

Annual Public Meeting

Draft Minutes of the Annual Public Meeting held on Thursday 12 September 2019 in the Conference Centre, Building 14, Springfield Hospital, 61 Glenburnie Road, London, SW17 7DJ

Item

19/1 The attendees were welcomed to the Annual Public Meeting with the offer of a light refreshment supper and the opportunity to view the display stands provided for the meeting as follows:

- Estate Modernisation Programme
- Lotus Assessment Suite
- Staff Engagement Networks
- Involvement

19/1 Welcome and Opening Remarks

A warm welcome was extended to those in attendance by the Trust Chair, Ann Beasley. The Trust Chair took the opportunity to thank the audience, highlighting the importance of the Trust Annual Public Meeting as an occasion to share both positive and areas of change that empower on-going high levels of patient care.

19/2 Keynote Speaker – Equality and Diversity: An Intersectionality Approach

Prof Frank Keating, Professor of Social Work and Mental Health at Royal Holloway University of London gave a presentation on intersectionality and ‘the framework for understanding the ways that the multiple aspects of our identifies intersect, influence one another and compound to create unique experiences.’

19/3 Acting Chief Executive’s Welcome

The Acting Chief Executive presented an update on the Trust Strategy and updated on other key programmes such as the Global Digital Exemplar, Community Transformation, Estate Modernisation and Transformation our Workforce.

The presentation identified the CCG spend on mental health shown by each CCG, future developments have expanded services within perinatal services, Merton IAPT, Learning Disabilities and Physical health in Wandsworth and work with a BAME National Expert Panel.

A system wide approach is being developed within the South London Partnership.

- Services within CAMHS are now being cared closer to home where previously this was up to 73 miles this is now down to 7 miles, a new CAMHS PICU has been developed and there is a system wide collaboration to manage the recent surge in demand for CAMHS beds.
- Transformed care of forensic patients; patients are being repatriated, there are less patients receiving treatment out of area, new shared pathways have been created.
- Complex Care – key commissioning responsibilities have been developed and over 350 patients have been assessed in this new clinical pathway.
- Developing and retaining the nursing workforce for the future – there are over 100 staff employed as Nursing Associates and enrolled on apprenticeship programmes, an employee passport has been developed across the SLP and shared training

Item

programmes have been implemented. As a result of these improvements the recruitment and retention has improved.

Making Life Better Together – this will continue to put the heart back into the centre of the organization. The values and behavior framework have been recently launched and will drive this forward.

19/4 Review of 2018/19 Annual Accounts

The Director of Finance and Performance presented the Financial Accounts.

It was stated that the Trust reported a surplus of £25.8m before impairments compared to a £2.4m target and delivered £7.8m efficiency savings. The £25.8m surplus includes £14m profit from the sale of assets and £13.9m sustainability and transformation fund income. The position after technical impairments is a £16.9m surplus.

In addition, the Trust delivered against the Department of Health targets set out as follows:

- Breakeven or better for Income and Expenditure.
 - Operate within an External Financing Limit of £3.7m.
 - Operate within a Capital Resource Limit of £0.9m.
 - Maintain a Capital Cost Absorption rate of 3.5%.
 - Achieve the Public Sector Prompt Payment target by value.
- Expenditure - The Trust spent £172.5m of which 74% (£126.7m) was on pay costs. Compared to 2017/18 when the Trust spent £163m of which 74% (£121.4m) was on pay.
- Capital Investment - £27.5m covering EMP, IT, Maintenance and ward/other refurbishment.
- Key Risks and Opportunities – EMP, NHS Long Term Plan, achievement of savings targets, staff recruitment and retention, demand for acute beds and SLP.

19/5 Quality and Improvement

The Medical Director reported that this will be his last AGM. An update was provided on the progress made against the Quality Priorities;

- community services/improving consistency
- patient experience and involvement.
- reducing violence and aggression is an area that has been included in the Safety in Motion project.
- 'Preventing Suicide - a new strategy' has been developed.
- Improved physical health for service users. Training packages have been developed.
- Improved supervision for staff.

Improvements have been recorded in the following areas; cardio metabolic assessments in community and inpatients, first episode of psychosis treatments in 2 weeks, annual care plan reviews, collaborative crisis planning, delayed transfers of care, training in safeguarding children Level 3 and the Patient, Friends and Family test.

19/6 Future Plans

The Trust retained the CQC 'Good' rating. Currently the CQC teams are inspecting the Trust

Item

and the outcome will be known in due course.

The priorities for the next 12 months;

1. Continuous quality improvement and transformation of our community services;
2. Inclusivity: equality and diversity. Working with our partners across the system to empower local communities and co-produce services;
3. Giving our staff the tools to do the job e.g. IT and Skills;
4. Staff engagement and health and wellbeing;
5. Delivering our £200m Estate Modernisation Programme;
6. Achieving financial balance;
7. Giving our staff the tools to do the job e.g. IT and Skills; and
8. Achieving financial balance.

19/7 Questions and Answers

1. Wendy Mickleright – Previously requested information under the Freedom of Information Act regarding restraint, ECT treatment, serious incidents and seclusion. So far no response has been received.
The Acting Chief Executive responded that the information request will be picked up and responded shortly.
2. Wendy Mickleright – Previously there has been work undertaken in Manchester with the NHS and a housing association. This is called Home Group. Their research states that 80% of patients on acute wards are homeless. Perhaps funding should not be focussed on wards but should be focussed on housing associations and looking at information in a different way.
The Trust Chair asked her team to look into the Manchester housing work that has taken place.
3. Wendy Mickleright drew everyone's attention to a book by a psychiatrist, James Bates 'Cracked Whilst Psychiatry Does No Good'
4. Wendy Mickleright – There was a report on public health about the use of drugs, anti-psychotics and anti-depressants. Each year this is raised and nothing is done.
The Medical Director responded that as a doctor he has medical training and defends the use of medicine in certain cases. He stated that it is really important to listen to people to see their views, it is about giving people information and the patient needs to make an informed decision.
5. Bernie MacMannus. I am a member of staff and have worked for the Trust for 17 years. Thinking about retention and retaining staff, there are a lot of staff who are loyal but are not paid well whereas others are rewarded. It is the same, if your face fits you will do well.
The Director of Human Resources responded that there is an element that staff do not receive a 'thank you' where staff do a good job. There is the Employee of the Month and annually there are the Quality Awards to acknowledge good work.
6. Sammy – Wandsworth Carers representative. Some people in the Somali community are not able to reach the services due to culture, language. How can we resolve this, can a strategy be created to reduce the inequality and discrimination and to approach them rather than waiting for them to come to us?
The Trust Chair confirmed that further co-designing of services is needed to meet the groups through the service user engagement team. Next year we hope to be able to update on the progress being made.
7. Suresh Desai, Staff-side Representative. Given that the estate modernisation is such a huge item it is strange that this is not on the agenda. In 2012 the In-Patient Review stated that Barnes is owned by the Trust and has flexibility, Queen Mary's Hospital is a PFI building and is not viable to make any changes, Richmond Royal and Springfield is owned by the Trust and has the flexibility to be developed. I have read it says that Springfield

Item

Hospital is now going to have 839 new houses but only 168 are to be classed as 'affordable houses'. How much is this going to cost, there will be a 32 acres Springfield Park for the community. There is no mention of staff accommodation at Tolworth. A simple breakdown of the sale values of each property was requested per location and how much is being re-invested.

The Director of Communications and Staff Engagement updated that during staff engagement Tolworth staff did not rate the Tolworth staff accommodation high as they preferred IT and other items more for development. The Director of Finance and Information confirmed that the excess items of the estate are being sold in order to be able to provide modern accommodation to provide the best mental health treatment within for the local community, this will be self-financing. The detail on the asset sales has been given back to the Treasury. The staff accommodation at Springfield Hospital (Diamond Estate) is currently staying however in subsequent phases key worker accommodation will be planned with other housing organisations and providers.

8. Greta – Wandsworth Carers representative. New staff joining the Trust need Triangle of Care training as this supports further working with staff, families and other professionals, this helps to support the family members further. Thanks were given to the Hume Ward for this work and the support that has been given.

The Acting Chief Executive responded that the Triangle of Care training is delivered at the induction for new staff and forms part of assessments.

9. Bruno from Richmond Council Voluntary Service. A previous presentation of the evening made reference to funding that is expected from commissioners. There will be Integrated Care systems being developed. Do you have a clear strategy in how you will use your partnership with other organisations, the voluntary sector and local stakeholders to improve the services?

The Acting Chief Executive said there is a commitment from the government to invest in mental health services and we are expecting our services to be commissioned to bring this in line. Partnership working and integrated care in Richmond, is key and the Trust remains committed in being able to achieve this together.

10. Cathy - As CCGs disappear to one CCG for south west London, how the Trust works with local communities is something that is needed.

The Trust Chair confirmed this is an emerging field and work will need to be very different and forms part of the partnership working.

11. An attendee would like to express her gratitude to the Trust as she has attended some dementia workshops in Richmond. This should be part of the work that continues in the borough. *The Acting Chief Executive stated that through the community work this will be an area that will be looked at.*

12. Cathy – Discussions do appear to be very Springfield Hospital centric, more needs to be shown to say that the Trust covers 5 boroughs. Whilst Richmond Royal was redeveloped the services came to Barnes Hospital. This is great and the staff should be commended. The Estates and Communication staff are to be commended as they are keeping us well informed. Some changes raised to the Clinical Director have been implemented. Approval of the site by the Department of Health is very much needed in order for a new facility to be developed on the Barnes site.

19/8 Summary and Close

The meeting concluded, and the Chair thanked Professor Keating for his keynote speech, the attendees for their valuable feedback emphasising the importance of the Trust Annual Public Meeting as a means to share information and ensure that the local residents and those who utilise the Trust services remain fully informed. Meeting closed: 20:10