and provide an outward looking facility for local community use. This will be partially funded from sale of properties. This ties in with the ambition to ensure that the Charity can support the Foundation Trust in redeveloping the Maudsley Hospital site.

Trust Executive

The Trust Executive reports to the Trust Board. It exists to promote the effective functioning of the Executive management team, to ensure that clinical advice is properly presented and considered management team, to make decisions on the allocation of resources within the Scheme of Delegation and by the Executive to ensure that the Executive management team has an effective understanding of the operational functioning of the Trust.

The terms of reference and membership of the Trust Executive were reviewed in October 2010 to ensure there was congruity with the new Clinical Academic Group management structure. The Trust Executive now transacts its business through five types of meeting: Strategy; Governance; Formal, Service Quality and the Executive Team.

Key issues arising from the meetings of the Trust Executive are reported to the Trust Board via the Chief Executive's report which is a standing agenda item. This report also includes a report from the monthly Chief Executive's performance management review meetings with the Trust's directorates which is referred to in the Statement of Internal Control, as well as updates on issues relating to the wider health service in London and key items raised in the NHS Chief Executive's weekly bulletin.

Scheme of Delegation

The Trust operates a Scheme of Delegation which provides examples of how powers may be reserved to the Board, generally for matters for which it is held legally accountable or through its terms of authorisation, whilst at the same time delegating to the appropriate level the detailed application of Trust policies and procedures. That said, the Board remains accountable for all of its functions - including those delegated to the Chair, individual directors or officers - and therefore expects to receive information about the exercise of delegated functions to enable it to maintain a monitoring role.

Working with the Members' Council

The Trust has a membership base of 10,800 at 31 March 2011 who have elected an active Members' Council. The Chair has actively encouraged input from the Members' Council in the work of the Trust. The Members' Council and Board of Directors held their regular annual joint meeting in October 2010 where they jointly reviewed activity over the previous year and agreed a work programme for 2011. This work programme has been developed and is monitored at the quarterly meetings of the Members' Council. A number of working groups have been established this year covering quality, membership and communications as well as regular meetings regarding the development of the Trust's annual plan. The Chair welcomes and encourages open access to individuals on the Members' Council.

How the Board operates

The system established for the appraisal of performance has been monitored by the Nominations Committee for Non Executive Directors and the Remuneration Committee for Executive Directors.

The Trust integrates governance principles and procedures within its operations and management arrangements.

The Board of Directors has reviewed the Trust's compliance with the NHS Foundation Trust Code of Governance, and considers that the Trust has complied in all material respects. The one exception is that the Trust has decided not to appoint a Senior Independent Director as we have robust and thorough scrutiny processes in place. This involves objective, independent and thorough appraisal of the performance of the Chair through the use of an external consultant; structured feedback from a range of external and internal stakeholders; the opportunity for direct contact between the Members' Council and all Board Directors, including attendance by Non Executive Directors at Members' Council meetings which help to integrate the Trust's governance arrangements.

The Board of Directors has continued to assess the independence of its Non Executive Directors further to the requirements of the Code of Governance, and considers that each Non Executive Director is independent in character and judgement.

These relationships are declared where relevant at each meeting of the Board of Directors. The Board of Directors considers that the materiality and circumstances relating to these relationships are such that they do not affect, nor could appear to affect, the independence of the directors concerned.

The Board of Directors has an appropriate balance of skills and experience between the Executive Director posts and Non Executive Director posts.

Individual evaluation of directors' performance is carried out by the Chair (for Non Executive Directors and the Chief Executive) and by the Chief Executive (for Executive Directors). The Nominations Committee receives reports on behalf of the Members' Council on the process and outcome of appraisal for the Chair and Non Executive Directors. The Remuneration Committee receives a report from the Chief Executive on the performance of all Executive Directors and the Chair reports to the Remuneration Committee on the performance of the Chief Executive.

Principal risks

The principal risks facing the Trust, and how they are managed, are set out in our Assurance Framework. The Framework covers financial issues which are monitored by the Audit Committee, quality issues which are monitored by the Service Quality Improvement Committee and the maintenance of a strategic and operational focus which is monitored via the Governance Executive.

King's Health Partners Academic Health Sciences Centre (AHSC)

King's Health Partners is a formal, strategic alliance involving SLaM, King's College London and Guy's and St Thomas' and King's College Hospital NHS Foundation Trusts.

Comprising one of the world's leading research-led universities and three of London's most successful NHS Foundation Trusts, King's Health Partners is in a unique position to deliver groundbreaking advances in physical and mental health care. The population we serve is one of the most economically and ethnically diverse in the world, which means that our work will have global relevance and application. As an AHSC, we aim to create a stronger and more formal collaboration in basic and translational research, and health and knowledge investment. By integrating our clinical strategies we can focus on patient need in a way that moves beyond historical divisions and traditional institutions.

Each of the four partners remains an organisation in its own right with its own governance structures. So each of the three NHS Foundation Trusts retains its Board of Directors and Members' Council (or equivalent), and King's College London retains its Council.

The governance arrangements for King's Health Partners are as follows:

Partnership Board

The Partnership Board is the ultimate authority within King's Health Partners. Membership consists of the Chairs and Chief Executives of the three NHS Foundation Trusts and the Principal and Vice Principal of King's College London. The Board:

- represents and promotes the interests of King's Health Partners
- is responsible for agreeing overall strategy and business planning, the nature and number of organisations within King's Health Partners and any other matters with potential or actual substantial impact on individual partners or the partnership
- will seek to prevent disputes and, if any occur, will resolve them in accordance with the binding dispute resolution procedure.

In October 2009 the Partnership appointed Lord Butler of Brockwell as its first independent Chair. Robin Butler had a high profile career in the civil service from 1961 until 1998, serving as private secretary to four prime ministers and was Secretary of the Cabinet and Head of the Home Civil Service from 1988 to 1998.

Executive

The permanent Executive Director, Professor Robert Lechler, has responsibilities which include chairing the Executive. The Executive is responsible for the development, co-ordination and performance of Clinical Academic Groups (CAGs), which will progressively be brought within the formal governance framework through an internal approval process that will ensure they are fit for purpose. This process, which will be managed by the Executive on behalf of the Partnership Board, will require each CAG to demonstrate that it has strong leadership, a coherent strategy and a credible business plan to deliver that strategy.

South London Health Innovation Education Cluster (HIEC)

The South London HIEC brings together King's Health Partners Academic Health Sciences Centre and the South West London Academic Health and Social Care Network. This includes all south London's primary care and mental health trusts, 17 NHS hospitals, the London Ambulance Service and the local Health Protection Unit, as well as six universities, further education providers and social care teams.

Members of the HIEC will work together to improve patient care and local health services by more rapidly delivering the benefits of research and innovation directly to patients, for example through the early adoption of new technologies and introduction of improved processes. Early work will include a review of current education and training aimed at health professionals across south London and is expected to lead to the introduction of new programmes, as well as enhancements to existing training courses.

The South London HIEC has identified four areas to focus on initially: mental health; infection prevention and control; diabetes, and stroke. The HIEC is jointly led by King's Health Partners Academic Health Sciences Centre and the South West London Academic Health and Social Care Network.

Mental health Clinical Academic Group appointments

The following have been appointed as CAG (Clinical Academic Group) Directors:

Addictions

Mark Allen	Service Director
Dr Emily Finch	Clinical Director
Professor John Strang	Academic Director*

Behavioural and Developmental Psychiatry

Jill Lockett	Service Director
Professor Tom Fahy	Joint Clinical Director
Dr Jean O'Hara	Joint Clinical Director
Professor Declan Murphy	Academic Director*

Child and Adolescent Mental Health Services

Paul Calaminus	Service Director*
Dr Gordana Milavic	Clinical Director*
Professor Emily Simonoff	Academic Director*

Mental Health Older Adults and Dementia

David Norman	Service Director
Dr Chris Ball	Clinical Director
Professor Rob Howard	Academic Director*

Mood Anxiety and Personality

Steve Davidson	Service Director*
Dr Jonathan Bindman	Clinical Director*
Professor David Clark	Joint Academic Director*
Professor Andre Tylee	Joint Academic Director*

Psychological Medicine

Steve Davidson	Service Director*
Dr Ranga Rao	Clinical Director*
Professor Simon Wesseley	Academic Director*
Professor Matthew Hotopf	Research Director

Psychosis

Patrick Gillespie	Service Director*
Professor Philippa Garety	Clinical Director*
Professor Philip McGuire	Academic Director*

* Clinical Academic Group Leaders

Environmental matters

The Trust's environment / carbon management group is responsible for:

- procurement policies that strengthen communities, improve health and sustain the environment
- building skills and providing routes into employment for disadvantaged and hard-to-employ groups
- sustainable management of waste, resources and energy
- improved access to facilities
- design, construction and refurbishment of buildings to promote social, economic and environmental sustainability.

Contractual arrangements

SLaM has an extensive contract portfolio including relationships with most Primary Care Trusts (PCTs) in the country as well as research and development commissioners, education commissioners and other NHS trusts. We also have a wide range of ad hoc subcontracts with independent and third sector providers who support our service provision.

We receive approximately £325m clinical activities income per year, 80% of which comes from contracts with four PCTs and local authorities: Croydon, Lambeth, Lewisham and Southwark, covering mostly secondary mental health and substance misuse services. We receive income from other London PCTs for substance misuse and other specialist work, and from PCTs across the country who refer to our specialist services. We also work on behalf of local commissioners, managing complex and forensic care placements.

Statement from Directors regarding audit information

So far as the directors are aware, there is no relevant audit information of which the auditors are unaware. The directors have taken all necessary steps in order to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

Exposure to price, credit, liquidity and cash flow risk

Liquidity

Our net operating costs are incurred under contracts with Primary Care Trusts (PCTs) and other public sector bodies, which are financed from resources voted annually by Parliament. We finance our capital expenditure from funds internally generated, but have the ability to borrow against the Prudential Borrowing Limit. At the year-end the Trust had £63m cash and a £15m working capital facility in place. The Trust is not, therefore, exposed to significant liquidity risks.

Credit

The majority of our income comes from contracts with other public sector bodies, and we therefore have low exposure to credit risk.

Price

The majority of our income is covered by contracts signed with PCTs at the start of the financial year and paid over 12 months in equal installments. The contracts with PCTs are adjusted in line with a nationally agreed generic inflation factor that covers pay and non pay inflation and other specific national cost pressures such as new drugs.

Research and Development (R&D)

Working in close partnership with the Institute of Psychiatry (IoP), King's College London, SLaM jointly hosts the UK's only specialist National Institute for Health (NIHR) Biomedical Research Centre for mental health and holds the largest mental health research portfolio in the country including eight NIHR Programme Grants for Applied Research. The IoP held research grants to a total value of £200m at 31 March 2011. The Institute's research, much of which is undertaken in partnership with SLaM, was rated highly in the Research Assessment Exercise 2008 and judged to have the highest research power of any institution submitted within the unit assessing psychiatry, clinical psychology and neuroscience. Examples of how our research is being used are highlighted elsewhere within this annual report

Equality of opportunity

The Trust's Single Equality Scheme (SES) was published last year and sets out the Trust's equality objectives for the next 2 years, bringing together the Race, Gender and Disability schemes in anticipation of the new Equality Act 2010 and the extension of protection to other areas including religion and spirituality, sexual orientation and age.

On-going work over the past year includes:

- The Lesbian, Gay, Bisexual and Transgender (LGBT) staff group has developed and secured funding for a programme of work to improve and progress LGBT equality, within the Trust.
- The LGBT service user group '4 in 10' received funding and support from the Trust and a film has been produced about members of the group and the issues facing LGBT people with mental health problems.
- The Disability Staff Networking group, created by a group of staff, for staff with disability issues to share concerns and good practice on all types of disability and to advise the Trust on how to better support staff with disabilities, was officially launched at an event in March.
- SLaM Spiritual and Pastoral Care Services have worked in partnership with the Association for Pastoral Care in Mental Health in Croydon to develop and deliver a course on spirituality and mental health which was accredited by the University of Middlesex and was attended by both staff and members of the local community.
- In Lewisham, the Mental Health Promotion team and Spiritual and Pastoral Care service have developed and delivered training exploring mental health, well-being and spirituality. The course is working to engage local faith groups and their communities with mental health care services and practitioners, to increase their capacity to support people with mental health issues and signpost them to mental health services and chaplaincy provision where appropriate.

Going concern

The directors, having made enquiries, have a reasonable expectation that the Trust has adequate resources to continue its operations for the foreseeable future. As a result the accounts continue to be prepared on a going concern basis.

Complaints

The Trust received in total 548 formal complaints. Of these there were five requests for Independent Review by the Parliamentary Health Service Ombudsman, where the original complaint was made during the same period. This accounts for 0.9% of the number of complaints received at the first stage going to the second stage of the Complaints procedure. In three cases the outcome for the Trust was no further action. The Trust awaits the outcome of review of the two remaining cases.

Of the complaints investigated and subsequently closed, 46% were either fully or partially upheld.

Trustwide learning this year has included:

- Reviewing the safeguards around the monitoring of Lithium to minimise the risk of adverse side effects
- Clearer robust administrative processes to minimise the risk of breaches of confidentiality
- The review and subsequent improvement of information provided to clients and referrers to National services.

The Trust also recorded 95 formal compliments this year which covered a range of services within the Trust.

The resounding theme from all areas related to staff attitude. Most compliments concerned the gratitude of the service user, relative, friend, carer and other health professionals about the care and treatment provided by the staff from that particular service area.

This year the Trust has rolled out web based system which means local services/complaints handlers within the CAGs can access the software simultaneously. Complaints handlers in different departments can be given access only to view the relevant complaints for their own departments, thereby keeping data confidential whilst being able to monitor investigations, themes, trends and service improvements relevant to their area. This improved information flow will hopefully enhance the learning from complaints in the future.

Involving and communicating with staff

A number of mechanisms are in place / planned to facilitate effective and timely communications about developments within the organisation. A particular focus of our internal communication over the last year has been the development of Clinical Academic Groups (CAGs). This was achieved through:

- Four partnership time events in May, August, September and November continuing to develop a co-productive approach to involvement and specifically to engage in dialogue with service users, carers, voluntary organisations, staff and wider stakeholders to develop new and creative methods of engagement within care pathways
- Three Senior Leadership groups in March, June and September on the Trust strategic development and CAG and care pathway development
- Annual Trust Conference in November 2010 on the White Paper, wellbeing, research and recovery attended by 200 senior leaders, clinicians and managers
- Three workshops in April 2010, July 2010 and November 2010 for commissioners on CAG and care pathway development and to share responses to the White paper, progress on service innovations and developments and outcome based commissioning. Further events will be held this coming year with the aim of encouraging a smooth mental health commissioning transfer through this transition period and to positively engage with future GP commissioners as part of our GP engagement strategy
- Three CAG leadership seminars in July 2010, October 2010 and January 2011 to provide a forum for the CAG leadership teams to reflect on the evolving external and internal context of the organisation, consider the challenges and operational processes to be prioritised in the new environment, consider alternative leadership models in the new CAG structure and to clarify the connection between CAGs and the broader KHP structure
- A series of staff briefings on CAG and care pathway development in June 2010, attended by 120 staff
- Six workshops in May, June, July, September 2010, and February and March 2011 with the aim of completing the work on high level care pathways during the autumn of 2010 and then for the CAGs to develop local action plans to deliver the more detailed supporting protocols and associated service transformation plans. Some of these events have been held for individual CAGs and some for a specific care pathway looking at cross CAG issues and interfaces. Each event was attended by between 50 and 70 people.

Membership

Reasons to become a member of SLaM

- Help us put mental health on the map. In the past, mental health services have sometimes been seen as the poor relation to other parts of the NHS. If you believe that mental health services are important, then we hope you will say so by joining up
- Put yourself forward for election. As a member, you can stand in the elections for our Members' Council, which has a statutory role in overseeing the organisation's strategic direction. There are seats on the Members' Council for individual staff, service users, carers and public
- Sign up and have a vote. You need to be a member in order to have a vote in deciding who sits on our Members' Council
- Help determine our priorities. We believe we have a good track record of seeking to involve people in decisions about the future of services. Membership takes this to another level. As an NHS Foundation Trust, our Board of Directors has a statutory responsibility to take account of the views of the Members' Council on issues such as determining our priorities for the future. As a member, you decide who sits on the Council
- Add your weight to the voice of SLaM membership. Membership provides an opportunity for service users, carers, health and social care professionals to come together and create a powerful voice to lobby for informed public debate about mental health issues. You don't need to agree with everything the Trust does in order to become a member – the only 'party line' we ask you to share is a belief in the rights of people with mental health problems to receive dignity, respect and effective care and treatment
- Help us make the most of membership. The concept of membership is still evolving at SLaM. By becoming a member, you have an opportunity to influence this. How do you think we can make the most of membership?
- Make us truly representative. Mental health and well being is an issue for everyone. We need a broad range of opinion to help us make the best possible decisions about how we provide healthcare. So, for example, we believe it is important that our membership isn't just made up of health and social care professionals. We also need to ensure that other groups have a voice –including service users, carers and public.

Becoming a member of SLaM

- Anyone who lives in England and Wales can join the Trust as a public member
- Anyone who is employed by the Trust under a contract of employment may become or continue as a staff member provided they: (1) are employed by the Trust under a contract of employment which has no fixed term or has a fixed term of at least 12 months (2) have been continuously employed by the Trust under a contract of employment for at least 12 months
- Individuals who exercise functions for the purposes of the Trust, otherwise than under a contract of employment with the Trust may become or continue as members of the staff constituency provided such individuals have exercised these functions continuously for a period of at least 12 months
- Anyone whose name is recorded as a patient on the Trust's patient administration system or other record maintained for the purpose of identifying patients of the Trust and who has, within the last five years, attended the Trust as a patient can join as a member of the service user constituency
- Anyone who has within the last five years, attended the Trust as the carer of a patient, may become or continue as a member of the Trust in the carer constituency.

Membership recruitment

Constituency	March 2010	March 2011	Annual Increase (%)
Public	4,024	4,573	13.6%
Service user	814	854	4.9%
Carer	235	276	17.4%
Staff	4,997	5,116	2.3%
Total	10,070	10,819	7.4%

We continued to increase the membership base of the Foundation Trust which now stands at 10,819 members as at the end of March 2011. Particular effort was made over the summer to engage with people attending major events in the community such as the Lambeth Country Fair.

The innovative programme 'Make Me Smile Again' continued in 2010 in which we invited applicants to submit a bid that would improve the patient experience, promote mental well-being or increase social inclusion. Over 100 small funding grants will be allocated as a result of the process. The funding was used to support a wide variety of initiatives including gardening projects and help for local autistic groups.

Contact details for Membership Office

The contact points within the organisation for members who wish to communicate with the Members' Council and/or Directors are:

Paul Mitchell, Trust Board Secretary

e paul.mitchell@slam.nhs.uk

t 020 3228 5376

Based at the Trust HQ, Maudsley Hospital, Denmark Hill, London SE5 8AZ

Quality report

Our commitment to quality

We are delighted to present the SLaM quality report for 2010/2011. The purpose of the report is to enable the Trust to be transparent and accountable for the quality of the services it provides. The annual quality account gives us an excellent opportunity to promote the importance of quality further by setting priorities for the coming year and highlighting achievements over the past year.

Quality is at the heart of everything we do in the Trust. Whether it is in our hospitals, clinics or in patients' homes, it is the quality of what we provide combined with the way we provide it, that makes for a good experience for users of our services.

Service quality is about four key things, the clinical effectiveness of the treatments and interventions we offer, the safety of those receiving, working in or visiting our services, the experience of those using or supporting those who use our services, and the accessibility of our services for patients and other health care professionals and agencies.

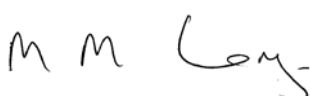
The Trust has many initiatives which are designed to improve quality. The productive ward and community programmes which aim to release staff time so that they spend more time delivering direct patient care are well established. We have significantly increased the measurement of service user satisfaction, through surveys of the opinions of people who use our services. We have also improved the collection and analysis of clinical outcome measures so that we are in a strong position to be able to use this information to make improvements to the effectiveness of treatments and interventions.

The Trust has over the past year established the structure of Clinical Academic Groups in line with the King's Health Partners AHSC strategy. Clinical Academic Groups will provide an excellent platform to clearly define the interventions and quality of care that patients should receive throughout their journey through our services.

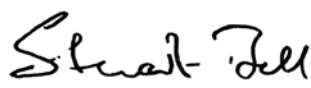
Our four main commissioning PCTs, our Local Authority Overview and Scrutiny Committees and Local Involvement Networks have all been invited to contribute to defining our quality priorities for next year and comment on the report. Their comments and response to the content of the report are included in section five. The Foundation Trust's Member's Council has also contributed to this report through its quality sub group.

We know that 2011 will be a challenging year for all public services but we also know that our commitment to quality will enable us to improve the efficiency and effectiveness of our services.

This quality report reflects our determination to develop our understanding and measurement of quality as experienced by users of our services, and our ambition to deliver continuous quality improvement in all our services. To our best knowledge the information presented in this report is accurate. We hope you will find it informative and stimulating.



Madeleine Long
Trust Chair



Stuart Bell CBE
Chief Executive

1. Our priorities for improvement

We have listened to feedback from service users, staff and stakeholders over the past year and reviewed national guidance in order to develop a set of priorities for the coming year.

This process of gathering feedback has included:

- Listening to complaints and compliments, as well as postings on the 'patient opinion' website
- Reviewing audit, research, service reviews and assessments and service user survey findings
- Listening to service users and carers at events such as the partnership time events, Trust Wide Involvement Group [TWIG] meetings and family and carer events.
- A consultation event in February 2011 for partner organisations including PCTs, Local Authority OSCs, and LINKs
- Joint sessions of the Foundation Trust's Members Council and Board of Directors
- A Quality working group of the Members Council which has looked at quality priorities over the year
- Presentations to the Board of Directors and Quality Sub-committee of the Board.
- Discussions with clinicians and managers of services about quality in their services.
- Discussions and presentations at Senior Leaders events within the Trust
- Discussions within the Quality Executive group of the Trust

The priorities for 2011/2012 set out below have been arranged under the four broad headings which put together provide a working definition of quality in our services; access, experience, safety and effectiveness.

2.1 Access to services

Improving Access to Service priorities. In 2011/2012 we will endeavour to;

- Ensure good access to mood anxiety and personality disorder [MAP] teams for primary care
- Improve waiting times for eating disorders outpatient treatment
- Provide timely interventions for prisoners who require specialist mental health care
- Reduce the length of stay for patients on complex care in-patient psychosis CAG wards and housing provision, and reduce reliance on external complex care placements
- Improve interfaces with primary care and wards - including transfer back to primary care
- Develop the acute inpatient care pathway and implement it to reduce length of stay
- Reduce waiting times and improve direct access for GPs, and self referrals.
- Improve access to interventions including psychological, family, vocational and state of the art medication

2.2 Patient safety

Patient safety priorities. In 2011/2012 we will endeavour to:

- Reduce levels of violence and aggression in in-patient services. As well as generally improving the therapeutic environment, this will result in a better experience for users of our services
- Improve engagement with service user and carers, making best use of knowledge and information that the carers/ families have about the service user.

2.3 Patient experience

Patient experience priorities: In 2011/2012 we will endeavour to:

- Reduce waiting times for patients needing mental health assessment in A&E. Service: Mental Health Liaison (Lambeth, Southwark, Croydon and Lewisham).
- Develop a consistent approach to end of life palliative care, across Mental Health of Older Adults and Dementia services.
- Improve service user participation in care planning, and the quality of recovery focussed care plans - Psychosis services
- Improve the experience of non-psychotic patients on inpatient wards - MAP service
- Improve involvement and participation of service users in their care and treatment. Mental Health of Older Adults and Dementia services.

2.4 Clinical effectiveness

Clinical effectiveness priorities: In 2011/2012 we will endeavour to:

- Use clinical outcomes measures to improve clinical outcomes in CAMHS services
- Establish good outcomes for psychological treatments - MAP CAG
- Improve clinical outcomes across Mental Health of Older Adults and Dementia services
- Establish programmes for maintaining and improving physical health in Bexley Borough addictions services

Table of CAG specific quality priorities with measures and targets.

	Quality Priority	Measures	Target
Access to services	Ensure good access to MAP teams for primary care referrals	Wait times for assessment and treatment interventions	Targets vary according to particular service
	Improve waiting times for eating disorders outpatient treatment	Monthly monitoring of waiting times, unfilled appointments, DNA's, cancellations.	Reduce waiting times - referral to date first seen to 18 weeks.
	Provide timely interventions for prisoners who require specialist mental health care BAPD CAG	Prison to MSU admissions times. MIETS, MHLID and BDU inpatient assessment report completion times.	A reduction in waiting times for Prison to MSU transfers, and referral to assessment, assessment to admission.
	Reducing the length of stay on complex care inpatient wards and housing - Psychosis services	Length of Stay - to be determined following audit of baseline and dependent on type of unit.	Shorter length of stay – to be determined.
	Reducing reliance on external complex care placements	Number of patients placed outside SLAM Cost of external placements	Reduce number of external complex care placements.
	Improving interfaces with primary care and inpatient units.	Frequency of contact with GPs. Use of standardised discharge summary template.	'Easy in - Easy out' transfers with primary care. Improved physical health outcomes.
	Develop Acute Inpatient Care Pathway and implement it to reduce length of stay	Length of stay	Maximum length of stay 28 days by Jan 2012
	Reducing waiting times and improving direct access for GPs and self referrals.	Number of direct referrals Number of self referrals	Improved access to services.
	Improve access to interventions including psychological, family therapy.	Evaluate clinical outcome at baseline, one year and discharge and evaluate cost-effectiveness	Adhere to NICE guidelines on the management of schizophrenia

	Quality Priority	Measures	Target
Clinical effectiveness	Improve physical health of service users of Mental health and Learning Disabilities Service.	Patients BMI, control of hypertension, improvement in diabetic control, reduction of raised lipid levels, smoking cessation.	Improve the physical health by 25% in 2011/2012. Target high risk patients to improve.
	Use clinical outcomes measures to improve clinical outcomes in CAMHS services.	Paired scores and size effects.	90% of eligible patients with paired scores
	To establish good outcomes for psychological treatments - MAP CAG	CORE-OM outcome measures	Improve levels of paired ratings. Improvement in size effect (outcome).
	Improve clinical outcomes across Mental Health of Older Adults and Dementia services.	Paired outcome score. Improvement aggregated size effects for all services	90% paired score rates across all services.

	Quality Priority	Measures	Target
Patient experience	Service: Mental Health Liaison (acute hospitals) Reduce the time patient are kept waiting for mental health assessment in A&E.	Wait time.	Reduce waiting time for assessment
	Develop a consistent approach to end of life palliative care, across Mental Health of Older Adults and Dementia services.	Improved patient and carer experience survey ratings.	Support patients to die at home with their families
	Improving the quality of recovery focussed care plans - Psychosis services	Service users satisfaction survey rating. Care plans to be written in the first person.	Improve levels of paired ratings. Improvement in size effect (outcome).
	Quality priority: Improve service user participation in care planning	Patients surveys	Improve patient satisfaction scores in participation.

	Quality Priority	Measures	Target
Patient experience (Continued)	To improve therapeutic experience for non-psychotic patients on inpatient wards - MAP CAG	Complaints, SIs, audit of schedules of therapeutic activity, clinical outcomes.	Improve safety and experience of non-psychotic patients on in-patient units.
	Improved involvement and participation in care and treatment. Mental Health of Older Adults and Dementia services.	Patient survey results	Improved patient satisfaction around involvement and participation.

	Quality Priority	Measures	Target
Patient safety	Reduce levels of violence and aggression in in-patient services.	Number of incidents reported. Number of RIDDOR as a result of violence.	Reduce the incidence of physical assaults by 25% by the end of 2013/14.
	Improve engagement with service user and carers, BAPD CAG	Number of collaborative care plans.	All service users and carers will have a care plan that they have been actively involved in developing.

CQUINS

There are four CQUIN targets for the Trust for 2011/2012. These have been agreed by our four borough PCT commissioners from Lambeth, Southwark, Lewisham and Croydon.

- Operating a comprehensive 'easy in' and easy out' model of care. This CQUIN is designed to ensure that the Trust will offer easy, flexible and prompt access to the required level of care and treatment within their services, and facilitate timely discharge to primary care ensuring effective communication with key stakeholders.
- Improving the physical health of patients. The aim of this CQUIN is to identify and improve the physical health care of patients with mental health problems in hospital and community based settings to reduce the premature mortality of this client group.
- Understanding and improving patient reported measures of care. This goal measures the overall rating of care through an increase in service user satisfaction – evidenced by a 5 point increase in PEDIC survey scores.
- Fidelity to the implementation of the recovery model. Choice and control are essential to someone's recovery journey, and each person's view of recovery is unique to the individual. This CQUIN focuses on individual specific goals, and identifies whether users feel that they own their care plan, and have moved towards their own recovery.

Our strategy for quality improvement

Our strategy is to support clinical services to improve the quality of the care and treatment that they provide by building capacity and capability [skills and application of quality improvement theory and techniques] for quality improvement in all services both clinical and non-clinical, and focussing central expert advice and support on service quality priorities defined year on year. The strategy builds upon the success of the productive ward and community programmes. Our long term aim is to instil a culture of continuous quality improvement in all staff and all services.

3. Statements relating to the quality of NHS services provided

Introduction

The purpose of this section is to provide formally required evidence on the quality of services. All NHS Trust's and FTs are required to follow a similar format for each of the sections below in line with national guidance.

3.1 Review of services

During 2010/11, SLaM provided NHS services from 283 distinct teams or services. These included in-patient units, outpatient clinics, community services, and liaison services based in our partner acute hospitals.

In October the management of our clinical services was restructured from Borough based Directorates [for adults of working age], to Clinical Academic Groups designed (in line with King's Health Partners principles) to bring together clinical service provision, research and education. The seven SLaM Clinical Academic Groups are:

- Addictions
- Behavioural and Developmental Psychiatry
- Child and Adolescent Mental Health
- Mood and Personality Disorder
- Mental Health of Older People and Dementia
- Psychological Medicine
- Psychosis

Approximately 27% of the Trust activity relates to services provided outside of the four Boroughs of Lambeth, Southwark, Lewisham and Croydon. This includes R&D funding, local authority funding, junior doctors training and income from other commissioning PCTs.

SLaM has reviewed all the data available on the quality of care in all of these NHS services. The income generated by the NHS services reviewed in 2010/2011 represents 100 per cent of the total income generated from the provision of NHS services by SLaM 2010/2011.

3.2 Participation in national audits and national confidential enquiries

During April 2010 March 2011 SLaM participated in data collection for 2 national clinical audits: Pilot of the National Audit of Psychological Therapies for Anxiety and Depression (Royal College of Psychiatrists) and the National Audit of Continence Care (Royal College of Physicians). SLaM also submitted data to the National Confidential Inquiry into suicides and homicides by people with mental illness.

Service accreditation	SLaM Teams Participation	National
ECT clinics	3	113
Working age adult wards	14	158
Psychiatric intensive care	0	36
Older people mental health	4	62

Table 1. 2010/2011 Participation in national quality improvement projects, managed by the Royal College of Psychiatrists, Centre for Quality Improvement (CCQI).

NAPT	SLaM	National
Number of teams participating in the audit	15	362
Number of patients included in the Q3 retrospective audit	2175	50403

Table 2. Participation in the National Audit of Psychological Therapies [NAPT]

In addition, SLaM also participated in the following national audits as part of the POMH-UK pharmacy audit programme 2010 – 2011:

- Monitoring of patients who are prescribed Lithium
- Use of anti-psychotic medicine, for people with learning disabilities.
- Use of antipsychotic medication in CAMHS services

3.3 Participation in clinical research

The number of patients receiving NHS services provided or sub-contracted by SLaM for the reporting period, 1 April 2010 - 31 March 2011, that were recruited during that period to participate in research approved by a research ethics committee was 6695.

This level of participation in clinical research demonstrates SLaM's commitment to improving the quality of care we offer and to making our contribution to wider health improvement. SLaM and its closest academic partner, the Institute of Psychiatry, King's College London (IoP), are committed to working together to promote mental wellbeing and to establish the best possible treatment and care for people with mental illness and their family members. The total value of research grants held by the IoP at 31 March 2011 was £200 million. In a pioneering global collaboration between King's College London, SLaM, King's College Hospital and Guy's & St Thomas' Hospital NHS Foundation Trusts, 'King's Health Partners' was formally accredited in March 2009 as one of the UK's first five Academic Health Sciences Centres (AHSCs). King's Health Partners has the core aim of aligning clinical services, research and training much more closely for direct patient benefits for a large and diverse population.

During the reporting year, SLaM was involved in conducting 239 clinical research studies, 125 of which were adopted onto the NIHR Portfolio. SLaM is fully compliant with and is using national systems (IRAS and CSP) to manage these studies in proportion to risk. All of our NIHR Portfolio studies have been conducted under NIHR Topic Specific Networks, the majority of studies being under the Mental Health Research Network. Contracts for our commercially-sponsored studies have been negotiated and managed by the Joint Clinical Trials using the national model clinical trials agreement (mCTA).

The Joint R&D office of SLaM and the IOP is now part of NIHR Research Support Services, a national framework for local health research management that aims to standardise good practice within the NHS. As part of this SLaM has issued its R&D Operational Capability Statement (at <http://www.iop.kcl.ac.uk/departments/?locator=26>), which has been reviewed and agreed by the Trust's Board of Directors. The R&D Office uses the national NIHR HR Good Practice Resource Pack. The R&D Office has issued 124 honorary contract or letters of access based on the Research Passport during the reporting period.

In 2010, 2115 publications resulted from our involvement in ethically approved research in partnership with the Institute of Psychiatry, helping to improve patient outcomes and experience across the NHS.

3.4 Commissioning for quality and innovation (CQUIN)

In 2010/11, 0.8% of SLaM income was conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework CQUINS. Lambeth, Southwark, Lewisham, and Croydon PCTs agreed common CQUIN targets for the Trust for 2010/2011. The table below shows our percentage performance against each CQUIN target per quarter.

		Q1	Q2	Q3	Q4
No	CQUIN target				
1a	90% of users on CPA registered with a GP				100%
1b	Clinical information on 90% of CPA patients shared with GP				100%
1c	Brief summary of physical health issues included in CPA review				25%
1d	Annual health check for 80% of clients with long term conditions				62.5%
2	Completion of POM-H UK audit for prescribing in dementia			100%	
3	Routine use of the national mental health clustering tool.		100%	100%	100%
4	User experience and involvement	100%	100%	100%	100%
5a	PSA 16 - current employment status recorded	100%	100%	100%	0%
5b	PSA 16 - vocational and employment assessments in place	100%	25%	75%	0%
6	Personalisation	87%	50%	25%	50%
7a	Completion of paired HoNOS in AMH	25%	50%	100%	100%
7b	Completion of paired HoNOS in MHOA	100%	100%	100%	100%
7c	Completion of paired CGAS in CAMHS	50%	100%	100%	100%

Table 3. CQUIN performance [Lambeth, Southwark, Lewisham, Croydon]

3.5 The care quality commission (CQC) and other regulators

All SLaM services are registered with the Care Quality Commission 'without condition'.

This means that there have been no formal concerns raised on the quality of our services by the CQC.

The Care Quality Commission has not taken enforcement action against the Trust during 2010/11. SLaM has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

Safeguarding the rights of patients detained under the Mental Health Act

The CQC regularly visits all services which detain people under the Mental Health Act 1983. In a presentation of their annual Mental Health Act report to the Board of Directors in March 2011, the CQC praised the quality of leadership and administration relating to the Mental Health Act within the Trust, and its commitment to ensuring that detained patients' rights were properly respected.

Monitor

There were no issues raised by Monitor (the NHS Foundation Trust regulator) in relation to service quality in 2010/2011.

The Health and Safety Executive [HSE]

The HSE issued no improvement or prohibition notices to the Trust during the last year.

3.6 Data quality

Good information is fundamental to the successful operation of the Trust. It underpins important decisions relating to how care is provided at an operation, management and strategic level. It drives performance management within the Trust and is an essential requirement of both clinical and corporate governance.

The key areas of action to improve data quality are:

- Validity - all data items held on all Trust computer systems must be valid.
- Completeness - all staff entering data into any of the Trust systems are required to complete all of the mandatory data items.
- Consistency - checks are undertaken to ensure that information is consistent, makes sense and is recorded in the correct sequence.
- Coverage - the complete dataset must be recorded for all Trust systems.
- Accuracy - data is checked for accuracy to ensure that the correct information is recorded on Trust systems.
- Timeliness - data must be entered onto Trust systems in a timely way to ensure that up to date information is recorded on Trust systems.

Standards for these data quality priorities are included in the information governance (data quality) policy.

The Trust submitted data during 2010/11 for inclusion in the Hospital Episode Statistics and Minimum dataset (HES data). These are included in the latest published data. The chart below shows continuing improvements in the recording of ethnicity, GP coding, NHS number, diagnosis and postcode.

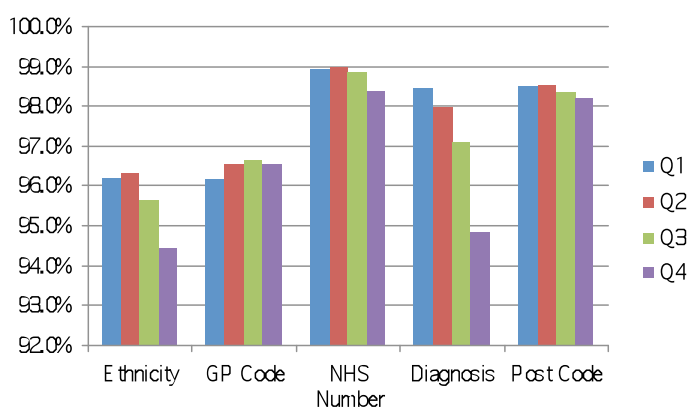


Table 4. The completeness of data in 2010/11

Data is based on the caseload on the last day of each quarter

3.7 Monitor indicators 2009/2010

The Trust is required to report against a list of published indicators which link to existing commitments and national priorities within the periodic review 2010/2011. They include:

CQC Indicators 2010/2011	SLaM 2009/2010	SLaM 2010/2011	National Target
Access to crisis resolution	97%	98%	90%
CPA – 7 day follow-up	96%	93%	95%
Drug users in effective treatment [NTA]	85%	78%	-
Delayed discharges/transfers	4.3%	4.2%	7.5%

Table 5. Performance against CQC indicators

Definitions

Access to Crisis Resolution Home Treatment (Home Treatment Team)

Home treatment teams provide intensive support for people in mental health crises in their own home. Home Treatment is designed to provide prompt and effective home treatment, including medication, in order to prevent hospital admissions and give support to families and carers. The numerator here is the percentage of admissions to the trust's acute wards that were assessed by the crisis resolution home treatment teams prior to admission.

Care Programme Approach (CPA) 7 day follow up

Follow up within seven days of discharge from hospital has been demonstrated to be an effective way of reducing the overall rate of death by suicide in the UK. Patients on the care programme approach (CPA) who are discharged from a spell of inpatient care should be seen within seven days.

Number of Drug Users in Effective Treatment (Drug misuse: 12 week effectiveness)

Evidence suggests that drug treatment is more likely to be effective if clients are retained in treatment for 12 weeks or more, reducing drug use, crime, morbidity and mortality associated with misuse, and improving health and social functioning. This is a National Treatment Agency (NTA) indicator.

Delayed Discharges

The number of non-acute patients, age 18 and over, whose transfer of care or (discharge from hospital) was delayed. Delayed transfers of care attributable to social care are excluded.

3.8 Information governance toolkit attainment

The Information Governance Toolkit is an annual national self-assessment process overseen by the NHS Connecting for Health. The toolkit provides assurance in relation to the Trust's compliance with the information governance standards in six key areas covering information governance management, confidentiality and data protection, clinical information, corporate information, secondary uses and information security. The Trust scores for this year's toolkit (version 8), which were independently audited, are at Level 2 or 3 (out of 3) for all standards, that represents 89% compliance.

3.9 Clinical coding error rate

SLaM was not subject to the Payment by Results clinical coding audit during 2010/11 by the Audit Commission.

4. Review of quality performance

PRIORITY 1. Medicines safety

In our 2009/2010 quality report we said that we would;

- Pilot and evaluate e-prescribing, and if successful move to Trust wide rollout.
- Establish a process of medicines reconciliation in all in-patient services.
- Continue our commitment to the POMH UK audit programme for 2010/2011

Progress in 2010/2011:

There was a continued focus on analysing and learning from reported medication transaction incidents. The e-prescribing system was found not to be suitable for the Trust's requirements, a solution for the whole of Kings Health Partners is now being sought. The pharmacy team are implementing a two year plan for medicines reconciliation across the Trust. A number of POMH-UK audits have been completed, these include

- Antipsychotic prescribing in children, older adults, people with learning disabilities
- Physical health monitoring in patients prescribed lithium
- Prescribing for people with personality disorder

Our aim was to further reduce the number of medication incidents, and to reduce the harm done by medication error. The table below shows the number of reported incidents in each severity category [A is the most severe, E the least severe].

Incident Severity						
Year	A	B	C	D	E	Total
2010/2011	0	0	233	99	106	438
2009/2010	0	1	240	83	82	406
2008/2009	1	0	272	102	126	501

Table 6. Reported medication incident by severity

The rate of reported medication incidents in the serious categories [A, B and C] continue to fall. Increased reporting of incidents which cause no harm [D & E] is indicative of a healthy risk management culture.

PRIORITY 2. Reducing violence and aggression

In our 2009/2010 quality report we said that we would;

- Closely monitor patterns and trends of reported incidents
- Monitor the use of physical restraint and rapid tranquillisation events
- Agree a plan of action for reducing violence and aggression with each service
- Review our promoting safe and therapeutic services training
- Improve police liaison and base Police Officers at the Maudsley and Bethlem
- Improve the support offered to victims of serious violence

Over the year we completed all of these actions. It is therefore very disappointing to see that despite this work the level of violence and aggression in our services has increased rather than decreased. This is a national trend across the NHS, and we believe that there are a number of factors contributing to this. These include:

- Greater numbers of people being detained under the Mental Health Act
- The prevalence, accessibility and greater strength of street drugs
- Changes to sedation prescribing practice, driven by national audits
- The impact of the logistics of tobacco smoking controls on inpatient units
- Increased forensic bed capacity

The incident data below clearly shows a year on year increase in the number of serious violent incidents over the past four years.

	A	B	C	D/E	Total
06/07	8	21	167	5423	5619
07/08	4	29	197	4578	4901
08/09	10	26	231	3849	4113
09/10	6	40	316	3059	3411
10/11	3	50	407	3663	4123

Table 7. Serious violent incidents by severity grade (and year).

While 80% of reported violence and aggression is directed at staff, service users are also victims of violence. In 2010/2011 in-house surveys 20% of services users said that they did not feel safe in our in-patient units, this compared to 10% in the patient survey of 2009/2010.

	2007/2008	2008/2009	2009/2010	2010/2011
RIDDORs as a result of violence and aggression	74	72	105	111

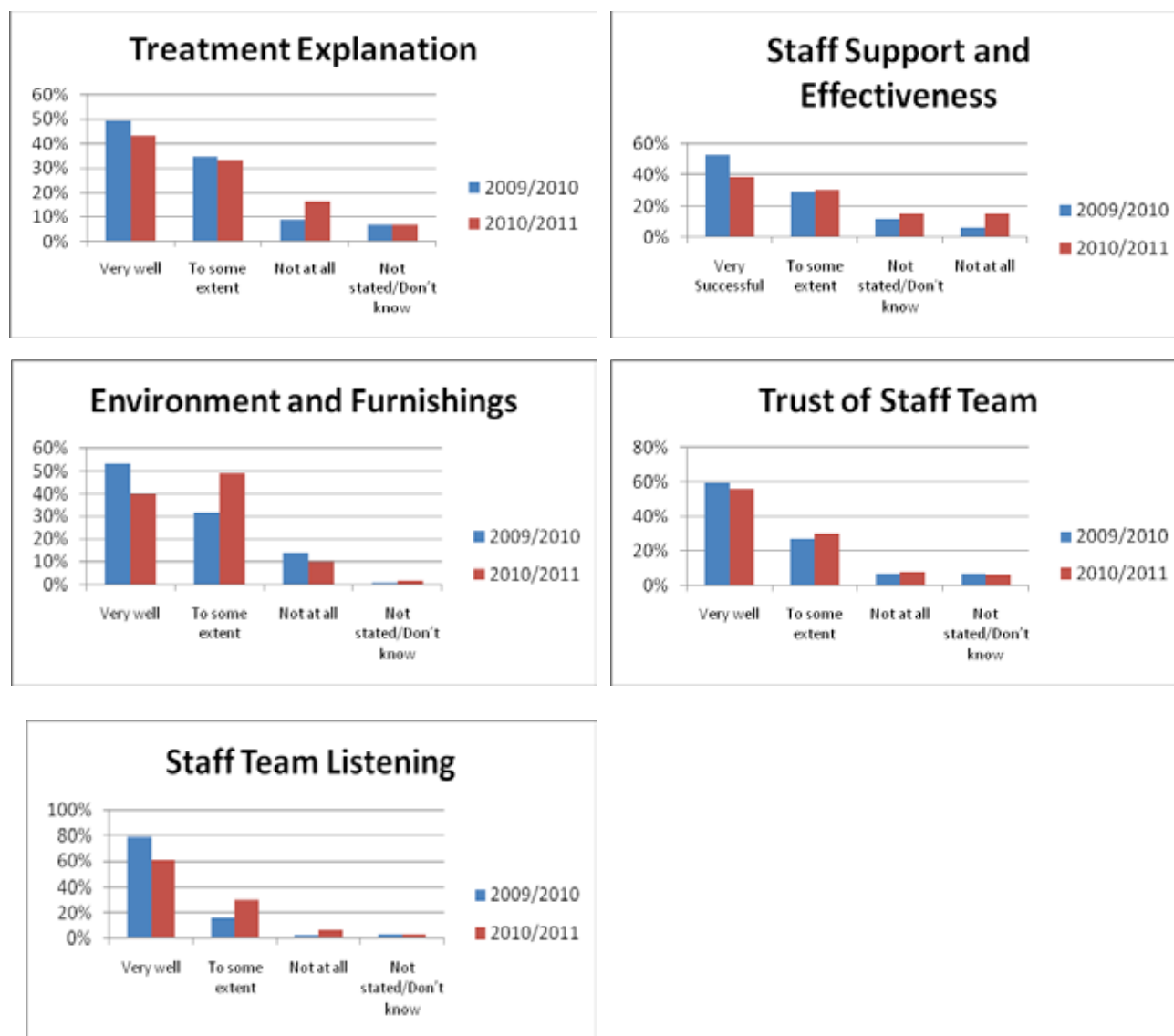
Table 8. Number of RIDDOR* reported incidents as a result of violence.

*RIDDORs are incidents of defined outcome in terms of injury, which are required to be reported to the Health and Safety Executive under the 'Reporting of injuries deaths and dangerous occurrences regulations'.

Despite some notable successes in some services, violence and aggression in our inpatient services remains the single biggest obstacle to ensuring that all patients benefit from having a safe and therapeutic experience of in-patient care. It remains a top quality priority for the Trust and in the coming year we are determined to do all we can to reverse the trend. We plan to focus quality improvement techniques on factors which we know contribute to the problem, we plan to review our whole approach to prevent and managing acute disturbances, and pilot the use of PSTS bundles, which are clusters of different interventions which when implemented together are designed to prevent violence and aggression on in-patient services.

PRIORITY 3. Patient experience

The experience and satisfaction of service users and their carers is central to our approach to quality measurement and quality improvement. In our 2009/2010 quality report we said that we would aim to extend the coverage and media used for service users surveys across all services, and to demonstrate real service improvements as a result of acting on the feedback from our service users.



Tables 9. Show changes in percentages scores for aggregate responses to five core patient survey questions.

In 2009 our highest response rate for the questions above was 465 and our average response rate was 250. For 2010, our highest response rate was 1223 while our average response rate was over 800. Our results showed that for:

- 'Treatment Explanation': 74% of patients were content with the outcome
- 'Staff Support and Effectiveness': 69% of patients were content with staff support
- 'Environment and Furnishing': 89% of patients were satisfied with the environment
- 'Trust of Staff Team': 86% of patients felt they could trust the staff
- 'Staff Team Listening': 90% of patients were satisfied that staff were listening to them

This year we set out to increase the range of people surveyed and achieved a more than three-fold increase in average response rates. We managed to capture a better representation of our service user population. This has given more people a voice which has provided us with a wider spread of opinions. The methods adopted for our 2010 internal PEDIC surveys were developed in partnership with service users and now ensure greater validity.

In terms of improvements there is clearly some way to go, but the ongoing partnership between staff, service users and carers to jointly explore issues and solutions provides the Trust with greater opportunities to really improve patient experiences.

PRIORITY 4. Clinical effectiveness

We recognise that the ability to measure the outcome of the care and treatment delivered by Trust services is vital in order to demonstrate the quality of our service to users of our services, commissioners of services, clinicians and service managers. Outcome measures are a crucial component in promoting reflective practice, learning from treatment successes and failures, and enabling comparisons to be made of similar teams and services in order that variance can be addressed and improvements made.

In our 2009/2010 quality report we said that we would;

- Ensure that all services collect routine clinical outcome scores.
- Set higher targets for the routine collection of outcome score.
- Develop patient reported outcomes scores (PROMS)
- Develop consistent analysis of outcomes scores

Health of the nation outcome scores [HoNOS]

The large, aggregated data samples which are reported in this Quality Account evidence the change in health status of working age adults who have accessed SLaM services. The outcome of 16,997 closed treatment episodes are shown for various service types. Change is measured using the Health of the Nation Outcome Scales (HoNOS), a reliable, validated, internationally recognised outcome measure. Average (mean) scores recorded at the first and last HoNOS assessments are compared and the average change is shown for each of the different service types.

Effect Size (ES) statistics which estimate the magnitude of the treatment effect are also reported. ES is one of several methods proposed to evidence clinical effectiveness when using HoNOS data. An ES of 0.2 represents a small clinical change, an ES of 0.5 represents a medium change of moderate clinical significance and an ES of 0.8 is considered large and of critical clinical importance.

ES is not helpful when measuring change during discrete, team specific episodes of care for some community services, especially those which treat patients with severe, long term conditions. For example, the improvement in health status of Community Forensic and Recovery and Support teams' service users do not reach the threshold for a small ES. This is because the community team episode commenced for a large proportion of sample immediately following an episode of acute inpatient or home treatment. In these circumstances the first HoNOS rating in the episode is below the range for people in crisis but well above that required for discharge from secondary services. The episode based reporting method in SLaM was developed to facilitate comparison of services and to deliver team specific data feedback to clinicians, to promote reflective practice and service improvement. The Trust Clinical Outcomes Team will therefore add another recommended method (Classify and Count) when reporting health outcome data in the 2012 Quality Account. This method enables the proportion of service users who are improving or relapsing to be benchmarked by service type. The team also plans to identify methods for evaluating outcomes using longitudinal, data analyses, to evidence clinical effectiveness throughout the whole cycle of care. A patient reported version of HoNOS is currently being piloted in Southwark with a view to full implementation during 2012.

Service Type	CLOSED EPISODES Number in sample	First HoNOS score (mean)	Last HoNOS score (mean)	Mean change	Effect Size	
Psychiatric Intensive Care Units - PICU	446	15.2	9.2	6.00	0.90	LARGE
Acute Inpatient Units	4998	13.6	8.1	5.60	0.96	LARGE
Assertive Outreach Teams - Community	215	12.1	10.4	1.68	0.26	SMALL
Crisis Resolution / Home Treatment Teams - Community	4299	11.5	7.5	4.00	0.75	MEDIUM
Assessment Teams - Community	4811	10.7	7.5	3.10	0.56	MEDIUM
Early Intervention in Psychosis Teams - Community	526	9.5	7.7	1.72	0.27	SMALL
Recovery and Support Teams - Community	1405	9.1	8.4	0.72	0.13	
Community Perinatal Service	157	8.6	4.1	4.45	0.77	MEDIUM
Community Forensic Teams	140	8.5	8.9	0.37	0.06	

Table 10. Changes in HoNOS scores for different service types

Paired HoNOS data 10/05/11		MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
		2010	2010	2010	2010	2010	2010	2010	2010	2011	2011	2011	2011	2011
Croydon	Eligible Patients	3252	3260	3255	3259	3281	3269	3209	3136	3041	2865	2770	2573	2428
	% Paired HoNOS	77.9%	78.1%	77.7%	76.9%	75.7%	75.2%	74.6%	74.9%	75.4%	76.2%	77.1%	78.7%	80.2%
Lambeth	Eligible Patients	3185	3216	3136	2897	2905	2873	2834	2727	2643	2539	2444	2197	2038
	% Paired HoNOS	71.9%	72.0%	72.3%	75.6%	74.8%	75.0%	75.0%	75.0%	75.4%	75.3%	75.4%	76.5%	76.1%
Lewisham	Eligible Patients	3159	3133	3150	3033	2861	2807	2769	2658	2628	2543	2421	2273	2096
	% Paired HoNOS	81.5%	81.6%	82.1%	82.5%	83.6%	83.8%	82.8%	83.2%	82.9%	82.9%	84.0%	85.6%	88.6%
MHOA	Eligible Patients	3831	3868	3851	3769	3756	3764	3732	3590	3433	3278	3093	2754	2481
	% Paired HoNOS	90.5%	90.0%	90.1%	89.5%	89.5%	89.6%	89.8%	89.7%	89.9%	89.9%	90.0%	90.4%	91.5%
Southwark	Eligible Patients	3565	3608	3609	3462	3415	3450	3456	3375	3241	3098	2892	2643	2408
	% Paired HoNOS	81.3%	81.1%	81.3%	82.8%	82.4%	81.6%	81.1%	80.8%	81.4%	81.3%	81.4%	82.6%	84.7%

Table 11. Completed paired HoNOS scores

CORE-OM

The CORE-OM outcome scoring system is used for all clients seen by psychology services or by psychological therapists working in multi-disciplinary teams. As of 31 March 2011, for working age adults, 7894 clients had at least one valid CORE-OM entered onto ePJS, with 2028 providing paired ratings (a CORE-OM pre- and post-therapy). The effect of therapy was statistically significant, and moderate in size (see Table). 54% of clients with clinically significant pre-therapy scores demonstrated reliable improvement between their pre- and post-therapy CORE-OM Global Distress scores (see Table 2); 38% showed 'clinical recovery', moving from a 'clinical' to a 'non-clinical' category following therapy (see Table 3).

For older adults, 775 clients had at least one valid CORE-OM entered onto ePJS, with 379 providing paired ratings. The effect of therapy was statistically significant, and moderate in size (see Table 1). 51% of clients with clinically significant pre-therapy scores demonstrated reliable improvement between their pre- and post-therapy CORE-OM Global Distress scores (see Table 2); 44% showed clinical recovery (see Table 3).

Working Age Adults	Pre-therapy Global Distress Score	Post-therapy Global Distress Score	Effect Size*
Working age Adults (N = 2028)	1.88 (SD 0.75)	1.35 (SD 0.78)	0.71
Older Adults (N = 379)	1.41 (SD 0.62)	0.96 (SD 0.60)	0.73

Table 12. Mean global distress CORE-OM scores, pre and post therapy

Change	Number	Percent	Number	Percent
Reliable improvement	864	54.40%	142	50.70%
Non-reliable improvement	461	29.00%	102	36.40%
Non-reliable deterioration	219	13.80%	31	11.10%
Reliable deterioration	44	2.80%	5	1.80%
Total	1588	100%	280	100%

Table 13. Reliable change in CORE-OM scores between pre and post therapy (for clients with significant pre-therapy scores)

To summarise, the results demonstrate that, for those individuals assessed using the CORE-OM, psychological therapies delivered in SLaM are effective in both adults and older adults, with a moderate effect size. Over half of those assessed showed reliable improvement, with around 2 in every 5 clients showing recovery i.e. moving from scores typical of a clinical population to those typical of a non-clinical population. These findings are extremely encouraging, viewed in the context of therapy occurring in secondary care settings where clients predominantly have severe and long-term conditions.

CGAS – Childrens global assessment score

CGAS is a numerical scale (1 to 100) used in CAMHS services to rate the general functioning of children under the age of 18. A score of 1 is a child who need constant supervision (24 hour care), a score of 50 is a moderate degree interference in functioning a score of 100 is superior functioning in all areas. The table below shows the mean first and last scores across CAMHS services in the aggregate data sample, on this scale a higher score indicates improvement.

Service Type	Number in Sample	First Score	Last Score
Tier 4 Outpatient. Tertiary service for children with the most serious problems	791	49.15	62.51
Tier 4 Inpatient. Tertiary service for children with the most serious problems	166	36.85	56.48
Tier 3. Specialist mental health community teams	3566	54.28	60.61
Tier 2. CAMHS specialists working in primary care settings	1265	60.94	65.94
Total:	5788	54.54	61.91

Table 14. Mean first and last CGAS scores – CAMHS services

Treatment outcome profile (TOP) – addictions services

The Treatment Outcomes Profile (TOP) has been developed by the National Treatment Agency (NTA) and has been used throughout drug treatment services in England since 2007. The TOP is a 20 item measure that focuses on four important treatment domains of substance use, injecting risk behaviour, crime and health and social functioning. These domains reflect the problem areas that can make a real difference to clients' lives and that of wider communities. It is designed to be completed by the key worker and with the client, at the start of treatment, periodically throughout treatment and at the end of treatment. Scores of between 0 – 20 are given for each area.

TOP information is submitted to the National Drug Treatment Monitoring System (NDTMS) where quality assurance and analysis are undertaken. The information is fed back to the local treatment system to help commissioners and providers improve, where necessary, the quality of services that are provided.

The table below shows improvements in scores in psychological health, physical health and quality of life, at the review point, and end of treatment for all drug users in service for more than 12 weeks.

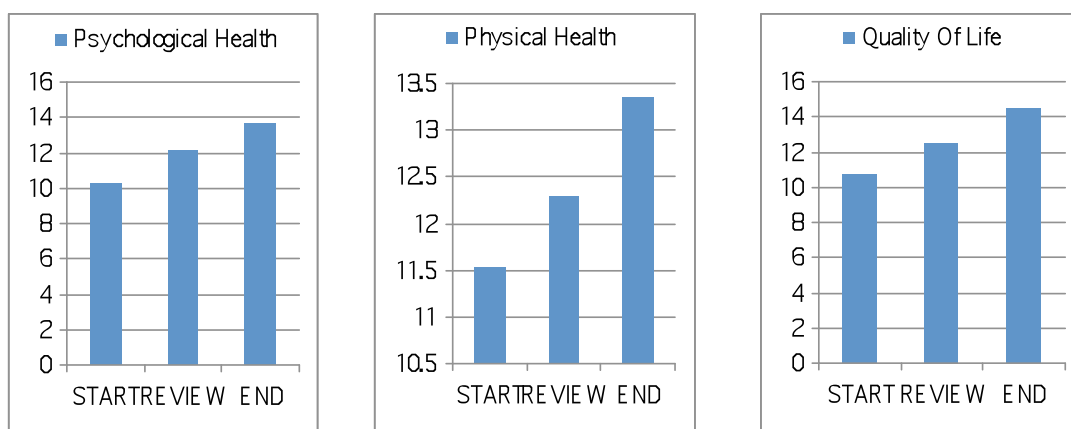


Table 15. Changes in TOP scores for aggregate sample in three areas of health and social functioning domain. Sample n = 3,117 [all drugs users in effect treatment 2010/2011].

5. Statements from stakeholders

1. NHS South East London Cluster

Dear Cliff

Thank you for sending this quality report to SELNHS Cluster for comment. The report is well written and is SLAM are to be congratulated on their compliance with NHS Quality accounts regulations and we believe the report is well structured covering our expectations. Whilst we welcome the report in its current structure and the fact that it is Trust wide in order for both you and us to pick up trends across the whole organisation, we also concur with the requirements for a borough to understand the impact on the population. Also we would like to understand that SI's with respects to patient safety specifically adult safeguarding and child protection, including suicides and deaths as inpatient investigations are logged within the quality report so that there is an ability to quality assure these investigations on behalf of our populations.

Once again thanks for sending the report through.

Donna Kinnair DBE
Chief Nurse.

Southeast London Cluster
1 Lower Marsh, London SE1 7NT
020 3049 6760

2. South London and Maudsley NHS Foundation Trust Members Council

Statement from Members Council Quality sub-group for inclusion in the Trust's Quality Report.

The Members Council established a sub group to consider quality issues during 2010/11. We welcome the efforts the Trust is making to improve the quality of the services it provides and the experience of those who use these. We are grateful to the members of staff who have delivered presentations to the sub group on the work that is being done to:

- monitor and enhance the patient experience
- improve clinical outcomes
- improve patient safety.

In particular we value the endeavours that are being made within the Trust to focus on outcomes, and the commitments the Trust has made to transparency, to cultivating a culture of continuous learning and advancement and quality improvement, and to being a "listening" organisation as well as a "doing" one.

We recognise the importance and benefits of clinical research and welcome the Trust's commitment to this, but hope to see this extended beyond just patient involvement with greater emphasis on public participation.

We acknowledge the considerable efforts that have been made to address and reduce incidents of violence and aggression and share the disappointment that this has only had a limited impact so far. We recognise that there are many factors that contribute to aggressive behaviour and welcome the commitment made to intensify efforts to address this issue through measures to minimise this risk that are within the direct control of the Trust.

We also welcome the additional scrutiny that the Chief Executive is applying to ensure compliance with the requirements of the Mental Health Act and related Code of Practice, and hope that this will lead to improvement in this area to address concerns raised by the Care Quality Commission.

We would like to see more evidence of the application of a personalised approach to all aspects of the Trusts work with the people who use its services and their carers, particularly with regard to involvement in care planning. We would also like to see more comparator data wherever reliable national benchmarks exist, particularly with regard to medication safety.

Finally we would like to express our thanks to the two members of staff (Cliff Bean and Carol Stevenson) who have supported the group throughout the year and continue to do so.

Commentary from Local Involvement Networks [LINKs] partners on the SLaM Quality Account 2010/2011

1. Lewisham Local Involvement Network

Lewisham LINK Statement on South London and Maudsley NHS Foundation Trust, Lewisham Service Quality Account 2010 – 2011

Lewisham LINK has a good working relationship with the South London and Maudsley NHS Foundation Trust, Lewisham Service. SLaM is regularly represented on LINK's Statutory Sector Liaison Group and the LINK facilitates community engagement activities at SLaM events.

Through outreach activity, events and meetings, Lewisham LINK has acquired 42 comments regarding health & social care services provided by SLAM during the last year. Overall the comments we received were 19% (8) positive and 81% (34) negative. 16 people felt that communication could be improved. For a detailed analysis, please contact the LINK office at lewishamlink@parkwoodhealthcare.co.uk. We look forward to supporting the trust to improve patients' experiences by visiting services and engaging with patients, carers and staff and making appropriate recommendations.

Kind regards

Miriam Long

Lewisham LINK Development Manager

2. Southwark Local Involvement Network

LINK Southwark comment via the Mental Health Task Group on the 2011/12 Quality Accounts for the South London and Maudsley NHS Foundation Trust

Data Provided in the Quality Account

Without the raw data to refer to, it is difficult to ascertain its accuracy. Presented data has often been selective, poorly contextualised, and technically inaccessible.

Percentages and numerators are used inconsistently (e.g. table 7 uses numbers whilst table 9 uses percentages).

Format, content & production of the Quality Account

The Department of Health has stated that Quality Accounts (QA) are public-facing documents; we need to inform you that the language used in the QA too technical and would be accessible to mental health professionals but considerably less so to the wider community. We recommend that it is produced in different formats, including a brief, plain English version summarising the contents.

SLaM has demonstrated their involvement of the LINK in the production of the QA by inviting the LINK to their Quality Meeting last February and in various other engagements during 2010-11 (e.g. through the gathering of information from SLaM and this may have influenced the production of the QA).

The QA states on page four that the "process of gathering feedback has included: Listening to service users and carers at events such as the partnership time events, Trust Wide Involvement Group meetings and family and carer events". A detailed breakdown capturing the ways in which service users and the public have been involved would be helpful. Survey and other data capture should be included.

We believe that the involvement of service users and public is too passive and should be more proactive.

We believe the following important issues have been omitted:

- A section dealing with areas of poor performance as record in the 2010 National Patients Community survey. For example, the lack of provision of an out-of-hours service (under the section on Crisis Services) put SLaM near the bottom of all Mental Health Trusts.
- A section describing user engagement and involvement in decision-making
- A section describing the interface between SLaM and Adult Social Care (we did note the brief mention of Social Care under Section 3.7 under "Delayed Discharge").

- There is no follow-up on BME ward over-representation despite it having been an area of concern identified in the 2009/10 QA
- Data regarding specific treatments (e.g. ECT, medication), admissions and durations, recruitment and staffing levels, by number and skills.
- Targets to reduce statutory care orders
- Community care assessments data
- Reference to staff training; skills analysis; and disciplinary action.
- A glossary of terms, acronyms and abbreviations.

Quality Account Priorities 2011-12

LINK Southwark receives and logs the views of people using services, which informs our workplan. While we are not aware of any significant divergence's, the failure to state how SLaM's priorities have been arrived at, makes any definitive opinion difficult. The list of consultation meetings with stakeholders is stated accurately, but represents a remarkably small list.

Under Section 2: Our priorities for Improvement we would recommend: first, a list of service provision issues which had been provided by service users and carers, and any resulting actions; second, how SLaM intends to improve client satisfaction levels.

Review of Quality Performance on Priorities 2010-2011

4.1 Priority 1: Medicines Safety

It is clear from table 6 that this target has not been met. There has been an increase in medicine incidents in severity categories D and E. The commentary, "Increased reporting of incidents which cause no harm is indicative of a healthy risk management culture", is unhelpful. Any given incident could give rise to an error at a higher degree. If better monitoring is the explanation for this increase, this might have expected this to be reflected across all dimensions.

We recommend that an explanation for the increase in incidents be included with the addition of a colour key for the table.

4.2 Priority 2: Reducing Violence and Aggression

The language in this section is technically loaded. We share your disappointment that this priority has not been met. We acknowledge your explanation for the increase, but note it is not supported by evidence. We would add the following:

- Staff shortages and the use of agency staff
- Boredom on the wards

We are aware that these figures cover the whole of SLaM. We recommend the production of monthly heat maps showing the different treatment settings where the incidents occur.

We need comparative data from other Trusts in order to understand performance..

4.3 Priority 3 Patient Experience

Five components were previously identified as requiring further monitoring:

i) Treatment Explanation

Performance deteriorated;

ii) Staff Support and Effectiveness

Performance deteriorated;

iii) Environment and Furnishings

Performance static;

iv) Trust of Staff Team

Performance static;

v) Staff Team Listening

Performance deteriorated.

We must therefore conclude that this target has not been met, and that improvements need to be made in this area. We recommend you provide a summary of the training that staff undertakes, and the gaps in training which may affect the quality of the service.

These outcomes are clearly of some concern. We note that the draft omits to include a narrative that may have given some explanation of these poor performances.

4.4 Priority 4: Clinical Effectiveness

This target has not been met. We are concerned that in this highly technical report containing differing measures, most lay people may find it hard to understand the level of performance from the data provided.

We acknowledge that reliance on the **HoNOS** tool is a requirement of national standards. Nevertheless, it has an increasingly poor reputation as an appropriate descriptor of experience among service users, carers and the public. We would therefore recommend that it be accompanied by a more acceptable parallel measure.

The addition of a description of Patient Reported Outcome Measures (or the evolution of Borough Service User Monitoring and other User Defined Outcome Measures) would help towards this end.

Finally, we recommend a separate section describing performance against NICE guidance and guidelines.

3. Croydon Shadow Healthwatch

Croydon Shadow Healthwatch (formerly Link) welcomes the continued opportunity to comment on the NHS South London and Maudsley Foundation Trust Quality Account. We believe the Quality Account provides an extremely concise, accessible and wide-ranging account of the exceptionally complex services provided by the Trust. We appreciate that the Trust has been open in not only highlighting where achievements have been made but also where it needs to take additional action and make improvements.

We would wish to support and congratulate the Trust on its many areas of achievement, which deserve recognition and its continued step in ensuring a World Class Service for Croydon, regionally, nationally and indeed internationally. We note the Trust's priorities delineated in the Quality Account and believe that these will help the Trust to improve.

The Trust particularly recognises community efforts around gathering meaningful patient feedback and our stated aim of the need for a whole systems approach which deals with the patient as a person, recognising that their physical health, living arrangements and employment opportunities are all factors that contribute to their long term recovery.

Comments and reaction on the SLAM's Quality Report 2010/2011 have come from the Croydon Shadow Healthwatch Mental Health working group. Members of this group come from a variety of backgrounds including Croydon's Mental Health Forum, service users, Rethink Carers Support, Hear Us, Imagine Mental Health charity, the BME Forum and members of the public.

We have commented below on the priorities for improvement as listed in the report, namely:

- Access to services
- Patient Safety
- Patient Experience
- Clinical Effectiveness

Access to Services

The Shadow Healthwatch supports any move to improve access to services but some concern was raised in that there appears to be an accelerated emphasis on discharge from secondary services to primary care. It would be useful to explain what is meant by 'Develop the acute care pathway and implement it to reduce length of stay'. Would this for example include discussions around alternatives to hospitalisation?

Patient safety:

We recognise the issues of prescribing which occur in secondary care at present and the effectiveness of Trust practice to support the transition to community care.

Without question the reduction of violence and aggression within inpatient services is a goal to be supported. Questions and concerns were raised as to how this should be achieved. This was clearly a priority last year; however, the levels of such incidents have increased. We strongly believe that involving carers and keeping them informed when incidents take place and involving the people they care for would help in the reduction of such incidents. As stated in our review last year, carers were not always kept informed and although there is some acknowledgement that engagement needs to be improved we would like to have seen a more concrete commitment.

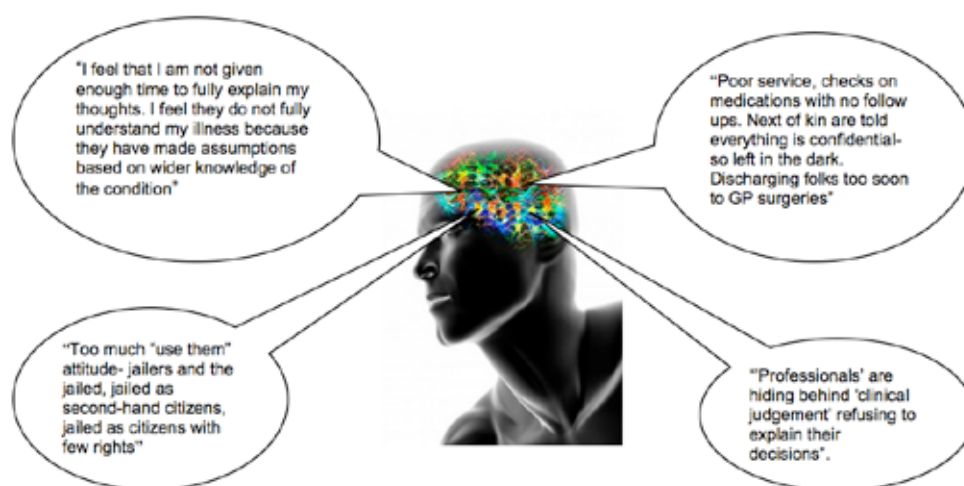
We would welcome an explanation as to the meaning of "PSTS" as mentioned in Chapter 4.2 of the report.

In terms of identifying and addressing causes of violent and aggressive behaviour, will patient supporters be included in the discussions with the aim of moving away from sedation as often appears to be the main response?

Patient experience

We advocate a more robust emphasis on comprehensive feedback of the patient experience. We feel service users speak more openly to other service users thus providing more effective feedback.

At a community forum held to discuss the Quality Accounts the experience of many were at variance with the qualitative representations in this document. These included; feedback on treatment explanation, staff team listening, staff support and effectiveness and the trust of staff team. Our diagram below captures some of the comments made.



Reproduced with permission from Croydon Mental Health forum.

Clinical effectiveness

Section 4.4 of the report is quite academic in tone, would it be possible in the future to produce a simplified summary at the end of the chapter? In terms of psychological therapies the main questions asked tend to be around waiting times and capacity. Information around these areas would be welcomed.

Additional comments and questions

- We would welcome a response to our question from last year asking what action SLAM was undertaking to tackle the issue of over representation of people from the BME community in hospital admissions? If there is a reason that this should not be considered a priority we would welcome an explanation.
- A future priority we would like to see tackled is related to the existence, effectiveness and quality of SLAM services that are designed to keep people from having to be hospitalised in the first instance.
- We would welcome information as to how many people had been helped to get off medication and how many had been helped back to work?

In summary, the Quality Account report leans towards the Trust's inpatient care and not the Trust's broader role in the community. In the context of New Mental Health strategy the Shadow Healthwatch would hope for a more holistic approach to medication, therapy and services.

Croydon Shadow Healthwatch
localvoice@croydonlink.org.uk

4. Lambeth LINK

This report has been prepared in response to South London and Maudsley NHS Foundation Trust Draft Quality Account Report by the Lambeth LINK. We know that all Trusts are required to seek feedback from LINKs on these Quality Accounts. This report is now the formal written statement from Lambeth LINK on these accounts which we invite the Trust to consider.

Format of the Quality Account

While we recognise the challenge we are concerned by the lack of accessibility of this document to the patient or lay LINK member or local resident. The layout is clumsy, lacks flow and does not easily allow one to review performance compared with previous years or other benchmarks. From a patient and user perspective we would be keen to see clearly set out:

- what you said you would do
- how you did against these
- lessons learned and measurable commitments for the year ahead

While we appreciate the varied audiences it is essential that patients and interested stakeholders [such as the LINK] are provided with plain English information that allows for better engagement and more meaningful feedback. While a range of data is presented in many cases the narrative is lacking providing poor evaluation and interpretation. Such interpretation is essential to enable appropriate action to be decided upon. It would as an immediate step be useful to have a glossary of terms and abbreviations and some of the more complex data and charts clearly referenced and presented in appendices.

We note that the QA was incomplete when sent to us for comment.

Issues of Concern

- We would welcome a stronger emphasis and greater analysis of user engagement methods and the effectiveness of user involvement in decision making. While SLaM's commitment to user involvement is evident the analysis of its impact and effectiveness and next steps is sorely missing.
- We would expect all matters of concern identified in the previous 2009/10 QA to be followed up in this report and were surprised that the over population of wards with people from black minority ethnic communities did not feature in this report.
- While reference is made to 'easy in easy out' we would welcome further detail on the measures that you will use to evidence transformation in this area, which we know is fundamental to current and future users of the service. In an increasingly tough economic climate getting this right is fundamental to maximising the effective use of resources.

QA Priorities 2011-12

The priorities set out are clearly and universally issues in the delivery of services such as SLaM's services and we would not seek to argue against these. We would however be keen to see clearer and SMARTER commitments under each priority against which we as a stakeholder can hold SLaM to account on over the coming year. While some effort has been made to quantify targets this is not universally the case and therefore provides a particular challenge in monitoring progress against priorities.

Performance on Priorities 2010/11

Other indicators shown within this report demonstrate for example that performance in some measures, such as CQC indicators where in two areas [7 day CPA follow up and drug users in effective programme] there has been a decrease in performance. There is no narrative to explain this which would be useful. Also it appears to the unqualified eye that performance in quarter 4 was lower than in quarter 1 for data completeness, particularly notable in diagnosis and again no explanation is provided to assist the reader in understanding the Trusts view on the reasons for this.

Medicine Safety

It is pleasing that the number of serious incidents reported is reducing. Overall numbers do still seem high so ongoing monitoring will be important. It is also important to note that the trend is not consistently improving in all categories.

Reducing Violence and Aggression

We share your concern in this area at the alarming and ongoing increase in violent incidents and are especially concerned that in patients feel significantly less safe than they did a year ago. We note some of the reasons that you propose but also question whether in-patients are sufficiently engaged and if boredom and frustration may be contributory factors. It is also not clear what specific action you are intending to take to seek to address this. We would be keen to see this and offer our support in raising awareness, where appropriate, to assist you in reversing this worrying trend.

Patient Experience

It appears that in the areas of treatment explanation, staff support and effectiveness and staff team listening, the patient experience, as reported by the patient has deteriorated, which is clearly disappointing. There is currently no narrative to provide the Trusts assessment of why this might be the case so we can fully understand the purported reasons for this. This would be helpful but nevertheless we would wish to see clearer actions set out to ensure that this situation is actively reversed in the year ahead. We note that in the other categories performance has remained at static levels. Failing to achieve these agreed outcomes is clearly of some concern.

Clinical Effectiveness

To the untrained reader understanding the technical measures used in the report poses some challenge and data is not as fully evaluated and interrogated as would be helpful. Claims of improvements are important but it would be more helpful to have comparative data from other similar services and more longitudinal studies. It is encouraging that other methods are proposed for 2012 QA as we are interested to understand the proportion of service users who are improving or relapsing by service type. We would welcome further information on the development of Patient Reported Outcome Measures (or the evolution of Borough Service User Monitoring and other User Defined Outcome Measures) – such information would assist in providing more meaningful comparable measures.

Thank you for the opportunity to comment on this draft report and we look forward to the final report in due course.

Best Wishes
Lambeth LINK

The Trust Board of Directors acknowledge the comments on the Quality Report 2010/2011 which have been submitted from the Local Involvement Networks [LINKs] of Lambeth, Southwark and Lewisham, and Croydon Healthwatch.

We will endeavour to ensure that the points raised are addressed in discussions with LINKs and Croydon Health watch in the coming year, and that the LINKs and Croydon Healthwatch have an early opportunity next year to comment on the draft Quality Account for 2011/2012

6. 2011 Statement Of Directors' Responsibilities In Respect Of The Quality Account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports (which incorporate the above legal requirements) and on the arrangements that foundation trust boards should put in place to support the data quality for the preparation of the Quality Report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

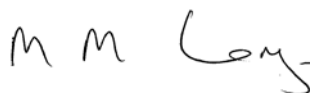
- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2010 to May 2011;
 - Papers relating to Quality reported to the Board over the period April 2010 to May 2011;
 - Feedback from the commissioners dated 16 June 2011;
 - Feedback from the Members Council quality sub group dated 1 June 2011;
 - Feedback from Southwark LINKs dated 20 June 2011;
 - Feedback from Lambeth LINKs dated 20 June 2011;
 - Feedback from Croydon Shadow Healthwatch dated 20 June 2011;
 - The Trust's draft complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 20 June 2011
 - The 2010 national patient survey May 2010 (published September 2010);
 - The 2010 national staff survey (published March 2011);
 - The Head of Internal Audits annual opinion over the trusts control environment dated 27 May 2011;
 - Care Quality Commission quality and risk profiles dated April 2011;
- the Quality Report presents a balanced picture of the NHS foundation trust s performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor s annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitor-nhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitor-nhsft.gov.uk/annualreportingmanual).

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board

Date 28th June 2011

Chair



Date 28th June 2011

Chief Executive



Independent Assurance Report to the Members' Council of South London and Maudsley NHS Foundation Trust on the Annual Quality Report

I have been engaged by the Members' Council of South London and Maudsley NHS Foundation Trust to perform an independent assurance engagement in respect of the content of South London and Maudsley NHS Foundation Trust's Quality Report for the year ended 31 March 2011 (the 'Quality Report').

Scope and subject matter

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

Respective responsibilities of the Directors and auditor

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the NHS Foundation Trust Annual Reporting Manual 2010/11 issued by the Independent Regulator of NHS Foundation Trusts ('Monitor').

My responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to my attention that causes me to believe that the content of the Quality Report is not in accordance with the NHS Foundation Trust Annual Reporting Manual or is inconsistent with the documents.

I read the other information contained in the Quality Report and considered whether it is materially inconsistent with:

- Board minutes for the period April 2010 to May 2011
- Papers relating to Quality reported to the Board over the period April 2010 to May 2011
- The 2010 national patient survey – May 2010 (published September 2010)
- The 2010 national staff survey (published March 2011)
- The Head of Internal Audit's annual opinion over the Trust's control environment dated 27 May 2011
- Care Quality Commission quality and risk profiles dated April 2011.

I considered the implications for my report if I became aware of any apparent misstatements or material inconsistencies with those documents (collectively, the 'documents'). My responsibilities do not extend to any other information.

This report, including the conclusion, has been prepared solely for the Members' Council of South London and Maudsley NHS Foundation Trust as a body, to assist the Members' Council in reporting South London and Maudsley Foundation Trust's quality agenda, performance and activities. I permit the disclosure of this report within the Annual Report for the year ended 31 March 2011, to enable the Members' Council to demonstrate it has discharged its governance responsibilities by commissioning an independent assurance report in connection with the Quality Report. To the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the Members' Council as a body and South London and Maudsley NHS Foundation Trust for my work or this report save where terms are expressly agreed and with my prior consent in writing.

Assurance work performed

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

- making enquiries of management;
- comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report; and
- reading the documents listed earlier in this report.

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

Limitations

It is important to read the Quality Report in the context of the criteria set out in the NHS Foundation Trust Annual Reporting Manual.

Conclusion

Based on the results of my procedures, nothing has come to my attention that causes me to believe that, for the year ended 31 March 2011, the content of the Quality Report is not in accordance with the NHS Foundation Trust Annual Reporting Manual.

Jon Hayes
Officer of the Audit Commission
1st Floor Millbank Tower
Millbank
London
SW1P 4HQ
June 2011

Staff survey

This year the whole of Trust's eligible workforce was asked to complete the survey. As a result, the themes and outcomes can be more broadly applied across the Trust rather than act as a representation of views from a sample of the workforce as has been the case in previous years. In 2010, the survey was sent to 4570 eligible employees, from which 2079 (Picker - 45.5%) returned a completed questionnaire.

It should be noted however, that the Care Quality Commission has only used the standardised sample of the workforce (850 staff) of which 364 staff responses have been included.

The response rate to the survey for the Trust, as measured by the CQC was 43%. Compared to previous years – 44.2% in 2009; 49% in 2008; 51% in 2007, 47% in 2006; 48% in 2005; 47% in 2004; 36% in 2003; 24% in 2002; 27% in 2001; 26% in 2000; - the figure this year is lower than the previous year and is the lowest over the past 7 years, although the overall questionnaire completion was 2079. The sample size of random staff used by the CQC was 850 staff from our workforce of 4,570 resulting in 364 completed questionnaires being returned this year.

In comparison to other London Mental Health Trusts, the response rate for the South London and Maudsley NHS Foundation Trust is just below the average.

The following are the top four ranking scores for the Trust compared to Mental Health Trusts in England:

Percentage of staff agreeing that their role makes a difference to patients.

Trust Score: 93% National Average: 90%

Percentage of staff able to contribute to improvements at work.

Trust Score: 73% National Average: 67%

Percentage of staff suffering work related injury in the last 12 months.

Trust Score: 6% National Average: 8%

Percentage of staff feeling pressure in the last 3 months to attend work when feeling unwell.

Trust Score: 15% National Average: 19%

The following are the lowest four ranking scores for the Trust compared to Mental Trusts in England:

Percentage of staff witnessing potentially harmful errors, near misses or incidents in the last month

Trust Score: 37% National Average: 28%

Percentage of staff saying hand washing materials are always available

Trust Score: 43% National Average: 58%

Percentage of staff experiencing discrimination at work in the last 12 months

Trust Score: 21% National Average: 14%

Impact of health and well-being on ability to perform work or daily activities.

Trust Score: 1.67 National Average: 1.62

The following are those areas where the experience of staff has improved the greatest on the previous annual survey:

Percentage of staff appraised with personal development plans in last 12 months

Trust Score 2010: 74% Trust Score 2009: 57%

Percentage of staff appraised in last 12 months:

Trust Score 2010: 83% Trust Score 2009: 68%

Percentage of staff having health and safety training in last 12 months:

Trust Score 2010: 89% Trust Score 2009: 79%

Fairness and effectiveness of incident reporting procedures:

Trust Score 2010: 3.50 Trust Score 2009: 3.41

The following is the area where the experience of staff has decreased the greatest on the previous annual survey:

Percentage of staff saying hand washing material are always available:

Trust Score 2010: 43% Trust Score 2009: 54%

Impact of health and well-being on ability to perform work or daily activities.

Trust Score: 1.67 National Average: 1.62

Staff intention to leave jobs:

Trust Score: 2.61 National Average: 2.46

Trust commitment to work-life balance:

Trust Score: 3.49 National Average: 3.59

Areas for action in the light of the survey:

Revise reporting arrangements for next year (2011) to reflect the move to CAG structures.

Identify reasons why staff are reporting that hand washing materials are less available than previously.

Identify reasons for staff feeling and experiencing discrimination at work.

Conduct trend analysis over the last 5 years to identify areas which demonstrate an ongoing negative trend and are of greatest concern.

Regulatory ratings report

To ensure NHS foundation trusts remain well-governed, financially viable and legally constituted after authorisation, Monitor's risk-based framework assigns a financial risk rating and a governance risk rating on the basis of annual plans and in-year performance. Monitor will use these risk ratings to guide the intensity of its monitoring and signal to the NHS foundation trust its degree of concern with specific or a range of issues identified and evaluated and the risk of breach of the Authorisation.

Monitor's financial risk rating uses a number of indicators to assess the level of financial risk including: delivery of plan, operating margin, return on assets and liquidity, to provide an overall assessment in a weighted metric rated 1 (highest risk) to 5.

For governance risk, Monitor uses a graduated system: green (lowest risk), amber-green, amber-red and red (highest risk), derived from a number of factors including: performance against national targets and indicators, Care Quality Commission registration and ongoing performance against registration requirements: and provision of mandatory goods and services.

Table of analysis

	Annual Plan 2009/10	Q1 2009/10	Q2 2009/10	Q3 2009/10	Q4 2009/10
Financial risk rating	3	4	4	4	3
Governance risk rating	G	G	G	G	G
	Annual Plan 2009/10	Q1 2009/10	Q2 2009/10	Q3 2009/10	Q4 2009/10
Financial risk rating	3	4	4	4	4
Governance risk rating	G	G	G	G	G

Public interest disclosures

Health and safety

During 2010/11 assessments continue to be in place to ensure that suitable and sufficient risk assessments are undertaken by the Trust. Areas covering asbestos and legionella continue to be monitored. The Health and Safety Executive visited during January 2011 to monitor progress and the following is an extract from their report: "Following our discussions, I am pleased to see that the Trust continues to make progress towards achieving compliance. The proposed management system for your estate would appear to cover the intricacies of managing asbestos and legionella adequately. The addition of a compliance team is also a positive step." Follow up visits will be made to Trust owned residential premises in the community to check management procedures are in place.

The Trust Health, Safety and Fire Committee Annual report shows a 12% fall in the number of health and safety incidents reported for the period Apr 10 to Mar 11, and a fall of 13% in the number of reportable accidents reported to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations

Occupational health

The sickness level for 2010/11 was 5.64%. However the Trust calculates sickness by the actual number of working days. If the Trust used the common denominator of 365 days, sickness would be 4.6% 2009/10 and 3.44% 2010/11. With the ongoing implementation of e-rostering our sickness will be calculated on actual hours lost.

Countering fraud and corruption

As well as following national guidance, we have a range of procedures in place including Standing Orders and Standing Financial Instructions which are designed to minimise the likelihood of the Trust being a victim of fraud.

Our Counter Fraud and Whistleblowing Policies encourage and enable staff to voice genuinely held concerns. The policies - which have been reviewed and updated - are designed to ensure that staff feel able to report suspicions of fraud without fear of repercussions.

We have two dedicated Local Counter Fraud Specialists working with the Trust. They carry out a range of work including investigating reported suspicions of fraud. More importantly they also carry out proactive work to prevent and deter fraud from occurring in the first place.

Consultation

We have continued to work with our commissioners to plan and manage changes to the clinical services we provide. These changes are being driven by a number of factors, including the need for us to identify more cost effective ways of working and to respond to reductions in the resources available to our commissioners.

We have undertaken a number of staff consultations about the implications of these changes upon our workforce establishment. This includes the restructuring of some of our adult mental health community teams.

At the same time, we are working with health, social care, primary care and voluntary sector partners in the local area we serve to look at how the whole system of care can be organised more effectively so that patients receive high quality care and we make most effective use of the resources available to us. One example is the Lambeth Living Well Collaborative, which aims to achieve a fundamental shift in the way the health and social care agencies work together in the Borough. The collaborative is based on the recognition that no one organisation can provide all the elements that contribute to good mental health and wellbeing. Key to this model is the concept of 'easy in easy out'. This means primary and secondary care services offering easy access, especially when the service user has been known to that service, to allow service users to move smoothly between services.

Better payments practice code

'Better Payment Practice Code' is a target of paying 95% of bills within contract terms or 30 days where no terms have been agreed. The Code requires the Trust to aim to pay undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later. We paid 86% of NHS invoices within this period (83% in terms of value) and 78% of non NHS invoices within this period (85% in terms of value).

Statement of the Chief Executive's responsibilities as the Accounting Officer of South London and Maudsley NHS Foundation Trust

The NHS Act 2006 states that the chief executive is the accounting officer of the NHS Foundation Trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

Under the NHS Act 2006, Monitor has directed South London and Maudsley NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of South London and Maudsley NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the NHS Foundation Trust Annual Reporting Manual and in particular to:

- observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Report Manual have been followed, and disclose and explain any material departures in the financial statements, and
- prepare the financial statements on a going concern basis.

The Accounting Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and to enable him to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in Monitor's NHS Foundation Trust Accounting Officer Memorandum.

Signed



Stuart Bell, CBE

Chief Executive
South London and Maudsley NHS Foundation Trust

Statement on internal control

1. Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Foundation Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

2. The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of the South London and Maudsley NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in the South London and Maudsley NHS Foundation Trust for the year ended 31 March 2011 and up to the date of approval of the annual report and accounts.

3. Capacity to handle risk

3.1 Overall responsibility for the management of risk lies with the Chief Executive as Accountable Officer, and the Executive Directors are collectively responsible for the appropriate operation of the Trust's system of internal control and management. This responsibility is monitored through the following Sub-Committees of the Board of Directors, which are chaired by Non Executive Directors:

- Service Quality Improvement Committee (previously the Patient Safety and Service Improvement Committee)
- Audit Committee
- Activity and Finance Committee

These committees are required to ensure that the systems necessary to quality assure clinical care and organisational effectiveness at the Trust are in place, and that the Trust is developing and delivering its stated goals and agreed action plans.

Specific responsibilities are outlined in the Trust's Risk Management and Assurance Strategy (reviewed by the Board of Directors in November 2010) as follows:

- The Director of Finance and Corporate Governance has responsibility for managing the development and implementation of the Trust's Integrated Governance framework as well as for non-clinical and financial risk management arrangements and the quarterly and annual financial declarations to Monitor. This includes the ongoing development and maintenance of the Assurance Framework, Claims Management and Health and Safety. The Director of Finance and Corporate Governance is the nominated Trust Director for Fire Safety.
- The Director of Nursing and Education has joint delegated responsibility for clinical risk management, which includes clinical governance, medical devices, safeguarding children, the Mental Health Act, serious incidents (SUIs) and complaints, and has overall responsibility for Education and Training, NHS Litigation Authority (NHSLA) arrangements and joint responsibility for Care Quality Commission (CQC) registration.
- The Medical Director has joint delegated responsibility for clinical risk management, which includes clinical governance, medical devices, safeguarding vulnerable adults, serious untoward incidents (SUIs) and complaints, and has joint responsibility for CQC registration. The Medical Director leads on Deprivation of Liberty Safeguards and is the nominated Trust Director for Infection Prevention and Control (DIPC).

- The Director of Strategy and Business Development has overall responsibility for Performance Management, which includes the review of local Risk Registers, external relationships with Overview and Scrutiny Committees (OSCs) and the Local Involvement Networks (LINKs) and the quarterly and annual governance declarations to Monitor.
- The Director of Estates, Facilities and Capital Planning has overall responsibility for the continuing fitness for purpose of the Trust's buildings, plant and non-medical devices used by Trust staff, and has particular responsibilities for security, waste and environmental management. Until the appointment of the current Director of Estates and Facilities in October 2010 responsibility for the Directorate had been shared by the Chief Executive and the Director of Human Resources and Organisational Development.
- The Director of Information Strategy has overall responsibility for the development, maintenance and communication of Information Governance policies and procedures. All Directors are responsible for the implementation of Information Governance.
- The Director of Human Resources and Organisational Development has overall responsibility for the continuing suitability of the Trust's staff, ensuring that adequate checks are carried out before they are employed.
- The Director of Research and Development has over all responsibility for the Trust's research portfolio, which includes ensuring that all research is ethically and scientifically sound and is conducted according the Department of Health's Research Governance Framework.
- The Trust Board Secretary is responsible for the ongoing maintenance of the Assurance Framework and the notification to Monitor of changes to the composition of the Board of Directors and the Members' Council.
- The Caldicott Guardian and the ICT Standards Manager review all data security regarding Serious Untoward Incidents (SUIs).
- CAG Service and Clinical Directors have responsibility for operational risk management at Directorate level.
- Risk management is a core component of the job descriptions of all senior management positions.

3.2 All Trust staff receive basic training on Health and Safety, Incident Reporting and Risk Management as part of the Trust's Induction Programme. The Trust's Risk Management and Assurance Strategy sets out further risk management training provided to staff to ensure that they are equipped to manage risks appropriate to their authority and duties. Risk management training needs and attendance at training sessions are followed up as part of the Performance Management process to ensure that all staff complete training which is essential to do their job competently and safely.

3.3 The Trust seeks to learn from good practice through a range of mechanisms including benchmarking, clinical supervision and reflective practice, individual and peer reviews, performance management, continuing professional development programmes, clinical audit, the application of evidence-based practice and reviewing compliance with risk management standards. There are formal mechanisms in place to ensure that external changes to best practice, such as those issued by the National Institute for Health and Clinical Excellence, are incorporated into Trust policies and procedures.

4. The risk and control framework

4.1 The Risk Management and Assurance Strategy sets out an effective risk management system and supporting risk management procedures including:

- a risk analysis tool, developed in accordance with national guidance, that ensures a consistent approach is taken to prioritising risks and their treatment;
- the development and maintenance of risk registers at directorate and departmental level, which are monitored via the Performance Management process and which inform the Trust-wide Corporate Risk Log and the Assurance Framework;
- the responsibilities of all staff for managing risks within the scope of their role and responsibilities as employees of the Trust and as professionals working to professional codes of conduct;

- the promotion of open and honest reporting of incidents, risks and hazards, supported by a range of policies with which staff are required to comply;
- the escalation of issues and management action: risks that cannot be effectively controlled at a local level are escalated to a Senior Manager or the Executive Team;
- a statement on responsible risk taking, which states that the Trust accepts that staff, users and carers will all make decisions that may not have predictable or definitely successful outcomes. The Trust supports staff in taking these decisions provided that they are made responsibly by reference to the principles of good professional policy, practice and protocol;
- the ICT Security Board is responsible for organisational protection from ICT security threats and delivers improved Information and ICT Security through the review of incidents, policy development, education of users, highlighting risks and development of risk treatment plans. Computer Audit reviewed the 25 requirements that form the Information Governance Statement of Compliance, which permits the Trust to access National services such as NHS Mail and has to be scored at a minimum of Level 2; the Trust was given Significant Assurance that this was the case; and
- the organisation's major risks are articulated within the Board's Assurance Framework and comprise both the in-year and future risks to achieving its principal objectives. These strategic risks, and the ways in which they will be managed are:

Strategic Risk

- The national and local economic positions have identified significant reductions in income from local commissioners, increased cash releasing efficiency requirements and significant pressures on Local Authority Budgets over the course of at least the next four years. The measures we will be taking to address the financial challenge at the same time as the major reorganisation of the NHS proposed in the Health Bill increase the risks that the Trust will be unable to maintain financial stability, continue to improve quality, and deliver on agreed long term plans. The Trust may be forced into making rapid responses to address short term pressures and may have limited flexibility to invest in developments and innovations.
- The Trust struggles to maintain an optimum organisational culture to meet national targets and regulatory requirements, whilst developing and encouraging an innovative culture and quality focus within the organisation.
- The Trust must retain a strategic and operational focus during a period of internal managerial change and through financial and organisational pressures on partner organisations.

Process for mitigation

- Monthly scrutiny of financial assumptions, strategy and performance at Board, Board Committees and Executive meetings.
- Downside modelling and review of strategy and assumptions feeding into the plan, particularly on levels of contingency and investment to save.
- Scrutiny of risk areas: CIP delivery, overspill, agency and bank expenditure, and contingency planning in CAGs (down to team level) and Trust-wide.
- Collaborative working to test assumptions and exploit opportunities: with KHP; London MH Trusts; PCTs and LAs.
- The introduction of management walkabouts as a key pillar of managing patient safety.
- Standards compliance assurance, including internal and clinical audit.
- Trust SUI Committee monitoring of SUI process.
- Risk management and assurance processes.
- Chief Executive's performance management review meetings.
- Workforce Strategy Committee taking forward work on developing talent management.
- CAG planning via Executive team meetings and away days.
- Negotiation with third parties with significant influence or control over specific Trust targets.
- Existing relationships and contractual framework for service provision. S75 agreements.
- Regular liaison meetings between Trust senior management and strategic partners.
- Staff consultation processes.

Further developmental work continues to take place to improve and refine these systems and to ensure that the Trust learns from events to assure safe high quality care that is constantly improving.

4.2 Risk management continues to be embedded into the culture of the Trust through explicit processes for identifying, assessing and responding to potential opportunities and adverse effects, as follows:

- All directorates have meetings to review directorate risk registers and identify and assess new operational risks. They also carry out detailed reviews, action planning and assurance checks in response to the Care Quality Commission's Standards.
- Control measures are in place to ensure that the organisation's obligations under equality, diversity and human rights legislation are complied with and that strategies, policies, functions and service delivery do not discriminate against employees or sections of the community.
- Specific committees that consider potential risks faced by the Trust include:
 - SUI Monitoring Committee;
 - Complaints Monitoring Committee;
 - Safeguarding Children Committee;
 - Safeguarding Adults Committee
 - Health, Safety and Fire Committee;
 - ICT Security Board;
 - Caldicott Committee;
 - Mental Health Act Committee;
 - Infection Control Committee;
 - Medical Devices Committee;
 - Medicines Management Committee;
 - Drugs and Therapeutics Committee;
 - Clinical Governance Committees;
 - Prevention and Management of Violence & Aggression; and
 - Research & Development Steering Committee.
- The SUI and Complaints Monitoring Committees report directly to the Board of Directors; other committees escalate issues to the Risk Management Committee or Clinical Risk Committee as appropriate.
- The Risk Management Committee considers Trust-wide non-clinical operational risks escalated by directorates to determine whether these risks need to be placed on the Corporate Risk Log; likewise, the Clinical Risk Committee considers Trust-wide clinical risks.
- Performance Management reviews monitor the consistency and quality of directorate risk registers.
- The Service Quality Improvement sub-committee of the Board of Directors is responsible for the development, management, and implementation of the Risk Management and Assurance Strategy. It reviews the Assurance Framework and Corporate Risk Log, particularly the adequacy of action plans and the progress being made to implement them. It also considers escalation reports from the Risk Management and Clinical Risk committees.
- The Governance Executive has overall responsibility for governance issues and is the designated Information Governance Steering Group as defined by the Information Governance Toolkit.
- The Audit Committee monitors the Internal and External Audit work plans, using the Assurance Framework to determine the annual Internal Audit Plan, and reviews the output report of the Internal Audit Review of Governance, Risk Management and CQC arrangements. It reviews the Assurance Framework, especially the risks designated as financial.
- The Board of Directors receives reports from the Service Quality Improvement Committee and the Audit Committee and reviews the full Assurance Framework twice a year.

4.3 There are robust formal mechanisms for engaging with partner organisations, service users and the wider public. Public stakeholders are involved in the risk management process in a variety of ways:

- The Trust is a member of the Lambeth Health and Social Care Partnership Board, the Southwark Partnership Board, the Healthy Croydon Partnership Board, the Lewisham Adult Strategic Partnership Board and Mental Health Partnership Board and the Lambeth and Southwark Chief Executives' Group.
- The Trust is a founding member of the King's Health Partners Academic Health Sciences Centre (AHSC); risks relating to the AHSC and the formation of Mental Health Clinical Academic Groups (CAGs) are dealt with by working groups and committees both internally and in conjunction with the AHSC.
- The Trust works closely with the four NHS acute care providers in its local catchment area: Guy's and St Thomas' NHS Foundation Trust; King's College Hospital NHS Foundation Trust; Lewisham Healthcare NHS Trust; and Croydon University Hospital NHS Trust. This includes Chief Executive-level strategic liaison groups, as well as working together on operational issues.
- The Trust has a long standing, closely integrated partnership with the Institute of Psychiatry, King's College London.
- More broadly, the Trust has a wide range of contractual and non contractual partnerships with service user and carer groups, voluntary and community sector organisations and other statutory sector providers. The Members' Council includes patients, public and staff as well as representatives of all key partners.

4.4 The Foundation Trust has been fully compliant with the requirements of the Care Quality Commission (CQC) registration.

4.5 As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

4.6 Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

4.7 The Foundation Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with. The Trust considers various weather related risks, such as flooding, exceptional snow or heat waves, and the Emergency Preparedness Group monitor contingency planning to address these.

4.8 The Directors are required under the Health Act 2009 and the National Health Services (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS Foundation Trust Boards on the form and content of the annual Quality Report which incorporate the legal requirements in the NHS Foundation Trust Annual Reporting Manual. Note, the terms Quality Account and Quality Report are interchangeable, here the term Quality Report will be used.

- A number of committees and individuals have been involved in shaping the annual Quality Report. The Trust Board sub-committee on Service Quality Improvement, the Service Quality Executive and a sub-group of the Foundations Trust's Members Council have all discussed and influenced the form and content of the report. Service users and carers have been consulted on the content of the report at Trust Partnership Time Events throughout the year; these events are well attended by service users and carers groups, which ensures the Quality Report presents a balanced view. The organisation's four main commissioning PCTs have also been invited to comment on the report, as have the four Local Authority Overview and Scrutiny Committees and Local Involvement Networks (LINKS).
- Over the past year the effectiveness of the improvement programmes for each quality priority have been managed by different working groups:

- the patient safety medicines management work stream is managed by the Medicines Management Committee, chaired by the Chief Pharmacist;
- the patient experience work stream is managed through the Patient Experience Group, chaired by the Medical Director; and
- the clinical outcomes work stream is managed through the Clinical Outcomes team, lead by the Trust's Clinical Outcomes Lead.

The Board sub-committee has received presentations from each of these three priorities areas.

- The Quality Report contains a broad range of data on the quality priorities of the Trust. Much of the published data has been submitted to commissioners and regulators over the year. The report attempts to amalgamate data from across services in order to give a Trust-wide picture rather than a detailed examination of indicators in each clinical team. A review of quality metrics featured in performance reviews and the published quality indicators were used to manage performance throughout the year at corporate and local levels.

5. Review of economy, efficiency and effectiveness of the use of resources

5.1 The key processes to ensure that resources are used economically, efficiently and effectively include:

- the Performance Monitoring Tool, which has been developed to monitor the Foundation Trust compliance framework and governance guidance, local (internal and external) and national targets and the Care Quality Commission's Essential Standards; the tool is used at monthly Performance Management reviews to give assurance of meeting, and prospective warning of not meeting, those targets in sufficient time to take corrective action;
- the production of a monthly finance report to the Board, highlighting key variances from the agreed Plan;
- the production of a summary financial report to each Trust Directorate and individual budget reports to each budget holder;
- the production of annual reference costs to allow cost comparison with other Trusts;
- the production of a quarterly monitoring report to Monitor;
- the Annual Planning Development Group, which oversees the submission of the Annual Plan to Monitor and reports to the Activity and Finance Sub-Committee, which oversees the Compliance Framework work streams on behalf of the Board;
- the adherence to key Trust policies, such as Standing Financial Instructions and Standing Orders and the Treasury Management Policy.

5.2 The Internal Audit plan for 2010/11 was aligned to the Trust's Terms of Authorisation.

5.3 The Board reviews individual aspects of performance such as the business plan and supply strategy and gains overall assurance from key performance indicator (KPI) reports, the monitoring of cost improvement programme (CIP) targets and the Assurance Framework.

6. Review of effectiveness

6.1 As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors and the senior managers within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework, and comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee and the Service Quality Improvement Committee and a plan to address any weaknesses and ensure continuous improvement of the system is in place.

6.2 The Board of Directors has monitored delivery of the 2010/11 business plan throughout the year. The Governance Executive and the Service Quality Improvement Committee provide the Board of

Directors with reports on risk management, clinical governance, information governance and performance management throughout the year. The Assurance Framework provides the Trust with evidence that the effectiveness of controls to manage the risks to the Trust achieving its principal objectives have been reviewed. The Board of Directors has approved the Assurance Framework, confirming that the risk control measures in place are reasonable and that action plans have been developed to improve upon the controls and the assurance processes where appropriate. The Assurance Framework has been reviewed regularly by the Board of Directors, the Governance Executive, the Audit Committee and the Service Quality Improvement Committee.

6.3 The Trust has reviewed the systems and procedures for securing personal data, including patient data in transit, and confirms that it is satisfied that these have been and remain compliant with relevant information governance guidance and the Data Protection Act 1998. There have been no significant data security Serious Untoward Incidents in the past year.

The Trust declared an overall score of 89% against the Information Governance Toolkit self assessment for 2010/11; this represents a 2% decrease over the 2009/10 score.

6.4 The Audit Committee has provided the Board of Directors with an independent and objective review of financial and corporate governance, and internal financial control within the Trust. The Audit Committee has received reports and/or assurances from external and internal audit and management. Internal Audit has reviewed and reported on control, governance and risk management processes, based on an audit plan approved by the Audit Committee. Internal Audit's work included identifying and evaluating controls and testing their effectiveness, in accordance with NHS Internal Audit Standards. Where scope for improvement was found, recommendations were made and appropriate action plans agreed with management. The Audit Committee has a mechanism to track management's progress implementing agreed recommendations.

6.5 The Trust has worked hard to ensure that its targets for Criminal Record Bureau (CRB) checks, safeguarding training and child need and risk screen completion have been met.

6.6 The Trust achieved level 2 against the NHS Litigation Authority's Risk Management Standards for Mental Health & Learning Disability Trusts in November 2008. The Trust is actively working to maintain this level of compliance and work towards level 3.

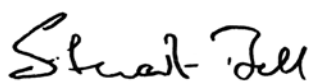
6.7 The Trust has continued to monitor compliance with Patient Environment Action Team (PEAT) standards throughout 2010/11, by internal and external assessments and ongoing maintenance programmes. The results of these assessments have been submitted to the National Patient Safety Authority (NPSA) and the Trust attained an average score of 4 (good) in all elements.

6.8 Each quality priority has a lead who is responsible for reporting programme plans and the progress being made to achieve them. The Service Quality Executive provides senior management support to each priority programme and each lead is accountable to the Service Quality Executive for meeting the aims described in the Quality Report. The Board Sub-Committee on Service Quality Improvement provides Board level scrutiny and assurance that the quality priorities are sufficiently directed, resourced and supported. No weaknesses in this process were identified in 2010/11.

Conclusion

No significant internal control issues have been identified.

Signed



Chief Executive
June 2011

Auditor's report on the summary financial statements

Independent auditor's report to the Members' Council of South London and Maudsley NHS Foundation Trust

Opinion on the summary financial statements

I have examined the summary financial statements for the year ended 31 March 2011 which comprises the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity and the Statement of Cash Flows.

This report is made solely to the Members' Council of South London and Maudsley NHS Foundation Trust in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006. My audit work has been undertaken so that I might state to the Members' Council those matters I am required to state to it in an auditor's report and for no other purpose. To the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the Foundation Trust as a body, for my audit work, for this report or for the opinions I have formed.

Respective responsibilities of directors and auditor

The directors are responsible for preparing the Annual Report.

My responsibility is to report to you my opinion on the consistency of the summary financial statement within the Annual Report with the statutory financial statements.

I also read the other information contained in the Annual Report and consider the implications for my report if I become aware of any misstatements or material inconsistencies with the summary financial statements.

I conducted my work in accordance with Bulletin 2008/03 "The auditor's statement on the summary financial statement in the United Kingdom" issued by the Auditing Practices Board. My report on the statutory financial statements describes the basis of my opinion on those financial statements.

Opinion

In my opinion the summary financial statements is consistent with the statutory financial statements of South London and Maudsley NHS Foundation Trust for the year ended 31 March 2011.

Jon Hayes
Officer of the Audit Commission
First Floor Millbank Tower
Millbank
London
SW1P 4HQ

6 June 2011

Summary Financial Accounts

Statement of Comprehensive Income

For the year ended 31 March 2011

Notes	2011 £ 000's	2010 £ 000's
3 Operating income	372,377	370,332
4 Operating expenditure	(358,545)	(365,655)
Operating surplus	13,832	4,677
7 Finance costs	(101)	(79)
7 Finance income	184	201
9 Dividends payable to the Government	(7,257)	(7,436)
Surplus before taxation	6,658	(2,637)
Taxation	-	-
Surplus (deficit) for the year	6,658	(2,637)
Other comprehensive income		
Revaluation gain (loss) on plant, property and equipment	(595)	846
Impairment reversal (loss) on plant, property and equipment	-	(4,468)
Reduction in the Donated Asset reserve for depreciation and revaluation	(535)	(515)
Total comprehensive income (expense) for the financial year	5,528	(6,774)

Statement of changes in taxpayers' equity

For the year ended 31 March 2011

	Public dividend capital £ 000's	Revaluation reserve £ 000's	Donated asset reserve £ 000's	Income & expenditure reserve £ 000's	Total £ 000's
At 1 April 2009	179,280	112,348	18,226	(22,566)	287,288
Total comprehensive income for the year;					
Deficit for the year	-	-	-	(2,637)	(2,637)
Reversal of fixed asset impairments	-	(4,468)	-	-	(4,468)
Surplus on other revaluations	-	846	139	-	985
Depreciation of donated assets	-	-	(654)	-	(654)
Other movements	-	(40)	40	-	-
PDC received during year	1,148	-	-	-	1,148
At 31 March 2010	180,428	108,686	17,751	(25,203)	281,662
At 1 April 2010	180,428	108,686	17,751	(25,203)	281,662
Total comprehensive income for the year;					
Surplus (deficit) for the year	-	-	-	6,658	6,658
Deficit on other revaluations	-	(595)	-	-	(595)
Depreciation of donated assets	-	-	(535)	-	(535)
Other movements	-	(67)	-	67	-
At 31 March 2011	180,428	108,024	17,216	(18,478)	287,190

Statement of Cash Flows

For the year ended 31 March 2011

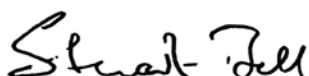
Notes	2011 £ 000's	2010 £ 000's
20.1 Net cash generated from operating activities	27,041	19,875
Cash flows from investing activities		
Interest received	182	201
Purchases of tangible fixed assets	(14,870)	(9,664)
Disposals of tangible fixed assets	1,890	-
Net cash generated from investing activities	(12,798)	(9,463)
Cash flows from financing activities		
Public Dividend Capital received	-	1,148
Interest paid	-	(1)
9 PDC Dividends paid	(7,568)	(7,236)
Net cash generated from financing activities	(7,568)	(6,089)
Increase (decrease) in cash and cash equivalents during the year	6,675	4,323
Cash and cash equivalents at 1 April	56,393	52,070
Cash and cash equivalents at 31 March	63,068	56,393

Statement of Financial Position

As at 31 March 2011

Notes	31 Mar 2011 £ 000's	31 Mar 2010 £ 000's
Non-current assets		
10 Intangible assets	-	-
11 Property, plant and equipment	259,398	254,944
12 Investment property	6,930	6,235
13 Other assets	1,280	1,290
	267,608	262,469
Current Assets		
14 Inventories	357	320
15 Trade and other receivables	10,853	12,537
20.3 Cash and cash equivalents	63,068	56,393
	74,278	69,250
16 Asset classified as held for sale	4,488	6,306
Total assets	346,374	338,025
Current Liabilities		
17 Trade and other payables	43,959	44,924
19 Provisions	2,955	940
18 Other liabilities	6,790	5,559
	53,704	51,423
Total Assets less Current Liabilities	292,670	286,602
Non-Current Liabilities		
19 Provisions	4,948	4,313
18 Other liabilities	532	627
	5,480	4,940
Total assets employed	287,190	281,662
Equity		
Public dividend capital	180,428	180,428
Revaluation reserve	108,024	108,686
Donated asset reserve	17,216	17,751
Retained earnings	(18,478)	(25,203)
Total Taxpayers Equity	287,190	281,662

Signed on behalf of the Board



Chief Executive

The summary financial statements, which have been approved by the Board, do not contain sufficient information to allow as full an understanding of the results and affairs of the Trust as would be provided by the full accounts. To obtain a full set of accounts please contact:

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