

130th Meeting of the Board of Directors

9.30am, Thursday 6 December 2018

Conference Room

Bracton Centre

AGENDA

| ITEM | | ACTION | PRESENTED BY | ENC |
|-------------|--|----------|--|-----|
| 1 | Apologies for absence and declaration of any conflicts of interest | To note | Andy Trotter Chair | - |
| 2 9.30am | Minutes of the Board of Directors' Meeting held on 1 November 2018 | To agree | Andy Trotter Chair | 1 |
| 3 9.35am | Board level inquiry report – NW Report and action plan | To note | Panel Chair – Rachel Evans Service Director – Tom Brown | 2 |
| 4 9.50am | Charitable Funds annual accounts | To agree | Jazz Thind Finance Director | 3 |

ANY OTHER BUSINESS

QUESTIONS FROM THE PUBLIC

Board of Directors
6 December 2018

Item 2
Enclosure 1

| | |
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| Report Title | Minutes of the Board of Directors Meeting held on 1 November 2018 |
| Author | Susan Owen, Risk and Governance Manager |
| Accountable Director | Andy Trotter, Chair |
| Confidentiality/ FOI status | Public |

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| Report Summary | Minutes of the Board of Directors meeting held on 1 November 2018 | | |
| Purpose (To select purpose, click on relevant choice for drop down box) | Information | To Note | |
| | Approval ✓ | Decision | |
| Recommendation | The Board agrees the minutes as a true record of the meeting. | | |

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| Link to strategic objectives (click on relevant choice for drop down box) | Quality | Workforce | Sustainability | Partnerships |
| Link to Board Assurance Framework | N/A | | | |

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| Implications | |
| Quality | |
| Financial | |
| Equality analysis | |
| Service user/carer/staff | |

129th Meeting of the Board of Directors Thursday 1 November 2018 - Maple Room, Pinewood House

Board of Directors

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| Andy Trotter | Chair |
| Steve James | Non-executive Director |
| Jo Stimpson | Non-executive Director |
| Stephen Dilworth | Non-executive Director |
| Seyi Clement | Non-executive Director |
| Yemisi Gibbons | Non-executive Director |
| Matthew Trainer | Chief Executive |
| Helen Smith | Deputy Chief Executive and Director of Service Delivery |
| Meera Nair | Director of Workforce and QI |
| Jane Wells | Director of Nursing |
| Jazz Thind | Director of Finance |

In attendance

| | |
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| Iain Dimond | Director of Special Projects |
| Michael Witney | Director of Therapies |
| Alison Furzer | Director of Informatics (for Item 9) |
| Lorraine Regan | Interim Director of Greenwich Services and Trustwide ALD Services (for item 9) |
| Rhoda Iranloye | Associate Director of Quality and Governance (for item 11) |
| Sally Bryden | Trust Secretary and Associate Director Corporate Affairs |
| Susan Owen | Risk and Governance Manager (Minutes) |

Members of the Council of Governors in attendance

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| Fola Balogun | Service user/carer: Children and Young People |
| Sue Read | Staff: Bexley Adult |
| Claire Wheeler | Service user carer: Greenwich Adult |

CQC observers

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| Judith Edwards | Care Quality Commission |
| Sophia Delgaizo | Care Quality Commission |

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|----------|---|-----------------|
| 1 | <p>Apologies for absence</p> <ul style="list-style-type: none"> • Dr Ify Okocha, Medical Director. • Nina Hingorani, Non-executive Director. <p>Declarations of interest</p> <ul style="list-style-type: none"> • None declared. | Noted |
| 2 | <p>Minutes of last meeting</p> <p>Page 1: Clarify that Grant Thornton have undertaken corrective action to address criticism from the FRC.</p> <p>Page 2: Replace 'pharmaceutical companies' with 'central government'.</p> <p>Page 3: Replace 'not necessary' with 'not allowed'.</p> <p>Pending these amendments, the minutes of the meeting on 6 September 2018 were approved as an accurate record.</p> | Approved |
| 3 | <p>Matters arising from the minutes of the last meeting</p> <p>Board tracker</p> <p>2018-09/#2: Brexit issues and risks are being reviewed through the relevant governance groups and</p> | Noted |

| | | Action |
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| | <p>will be brought to the attention of the Board as appropriate 2018-09/#1; 2018-01/#2; 2018-11/#1 and 2017-06/#4: An update is covered on the agenda. It was agreed to close all items on the tracker except 2018-01/#2. YG – Medicines management reports to the PQAC. JS – Brexit is a standing item on the Business Committee agenda. HS – With regard to 2017-06/#4, the trust is moving towards presenting data in run charts. Minutes Item 8: MW said that the IAPT team have access to Connect Care. Linking the IT system (IAPTuS) to local A&E systems is in progress.</p> | |
| 4 | <p>Board Assurance Framework Changes to the Board Assurance Framework were noted. SC – Why has the lone working risk been reduced when SkyGuard is not yet in place across all teams? What is the rationale for reducing other risks? HS – We have a robust process for reviewing risks, and all have been discussed through the relevant governance group and Executive Team. For future reports, we can add more detail to the front sheet. SkyGuard is not suitable for all teams, for example, it would not be the right solution for in-patient services. The Health and Safety Team are working to identify the teams where SkyGuard would be appropriate. JS – We are confident that the majority of teams have Safe Systems of Work in place for lone workers. JT – I am meeting with the Head of Safety and Compliance to discuss the procurement of SkyGuard. YG – Is there any progress on the re-wording of the risk relating to embedding learning? HS – This is being re-framed and will be circulated.</p> | <p>Noted</p> <p>SO 2018-11/#1</p> |
| 5 | <p>Chief Executive update MT said that he was impressed by all the teams he has visited and had seen examples of exceptional work, such as the Emotional Well-Being Programme at HMP Swaleside. The holistic combination of mental and physical health services across the trust is a huge asset. CQC visit A CQC main inspection is expected to commence this month, followed by a well led review in January 2019. Financial position The trust needs to maintain its financial position. We are entering the planning process for 2019/20. We can learn from the acute sector on spend controls. Whilst central government has said there will be additional funding for mental health services, the main area of focus is A&E services. Reducing violence and aggression The focus on this is welcomed by staff and they are keen to see it followed through. SD – Why has the Emotional Well-Being programme in Swaleside prison not been extended? MT – The programme relies on a key staff member and works well in that prison environment. We would need to invest money and resources to set this up in other settings. It could be picked up through the QI programme. HS – It also relies on support from the prison services and requires robust governance. SJ – We need to ensure that our QI structures enable us to share good practice.</p> | |
| 6 | <p>Integrated Dashboard MT presented the Integrated Dashboard Report. Line 4 – FFT: This has improved by 6%. Line 9 – Complaints: This shows the quarterly position, so is not an increase. Line 15 – RTT: The data is showing an improving trend. Line 17 – CPA follow up: There have been three breaches, all of which have been followed up. Line 22 – Secondary screens in prisons: This is the aggregated trust figure. All teams are at 100%, which the exception of HMP Thameside which is at 89%. The trust has a target of 72hours, which is a higher target than the NICE guidance of 7 days. Lines 28 and 29 – safe staffing: There are nuances on certain wards. Overall, our position is similar to other trusts and we are aware of the areas to focus on.</p> | Noted |

| | | Action |
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| | <p>Lines 30 to 33 – vacancy rates: The vacancy rate is now less than 9%. Rates in prisons, forensic and ALD service are all reducing.</p> <p>Line38 – roster score: The new monitoring mechanism will go live shortly.</p> <p>Line 41 – Consent to Treat under the MHA: This indicator does fluctuate. The breaches relate to small numbers and are individually followed up by the Medical Director.</p> <p>Line 50 – agency spend: This continues to reduce.</p> <p>AT – Much good work has been undertaken to reach this position.</p> <p>MN – Time to recruit has now been reduced to 21 days.</p> <p>MW – The complaints indicators (lines 9 and 10) are to be revised with more meaningful data.</p> <p>HS – We should note that the s136 data (line 34) may not represent an accurate picture of our breaches. When the law changed so that s136 lasts 24 hours, we set up a manual reporting system and we have identified that further adjustments are needed to ensure we can capture data accurately. If the patient is being converted to a formal section, they must be admitted to a bed and this is a breach if not done in 24 hours. If a patient is to remain as an informal patient, this is not a breach but their status needs to be changed on RiO and we are not confident that this is done routinely.</p> <p>JS – Do we have data on the volume of patients assessed under s136, including young people?</p> <p>HS – There has been an increase in Greenwich; we can provide figures for adults and for young people.</p> <p>ID – The long term plan to have all our s136 suites at Oxleas House is in progress.</p> <p>HS – This will not impact on patient care as there will be no loss of 136 capacity.</p> <p>SC – Do we have data on the number of patients converted to formal section?</p> <p>ID – We have higher rates of patients admitted informally.</p> <p>HS – There is no sense that we are avoiding use of the MHA.</p> <p>JW – Most patients are admitted in under 24 hours. We have data on the numbers of people who were on Section 136 converted to informal and then sectioned again within short period.</p> <p>SJ – We need to be assured that staffing levels are safe as acuity levels fluctuate.</p> <p>JW – We would expect staffing to increase in line with acuity.</p> <p>MN – The Agency Control Panel excludes nurse, and the nurse in charge can make the decision to book additional staff.</p> <p>YG and JS – It would be useful for the presentation of the data to be reviewed to ensure that this is reflected.</p> | <p>JW 2018-11/#2</p> <p>JW 2018-11/#3</p> |
| 7 | <p>Operational performance HS presented the Operational Performance Report.</p> <p>Adult Learning Disability The new service model for Greenwich CLDT is being rolled out from 5 November 2018 to provide targeted support around complex physical health, mental health and challenging behaviour, and preparing for adulthood; and a Single Point of Access hub. Atlas House has started taking low secure forensic patients.</p> <p>YG – What is the role of the ALD liaison nurse?</p> <p>ID – They will be picking up a workstream already in place.</p> <p>JS – Better liaison is needed in hospitals</p> <p>Children and Young People The Children's Therapy team have recently moved back to Goldie Leigh following a refurbishment. The reconfiguration of the building has created an additional clinic room which has enabled more appointments to take place. A joint CCG/Oxleas/Bromley Wellbeing Service /Local Authority bid has been submitted and is currently under consideration by NHSE. Bromley was invited to submit a bid to become a pilot site for the development of schools mental health support teams and a 4 week wait pilot in Specialist CAMHS. If successful, the additional resources for Specialist CAMHS will enable us to drive changes in care pathways so that more brief interventions can be offered. The SLP work is progressing and this will be a huge support. The Dialectic Behaviour service will be operational soon. Eating Disorder services are being set up.</p> <p>Bexley Care The five Meadowview beds ring-fenced last month for 'step-up' patients has been working well and we are continuing to publicise the provision with local GPs. Changes have been made to the Millbrook</p> | Noted |

| | | Action |
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| | <p>Ward management team to ensure the implementation of the improvement plan and the taskforce continues to support this. The staff consultation for the new Bexley Care Service Model concluded on 18 October 2018 and a formal response has been sent out to staff with the outcome of the consultation. Because of the need to get the detail of the new model right, staff have been advised that we will be deferring implementation until the New Year.</p> <p>MT – The potential for loss of goodwill was significant. It is important that we listen to staff.</p> <p>SC – What is the financial impact?</p> <p>JT – The forecast out turn decreases, but we have mitigations in place.</p> <p>SD – Do we collect feedback from the GP masterclasses?</p> <p>HS – We do collect this. The Lived Experience Practitioner class was very well received.</p> <p>SB – We will share the feedback data with SD.</p> <p>Forensic and Prisons</p> <p>The tender for the three prison contracts in Kent that are due to expire on 31 March 2019 has now been published. New arrangements for searching and security came into place at the Bracton Centre in October 2018 following a procurement exercise for the provision of security services. SGC Security Services now undertake all searching, site perimeter checks and escorts. These roles were previously undertaken by staff within the service via bank shifts.</p> <p>Greenwich</p> <p>The Consultant Connect system has now gone live. This is a pilot project funded by the CCG now launched in older people and adult mental health services within Greenwich. This is a phone rota system for GPs to contact clinicians during their patient consultations in order to rapidly direct care. Outcomes are recorded by GPs and for the past two weeks have reported 37% of calls resulted in avoidance of an urgent referral (may be medication advice given), and 62% have resulted in an urgent referral.</p> <p>SD – Is there a video link to enhance patient experience?</p> <p>HS – The system is for GPs to call the consultant, and the patient is not directly involved.</p> | |
| 8 | <p>Performance and Quality Assurance Committee</p> <p>YG presented the report from the Performance and Quality Assurance Committee (PQAC), which was noted. The Committee received an update on the crisis pathway and an update on care planning audits.</p> <p>AT – Has the quality of care plans improved?</p> <p>YG – An action plan is in place to tackle this. There is no specific measure as to quality.</p> <p>AT – Is there a model care plan template?</p> <p>MW – It is easy to recognise a quality care plan. More work needs to be done to improve this.</p> <p>JW – Coaching teams is on-going work.</p> <p>AT – What are the issues with progressing this?</p> <p>SJ – There are expectations that are not universally met. Expectations are outlined in policies but are not universally delivered.</p> <p>AT – Is this a national issue seen in other trusts?</p> <p>ID – Work is on-going in a national group. There is an acknowledgement that we need to improve on the personalisation of care plans. Documentation needs to be more streamlined.</p> <p>HS – We are improving RiO to make it easier to use and this work is being led by Ify Okocha and Alison Furzer.</p> <p>YG – Do we have a training programme on personalised care planning?</p> <p>HS – The current training is more focused on the technology than practice.</p> <p>It was agreed that care planning should be a topic for a future Board Strategy Day.</p> | <p>Noted</p> <p>JW/IO/MW 2018-11/#4</p> |
| 9 | <p>Serious Incident Inquiry Report – Mr A</p> <p>AF presented the serious incident inquiry report into Mr A.. The panel found that some areas of care could have been better, but the incident was not predictable or preventable. The following recommendations were made:</p> <ol style="list-style-type: none"> 1. HTT procedures for weekend leave need to be documented (this relates to some difference in views on whether Mr A was a patient of the ward or the HTT in terms of decision making in relation to zoning). | <p>Noted</p> |

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| | <p>2. All MH teams should be notified (via phone and/or email) when a patient or carer contacts the crisis line to ensure that any new risks are assessed promptly by the team responsible for the patient care.</p> <p>3. It is recommended that there is a review of the HTT pathway to ensure that all MDT activity is captured within the clinical system.</p> <p>SJ – Mr A was on home leave but he was not quite an HTT patient. There was much good practice, but we need to be clear on who is responsible for the patient. AT – What follow up was there from the telephone call advising the family member to take the patient to A&E? LR – An HCA took that call. The advice would have been the same if it had been a registered nurse. At the time of the call, Mr A had already left the house. JS – Was that fact known? LR – The HCA said that it was. AT – Why was that advice given if it was known that Mr A was not in the home? ID – This issue could be addressed by having a 24/7 HTT. Would the family have been re-assured if the HTT team had gone out to look for Mr A? AF – It is difficult to say as the family chose not to be involved in the investigation. HS – A 24/7 HTT expands the options, but they may not necessarily have approached the case differently. MT – The advice to call an ambulance or attend A&E was not optimal. There are lessons from this. JS – Had the HTT seen Mr A at home before? AF – Yes. A full assessment had been undertaken at home.</p> | |
| 10 | <p>DJ inquiry – six month review of progress against recommendations</p> <p>JW presented the six month review of progress against recommendations from the DJ inquiry which noted that actions on the recommendations have been taken and a trustwide learning event held.</p> <ul style="list-style-type: none"> • Recommendation 1: A visual display of a patient weight change over time is now available on RiO, as in an area for stool charts to be documented and monitored. • Recommendation 2: A spot check has been undertaken to provide evidence that active case management reviews are being held for deteriorating patients. <p>SD – Are staff supported and can they see the value of this? JW – Yes. We have taken forward learning from Kent and Medway Partnership Trust.</p> | Noted |
| 11 | <p>Report from the Quality Improvement and Innovation Committee</p> <p>SJ and RI presented the report from the Quality Improvement and Innovation Committee. The Committee received presentations on projects relating to lipid screening and increasing the accessibility of anti-natal appointments. We need to ensure that staff can access programmes for learning from the process, and also manage expectations as to the number of projects the trust can facilitate. Since 1 April 2018, there are now 34 active projects and a further 33 in the pipeline. We are aiming to develop a culture of continuous improvement, with all staff actively involved.</p> <p>SD – What is the training target and when to we aim to reach this? How to you address DNAs? RI – All staff should attend the one-day awareness session. A plan for training project leads is to be presented to the next meeting of the Committee. Training DNAs tend to be due to last minute cancellations, but we overbook so as to ensure courses are full. There are no outliers with regard to DNAs. SB – We have undertaken communications activity to share learning such as the trust conference and articles on the intranet and newsletter. MT – The learning should focus on sharing the process application, rather than the specific project. YG – Is there a ceiling as to the number of projects we can facilitate? RI – We plan to use the funding set aside for backfill to have directorate level support staff instead. This will increase our capacity. JT – If there is a resource implication, the Executive will need to be sighted on this. MT – We will need to consider how we can capture the tangible savings on the balance sheet.</p> | Noted |

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| 12 | <p>Report from the Workforce Committee</p> <p>JS and MN presented the report from the Workforce Committee. The Staff Partnership Team have reviewed how focus groups are run. A working group has been set up to understand the reasons why BME staff are over-represented in disciplinary cases. The staff survey is currently being carried out. Some concerns were raised over junior doctors working hours and this is being addressed. The Committee received an update from the Violence and Aggression Working Group. The Workforce Race Equality Scheme is now established, and BME representatives will be part of this. The Committee noted that the nursing development work undertaken by Jane Wells and the Directors of Nursing in the South London Partnership had won the Nursing Times Workforce Award for “best workplace for learning and development”.</p> <p>AT - With regard to the violence and aggression workstream, we need to understand the implications for police partners.</p> <p>MN – The protocol is being finalised. There are some steps we will need to be responsible for.</p> <p>AT – Is capacity an issue?</p> <p>MN – It may be in some cases. We need to give a message that violence towards staff is not tolerated.</p> <p>LD – Liaison meetings are held every other month to share learning.</p> <p>SD – What is the impact of out-sourcing payroll?</p> <p>JT – A number of concerns have been raised and these are being addressed by two senior finance managers. Some are national issues and some are specific to individuals. We now have a different management team at Shared Business Services (SBS) and our own point of contact. Input of workforce data is being brought back in house and we will use the SBS resource for other work. We expect the position to stabilise by January 2019.</p> <p>JS – This is disappointing to hear.</p> <p>MN – We have an opportunity to make better use of the resource.</p> <p>JT – We accept we need to work to resolve this. Updates will be reported to the Business Committee.</p> | <p>Noted</p> <p>JT 2018-11/#5</p> |
| 13 | <p>NED report – Board visits</p> <p>YG – <i>TOPS / Tall Trees</i>: A particular feature was the gardens and courtyard which were maintained to a high standard. <i>Can You Understand It? Group</i>: An excellent team.</p> <p>SD – <i>Woolwich District Nursing Team</i>: There are issues with parking. HS said that discussions are taking place with RBG to resolve this. The trust will offer to pay for parking permits. There has been a more positive response from Bexley Council and we are working through the options. Queries regarding training expenses have been addressed through a drop-in session. <i>Tarn Ward</i>: A positive and well-led team working in a challenging environment. The team raised the need for a de-escalation suite. HS said that there are some estates issues to work through with the PFI partner. The room can currently be used under supervision.</p> <p>SJ – <i>HMP East Sutton Park and HMP Maidstone</i>: Impressive management and the team said they felt part of Oxleas. There is more we can do to raise the profile of the service in Kent in order to recruit locally. The team would appreciate on-site training.</p> <p>JS – <i>Bromley Memory Service and Bromley Older Peoples CMHT</i>: The workload for this team is growing. Staff raised safety concerns about the car park at Bridgeways. It is not a particularly intimidating area but there is some resistance from the local community. There have been no specific incidents and this issue is noted on the risk register.</p> <p>YG – Do we have a robust system for ensuring that actions are addressed?</p> <p>SB – There is an action tracker and this can be brought to the Board.</p> | <p>Noted</p> |
| 14 | <p>Business Committee</p> <p>JS and JT presented the report from the Business Committee. A plan is in place to reach the control total and we are not too far behind plan. The Committee received an update on the SLP, which demonstrated that the partnership had achieved a net benefit in 2017/18 that was greater than that planned. The Committee received an update on the work being undertaken against Lord Carter’s recommendations regarding variation in MH and community services. It was noted that there are some recommendations not within our control. With regard to the Bridges Healthcare debt, the liquidator not yet closed the investigation.</p> | <p>Noted</p> |

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| | <p>AT – What is the current position with the flu vaccine uptake? JW – We are currently at 20% overall. This year, we are focusing on a message that people can carry the virus without being symptomatic. JT – The timetable on expectations for winter planning is being thought through. JS – What is the plan for control totals for 2019/20? JT – The current narrative is that trusts will be expected to break even.</p> | |
| 15 | <p>Infrastructure Committee SC and JT presented the report from the Infrastructure Committee. Phase 2 of the QMH development is now underway. It was noted that it had been agreed that no property disposal will proceed this financial year. The impact of the Soft FM tender on the terms of reference for the Committee will be discussed outside the meeting. Following an audit, we are likely to have to pay more for Microsoft licences. YG – Are there any concerns about GDPR? JT – We have strong controls in place.</p> | Noted |
| 16 | <p>Audit and Risk Assurance Committee SD presented the report from the Audit and Risk Assurance Committee. The Committee received the KPMG internal audit report on ligature risk management. This received an outcome of significant assurance with minor improvement opportunities. Ligature management is an inherent risk for the trust and is overseen by the Acute Care Forum. There will be early discussions with the Council of Governors to discuss their choice of indicator for the Quality Accounts. If they select a non-measurable indicator, this will be accommodated in another way. JS – There needs to be tighter wording on support for OPS Ltd. JS – What are the implications of the FRC criticism of Grant Thornton? SD- Auditors do learn from incidents. Grant Thornton are not alone in this.</p> | Noted |
| 17 | <p>Council of Governance update The report from the Council of Governors was noted. AT and SD have been re-appointed as Chair and Non-executive Director respectively.</p> | Noted |
| 18 | <p>Any other business None raised.</p> | |
| <p>Next meeting of the Board of Directors Thursday 10 January 2019 at 10.30 am Maple Room, Pinewood House</p> | | |

**Board of Directors
6 December 2018**

**Item 3
Enclosure 2**

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| Report Title | NW Inquiry Report |
| Author | <i>Rachel Evans – Director of Estates and Facilities</i> |
| Accountable Director | <i>Matthew Trainer - CEO</i> |
| Confidentiality/ FOI status | |

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| Report Summary | <p>NW was a 26 year old man who had been living at Barefoot Lodge as in informal patient since 27 February 2018. He had a diagnosis of Generalised Anxiety Disorder which affected his ability to work. He was described as a polite and quiet, but engaging man.</p> <p>NW had in the past used cannabis, MDMA, cocaine and heroin and said he started to use cocaine at secondary school to manage his anxiety and knew that he was addicted. In October 2017 NW’s brother died by suicide and shortly afterwards NW was admitted to GPH having taken an overdose. During this admission his parents told the ward consultant that he and his brother had discussed suicide in the past.</p> <p>NW progressed on the ward and began to apply for housing including supported housing. His parents felt it would be too risky for him to live alone due to his impulsivity and they wanted him to remain on the ward until a suitable placement was available. Following assessment by CMHRES he was admitted to Barefoot House in February 2018.</p> <p>Whilst at Barefoot Lodge he took part in a number of community based activities, supported by CMHRES and had psychological input until the psychologist left.</p> <p>On 2 July 2018 NW left Barefoot Lodge at 10am with the plan to return after lunch. He did not return and despite regular phone calls no contact was made with him. He returned at around midnight having travelled to Euston to purchase heroin, returning to ‘the wood’ to inject the heroin and then slept in the woods for approximately 6 hours. He was taken to A&E and said he had smoked crack cocaine at midday and smoked and injected heroin at 15:00. He was given 1 dose of Naloxen and given safety net advice before returning to Barefoot Lodge. NW declined a referral to substance misuse team.</p> <p>On 16 July 2018 NW left Barefoot Lodge at approximately 18:00. There were no documented concerns regarding risk when NW left the ward. At 11.20am on 17 July 2018 staff were informed by the police that NW had been found unresponsive near the public toilets at Bostall Woods, Plumstead. At the time of writing this report the coroner has not released the cause of death.</p> <p>Following the inquiry the panel made the following recommendations:</p> |
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| | <p>Recommendation 1</p> <p>The panel recommends the implementation of the recently approved action plan in relation to the Management of comorbid substance misuse.</p> <p>Recommendation 2</p> <p>The panel recommend, as an immediate action, that the Directorate Management Team ensure Barefoot Lodge staff understand the needs of the current patient group and have the resources to meet them.</p> <p>The panel further recommend that the Directorate complete their current review of the Barefoot Lodge model of care, including review of the admission criteria, and put in place an agreed leadership structure by January 2019.</p> | | | | | | |
| Purpose (To select purpose, click on relevant choice for drop down box) | <table border="0"> <tr> <td>Information</td> <td>To Note</td> <td>√</td> </tr> <tr> <td>Approval</td> <td>Decision</td> <td></td> </tr> </table> | Information | To Note | √ | Approval | Decision | |
| Information | To Note | √ | | | | | |
| Approval | Decision | | | | | | |
| Recommendation | <i>The Board are asked to note the recommendations from the Inquiry Panel</i> | | | | | | |

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| Link to strategic objectives (click on relevant choice for drop down box) | Quality √ Workforce √ Sustainability √ Partnerships √ |
| Link to Board Assurance Framework | |

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|---------------------------------|-----------------------------|
| Implications | |
| Quality | Quality of service delivery |
| Financial | |
| Equality analysis | |
| Service user/carer/staff | |

Action Plan

StEIS Reference: 2018/17524

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| Initials: NW | Incident date: 17 July 2018 | Team Involved in incident: Barefoot Lodge | Date of action plan: 14 November 2018 |
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Brief summary of incident:

NW was a 26 year old man who had been living at Barefoot Lodge as in informal patient since 27 February 2018. On 17 July 2018 Barefoot Lodge staff were informed by the police that NW had been found unresponsive by a park ranger near the public toilets at Bostall Woods. At the time of writing this report the coroner has not released the cause of death.

| Issue raised (description) | Required outcome (description) | Action | Action owner | Due by | How will this be evidenced | Progress |
|--|---|--|---------------------------------------|--------------|---|----------|
| The panel recommends the implementation of the recently approved action plan in relation to the Management of co-morbid substance misuse | All staff in Barefoot Lodge to be fully aware of the best practice in working with clients who have a dual diagnosis identified when admitted to Barefoot Lodge in particular those clients | <p><u>The actions planned for the management of co-morbid substance misuse are:</u></p> <p>We have scheduled a series of listening events and meetings with teams in October and November 2018 to help us understand the difficulties clinicians face with implementing our Trust standards. These sessions will be led by the Trust nurse consultant for co-occurring mental health, alcohol and drugs (COMHAD) with support from the medical director and chief operating officer. Particular issues</p> | Nurse Consultant and Medical Director | January 2019 | Progress reports on the actions underway for the management of co-morbid substance misuse will be presented to the Trust Clinical effectiveness Group 6 | |

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|--|----------------------------------|--|--|--|-----------------------------------|--|
| | <p>using opiate based drugs.</p> | <p>for exploration are the paucity of professional curiosity about drugs patients use, over reliance on self-referral and learning from our prison services.</p> <p>Findings will be incorporated into a training and professional development plan for staff that already includes motivational interviewing and formulation of risks in the context of substance misuse.</p> <p>Update the Oxleas capability framework to reflect the recent publication on COMHAD by Public Health England.</p> <p>We need to discuss with our Local Authority commissioners and commissioned substance misuse providers to establish community-based liaison clinics in Bexley and Bromley and also establish jointly appointed posts.</p> <p>We need to work with our community mental health teams to find ways of prioritising patients with the following characteristics for urgent face to face review including Mental Health Act assessments: mental illness particularly psychosis, co-morbid substance misuse, history of violence, non-compliance</p> | | | <p>monthly – due in May 2019.</p> | |
|--|----------------------------------|--|--|--|-----------------------------------|--|

| | | | | | | |
|---|--|---|-------------------------|-----------------|--|--|
| | | <p>with medication and at least one failed appointment.</p> <p>We will set up a new trust wide Oxleas COHMAD group to take forward these actions and report to the Trust Clinical Effectiveness Group.</p> | | | | |
| <p>The panel recommend, as an immediate action, that the Directorate Management Team ensure Barefoot Lodge staff understand the needs of the current patient group and have the resources to meet them.</p> | <p>All current and future service users in Barefoot Lodge will have personalised care plans which accurately reflect all risks and include explicit details of the care and treatment to manage these.</p> | <p>A review of the risks and care and treatment needs of all the clients currently in Barefoot will be undertaken by the Modern Matron and Ward Manager. Each care plan will be appropriately updated to accurately reflect all risks and include explicit details of the care and treatment to manage these.</p> | <p>Head of Nursing</p> | <p>Dec 2018</p> | <p>Trust Care plan audit monthly and reviewed at Directorate Quality Board monthly and Barefoot team meeting monthly Quality Board and Team meeting minutes)</p> | |
| <p>The panel further recommend that the Directorate complete their current review of the Barefoot Lodge model of care, including review of the</p> | <p>A new Model of care for Barefoot Lodge will be agreed which is based upon best practice for rehabilitation.</p> | <p>The SMT for Mental Health in Bexley Care produce an options paper based on workshops and reviews of best practice, to go out to consultation with borough services and CCG's in December 2018.</p> | <p>Service Director</p> | <p>Jan 2019</p> | <p>Outcome paper Consultation paper (DMT minutes and service update reports</p> | |

| | | | | | | |
|---|--|--|--|--|--|--|
| admission criteria, and put in place an agreed leadership structure by January 2019 | | | | | included in bi-monthly reports to executive committee) | |
|---|--|--|--|--|--|--|

Board of Directors 6 December 2018

Item 4
Enclosure 3

| | |
|--|---|
| Report Title | Oxleas NHS Foundation Trust Charitable Fund Annual Accounts 2017-18 |
| Author | Sat Dhinsa – Associate Director of Financial Services & Assurance |
| Accountable Director | Jazz Thind – Director of Finance |
| Confidentiality/ FOI status | |

| | | | | | |
|--|--|-------------|---------|---------------|----------|
| Report Summary | <p>Charitable Fund Annual Accounts 2017-18:</p> <ul style="list-style-type: none"> • Fully consolidated into the Trust’s group accounts • Total income of £49k; • Total expenditure of £139k; • Net movement of £90k; • Cash held at the 31 March 2018 equated to £677k. • Charitable fund total of £646k at 31 March 2018 analysed as <ul style="list-style-type: none"> ○ £315k of unrestricted funds ○ £331k of restricted funds (limited to a specific purpose) • The independent examination by Deloitte has confirmed no ‘material matters’ arising with one issue raised relating to £1k rounding. Signed copies awaited • Accounts approved by the Audit & Risk Committee on the 20 November 2018 • Planning to submit to the Charity Commission by 31 December 2018 | | | | |
| Purpose (To select purpose, click on relevant choice for drop down box) | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Information</td> <td style="width: 50%;">To Note</td> </tr> <tr> <td>Approval √</td> <td>Decision</td> </tr> </table> | Information | To Note | Approval √ | Decision |
| Information | To Note | | | | |
| Approval √ | Decision | | | | |
| Recommendation | Board of Directors to approve the draft set of accounts. Any material changes post approval to be reported at the January 19 meeting | | | | |
| Link to strategic objectives click on relevant choice for drop down box) | Quality Workforce Sustainability √ Partnerships | | | | |
| Link to Board Assurance Framework | N/A | | | | |

Oxleas NHS Foundation Trust
Charitable Fund
(Registered Charity No. 1061424)

Annual Report & Financial Statements Year Ended 31
March 2018

improving lives

Annual Report & Financial Statements 2017-18

Oxleas NHS Foundation Trust Charitable Fund (Registered Charity No. 1061424)

The Corporate Trustee presents the Charitable Fund Annual Report together with the Financial Statements for the year ended 31 March 2018 for the registered charity, prepared in accordance with Section 132 (1) of the Charities Act 2011 and The Charities (Accounts and Reports) Regulations 2008.

The charitable fund operates under a Declaration of Trust dated 17 February 1997. The aim of our Charity is to raise funds and attract donations that can be used to benefit a wide range of services provided by Oxleas NHS Foundation Trust. These include a wide range of health care including community services across a variety of locations such as people's homes, health centres, schools, prisons and hospitals. The Charitable Fund is an umbrella fund which is made up of 58 individual charitable funds (2016/17: 59 Funds). Oxleas NHS Foundation Trust is the Corporate Trustee of Oxleas NHS Foundation Trust Charitable Fund. In administering the objectives and activities of the fund, the Trustee gives careful consideration to the Charity Commission's general guidance on public benefit.

The following Directors of the Trustee are also members of Oxleas NHS Foundation Trust Board:

| | | |
|-------------------|----------------|--|
| Chairman | Andy Trotter | Chief Executive Ben Travis (until 16 March 2018) Matthew Trainer (from 1 st October 2018) |
| | | Acting Chief Executive Helen Smith (from 17 March 2018 to 30 th September 2018) |
| Vice Chair | Steve Dilworth | Deputy Chief Executive Helen Smith (until 16 March 2018 and from 1 st October 2018) |
| | | Acting Deputy Chief Executive Iain Dimond (from 17 March 2018 to 30 th September 2018) |

Non-Executive Directors

Seyi Clement
Steve Dilworth
Stephen James
James Kellock
Jo Stimpson
Yemisi Gibbons

Executive Board Directors

Dr Ify Okocha
Jazz Thind
Jane Wells
Simon Hart (until 23 November 2017)
Meera Nair (from 15 January 2018)

Trustee recruitment, appointment and induction

Oxleas NHS Foundation Trust is the Corporate Trustee of Oxleas NHS Foundation Trust Charitable Fund. Trustees of Oxleas NHS Foundation Trust Charitable Fund are appointed from the board of Oxleas NHS Foundation Trust.

Key management personnel information

The Trustees have concluded that the Directors of the Trust and the trust fund directors comprise the key management personnel of the charitable funds as they are in charge of:

- Directing and controlling the charitable funds
- Running and operating the charitable funds on a day-to-day basis.

The Directors of the Trust give their time freely and did not receive any remuneration during the year. The Directors of the Trust are required to declare any potential conflict of interests. No conflicts of interest were declared that impacted upon the Charity. The Directors of the Trust have agreed that no separate committee to manage the Charity is required due to the size of the Charity. The day-to-day administration and control of the 58 individual accounts that make up the Charity are delegated to members of Trust staff who are best placed to recognise needs (Fundholders) and are in a relevant post to the Charitable Fund concerned.

Individual Funds

No new funds were set up in the year. One fund was closed during the year as the site that it related to was no longer in use by Oxleas NHS Foundation Trust.

Annual Report & Financial Statements 2017-18

Reserves Policy

Charitable Fund policy states that all donations should be expended wherever within two years of receipt, except where funds are being saved for a specific purpose (either restricted or designated funds). The budget holders for each Trust fund are responsible for building reserves for their fund should this be deemed necessary, however at present no funds are saved for this purpose.

Risk Policy

The amount of funds held in respect of charitable funds is considered too small to support an investment portfolio. The Corporate Trustee does not consider there to be any major risks associated with the charitable funds due to the nature of the charitable activities undertaken. Funds spent during the year will be no more than the balance of reserves held.

Expenditure authorisation limits for Trust fund holders are now standardised. This is now in line with the Trust's signatory authority matrix. This is to ensure that all expenditure for the Trust is authorised using the same processes throughout the Trust.

The charitable fund is reliant on voluntary income and donations to allow expenditure on charitable activities. If income falls then the expenditure would have to fall as a result of this. The NHS is also by its nature subject to changes in government policy and funding decisions, and so there is an inherent risk as a result of any unforeseen changes in the NHS.

Accounting

Oxleas NHS Foundation Trust provides accounting facilities for the Trust Funds. Each charitable fund has a unique code which is debited or credited at the time of a transaction. Transactions are processed through the ledger system. Any balance owing to or from the Fund is transferred between the Trust Fund Account and Oxleas' bank account during the financial year.

Investment Policy

£600,000 has been reinvested with Lloyds Bank from September 2017 (April 2017: £600,000). Interest in 2017-18 was earned at 0.575% (2016/17: 0.625%).

Financial Review

During the year charitable funds of £49,000 (2016/17: £93,000) were generated, whilst in the same year expenditure totalled £139,000 (2016/17: £139,000), resulting in net expenditure of £90,000 (2016/17: £46,000). Donations remain a considerable source of income to the funds with £6,000 of income, with the remainder coming from charitable activities and returns on investments. Charitable activities represent £138,000 of the expenditure. The charitable funds amount to £646,000 (2016/17: £736,000), which means that the funds can continue to be expended in line with the above policies.

The forensic psychology fund once again saw significant movement, with £4,000 of income and £45,000 of expenditure. A significant amount of expenditure related to staff training and research groups.

How to contact us

Further information about particular funds can be obtained from the Senior Financial Accountant, in the first instance. Copies of the Annual Accounts for Oxleas NHS Foundation Trust Charitable Fund can be obtained by writing to the Director of Finance at the same address.

Thank you

Service users have benefited greatly from the generosity of family, friends, staff and the wider community who have made donations to the Trust funds and helped with fundraising efforts. Thank you also to our volunteers, 16 of who manage our snack shops. The profits from the shop are put into two Trust funds; one for Adult mental health patients within Oxleas House and the other being the Trust fund for Older people. The funds are used to pay for entertainers on the wards, emergency clothing and toiletries, and also to keep the gardens looking good for our patients, visitors and staff which has been a particular focus this year. The funds are also used for certain items of equipment on the ward and for celebrating special occasions for the patients. Funding received has been used across many funds to provide training and guidance for staff, meaning that the benefits do not solely apply to Oxleas NHS Foundation Trust but to society as a whole.

Oxleas NHS Foundation Trust

On 1st April 2017, Oxleas NHS Foundation Trust reorganised its services into the boroughs that it serves so that the services better meet the needs of our patients and service users. The Trust provides services in Greenwich, Bexley and Bromley. In addition, the Trust has expanded the services that it offers in prisons and forensic services.

Our services cover; in the borough structure of Greenwich, Bexley and Bromley:

- Adult Mental Health (including the interests of those in forensic and prison services)
- Older People Mental Health
- Adult Community Health
- Children and Young People (both mental health and physical health services)
- Learning Disability
- Queen Mary's Hospital

How we organise ourselves: reference and administrative details

Charity Number

Our registered charity number is 1061424.

Address

The charity is located at:
Oxleas NHS Foundation Trust
Pinewood House
Pinewood Place
Dartford
Kent
DA2 7WG

Our advisers

Independent Examiners

Deloitte LLP
3 Victoria Square
Victoria Street
St Albans
United Kingdom
AL1 3TF

Bankers

Lloyds Bank
4th Floor
25 Gresham Street
London
EC2V 7HN

Internal Auditor

KPMG LLP
8th Floor East
15 Canada Square
London
E14 5GL

How we manage your donations

The Charity makes grants from both its unrestricted and restricted funds to Trust staff and issues other expenditure in relation to patient welfare, staff welfare and other expenditure. The largest 12 funds also incur an administration fee from Oxleas NHS Foundation Trust and the independent examination fees, apportioned across the funds by size.

Unrestricted funds: These funds are received by the charity with no particular preference expressed by the donors as to how the money should be spent, or paid for a designated location but into a fund where there are no restrictions on how this money should be spent.

Restricted funds: These are funds donated for a specific purpose expressed by the donor into either a new fund created for a specific purpose or an existing restricted fund and are spent as such.

What we plan to do with your donations: our future plans

Charitable Fund policy states that all donations should be expended wherever within two years of receipt, and we will continue to ensure that donations are spent on enhancing patient care by funding a wide range of activities and training over and above the core services and facilities that are funded by the NHS.

Annual Report & Financial Statements 2017-18

Statement of Trustee responsibilities

The trustees are responsible for preparing the Trustees' Annual Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice), including FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland".

The law applicable to charities in England and Wales requires the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources of the charity for that period. In preparing these financial statements, the trustees are required to:

- select suitable accounting policies and then apply them consistently, subject to any material departures disclosed and explained in the financial statements;
- observe the methods and principles in the Charities SORP;
- make judgments and estimates that are reasonable and prudent;
- state whether applicable accounting standards have been followed; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in business.

The trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011, the Charity (Accounts and Reports) Regulations 2008 and the provisions of the trust deed. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustees are responsible for the maintenance and integrity of the charity and financial information included on the charity's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Approved on behalf of the Corporate Trustee

Jazz Thind

Director of Finance
Oxleas NHS Foundation Trust

20th November 2018

INDEPENDENT EXAMINER'S REPORT TO THE TRUSTEES OF OXLEAS NHS FOUNDATION TRUST CHARITABLE FUND

I report to the trustees on my examination of the accounts of Oxleas NHS Foundation Trust Charitable Fund for the year ended 31st March 2018 which comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cash flows and the related notes 1 to 16.

This report is made solely to the charity's trustees, as a body, in accordance with section 145 of the Charities Act 2011 and regulations made under section 154 of that Act. My work has been undertaken so that I might state to the charity's trustees those matters I am required to state to them in an independent examiner'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 charity and the charity's trustees as a body, for my work, for this report, or for the opinions I have formed.

Responsibilities and basis of report

As the charity's trustees you are responsible for the preparation of the accounts in accordance with the requirements of the Charities Act 2011 (the 2011 Act). You are satisfied that your charity is not required by charity law to be audited and have chosen instead to have an independent examination.

I report in respect of my examination of your charity's accounts as carried out under section 145 of the 2011 Act. In carrying out my examination I have followed the applicable Directions given by the Charity Commission under section 145(5)(b) of the 2011 Act.

Independent examiner's statement

I have completed my examination. I confirm that no material matters have come to my attention in connection with the examination giving me cause to believe that in any material respect:

- accounting records were not kept in respect of the Trust as required by section 130 of the 2011 Act; or
- the accounts do not accord with those records; or
- the accounts do not comply with the applicable requirements concerning the form and content of accounts set out in the Charities (Accounts and Reports) Regulations 2008 other than any requirement that the accounts give a 'true and fair view' which is not a matter considered as part of an independent examination.

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.

Ben Sheriff FCA
for and on behalf of Deloitte LLP
St Albans, United Kingdom
Date:

Oxleas NHS Foundation Trust Charitable Fund
Annual Report & Financial Statements 2017-18

Statement of Financial Activities for the year ended 31 March 2018

| | | 2017/18 | 2017/18 | 2017/18 | 2016/17 | 2016/17 | 2016/17 |
|------------------------------------|------------|--------------------------------|------------------------------|-------------------------|--------------------------------|------------------------------|-------------------------|
| | Note | Unrestricted Funds £'000 | Restricted Funds £'000 | Total Funds £'000 | Unrestricted Funds £'000 | Restricted Funds £'000 | Total Funds £'000 |
| Income and endowments | | | | | | | |
| Donations | 4.1 | 5 | 1 | 6 | 32 | 3 | 35 |
| Other trading activities | 4.2 | - | 20 | 20 | 4 | 12 | 16 |
| Investment Income | 4.3 | 6 | 2 | 8 | 2 | 2 | 4 |
| Other Income | 4.4 | <u>8</u> | <u>7</u> | 15 | <u>26</u> | <u>12</u> | 38 |
| Total Income | | 19 | 30 | 49 | 64 | 29 | 93 |
| Expenditure On: | | | | | | | |
| Raising funds | 5.1 | - | 1 | 1 | - | 3 | 3 |
| Charitable activities | 5.2 | <u>82</u> | <u>56</u> | 138 | <u>107</u> | <u>29</u> | 136 |
| Total expenditure | | 82 | 57 | 139 | 107 | 32 | 139 |
| Net expenditure | | (63) | (27) | (90) | (43) | (3) | (46) |
| Transfers between funds | | - | - | - | 1 | (1) | - |
| Net movement in funds | | <u>(63)</u> | <u>(27)</u> | (90) | <u>(42)</u> | <u>(4)</u> | (46) |
| Reconciliation of funds | | | | | | | |
| Total funds brought forward | | <u>378</u> | <u>358</u> | 736 | <u>420</u> | <u>362</u> | 782 |
| Fund balances carried forward | | 315 | 331 | 646 | 378 | 358 | 736 |

Oxleas NHS Foundation Trust Charitable Fund
Annual Report & Financial Statements 2017-18

Balance Sheet as at 31 March 2018

| | Note | Unrestricted funds £'000 | Restricted funds £'000 | Total at 31 March 2018 £'000 | Unrestricted funds £'000 | Restricted funds £'000 | Total at 31 March 2017 £'000 |
|--|------|--------------------------------|------------------------------|---|--------------------------------|------------------------------|---|
| Current Assets | | | | | | | |
| Cash at bank and in hand | | 315 | 362 | 677 | 374 | 358 | 732 |
| Debtors | 10 | - | - | - | 9 | - | 9 |
| Total Current Assets | | <u>315</u> | <u>362</u> | <u>677</u> | <u>383</u> | <u>358</u> | <u>741</u> |
| Creditors | | | | | | | |
| Creditors: Liabilities falling due within one year | 11 | - | (31) | (31) | (5) | - | (5) |
| Net Current Assets | | <u>315</u> | <u>331</u> | <u>646</u> | <u>378</u> | <u>358</u> | <u>736</u> |
| Total Net Assets | | <u>315</u> | <u>331</u> | <u>646</u> | <u>378</u> | <u>358</u> | <u>736</u> |
| Funds of the Charity | | | | | | | |
| Restricted income funds | 12 | - | 331 | 331 | - | 358 | 358 |
| Unrestricted income funds | 13 | <u>315</u> | - | <u>315</u> | <u>378</u> | - | <u>378</u> |
| Total Charity Funds | | <u>315</u> | <u>331</u> | <u>646</u> | <u>378</u> | <u>358</u> | <u>736</u> |

The notes on pages 11 to 17 form part of these accounts.

Approved on behalf of the Corporate Trustee

Jazz Thind
Director of Finance
Oxleas NHS Foundation Trust

20th November 2018

Statement of Cash Flows for the Year Ending 31st March 2018

| | Note | Year Ended 31 st March 2018 £000 | Year Ended 31 st March 2017 £000 |
|---|------|---|---|
| Cash flows used in operating activities: | | | |
| Net Cash used in operating activities | 15 | (63) | (80) |
| Interest Income | 4.3 | <u>8</u> | <u>4</u> |
| Net cash used in investing activity | | 8 | 4 |
| Change in cash and cash equivalents in the year | | (55) | (76) |
| Cash and cash equivalents at the beginning of the year | | 732 | 808 |
| Total cash and cash equivalents at the end of the year | | 677 | 732 |

Notes to the Accounts

1 Accounting Policies

1.1 Basis of preparation

These financial statements have been prepared under the historical cost convention and in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice (FRS 102), applicable United Kingdom Financial Reporting Standards (FRS 102) and the Charities Act 2011. The Trustees consider that the going concern basis is an appropriate basis on which to prepare these financial statements. No significant judgements have been exercised in preparing the financial statements as none of the charity's operations require such judgement, similarly there no key sources of estimation uncertainty.

The charity constitutes a public benefit entity as defined by charities SORP (FRS 102).

1.2 Income

All income is recognised once the Charity has entitlement to the resources, it is probable that the resources will be received and the monetary value can be measured with sufficient reliability.

When there are terms or conditions attached to income then these terms or conditions must be met before the income is recognised as the entitlement condition will not be satisfied until that point. Where terms and conditions have not been met or uncertainty exists as to whether they can be met then the relevant income is not recognised in the year but deferred and shown on the balance sheet as deferred income. The above applies to all sources of income that appear on the Statement of Financial Activity, being Donations, Other trading activities, Investment income and Other income.

1.3 Funds structure

Oxleas NHS Foundation Trust Charitable Fund comprises 'restricted income' and 'unrestricted income' funds. Where there is a legal restriction on the purpose to which a fund may be put, the fund is classified in the accounts as a restricted fund. All 'unrestricted' funds can be spent at the Trustee's discretion. The major funds and material funds held in this category are disclosed in notes 12 and 13 of the Accounts. The Charity has no 'endowment funds'.

1.4 Expenditure and irrecoverable VAT

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to each category of expense shown in the Statement of Financial Activities. All expenditure is recognised once there is a legal or constructive obligation committing the Charity to make payment to a third party. VAT is irrecoverable and is charged against the category of resources expended for which it was incurred

1.5 Analysis of governance and support costs

The Charitable Fund was charged £4,800 by Oxleas NHS Foundation Trust (2016/17: £4,800) to cover the cost of Fund management and administration as no staff are directly employed by the charity. The charge made by the NHS Foundation Trust is at a fair open market rate and represents appropriate recharges of staff and non-staff costs to Oxleas NHS Foundation Trust. The cost is apportioned between the largest twelve funds based on individual balances at the start of the financial year. Governance costs relate to the independent examination fee. The apportioned governance costs relating to restricted funds are accounted for under restricted funds and the apportioned governance costs for unrestricted funds are accounted for under unrestricted funds. These costs are included within the total cost of 'charitable activities'.

1.6 Costs of raising funds

The costs of raising funds are those attributable to raising income for the Charity. They represent fundraising costs.

1.7 Charitable activities

Expenditure on activities for the ongoing benefit of patients and staff are charged directly to Charitable Activities, as are all costs incurred in the pursuit of the charitable objects of the charity.

1.8 Cash and cash equivalents

Cash at bank and in hand is held to meet the day to day running costs of the charity as they fall due.

1.9 Creditors

Creditors are amounts owed by the charity. They are measured at the amount that the charity expects to have to pay to settle the debt.

1.10 Debtors

Debtors are amounts owed to the charity. They are measured at the amount that the charity expects to receive to settle the debt.

2. Prior year comparatives by type of fund

The primary statements provide prior year comparatives in total; notes 4,5,12 and 13 provide prior period comparatives for the Statement of Financial Activities and the Balance Sheet for each of the types of fund held.

3. Related Party Transactions

Neither the Corporate Trustee or key management staff or parties related to them have undertaken any material transactions with Oxleas NHS Foundation Trust Charitable Fund during the financial year or received any benefit from the Charity in payment or kind. The Charitable Fund made a payment of £4,800 to Oxleas NHS Foundation Trust for the administration and management costs of Oxleas NHS Foundation Trust during the financial year (2016/17: £4,800).

4. Analysis of income and endowment from generated funds

4.1 Income from Donations

| | Unrestricted funds 2017/18 £000 | Restricted funds 2017/18 £000 | 2017/ 18 Total £000 | Unrestricted funds 2016/17 £000 | Restricted funds 2016/17 £000 | 2016/ 17 Total £000 |
|--------------|--|--|------------------------------|--|--|------------------------------|
| Donations | | | | | | |
| Holbrook | 2 | - | 2 | - | - | - |
| Forensic | | | | | | |
| Psychology | 1 | - | 1 | - | - | - |
| Bromley | | | | | | 29 |
| Inpatient | - | - | - | 29 | - | - |
| Pharmacy | - | - | - | - | 1 | 1 |
| Other Funds | 2 | 1 | 3 | 3 | 2 | 5 |
| Total | 5 | 1 | 6 | 32 | 3 | 35 |

Donations from individuals are gifts from members of the public, relatives of patients and staff.

Oxleas NHS Foundation Trust Charitable Fund
Annual Report & Financial Statements 2017-18

4.2 Other Trading Activities

| | Unrestricted funds 2017/18 | Restricted funds 2017/18 | 2017/ 18 Total | Unrestricted funds 2016/17 | Restricted funds 16/17 | 2016/ 17 Total |
|---|----------------------------------|--------------------------------|----------------------|----------------------------------|------------------------------|----------------------|
| | £000 | £000 | £000 | £000 | £000 | £000 |
| Fundraising | | | | | | |
| Greenwich Older People Horizon House Funds | - | 18 | 18 | - | 8 | 8 |
| Postgraduate Fund | - | - | - | - | - | - |
| Greenwich Adults | - | 2 | 2 | - | 3 | 3 |
| QMS General | - | - | - | 3 | - | 3 |
| Other Funds | - | - | - | 1 | 1 | 2 |
| Total | - | 20 | 20 | 4 | 12 | 16 |

4.3 Interest Income

£8,000 interest was earned on the Trust Funds for 2017/18 (2016/17: £4,000).

Interest is apportioned between all charitable funds based on their balance at the end of each month throughout the financial year.

4.4 Other Incoming Resources

| | Unrestricted funds 2017/18 | Restricted funds 2017/18 | 2017/ 18 Total | Unrestricted funds 2016/17 | Restricted funds 2016/17 | 2016/ 17 Total |
|---|----------------------------------|--------------------------------|----------------------|----------------------------------|--------------------------------|----------------------|
| | £000 | £000 | £000 | £000 | £000 | £000 |
| Pharmacy Fund Child & Adolescent Psychotherapy | - | 7 | 7 | - | 11 | 11 |
| Postgraduate Fund | 4 | - | 4 | - | - | - |
| Forensic Psychology | 2 | - | 2 | 7 | - | 7 |
| Other Funds | 2 | - | 2 | 19 | - | 19 |
| | - | - | - | - | 1 | 1 |
| Total | 8 | 7 | 15 | 26 | 12 | 38 |

5. Analysis of charitable expenditure

5.1 Expenditure on raising funds: fundraising

| | Unrestricted funds 2017/18 | Restricted funds 2017/18 | 2017/ 18 Total | Unrestricted funds 2016/17 | Restricted funds 2016/17 | 2017/ 18 Total |
|------------------------------------|----------------------------------|--------------------------------|----------------------|----------------------------------|--------------------------------|----------------------|
| | £000 | £000 | £000 | £000 | £000 | £000 |
| Fundraising Expenditure | | | | | | |
| All Funds | - | 1 | 1 | - | 3 | 3 |
| Total | - | 1 | 1 | - | 3 | 3 |

5.2 Charitable Activities

| | Unrestricted funds 2017/18 £000 | Restricted funds 2017/18 £000 | 2017/18 Total £000 | Unrestricted funds 2016/17 £000 | Restricted funds 2016/17 £000 | 2016/ 17 Total £000 |
|--------------------------------------|--|--|--------------------------|--|--|------------------------------|
| Patient Welfare | | | | | | |
| Greenwich Older People | - | 8 | 8 | - | 11 | 11 |
| Greenwich Adults | - | 3 | 3 | - | 3 | 3 |
| Forensic Psychology | - | - | - | 16 | - | 16 |
| Other Funds | 3 | 2 | 5 | 1 | - | 1 |
| | 3 | 13 | 16 | 17 | 14 | 31 |
| Staff Welfare | | | | | | |
| QMS Training & Education | - | 23 | 23 | - | - | - |
| Postgraduate Community Nursing | 17 | - | 17 | 6 | - | 6 |
| Bracton | - | 11 | 11 | - | - | - |
| Other Funds | - | 4 | 4 | - | 3 | 3 |
| | 4 | - | 4 | 3 | 4 | 7 |
| | 21 | 38 | 59 | 9 | 7 | 16 |
| Other Expenditure | | | | | | |
| Forensic Psychology | 41 | - | 41 | 70 | - | 70 |
| Forensic Psychiatry | 7 | - | 7 | 4 | - | 4 |
| QMS Training & Education | - | - | - | - | 2 | 2 |
| Other Funds | 5 | - | 5 | 1 | 2 | 3 |
| | 53 | - | 53 | 75 | 4 | 79 |
| Governance Costs | 5 | 5 | 10 | 6 | 4 | 10 |
| Total | 82 | 56 | 138 | 107 | 29 | 136 |

Governance costs including a £4,800 for the 2017/18 independent examination fee (2016/17: £4,800) and a £4,800 recharge of administrative costs from Oxleas NHS Foundation Trust (2016/17: £4,800) have also been added to Charitable activities expenditure in 2017/18, giving the total expenditure of £138,000 in the Statement of Financial Activities.

6. Role of Volunteers

We have 16 volunteers who manage our two snack shops, one based in the Memorial Hospital, and one in Oxleas House. The profits from the shop are put into two Trust funds one for adult mental health patients within Oxleas House and the other being the Trust fund for Older people. The funds are used to pay for entertainers on the wards, emergency clothing and toiletries, and also to keep the gardens looking good for our patients, visitors and staff. This year a garden party with entertainers is planned. The funds are also used for certain items of equipment on the ward and for celebrating special occasions for the patients.

7. Trustees remuneration, benefits and expenses

The directors of the charity's corporate trustee give their time freely and receive no remuneration for the work that they undertake as trustees. No expenses were claimed by the directors of the corporate trustee in the period.

8. Independent examiner's remuneration

The independent examiner's remuneration of £4,800 (2016/17: £4,800) related solely to the independent examination with no other additional work being undertaken.

9. Transfers between Funds

There have been 2 transfers between funds in this financial year. Both of these related to the reorganisation of the funds and closing of funds that have had no activity for more than two years. These transfers totalled £1,829 and are between unrestricted funds.

10. Analysis of Current Assets

| | 2017/18 Total £000 | 2016/17 Total £000 |
|--|-----------------------------------|-----------------------------------|
| Amounts due from Oxleas NHS Foundation Trust | - | 9 |
| Total | - | 9 |

11. Analysis of Current Liabilities

| | 2017/18 Total £000 | 2016/17 Total £000 |
|--|-----------------------------------|-----------------------------------|
| Independent examiners' fee accrual | 10 | 5 |
| Amounts due to Oxleas NHS Foundation Trust | 21 | - |
| Total | 31 | 5 |

No special conditions apply to the amount due to Oxleas NHS Foundation Trust.

12. Analysis of restricted funds

The following funds, shown separately below, are considered material in respect of the size of their opening/closing balances.

| | Balance 1 April 2017 £000 | Resources | | Transfers £000 | Balance 31 March 2018 £000 |
|---------------------------|------------------------------------|------------------|---------------------|-------------------|-------------------------------------|
| | | Incoming £000 | Expenditure £000 | | |
| QMS Training & Education* | 41 | - | (23) | - | 18 |
| Pharmacy* | 63 | 7 | (2) | - | 68 |
| Bracton Fund* | 89 | - | (4) | - | 85 |
| Other funds (55) | <u>165</u> | <u>23</u> | <u>(28)</u> | - | <u>160</u> |
| Total | <u>358</u> | <u>30</u> | <u>(57)</u> | = | <u>331</u> |

*The purpose of QMS Training & Education and Pharmacy funds are for staff training only. The Bracton fund is a reward group for those residents who are working towards giving up the use of illicit substances.

| | Balance 1 April 2016 £000 | Resources | | Transfers £000 | Balance 31 March 2017 £000 |
|---------------------------|------------------------------------|------------------|---------------------|-------------------|-------------------------------------|
| | | Incoming £000 | Expenditure £000 | | |
| QMS Training & Education* | 44 | - | (3) | - | 41 |
| Pharmacy* | 40 | 12 | (4) | 15 | 63 |
| Bracton Fund* | 93 | 1 | (5) | - | 89 |
| Other funds (55) | <u>185</u> | <u>16</u> | <u>(20)</u> | <u>(16)</u> | <u>165</u> |
| Total | <u>362</u> | <u>29</u> | <u>(32)</u> | <u>(1)</u> | <u>358</u> |

*The purpose of QMS Training & Education and Pharmacy funds are for staff training only. The Bracton fund is a reward group for those residents who are working towards giving up the use of illicit substances.

13. Analysis of unrestricted funds

| | Balance 1 April 2017 £000 | Resources | | Transfers £000 | Balance 31 March 2018 £000 |
|----------------------|------------------------------------|------------------|---------------------|-------------------|-------------------------------------|
| | | Incoming £000 | Expenditure £000 | | |
| Forensic Psychology* | 110 | 4 | (45) | - | 69 |
| Forensic Psychiatry* | 38 | - | (8) | - | 30 |
| Postgraduate* | 52 | 2 | (18) | - | 36 |
| Other funds (55) | <u>178</u> | <u>13</u> | <u>(11)</u> | - | <u>180</u> |
| Total | <u>378</u> | <u>19</u> | <u>(82)</u> | = | <u>315</u> |

*The purpose of Forensic Psychology and Forensic Psychiatry are for research, staff support and education. The Postgraduate fund is for the further education and training of medical staff.

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| | Resources | | | | Balance 31 March 2017 £000 |
|----------------------|------------------------------------|------------------|---------------------|-------------------|-------------------------------------|
| | Balance 1 April 2016 £000 | Incoming £000 | Expenditure £000 | Transfers £000 | |
| Forensic Psychology* | 181 | 21 | (92) | - | 110 |
| Forensic Psychiatry* | 44 | - | (6) | - | 38 |
| Postgraduate* | 52 | 7 | (7) | - | 52 |
| Other funds (55) | <u>144</u> | <u>36</u> | <u>(3)</u> | <u>1</u> | <u>178</u> |
| Total | <u>421</u> | <u>64</u> | <u>(108)</u> | <u>1</u> | <u>378</u> |

*The purpose of Forensic Psychology and Forensic Psychiatry are for research, staff support and education. The Postgraduate fund is for the further education and training of medical staff.

14. Connected Organisations

| Oxleas NHS Foundation Trust | | | |
|-----------------------------|-----------------|----------------------|-----------------|
| 2017-18 | | 2016-17 | |
| Total Income £000 | Surplus £000 | Total Income £000 | Deficit £000 |
| 257,368 | 3,449 | 246,979 | (1,798) |

15. Reconciliation of net movement in funds to cash used in operating activities

| | 2017/18 Total £ | 2016/17 Total £ |
|---|--------------------|--------------------|
| Net movement in funds | (90) | (45) |
| Adjustments for: | | |
| Deduction in bank interest shown in investments | (8) | (4) |
| Decrease/ (increase) in debtors | 9 | (5) |
| Increase/ (decrease) in creditors | <u>26</u> | <u>(26)</u> |
| Net cash used in operating activities | <u>(63)</u> | <u>(80)</u> |

16. Post Balance Sheet Events

There were no post balance sheet events.

Ways in which to support our charity

Donations can be made in the following ways:-

Direct into the bank account

Please contact Oxleas NHS Foundation Trust finance department on 01322 625798 in order to discuss the donation and obtain our bank details.

By post

Please send a cheque made payable to 'Oxleas NHS Foundation Trust' and include on the back of the cheque the funds that you would like to donate to so that we can arrange an internal transfer from there. Please send this cheque to:

Oxleas NHS Foundation Trust
Finance Department
Pinewood House
Pinewood Place
Dartford
Kent
DA2 7WG

By donation/fundraising on our behalf

For example by opening a Just Giving page. If you are an individual, group or organisation who is interested in raising money on behalf of the Charity please contact Oxleas finance on 01322 625798 for help and support with your planned event.

Gift aid

Gift aid allows us to increase the value of your donations at no extra cost to you. For every pound donated to us we can get an extra 25 pence from HM Revenue and Customs helping your donation go further. The only condition in doing this is that you are a UK tax payer. In order to allow us to claim Gift aid simply advise us at the time of making your donation and provide us with your full name and address.