ANNUAL REPORT and ACCOUNTS

2018-19

Contents

Performance Report

Message from the Chair and Chief Executive

Ann Beasley, Trust Chair   David Bradley, Chief Executive

Welcome to our annual report for 2018/2019.

Each year, our annual report gives us an opportunity to look back on the past twelve months and reflect on our achievements and challenges as well as looking at our ambitions for the future.

This year has been a good year for the Trust.

We received a 'Good' rating from the Care Quality Commission (CQC) following their inspection of our services in 2018. We started to move into new buildings as part of the Estate Modernisation Programme and preparation work has started. We launched our 'Making Life Better Together' programme and the new Trust Strategy. We also celebrated the 70th birthday of the NHS and our Quality Awards.

We were delighted to learn that our patients have rated us top in London for overall care in the latest Care Quality Commission survey of people who use community mental health services 2018.

We have moved to a position of the highest level of autonomy and the lowest level of central oversight for an NHS provider, based on the NHS England / NHS Improvement Single Oversight Framework (SOF).

This year has seen a number of innovative developments including:

- As part of our Making Life Better Together programme there have been a series of initiatives. These include a staff and patient engagement programme called 'Creating Our Culture' that will shape the future of our culture at the Trust; securing £30,000 of charitable donations for our wards and relaunching CEO and Chair Coffee and Cake mornings with staff.
- We began working in partnership with the London Mayor's Office on a Thrive Mental Health Campaign to help develop specially trained Youth Mental Health First Aiders. By 2021, every school in London will have a Youth Mental Health First Aider - individuals trained to recognise warning signs and symptoms of poor mental health in young people and who can guide a young person towards the right support.
- We celebrated many special events this year including NHS70, where we held a summer BBQ for staff, patients and carers and members of the local community. We were fortunate enough to be joined by local MPs Dr Rosena Allin-Khan MP and Stephen Hammond MP and due to its huge success we will be turning this into an annual summer event.

And our specialists continue to lead the way on the national and international stage:

- We welcomed healthcare professionals, people living with OCD, carers, and members of the public to the Trust to learn more about OCD at our public event 'OCD: Where now? A discussion about future treatments'. The packed audience heard from experts Dr Lynne Drummond and Professor Naomi Fineberg as well as a powerful personal story from India, an expert by experience.
- More than 100 exercise professionals from more than 35 different Trusts and organisations around the country came together at the inaugural Exercise Professionals for Mental Health (EPMH) Conference at Springfield Hospital. They discussed the importance of physical activity in treating both physical and mental health conditions and the increased importance of parity of esteem.

More than ever before, people are willing to talk about mental health, yet stigma and discrimination are still rife. Through various campaigns, such as Mental Health Month and our #uplifting image competition, we aim to get people talking, change attitudes, tackle stigma and discrimination and make sure that everyone who needs it, can access the right treatment, in the right place at the right time.

As an organisation with a diverse workforce, as well as a diverse local population, we are keen to ensure that our workforce is not only representative and supported, but also celebrated. This year we celebrated Windrush, International Women's Day, LGBT History Month, Black History Month and Deaf Awareness; we also supported the first BME and young people's Mental Health Conference, which brought together a coalition of stakeholders and young people not willing to accept the normalisation of inequalities. A number of actions followed including the building of a Black Minds Matter movement.

Looking at our financial performance, the two main reasons for this year's £25.8m surplus are (i) £14.0m profit from the sale of assets and (ii) £13.9m of "provider sustainability funding" from NHS Improvement, awarded on the basis of financial performance. So it is important to note that the Trust is not making a surplus by holding back any of the funds that our commissioners have invested in patient care. The profits from the sale of these assets and the subsequent sustainability funding will both be used to support the Trust's estates modernisation programme and the development of modern mental health facilities.

The exciting developments we have put in train this year will allow us to adapt to the ever changing health landscape, and support better mental health for people across our five boroughs.

Looking to the future, we are working on embedding our new five year strategy which brings together our strategic and clinical objectives into a single set of related ambitions. These ambitions are at the heart of our intentions for our clinical services and shape and direct our enabling strategies.

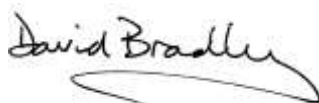Through the South London Mental Health and Community Partnership (SLP) we continue to see smarter, more joined up ways of working, which are driving up quality while driving down costs and ensuring consistency for the people of South London.

We move forward into the coming year with optimism, and look forward to updating you next year on many more successes.

Ann Beasley, Trust Chair

David Bradley, Chief Executive

About Us

South West London and St George's Mental Health NHS Trust (SWLSTG) serves more than 1.2 million people across the London boroughs of Kingston, Merton, Richmond, Sutton and Wandsworth. The Trust employs more than 2,000 staff who provide care and treatment to more than 20,000 people from south west London and beyond at any given moment.

A leading provider of mental health services across south west London, and a beacon of excellence for many national mental health services, the Trust has a long history of innovation that has helped to redefine the mental health landscape in the UK.

Mental health services have been provided from the main Trust Headquarters site – Springfield University Hospital in Tooting – for more than 160 years. In addition, the Trust provides major inpatient services from Tolworth Hospital in Kingston, and Queen Mary's Hospital in Roehampton. The Trust also operates in many other community locations in the region.

Over the years, mental health services, philosophies, understanding and treatment have radically changed and today we are a modern and forward-thinking mental health provider, delivering services across five service lines:
- Acute and Urgent Care Services;
- Community Services (for adults largely of working age);
- Cognition and Mental Health in Ageing Services;
- Child and Adolescent Mental Health Services (CAMHS); and
- Forensic, National and Specialist Services.

As a teaching trust, the Trust also provides education, training and research in partnership with a number of universities including St George's University of London, Kingston University London, London South Bank University, King's College London, University of Surrey, The Tavistock Institute of Medical Psychology and Brunel University London.

We work closely with educational partners to drive research, education and training. Our affiliated University is St George's University London who nominate a non-executive director onto our Board.

Our Services
We aim to:
- promote mental health and improve awareness of its importance
- support people with mental health problems and their families
- provide care and treatment to the highest standards and
- help schools and employers to challenge stigma.

The Trust has more than 100 clinical teams, working to make sure that high quality, patient centred care is its key priority. The emphasis of the Trust's services is on recovery, which means helping people to get on with their lives and to focus on the things that are important to them.

Reflective of our holistic approach to providing effective mental health services we also host the Recovery College. This was launched in 2010 and was the first of its kind in the UK using a recovery based approach to encourage people to become experts in their own self-care and wellbeing.

Our Vision, Values and Strategic Ambitions
Our mission is: Making Life Better Together.

By striving to 'make life better together', we aim to help service users take back control of their lives, and develop and attain opportunities, roles, relationships and activities that are important to them. By putting service users at the heart of our organisation, and excellence at the core of our business, we want to become the first choice for mental health for more and more people.

We have five core values that outline how we behave and also how we work with external stakeholders, partners and colleagues. We expect to live these values through our day-to-day work. We are:

Respectful	Open	Collaborative	Compassionate	Consistent
We are respectful so you feel appreciated and included	We are open so you feel informed and involved	We expect teamwork so you feel connected and supported	We are compassionate and kind so you feel valued and cared for	We are consistent in our quality of care so you feel safe and reassured

Our Strategic Ambitions
Our new Trust Strategy was launched at the Annual Public Meeting in September 2018 and outlines our philosophy, strategic ambitions and supporting programmes of work. Our strategy was developed through extensive co-production and engagement work with service users and carers, our staff and external stakeholders.

Our Trust Strategy includes four strategic ambitions:

- Increasing quality years
- Reducing inequalities
- Making the Trust a great place to work
- Ensuring sustainability

Increasing quality years
We know that people with serious mental illness die 15 to 25 years earlier than the rest of the population. Even mild mental illness has a negative impact on quality of life. We have an important part to play in increasing the number and quality of life years for people in south west London with any mental health condition, across their whole lifespan.

We need to ensure that our focus is on improving health outcomes for service users and ensuring these are defined and measured in ways that are meaningful to service users and carers.

Promoting a recovery focus remains central to our work and extends to all areas including housing, employment and relationships. Service users need to be able to make choices in their care and achieve goals they set for themselves. Prevention and early intervention activities are important as is our recovery focus. The prevention and early intervention portfolio can be described as primary, secondary or tertiary. Primary prevention includes public health initiatives at population level. Secondary prevention aims to reduce the impact of ill health that has already occurred, and tertiary prevention aims to reduce the impact of any ongoing condition that has lasting effects.

Reducing inequalities
We know that inequalities exist around access and care for different groups within the south west London population. We need to be able to respond to diverse population needs and make our services easier to reach. We recognise that some specific population groups may need particular services and we will work to facilitate this. We also realise, however, that all our service users and carers primarily are individuals and we will support people with respect and compassion, offering holistic interventions. Partnership and collaboration are key elements of our strategy and offer opportunities to reduce inequalities. We will work with all stakeholders, across all south west London communities, and particularly with service users and carers. We expect co-production to take an ever more important part in shaping services and driving change.

Making the Trust a great place to work
Our staff underpin everything that we do. We recognise our staff are our greatest asset and the delivery of our strategy is only achievable through our staff. We want to make our organisation a great place to work. Our values – respectful, open, collaborative, compassionate and consistent – outline how we treat our service users and carers, and work with stakeholders, partners and colleagues. These values must also be reflected in our organisation as a place of work. We need to ensure that our behaviours reflect our values.

We also want our staff to have excellent health and wellbeing in their employment by the Trust.

We need to promote a supportive yet accountable organisational culture. We will work with our staff to ensure they feel valued, are supported, have the time and skills to care, as appropriate to people in need.

Ensuring sustainability
Our organisation must remain sustainable in the face of both external and internal challenges. Our strategy recognises increasing demand could impact on our ability to deliver high quality care.

We will address this through operational efficiency, standardisation of core offers and advocacy for increased investment. We will work with our commissioners, partners in the South West London Health and Care Partnership and the South London Mental Health and Community Partnership (SLP) to deliver effective services.

We recognise the pressures on our local and national commissioners, with regard to the delivery of standards, and achievement of a balanced financial position. Our focus on care that is patient-centred supports sustainability, as it seeks the best value from our income. Our Estate Modernisation Programme (EMP) will revolutionise the way inpatient services are delivered.

The EMP will play a key role in the delivery of our sustainable development management plan and is planned to make a substantial contribution to the reduction of carbon emissions by 20% over the next 4 years. We live in a digital world and we will continue to progress the implementation of new technologies to improve our clinical, business and security arrangements e.g. through apps for vital signs monitoring, Skype or FaceTime assessments, video-conferencing, CCTV and ward security scanners.

Mobile working will be the standard and our Smarter Ways of Working (SWW) programme will support and equip our staff to make these changes. Our workforce will be increasingly mobile and enabled to work flexibly.

Our philosophy
We are committed to developing our services and organisation in partnership with service users and carers. Wherever possible we will use the approach of co-production, involvement and engagement. We remain recovery-focused but our approach has evolved over time. Our future delivery aspires to be:

- Outcomes focused: Delivering clinical and quality improvements in the health and wellbeing of service users and carers, and demonstrably improving service user experience.
- Asset based: Utilising the expertise and contributions from across our community to mobilise change.
- More focused on prevention and early intervention: Emphasising and improving secondary prevention and working with others to promote health and wellbeing for all.
- Collaborative: Identifying and working with a range of service users, carers (including young carers), partners and community groups, to strengthen pathways.
- Influential: Advocating and negotiating for increased profile for mental health services and increased funding. The Trust will act as a system leader in this area.

Highlights and New Developments

During a year of growing demand on mental health services, we made significant progress in modernising our services to improve the quality of treatment and care we provide.

- We received a 'Good' rating from the Care Quality Commission (CQC) following their inspection of our services in 2018.
- We have moved to a position of the highest level of autonomy and the lowest level of central oversight for an NHS provider. This is based on the Single Oversight Framework (SOF) which sets out how NHS England / NHS Improvement monitors the performance of NHS Trusts and NHS Foundation Trusts. We are now in 'segment 1' which means "*maximum autonomy: no support needs identified."*
- We started to move into new buildings as part of the Estate Modernisation Programme and preparation work has started.
- We launched our 'Making Life Better Together' programme including a staff and service user engagement programme called 'Creating Our Culture' that will shape the future of our culture at the Trust.
- We were delighted to learn that our patients rated us top in London for overall care in the 2018 CQC survey of people who use community mental health services.
- We began working in partnership with the Mayor of London's Office on a Thrive Mental Health Campaign to help develop specially trained Youth Mental Health First Aiders.
- Our specialists continue to lead the way on the national and international stage:
    - We welcomed healthcare professionals, people living with OCD, carers, and members of the public to the Trust to learn more about OCD at our public event 'OCD: Where now? A discussion about future treatments'.
    - More than 100 exercise professionals from more than 35 different Trusts and organisations around the country came together at the inaugural Exercise Professionals for Mental Health (EPMH) Conference at Springfield Hospital
- We celebrated:
    - NHS70 - to celebrate the 70th birthday of the NHS, we held a summer BBQ for staff, patients and carers and members of the local community.
    - We held an awards ceremony to mark International Nurses Day 2018. The Nursing Awards 2018 put a spotlight on those who have gone above and beyond in their roles. They also provided a chance for the Trust to recognise and say thank you to them for their dedication and care.
    - We recognised the work that carers do with a carers' celebration event where we also launched our new involvement plan.
    - We celebrated many other events and occasions including Windrush, International Women's Day, LGBT History Month, Black History Month and Deaf Awareness week.
    - We supported the first BME and Young People's Mental Health Conference.
    - And, of course, we celebrated our own successful October Mental Health Month which continues to go from strength to strength with events such as the annual Trust staff football competition. Through campaigns and programmes, such as our #uplifting image competition, we aim to get people talking and change attitudes; to tackle stigma and discrimination and to make sure that everyone who needs it, can access the right treatment, in the right place at the right time.
    - Finally, we celebrated the fantastic work of our staff at our annual Quality Awards. There were 12 awards handed out at the event, including Mental Health Advocate. Our Quality Awards celebrate all that our staff do and award those who go the extra mile for our patients. We had double the number of nominees from the previous year and all were of excellent calibre.

Quality Improvement and Innovation Programme (QII)
The Trust began the implementation of a QII programme in January 2017. In March 2018 the Trust Board approved the five year QII business case which enables the organisation to move towards a culture of continuous quality improvement. To further demonstrate that commitment, the QII programme has been identified as a key enabling programme for the delivery of the Trust's new strategic ambitions detailed in the Trust Strategy 2018 – 2023 which was launched in September 2018.

The key areas of work for the QII programme are **building capability** (knowledge and skills through the established programme of accredited training), aligning **improvement projects** with organisational and service line priorities (with rigorous attention to measuring and tracking the benefits of each project), and facilitating the **change in organisational culture** to one of continuous quality improvement.

The programme is overseen by a small central QII team under the leadership of the Associate Medical Director for QII.

In terms of building quality improvement capability, 346 members of staff (both clinical and non-clinical) have engaged in the accredited QII foundation training to date. There are currently 93 projects across the Trust. Through these projects, a number of non-financial benefits have been realised. These include productivity and focused allocation of resources; enabling the achievement of CQUINs; cost avoidance; increased team cohesion and improved communication and enhancing collaboration across local systems ensuring that care is in the right place at the right time.

Two projects were selected for poster presentations at the International Forum on Quality and Safety in Healthcare which were held in Glasgow in March 2019.

- **"Mind the Gap" – reducing the detection gap for Atrial Fibrillation (AF) in Mental Health Settings:** We already know that people with a Severe Mental Illness (SMI) have shorter life expectancy by 15-20 years. This project has the capacity to address some of this gap by opportunistic and targeted screening and help raise the profile of the importance of physical health within mental health settings. The aim of the project is to increase the screening opportunities for patients, carers and staff to detect undiagnosed Atrial Fibrillation (AF). KARDIA machines can be offered to any patients who might refuse a conventional (and more intrusive) 12 lead ECG on hospital admission.
- **"BAME Nursing Development" – to improve BAME nurse progression to senior leadership roles:** The aim of the project was to improve BAME nurse progression to senior leadership roles. With a grant from the Burdett Trust we developed and tested a six day bespoke BAME leadership programme over 6 months, which included user, carer and BAME role model inputs; BAME Mentor/Coach support and QI project experience. The experience of the 36 participants was overwhelmingly positive and it motivated many to apply for new jobs.

In addition to the numerous projects that are undertaken by staff across the organisation, each year every service line selects and delivers a project that aligns with one of its key priority areas. Projects in the past year have been:

Community service line	**Improving the quality and process of the care programm approa**: To have a standardised care programme approa pathway and to assess impact on patient and (involvement/activation rates and key performance indicat completeness
Cognition and mental heal in ageing service line	**Jasmine and Crocus Wards reduction of falls project**: address the complex and multi-factorial problem of falls on t wards, a review of the systems, processes, data and sta experience will provide a foundation for identifying initiativ that may reduce the incidence of falls
Forensic and natior specialist service line	**Improve staff morale through reduction in aggressic bullying and harassment and developing a culture fairness**: To create a culture of openness and improve st morale by focusing on two key areas of the staff survey: - Staff experience of aggression and bullying a harassment; - Response to reporting of errors
CAMHS Service Line	**Improving staff morale and productivity through improv managerial support and PADR effectiveness**: To impro staff morale by focusing on key areas from the staff surv relating to PADR effectiveness and managerial support.
Acute and Urgent Servi Line	**Purposeful Admission Project – Length of Stay proje** Optimise the length of stay on inpatient wards with a focus ward culture and understanding the barriers to discharge for inpatients early in admission.

The Board has continued to demonstrate its commitment to quality improvement by introducing, as a regular item on its agenda, a quality improvement story, where teams can showcase how they are applying quality improvement methodology to improve services.

We have continued and strengthened the QII collaboration across the South London Mental Health and Community Partnership (SLP). On 8 November 2018, more than 250 people from across the SLP came together for a special event to showcase improvement work and provide an opportunity for learning and development. Bringing together clinical expertise, experience and innovation from the three partner organisations, the conference looked at ways to improve quality, use resources most effectively and deliver best practice consistently. Our Chief Executive, David Bradley told delegates "you don't need permission to collaborate; you don't need permission to improve". The programme included presentations from NHS Improvement, NHS Scotland, and patients who spoke about their involvement in the NHS and experiences of co-production. The event was a huge success.

Finally, it is important to remember that quality improvement is not a simple, technical fix to add on to existing practices. Quality improvement takes time and requires sustained effort over a number of years for the full potential of its benefits to be realised. We have only just started this journey and we are making steady progress towards our goal of developing a culture of continuous improvement.

Financial Review

Overall Position

£ **£25.8m**

net surplus retained (after adjusting for impairments)

Use of Resources Risk Rating

NHS Improvement

Above Plan **1**

Income Earnings

£184m
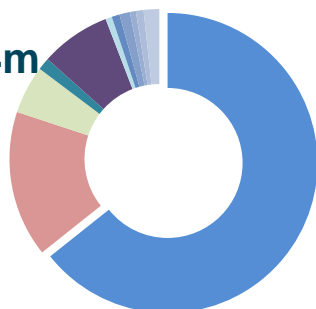
- Services to Clinical Commissioning Groups (CCGs)
- Services to NHS England
- Education, Training and Research Income
- Services to Local Authorities
- PSF
- Recoveries in respect employee benefits
- Rental Revenue from Operating Leases (Minimum lease receipts)

Capital Investments

£27.5m
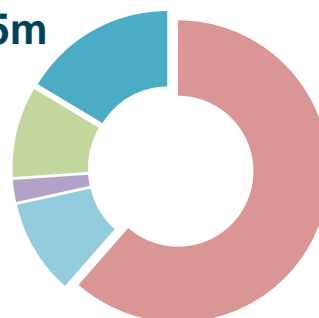
- Estates Modernisation Programme
- Technology
- Space Rationalisation
- Maintenance
- Wards/Other Refurbishments

Cash

£20.6m

closing balance as at 31st March

The Trust continues to build planned cash reserves which are required in future years in order to partly fund the Estates Modernisation Programme.

Savings Programmes

£7.8m

savings for the year

2013/14 2014/15 2015/16 2016/17 2017/18 2018/19

Our financial statements can be found from pages 125 onwards which comply with our regulatory requirements.

The Trust is reporting a surplus of £25.8m before impairments (£16.9m after impairments).

In addition, the Trust delivered against the Department of Health and Social Care (DHSC) targets set out below:

✓ Breakeven or better for Income and Expenditure
✓ Operate within an External Financing Limit of £6.9m
✓ Operate within a Capital Resource Limit of £24.6m
✓ Maintain a Capital Cost Absorption rate of 3.5%
✓ Achieve the Public Sector Prompt Payment target by value

The surplus of £25.8m excludes impairments as these are technical in nature and are exceptional items. A reconciliation of these items can be found in note 8 of the accounts.

Within the £25.8m surplus is £14.0m profit from the sale of assets and £13.9m Provider Sustainability Funding.

Achievement of the planned surplus is a reflection of the strong operational success in delivering challenging cost improvements whilst managing high levels of demand (particularly for inpatient beds) and delivering Commissioning for Quality and Innovation (CQUIN) targets.

Capital expenditure for the year was £27.5m which was used primarily to modernise the Trust's estate for both patients and staff. Over 50% was spent on the Estate Modernisation Programme preparing the Springfield site for future development which will transform it into a modern mental health facility fit for the 21st century.

The Trust's cash balance of £20.6m remains at a healthy level and will be used to fund future estate modernisation. The table below summarises the Trust's financial performance for the year:

	£m
Income	184.3
Operating Costs	-175.2
Operating Surplus	**9.1**
Profit on Disposal of Assets	14.0
Surplus for the Financial Year	**23.1**
Public Dividend Capital and Interest	-6.2
Retained Surplus/(-Deficit) for the Year	**16.9**
Impairments	9.0
NET Retained Surplus for the Year	**25.8**

Use of Resources Risk Rating

The Trust is assessed on five criteria: liquidity ratio, capital servicing capacity, income and expenditure (I&E) margin, I&E variance from plan, and agency costs compared to target. The overall rating is based on a range from 1 to 4. The Trust scored a "1", which is the best possible.

Income

Total income received by the Trust in the year ended 31st March 2019 was £184.3m, with 84% coming from patient care activities. Approximately 50% of non-clinical income is Provider Sustainability Funding contributing to the reported surplus. The balance is primarily used to fund education, training and research.

A breakdown of total income by source is shown below:

- NHS Wandsworth CCG £44m
- NHS England £29m
- NHS Merton CCG £18m
- NHS Sutton CCG £18m
- NHS Richmond CCG £16m
- NHS Kingston CCG £17m
- Other Income from activities £13m
- PSF £14m
- Education, training and research £10m
- Amount of Total Income not related to Patient Care

Amount of Income related to **Patient** Care, 84%
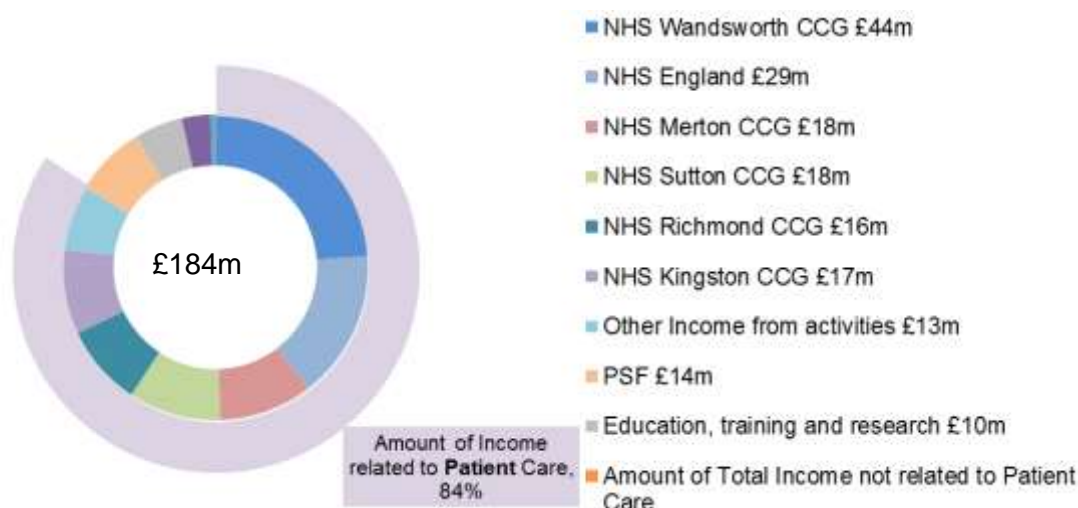
Better Payment Practice Code

The Trust is committed to paying its creditors promptly and has signed up to the Prompt Payment Code. The Government has set a target of paying 95% of invoices within 30 days of receipt of goods or a valid invoice, whichever is later. The Trust met the target for invoices by value of invoices with a performance of 95.5% with an over performance with NHS invoices offsetting a small under performance for non NHS; and by volume achieved a result of 90.7%.

Expenditure

The Trust spent £166.2m on operating expenditure (excluding impairments) during the year. The emphasis has been on utilising this resource as efficiently as possible whilst maintaining and improving quality.

The key areas of spend are outlined in the following chart:

- Employee Expenses £127m
- Premises £13m
- Supplies and Services £6m
- Depreciation £5m
- Establishment £2m
- Purchase of Healthcare from Non-NHS Bodies £5m
- Services from NHS Bodies £0m
- Drugs £2m
- Transport £1m
- Education and Training £1m
- Other Expenditure £4m

The most significant area of expenditure is staffing which accounted for £127m or 76% of the total. This expenditure includes salaries and employers pension and national insurance contributions.

Staffing remains at the heart of what the Trust does. Without high quality staff it would be impossible to deliver high quality services. Accordingly, the Trust has developed strategies to recruit, retain and develop staff in order that high quality services can be maintained.

Capital Investment Programme

During the year, the Trust undertook capital schemes to the value of £27.5m. These are schemes to acquire, upgrade or maintain physical assets such as buildings and equipment. A summary of these investments is shown in the following table:

Capital Programme	Benefits	£m's
Estates Modernisation Programme	Design and early works geared towards the full rollout of the main phases of the Estates Modernisation Programme in future years	16.9
Maintenance	Investment in the maintenance of the Trust's Estate including: meeting privacy/dignity standards, CCTV and fire safety	2.7
Technology	Investment in the Trust's information technology infrastructure to support the Trust's digital strategy to improve processes for patients and clinicians, to provide IT infrastructure that is secure and robust and supporting the use of modern technology to reduce paper and support efficient processes	2.8
Ward & Other Refurbishments	Improvements to ward areas including investment in Acute ward areas	4.5
Relocation/Space Rationalisation	Rationalisation of space, reducing the footprint occupied as an enable for the Trust's Estate's Modernisation Programme	0.7
Total		**27.5**

Financial Outlook

The financial outlook for the NHS remains challenging with the dual requirement to deliver high quality clinical services whilst making savings and meeting financial targets. In addition, for this Trust we have to build our financial plans to incorporate the exciting developments of our Estate Modernisation Programme.

The Trust is committed to improving services, meeting commissioner expectations and achieving its financial plans. It will do this by:

- Improving productivity
- Working with local partners (CCGs and Local Authorities) to improve clinical pathways
- Expanding the implementation of New Models of Care with our partners in the SLP
- Increased use of technology
- Reducing bureaucracy
- Continued close control of expenditure
- Rationalising our estate

The Trust's work as part of the SLP is an area of clinical initiative providing qualitative benefits with patients being treated closer to home, whilst making financial savings. Corporate initiatives have seen the combining of services and posts. Both sets of initiatives have improved quality whilst reducing overall costs. The Trust is looking to build on these achievements during the coming year but particularly in relation to complex care placements.

A further component in the Trust's strategy of delivering improved quality is the Estate Modernisation Programme, which will result in care being provided in a state-of-the-art setting. This will be achieved by rationalising the Trust's existing estate, disposing of surplus areas and using the funds generated through these sales to build modern facilities. This programme is set to further accelerate over the coming year.

Nationally, spending on mental health continues to be a subject of focus and the NHS Long Term Plan, which was published in January 2019, ensures that mental health is at the heart of NHS planning. In 2019/20 the Trust will work with commissioners to agree long term organisational level operational plans, covering the period to 2023/24, which combine to form a coherent system level operating plan. The Trust is seeking to maximise the use of existing resources through initiatives such as the SLP. Contracts signed for the coming year with local CCGs and NHS England include increased investment.

Going Concern
We are required to consider whether it is appropriate for the Trust accounts to be prepared on a 'going concern' basis. The going concern assumption is a fundamental principle in the preparation of financial statements, under which an entity is ordinarily viewed as continuing in business for the foreseeable future.

The following supports our going concern assumptions:
- Surpluses of £2.7m, £4.3m and £25.8m (before impairments) were included in the audited accounts for 2016/17, 2017/18 and 2018/2019 respectively.
- The Trust is considered low risk and is not the subject of any financial distress monitoring. The Trust's Standard Operating Framework (SOF) score of 1 has been confirmed by NHS Improvement who have put the Trust into the category of requiring least support).
- The Trust has achieved an overall use of resources risk rating of 1 for 2018/2019, on a scale of 1 to 4 where the lowest risk is 1. The Trust is planning to achieve a level 1 for 2019/20.
- The Trust has not had to resort to additional cash borrowing in the past and has historically maintained substantial in year cash balances. During 2018/2019 the Trust has seen its cash balances reduce to below historic levels due to the timings of the cash flows relating to Estates Modernisation Programme (EMP) expenditure and the asset disposals. The Trust had a closing cash balance of £20.6m at 31 March 2019. Whilst the Trust Board has approved the use of bridging and long terms loans in the future these are associated in their entirety to EMP.
- The Trust will progress the sale of land and buildings over the next few years that form part of the Trust's wider EMP. The Trust is working closely with NHS Improvement and the DHSC to finalise the Estates Modernisation Programme full business case which includes a review of the long term financial plan for the life of plan. The Trust has excellent experience in managing asset sales and good working capital management. The sales will provide significant cash injections to fund the building programme. The Trust will need to use some of the existing land and buildings, which it

plans to sell, until the new hospital is complete; this may cause a temporary shortfall in cash during the building phase in future years. Mitigating action is being agreed with NHS Improvement as part of the EMP full business case which includes both bridging and long term loan finance both of which have been supported by the Trust Board.

- The Trust continues to implement its financial strategy to reduce required efficiency savings whilst achieving the control total set by NHS Improvement which is 0.3% of turnover. The Trust has submitted a draft operating plan for 2019/20 which forecasts a surplus (before impairments and land sales) of £0.63m meeting the required control total.

- The Trust has agreed contract values with all commissioners for 2019/20 as part of the NHS contracting process. For 2019/20, £154.5m (93%) of the Trust's expected NHS clinical income is covered by these contracts.

- The financial position of the CCGs has been relatively stable over recent years. There are currently both planned investments and disinvestments for 2019/20. The Trust is proactively working with its CCGs to develop new service models and to increase the overall available resource to the Trust and to achieve the transformation required for the Five Year Forward View and the NHS Long Term Plan.

- The Trust is working collaboratively with its neighbouring mental health providers to maximise efficiency opportunity and also those opportunities available through proactive work with its commissioners to secure additional income or enter into gain share arrangements.

- Neither internal nor external audit have raised any serious concerns about the underlying financial systems.

The above strongly support the going concern assumption for this Trust.

We have outlined the key risks to achieving our objectives on page 96 in the Annual Governance Statement.

Operational Performance Review

In 2018/2019 the Trust continued to strive to achieve performance targets set both nationally, and by our regional and local commissioners as well as internally set. In the period we performed well across our services. We have moved to a position of the highest level of autonomy and the lowest level of central oversight for an NHS provider. This is based on the Single Oversight Framework (SOF) which sets out how NHS England / NHS Improvement monitors the performance of NHS trusts and NHS foundation trusts. We are now in 'segment 1' which means "*maximum autonomy: no support needs identified."*

Monitoring and managing performance
Our performance is comprehensively monitored by external stakeholders such as NHSI, NHS England, our local commissioners, local authorities and joint management groups across a wide domain of performance areas.

Internally, we have a robust governance structure for managing performance from floor to Board. This includes deep dive performance meetings and bi-monthly performance reviews by service line or corporate area. We have improved our performance reporting across the Trust and at Board, committee and working levels. The Finance and Performance Committee scrutinises performance on behalf of the Board, providing oversight and assurance.

In year, the Trust has introduced statistical process control (SPC) reporting from floor to board via automated dashboards which were developed by the Performance and Information Team. The reporting on SPC allows the Trust to have more enhanced analysis on the variance in the data and be able to make more informed and pragmatic interventions where required. The new Board report has been commended by NHSI who attended the Board meeting in January 2019.

We aim for high levels of performance, and base our strategy on these principles:
Creating a performance culture: Support the development of a culture of continuous performance improvement. The approach will be integrated, action orientated and focused on delivering improved performance for the benefit of patients.
- **Integrated information**: The overall performance of the organisation, directorates, departments, teams and individuals will be assessed across a range of clinical and nonclinical operational performance metrics, quality indicators and outcome measures.
- **Benchmarking**: Wherever possible, performance will be measured against external standards, internal and external benchmarks.

Performance against objectives and national standards

The following table sets out our performance against key performance metrics during the period, 2018/2019. Previous years' performance has been RAG rated against the 2018/2019 targets shown.

Safe Key Measures	Target	2016/17	2017/18	2018/19
Clostridium difficile - Variance from plan	0	0	1	0
Never events ℗	0	0	0	0
Overdue Patient Safety Alerts	0	-	0	0.2
Serious Incidents STEIS	≤8.5	8.5	7.4	7.8
Number of incidents where duty of candour has breached	0	0	0	0
Admissions to an acute ward of a patient under 16	0	0	0	0
Physical Health Assessment attempted within 48 hours of admission (%) ℗	≥95.0	94.0	94.9	92.0
% of patients with a risk assessment reviewed within the last 12 months	≥95.0	-	87.8	88.1
Risk Assessments within 48 hours of admission (%)	≥95.0	93.6	95.2	94.3
Effective Key Measures	**Target**	**2016/17**	**2017/18**	**2018/19**
Emergency readmission within 30 days - Adult Acute & PICU (%)	≤8.5	8.4	5.8	7.0
Adult Acute Average length of stay (12 month rolling average)	≤35.1	34.8	36.2	38.2
CPA review within last 12 months (%) ℗	≥95.0	98.5	97.3	97.4
Community follow up within 7 days of discharge from inpatient services (%) ℗	≥95.0	96.2	96.8	95.4
Employed (On CPA 18-69 yrs only) (%)	≥7.1	9.7	10.9	11.7
Settled Accommodation (On CPA 18-69 yrs only) (%)	≥80.0	84.6	82.5	80.5
Cluster accuracy and quality (%)	≥95.0	84.3	87.8	89.1
Inpatient discharge letters sent within 24 hours (%)	≥90.0	81.0	75.9	88.7
Cardiometabolic Assessments - Inpatients - Service Users included are those with a diagnosis of psychosis that have been on the ward for 7 days or longer (%)	≥90.0	88.0	83.1	77.9
Cardiometabolic Assessments - EIS - Service Users included are those with a diagnosis of psychosis, are on CPA and have been on the case load for a minimum of 12 months (%)	≥90.0	60.0	66.0	75.7
Cardiometabolic Assessments - Community services - Service Users included are those with a diagnosis of psychosis, are on CPA and have been on the case load for a minimum of 12 months (%)	≥75.0	35.0	64.0	64.5
Caring Key Measures	**Target**	**2016/17**	**2017/18**	**2018/19**
Patient Friends and Family Test (%)	≥84.0	64.0	72.2	70.7
Mixed sex accommodation breaches	0	0	0	0
CPA clients with a collaborative crisis plan (%)	≥90.0	84.9	90.1	92.3
Responsive Key Measures	**Target**	**2016/17**	**2017/18**	**2018/19**
Patients requiring acute care - Gatekeeping assessment in line with best practice standards (%)	≥95.0	97.8	97.7	99.4
1st episode of psychosis - Treatment with a NICE recommended package within 2 weeks of referral (%)	≥53.0	73.5	66.1	60.7
IAPT/talking therapies - Proportion of people completing treatment who move to recovery (%)	≥50.0	46.5	47.7	50.8
IAPT/talking therapies - Waiting time to begin treatment within 6 weeks (%)	≥75.0	98.1	93.9	98.8
IAPT/talking therapies - Waiting time to begin treatment within 18 weeks (%)	≥95.0	99.8	99.7	99.8
Expected population need met by IAPT - Sutton Uplift	≥3749	3,574	4424	4083
Expected population need met by IAPT - Wandsworth IAPT	≥7879	5,602	6626	8165
CAMHS - Non-Urgent referrals assessed within 8 weeks (%)	≥80.0	92.1	85.7	85.3
Children and young people referred to the CAMHS Tier 3 Eating Disorder Service that wait 4 weeks or less from referral to start of a NICE approved treatment (%)	≥95.0	90.4	92.3	85.5
RTT - Patients waiting for treatment at month end (%)	≥92.0	95.5	97.7	95.1
Adult CMHTs - Non-Urgent Referrals assessed within 28 days (%)	≥80.0	83.7	86.9	91.4
Workforce Key Measures	**Target**	**2016/17**	**2017/18**	**2018/19**
Vacancy Rate (%)	≤15.0	18.3	16.8	15.6
Sickness rate (reported month in arrears) (%)	≤3.5	4.4	3.9	3.8
Turnover Rate (%) ℗	≤15.0	15.0	15.6	16.0
Statutory and Mandatory training (%)	≥95.0	82.0	88.3	89.7
Supervision (%) ℗	≥85.0	73.1	79.2	80.0

Figure 1: Performance against key performance indicators

During 2018/2019 our services continued to be busy. We:

Received **6,229** referrals to its Improving Access to Psychological Therapy (IAPT) service.

Had **388,252** contacts with service users (face-to-face or by telephone)

Received **24,437** referrals

We admitted **2127** people into our twenty two wards

We are achieving most of our targets across the safe, effective, caring, responsive and effective domains.

Demand for adult acute beds has remained high and we continued to work innovatively in order to meet the demand and lower admission rates.

Clinical services success
The Trust's performance has improved considerably in a number of areas in 2018/2019, these are summarised below:

- There has been a long-term improvement in performance for 'PDU - Assessments not resulting in an inpatient admission' following a change in process at the beginning of 2018.
- There has been long-term improvement in performance for 'Home treatment - follow up attempted within 24 hours of DNA' following a practice change in the summer of 2018.
- Sustained improvement in the completion of the learning disability/autistic spectrum form within inpatient services.
- Collaborative crisis plan performance has continued to improve and the Trust is now able to routinely exceed the target.
- Safeguarding Children level 3 training compliance has improved considerably throughout the year.
- Performance for gatekeeping form completion has continually increased in 2018/2019 following a change in process requiring the completion of a gatekeeping form for all admissions.
- The IAPT recovery rate was compliant for both services in 2018/2019 and both IAPT services also met their year-end access targets.
- Delayed transfers of care (DTOC) performance has improved considerably following the implementation of a new DTOC policy in January 2018 and the Trust now consistently meets the target.
- Adult CMHT waiting times have reduced in 2018/2019 and 100% of urgent referrals were assessed within seven days in the last four months of 2018/2019.

Adult Acute Bed Management

We have incurred significant bed pressures in year with bed occupancy remaining high and the average length of stay increasing. We have, therefore, been forced to use private beds and have had challenges with discharging patients with complex requirements during 2018/2019.

- **Admissions and Discharges:** admissions and discharge rates have fallen slightly in 2018/2019 but are subject to month on month fluctuation.
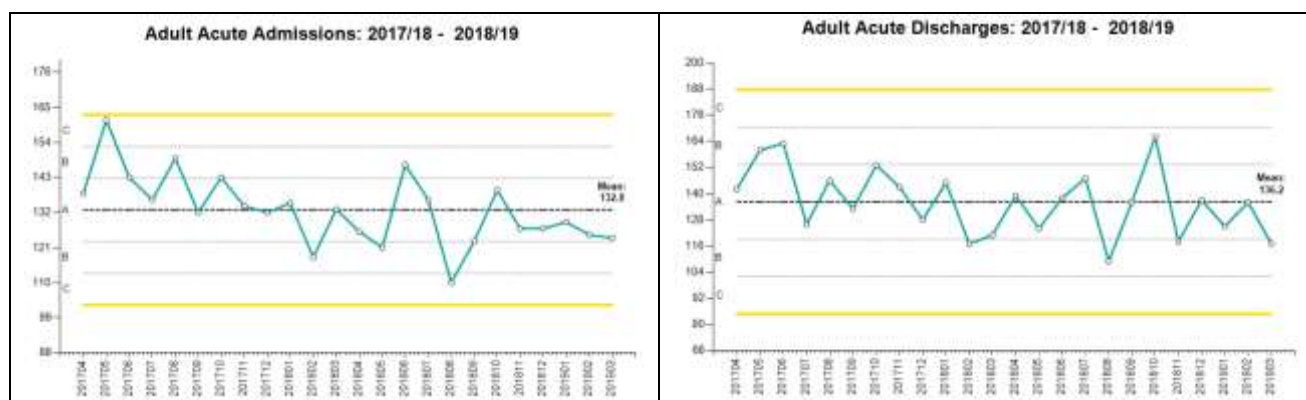
Figures 2-3: Admissions and Discharge 2017/18 - 2018/2019

- **Adult acute bed occupancy:** The adult acute bed occupancy rate has remained high throughout 2018/2019 with the mean position well above the 92% target. Nine beds closed in 2018 (Rose and Lilacs) as part of the Estate Modernisation Programme and a further bed reduction is planned for October/November 2019. In spite of these closures we have not seen a parallel increase in occupancy or in out-of-area placements.

Figure 4: Adult Acute Bed Occupancy Rate

- **Out–of-area admissions:** There has been significant variation reflecting the low number of out-of-area placements. It is extremely unlikely that the Trust will meet the target which is close to the lower control limit (see Figure 5).

A high and continual occupancy rate that exceeds 95% inevitably leads to the use of out-of-area beds at times of peak demand. In addition the Trust is not contracted to provide female psychiatric intensive care unit beds and so will inevitably result in admissions for this cohort.

Plans to mitigate are in place including:

- a procurement process for female PICU beds where East London Foundation NHS Trust have secured the tender and will provide five beds from April 2019
- a review of current demand and capacity project work as part of the South London Partnership with South West London CCGs, with a focus on community development and crisis.

In 2019/2020 the Trust will move to reporting out-of-area occupied bed days to align with national reporting. The Trust benchmarks well on this indicator (see benchmark section Figure 13).
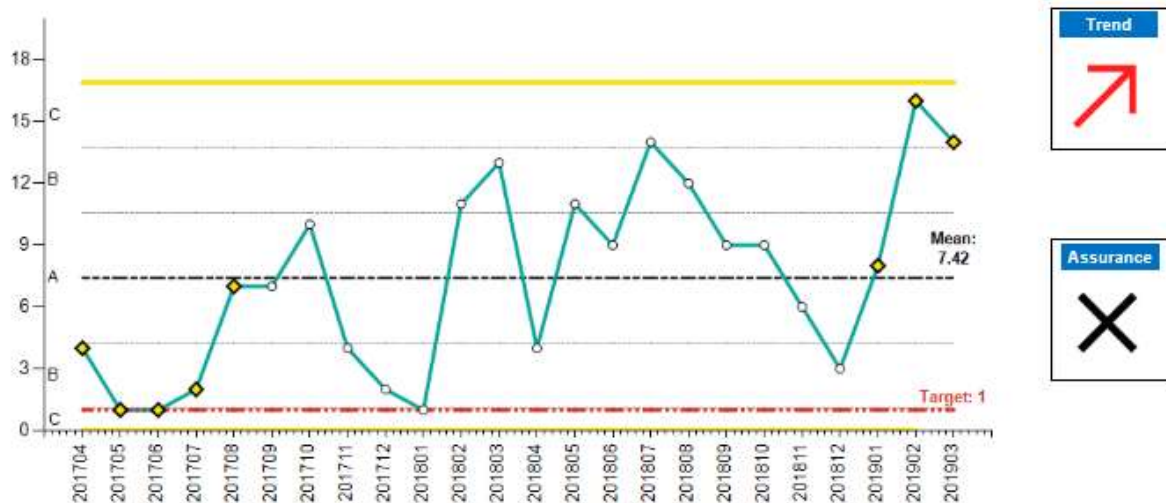
Figure 5: Out of area admissions

- **Adult Acute Length of Stay:** Length of stay increased in 2018/2019 although the Trust has successfully reduced the number of short stays.

The main challenges here are issues with the focus on the most complex discharges, ongoing issues with the setup of a Hospital Discharge Team (which will be discussed with local authorities) and length of stay variance between wards (some areas having improved considerably in year). In order to address this, the Trust initiated a QII project, 'Purposeful admission: Reducing Length of Stay', which began in June 2018. This will be succeeded by a new project led by the Clinical Director that will seek to implement interventions found to be effective on certain wards. In addition a three month pilot project for dedicated discharge co-ordinators commenced in March 2019. It should be noted that the Trust benchmarks below the national average and in line with the London average on length of stay.
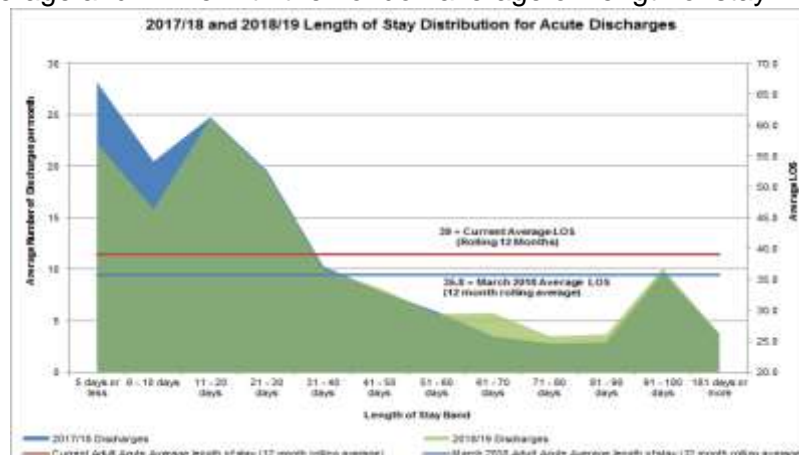
Figure 6: Adult Acute Length of Stay Distribution – 2017/18 vs 2018/2019

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- **PDU - Assessments not resulting in an inpatient admission (%):** There has been a long-term improvement in performance following a change in process at the beginning of 2018. The Lotus Suite is now staffed by a strong, high functioning team.

In-year, the Acute and Urgent Care Service Line completed a three month QII project focusing on a deep dive into the breaches

Increased band 6 input nursing and strengthening of nurse led ethos
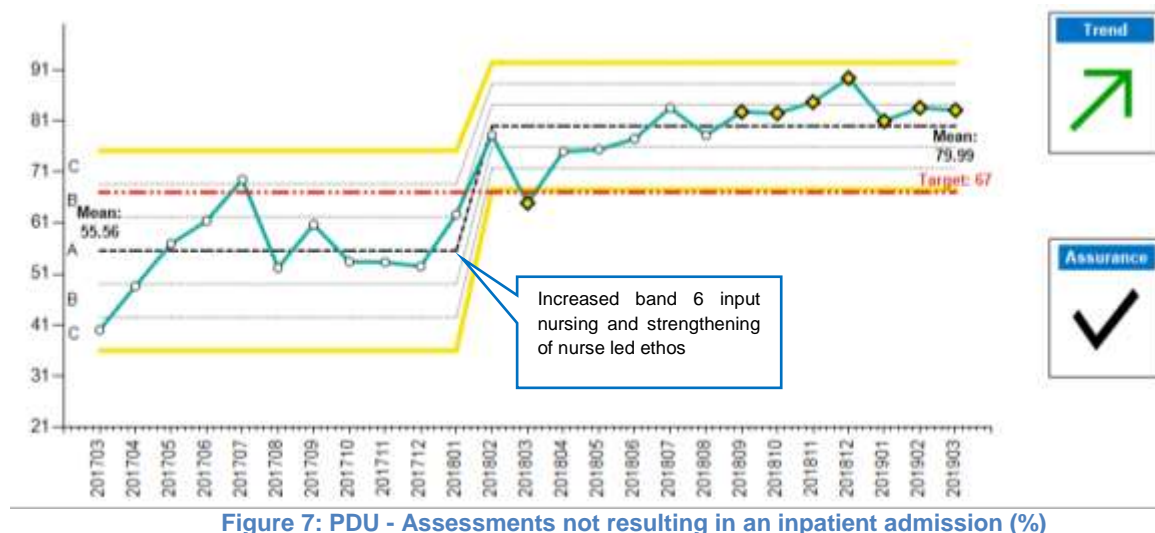
Figure 7: PDU - Assessments not resulting in an inpatient admission (%)

Comparative Performance Review
We were complaint against 8 out of 11 NHSI compliance indicators.

The areas of non-compliance are explained below:

- **Out-of-area placements:** see previous section.

- **Cardio Metabolic Assessment (CMA) – (CQUIN in 2018/2019):** overall performance has improved in-year, although there was been some deterioration especially in Early Intervention Service (EIS) recording towards the end of the year.

In January 2019 the Trust was subject to a Royal College national audit. Results are expected in June 2019 but initial findings from internal audit have shown a reduction in performance particularly in inpatient areas. The main audit finding was inconsistent recording of a physical health intervention when required. Any income from the CQUIN will be confirmed at Clinical Quality Reference Group later in the summer of 2019.

Data recording for CMA is complex and time consuming for staff and in addition processes are not routine and performance tends to improve only when it is prioritised above other key indicators. In order to mitigate, a training tool has been developed and will be made into an eLearning package early in 2019/20. CMA Dashboard functionality was enhanced in year to include metric review dates (i.e. for blood pressure, glucose and BMI) to further assist staff with identification on areas that need an update or are out of date and the Community service line is trying to align recording with CPA process in order to streamline recording of key information.

QPR: Cardiometabolic Assessments - Inpatients - Trust Level

QPR: Cardiometabolic Assessments - Community services - Trust Level

QPR: Cardiometabolic Assessments - EIS - Trust Level
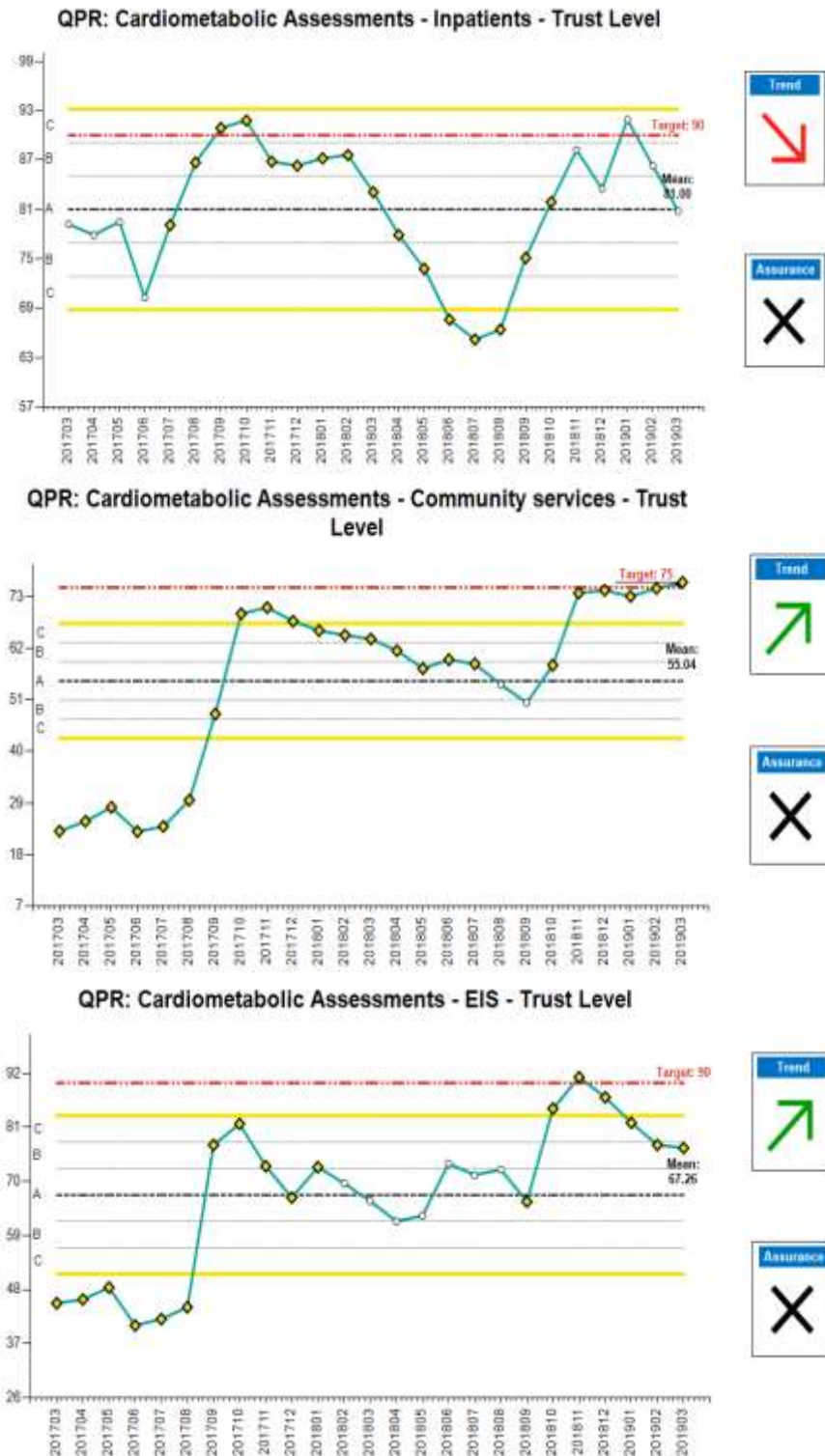
Figures 8-10: Cardiometabolic Assessments (%)

- **IAPT recovery rate: Talk Wandsworth:** An increase in performance and the service exceeded the target approximately half the time in 2018/2019 with mean performance just above target (see Figure 11). **Sutton Uplift:** The average performance is on target suggesting that under the existing process the Trust will exceed the target approximately half the time (see Figure 12).

Performance has improved and both IAPT services exceeded the national 50% target for the year; there is variation in performance by month in both Talk Wandsworth and Sutton

Uplift with mean performance just above target. Issues that affect recovery are clients who do not attend (DNA) and drop out of the service before treatment has been completed.

In-year mitigations include weekly clinical supervision meetings, which are used to manage and reduce the number of people discharged and non-recovered; regular audits of non-recovered cases to aid learning, development of a DNA protocol and text reminders of appointments are now issued to clients. The underperforming service is subject to performance monitoring via local contract meetings.
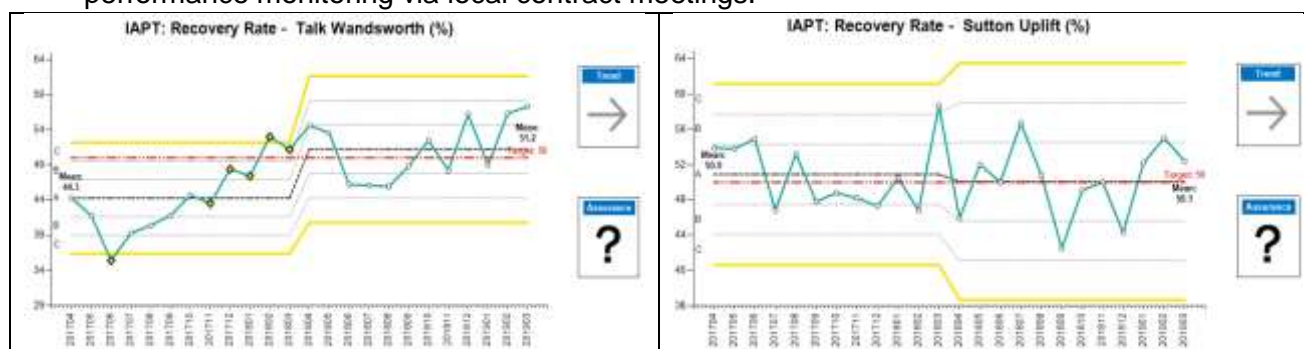
Figures 11-12: IAPT recovery rates (%)

Mental Health Benchmarking

Trust	Out of Area Placements (3 Month Total)	% Annual CPA Review	7 Day Follow Up	% in Employment (CPA)	% in Settled Accommodation (CPA)	Data Quality Maturity Index (DQMI)	Patient FFT (recommend for treatment)	Staff FFT (recommend for treatment)	Gatekeeping	FEP % within 2 weeks	Sickness Rate	Staff FFT (recommend as a place to work)
	Jan-19	Jan-19	2018/19 Q3	Jan-19	Jan-19	2018/19 Q2	Feb-19	2018/19 Q2	2018/19 Q3	Feb-19	Sep-18	2018/19 Q2
Barnet, Enfield and Haringey Mental Health NHS Trust	85	97.1	89.4	4.8	70.1	98.2	87.6	56.4	97.3	86.7	4.3	54.1
Camden and Islington NHS Foundation Trust	25	92.5	96.6	6.3	69.5	98.9	94.4	68.0	97.8	100.0	2.7	62.8
Central and North West London NHS Foundation Trust	30	92.6	97.4	7.8	83.4	96.0	88.7	73.0	99.0	83.3	2.9	59.8
East London NHS Foundation Trust	0	96.4	89.4	5.9	36.1	96.4	90.8	79.8	99.7	90.9	3.6	75.9
North East London NHS Foundation Trust	25	93.5	96.6	5.9	65.5	61.6	92.9	77.6	99.6	70.5	4.3	75.5
Oxleas NHS Foundation Trust	80	98.2	97.0	6.7	56.6	89.7	80.2	70.1	98.2	71.4	3.8	60.5
South London and Maudsley NHS Foundation Trust	175	76.4	85.5	4.7	43.0	95.3	83.8	68.1	96.9	81.8	3.2	60.2
South West London and St George's Mental Health NHS Trust	15	97.9	94.6	12.1	81.6	98.7	77.3	66.3	98.7	62.5	3.9	58.2
West London Mental Health NHS Trust	5	96.3	97.9	7.3	68.5	98.5	92.1	67.7	98.2	71.4	4.3	64.1
Trust Rank (London)	3	2	7	1	2	2	9	8	4	9	6	8
London Average	48.9	92.1	93.0	6.7	60.9	92.7	88.5	70.2	98.5	80.2	3.7	61.8
England Average	36.3	77.2	95.5	6.7	58.8	87.5	89.3	80.8	97.8	74.5	4.8	64.5

Figure 13: All London averages except DQMI and Sickness Rate are weighted averages. All England averages except DQMI are weighted averages. Source: NHS Digital and NHS England

The Trust benchmarks well for the proportion of service users who have had an annual Care Programme Approach (CPA) review, those in employment/settled accommodation, out-of-area placements and gatekeeping. Whilst we have not achieved our sickness rates trajectory we were in line with the London average and lower than the England average during the period.

The Trust consistently met the 53% target for first episode psychosis two week waiting times but is ranked lowest in London and improvement is required. The Trust is also aware of the need to improve Patient Friends and Family Test performance across the organisation. Poor performance is believed to be caused by a low response rate, and text messaging was introduced in December 2018 to address this.

Trust performance on 7-day follow-up discharge from an inpatient setting deteriorated in year (now ranked 7th in London). Performance improved in quarter 4 as new systems have become further embedded.

Safe Domain Performance

- **Hospital acquired clostridium difficile:** there were no incidents recorded in 2018/2019.

- There was one overdue patient safety alert which was linked to water heaters and out of the Trust's control due to reliance on the system provider to replace obsolete equipment. The Trust notified the Central Alerting System about these circumstances.

- There were no never events, under 16 admissions or duty of candour breaches reported.

- **Serious Incidents STEIS:** Caution should be exercised when attributing significance to a small number of rare events. The monthly position does vary with an expected range of between 1 and 14 incidents. The average number of STEIS reportable incidents increased slightly in 2018/2019 to 7.8 incidents per month (7.4 incidents per month last year). Although there was an increase in STEIS incidents in January, the number of deaths reported remained consistent with the average and in February and March the number of STEIS incidents returned to expected levels.

  All STEIS reportable incidents result in a root cause analysis (RCA) that is reviewed by the Quality Matters Group and chaired by the Director of Nursing and Quality. Summary reports are provided to Quality Governance Group and the Senior Leadership Team and lessons learned are cascaded.
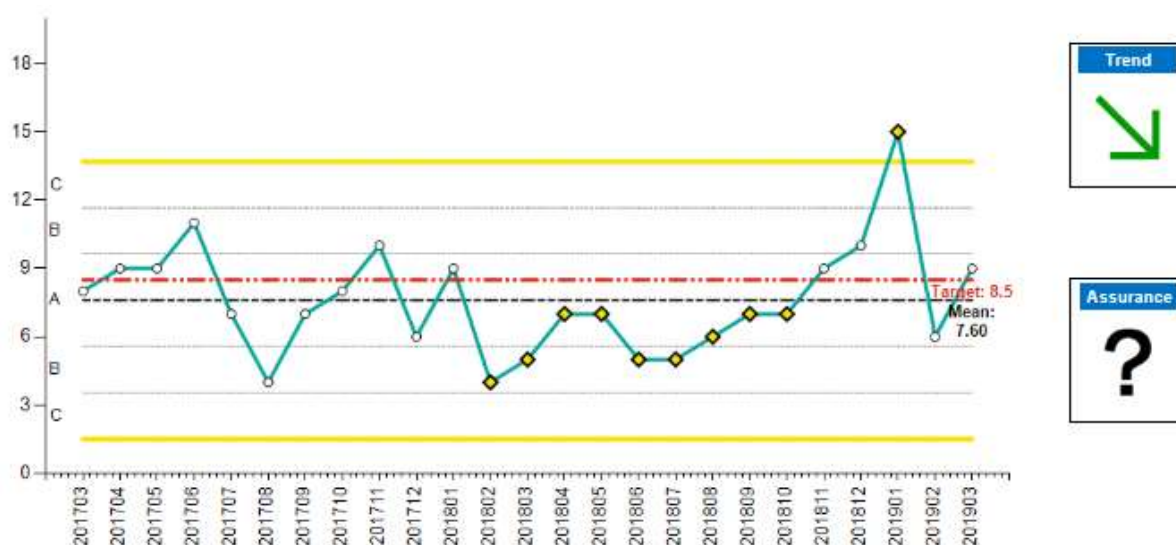
Figure 14: Incidents Reported on STEIS

- **Physical health assessments attempted within 48 hours of admission:** Mean performance is below the target indicating that under the current process it is unlikely that the Trust will routinely meet the target.

  In-year the Executive Team identified physical health assessment recording as a key area for improvement and in February 2019, the Chief Operating Officer requested the Acute and Urgent Care Service Line (which has had the majority of breaches with performance at 91.3% for the year) implement a recovery plan, which will be monitored via the Finance, Business, Performance and Workforce Group.

Figure 15: Physical Health Assessment

- **% of patients with a risk assessment reviewed within the last 12** months: The process has been in control following a period of instability after the introduction of a new risk form to the Trust electronic clinical system (RiO). Under the current process there is no evidence that the Trust will be able to meet the target as average performance is below target suggesting that the process needs to change.   Risk assessment recording has been identified as an area for improvement by executives.

  Risk assessments need to be reviewed following a meaningful clinical contact, therefore this target is harder to achieve for the non-CPA cohort of patients who are seen infrequently. The Community Service Line has the highest non CPA caseload. In February 2019, the Chief Operating Officer requested performance at 86.7% for the year and a recovery plan with agreed trajectories to address performance. The recovery plan is monitored through the Finance, Business, Performance and Workforce Group. In addition a QII process for workflows is being implemented within the Community Service Line.

Figure 16: Risk assessments reviewed within the last 12 months (%)

Effective Domain Performance

- **Emergency readmissions rate:** Average performance is below target indicating that the Trust does routinely meet this target with variation each month. Performance has been compliant in all reporting months in 2018/2019 and the number of emergency admissions is low at 120 for the year averaging 10 per month.

Recent audits show that the Trust is over-reporting the number of emergency re-admissions; patients have been incorrectly coded as emergencies by ward staff when the collaborative crisis plan clearly states admission was part of the plan. There is also a small cohort of clients who have frequent emergency re-admission episodes and initial analysis shows this particularly refers to emotionally unstable personality disorders clients. In order to mitigate, the Acute and Urgent Care service line will implement a standard operating procedure (SOP) across all wards to improve the accuracy of recording in 2019/2020. In addition, collaborative service line meetings held between January and February 2019 examined readmission data to understand the reasons behind failed episodes of community care.
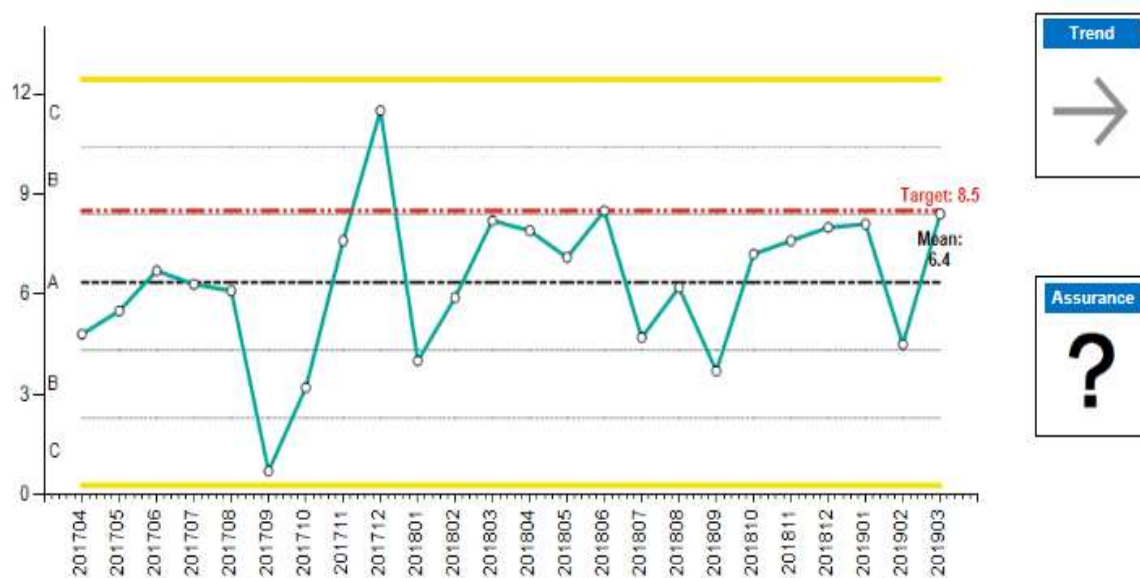
Figure 17: Emergency readmissions (%)

- **Annual CPA Review:** The Trust continually meets the target but there has been a long-term deterioration in performance (with potential for target breach). However there has been recent improvement over the last four months.

The levels of overdue CPA reviews increased within the Community service line which led to performance deterioration. The service line implemented a QII process for annual care plan review and one of the outputs will be a standard operating procedure; teams will also be expected to book reviews three months in advance. An additional data quality improvement plan has been implemented and is monitored via the Operational Delivery Group chaired by the Chief Operating Officer.
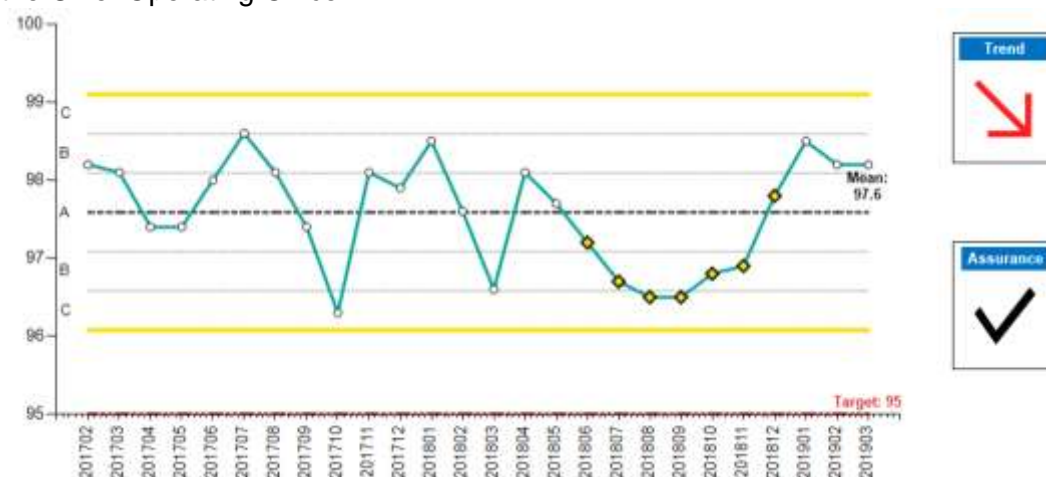
Figure 18: Annual CPA reviews (%)

- **7 day follow up after discharge from an inpatient setting:** The historic average is close to the target suggesting that the Trust will, at times, not meet the target (breached target four times in-year).

Issues were linked to a change in bed management policy, clarifying ward and community team responsibilities and a delay in implementing a form on RiO that identified team responsibility for follow-up and confirmed that a contact was made. This resulted in an ineffective monitoring process for a short period. In addition, there was an over reliance on Performance Analysts to support the monitoring process in this period. Mitigations in-year included the launch of the data collection form on RiO to support the revised policy and escalation of cases not followed up to Clinical Managers/Matrons. It should be noted that in last two months performance has exceeded target suggesting the procedures are now more embedded. This metric has close scrutiny at executive level.

Figure 19: Community follow-up with 7-days of discharge from inpatient services (%)

In addition, a 48 hour target was implemented in year which is monitored via the monthly quality and performance report. A new metric for 2019/20 is currently being rolled out for 72 hour follow-up for adult inpatients discharged; this is CQUIN indicator for 2019/20. The standard operating procedures and KPI guidance documents for follow-up are currently being refreshed to support staff with a new process.
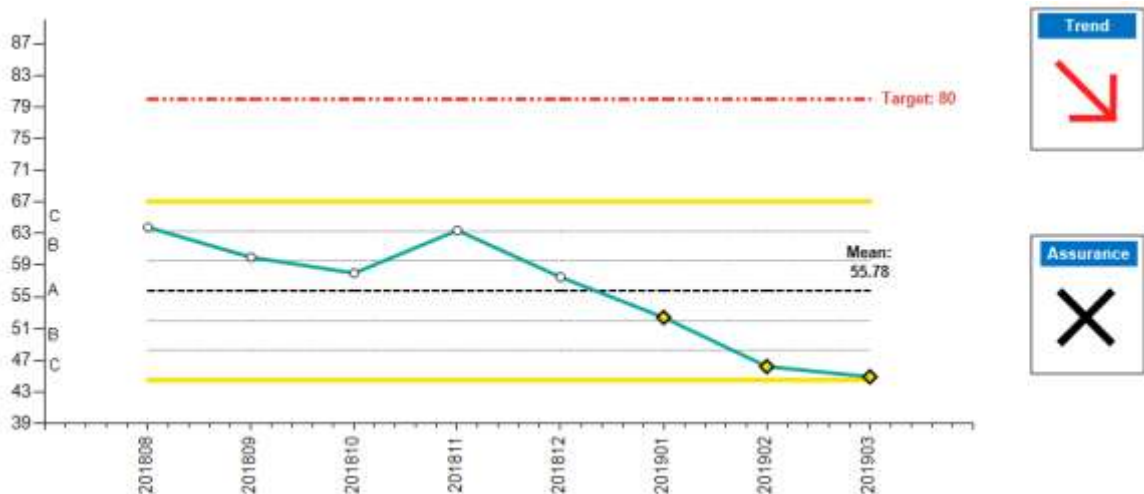
Figure 20: Community follow-up within 48 hours of discharge from inpatient services (%)

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- **Settled Accommodation and Employment (on CPA 18-69 years):** There has been a significant decline in performance; the recent average performance is only slightly above the target (80%) meaning it is likely that the Trust will not routinely meet the target without a change in process. A recovery plan was implemented in December 2018 in addition to data quality improvement plan within the Community service line.

Figure 21: Settled Accommodation (On CPA, 18-69 years only) (%)
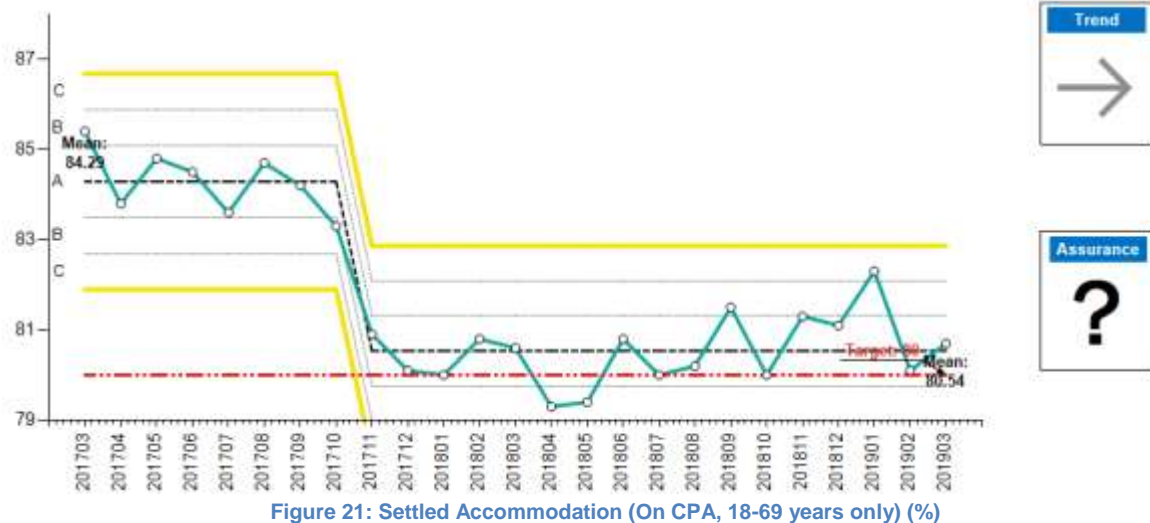
The Trust has consistently met the target in 2018/2019 for clients employed (On CPA, 18-69 years only).

- **Mental health cluster accuracy and quality:** There has been a continued long-term improvement on this KPI but the Trust remains below target. It is likely that the Trust will not meet the target for a significant period or without a change in process as the target is well above the upper control limit.

Pathways and supporting workflows have yet to be implemented on RiO and agency staff struggle to understand and meet requirements. There is a shortage of training provision as the Mental Health Tariff Lead is limited to one day a week but does target areas of concern in order to support services. In-year mitigations included clinical system (RiO) being amended in January 2019 so that clinicians are prevented from allocating clusters that are not applicable to secondary care following pan-London agreement and business rules were simplified.

Figure 22: Cluster accuracy and quality (%)
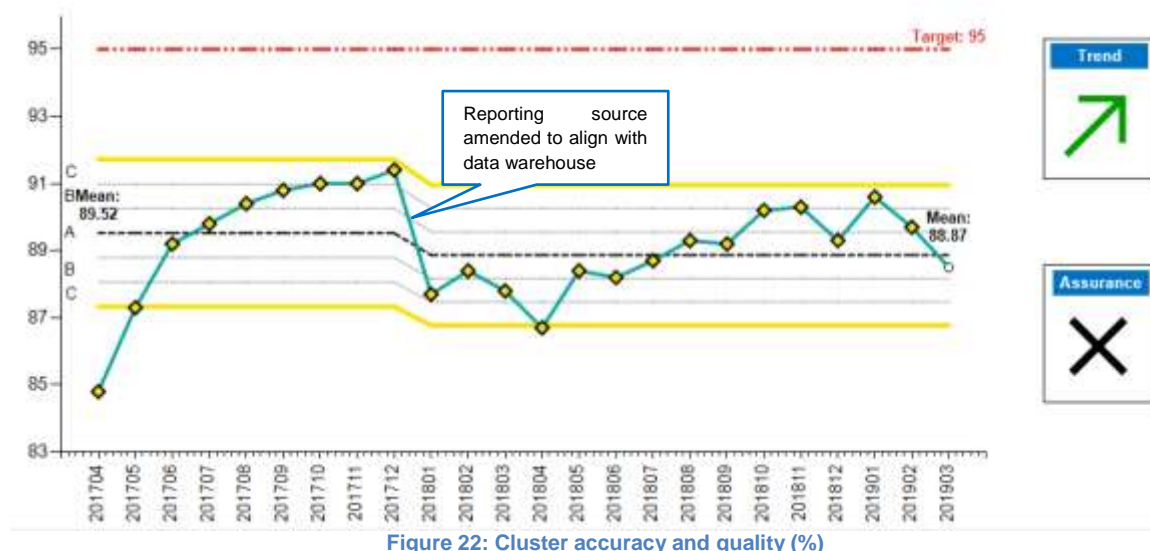
- **Inpatient discharge summaries completed within 24 hours:** The Trust is sometimes able to meet the target with mean performance now just below the 90% target. However there has been a significant deterioration in performance in recent months.

   This is a national target and nationally mandated from April 2017. The main issue has been insufficient and unresolved medical cover (within the Acute and Urgent Care service line) which continually impacts on under performance in a small number of wards and a small number of wards which do not have a robust process to send letters within 24 hours. Mitigations have included development of standard operating procedure and addressing medical staffing issues within the service line. An exception was provided to Quality Standards Assurance Committee in March 2019 and the Acute and Urgent Care service line is preparing a recovery plan which will be implemented in early 2019/20.
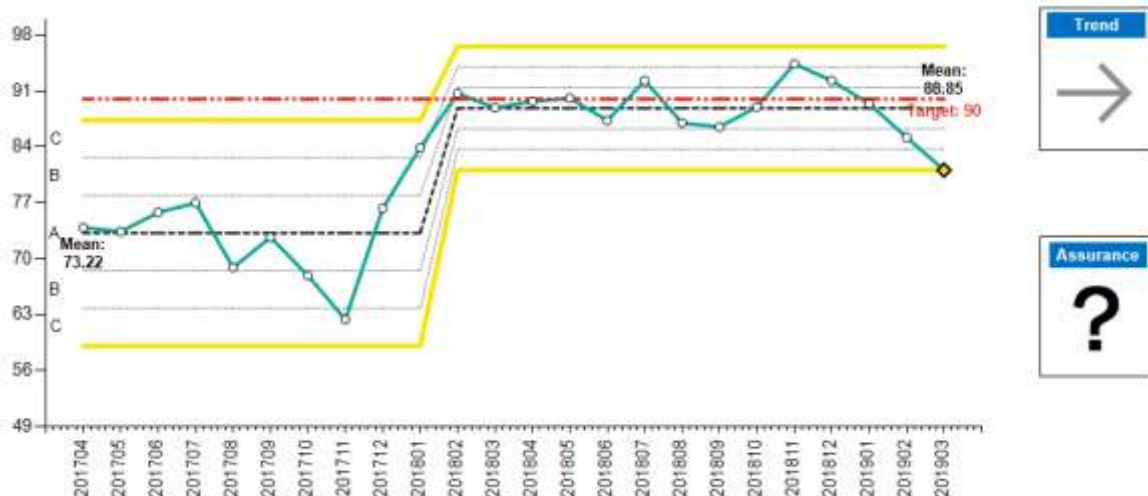
Figure 23: Inpatient discharge letters sent within 24 hours (%)

Caring Domain Performance

- **Patient friends and family test:** Performance has increased in 2018/2019 but the Trust cannot consistently meet the 84% target. Text messaging was introduced in December 2018 to increase the response rate and it is hoped that this will lead to further improvement in performance.
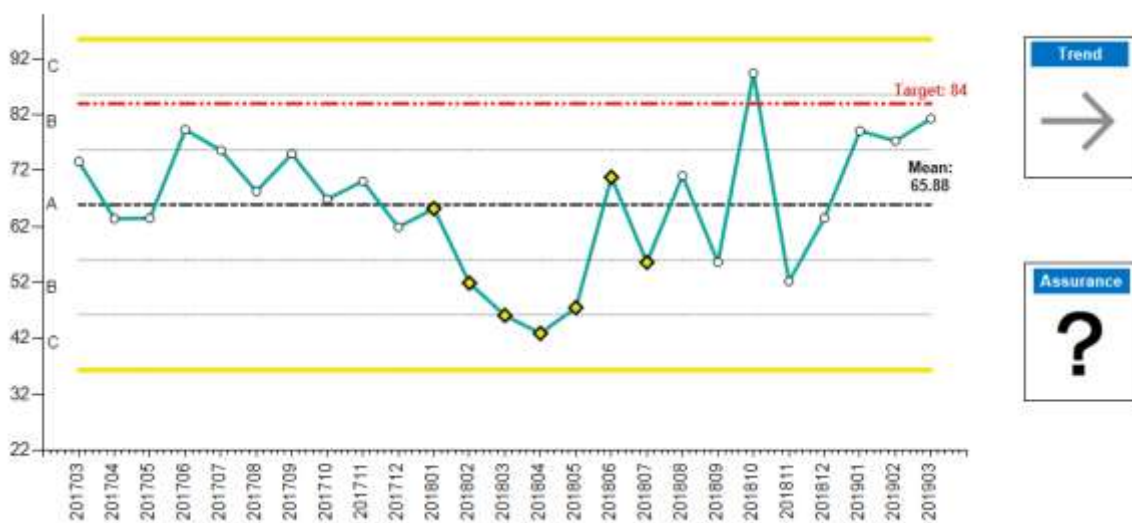
Figure 24: Patient Friends and Family Test (%)

- **Mixed sex accommodation breaches:** there were no reported breaches in 2018/2019 highlighting good practice and effective use of flexi-beds.

- **Safeguarding training performance:** Safeguarding Adults' level 1 training compliance has deteriorated in the second half of 2018/2019 and there is a need for a renewed performance focus. Safeguarding Children level 2 training compliance has generally been above target in 2018/2019 with some deterioration in the last 3 months. Safeguarding Children level 3 training compliance has seen long-term improvement in performance following a review and implementation of a recovery plan.

Figures 25-27: safeguarding adults' level 1 and safeguarding children level 2 and 3 training compliance (%)

- **Collaborative crisis plan:** There has been long term improvement in performance and the Trust is now able to routinely exceed the target which is below the mean position.
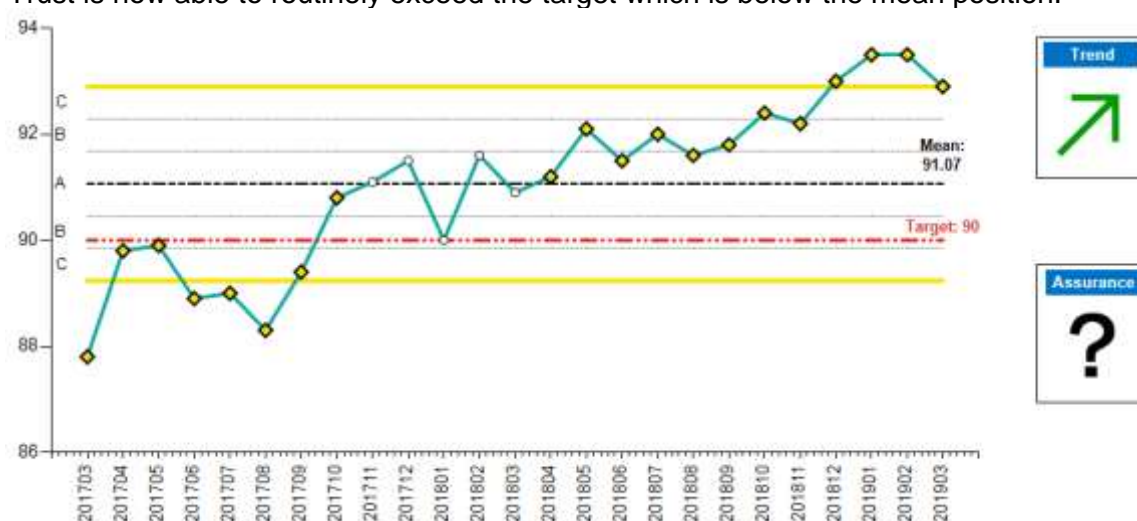
Figure 28: CPA Clients with a collaborative crisis plan (%)

Responsive Domain Performance

- **Gatekeeping:** performance has remained high for face-to-face gatekeeping in 2018/2019 and it is likely that the Trust will continue to routinely exceed the target which is below the lower control limit (see Figure 29 below). A new metric 'Gatekeeping form completed' was introduced to measure the effectiveness of the implementation of the revised bed management policy in August 2018. Performance has improved throughout the year for this measure and current performance is just below the 95% target.

- **IAPT waiting times:** both Talk Wandsworth and Sutton Uplift consistently meet the six and 18 week targets for cases that have completed treatment. 2018/2019 average performance was 98.8% for the six week target (75%) and 99.8% for the 18 week target (95%) and the position has improved compared to last year.

- **Expected population need met by IAPT:** the Trust met its access targets at year end for both of the IAPT services in 2018/2019 with the number of people accessing both of the services increasing throughout the year.
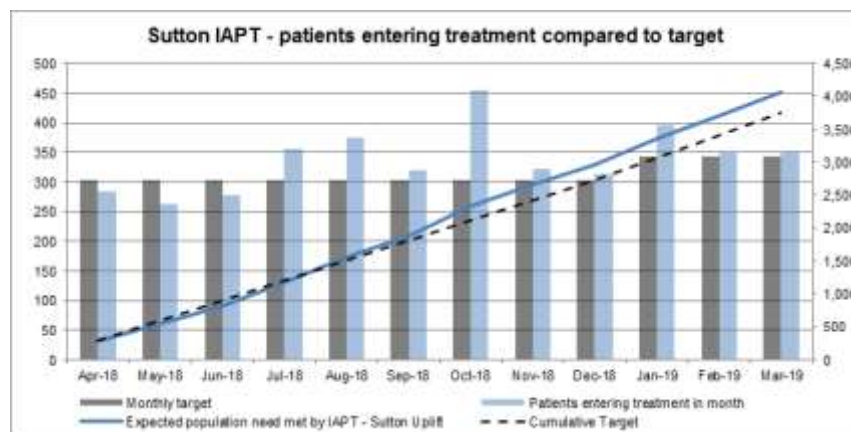
Figure 30: Sutton IAPT - Number of patients entering treatment against target
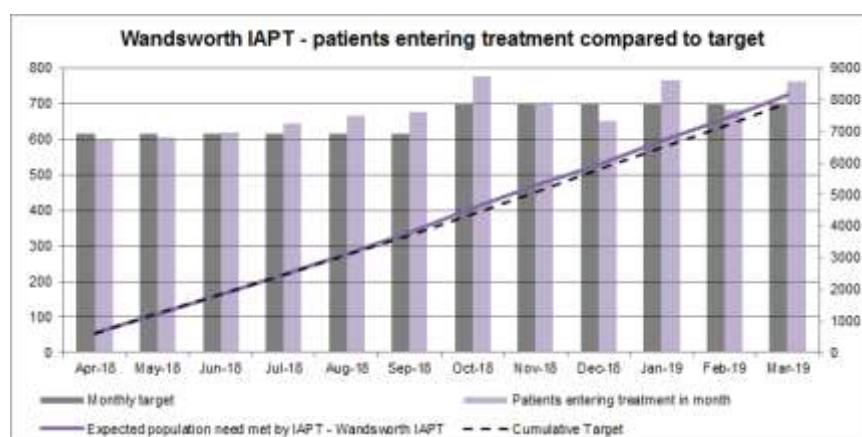
Figure 31: Wandsworth IAPT - Number of patients entering treatment against target

- **Children and young people referred to the CAMHS Tier 3 Eating Disorder Service who wait four weeks or less from referral to start of a NICE approved treatment (%):** The Trust will routinely meet the target but will occasionally breach. In-year performance against the 95% national target has averaged at 89.2%. The low denominator means that a single breach will result in non-compliance in that month and this may be because of patient/family choice. There have been some capacity issues which have affected performance and there have been instances where the single point of assessment service has not transferred referral in a timely fashion. In-year the Trust had discussions on future resourcing and the Psychology and Psychotherapies lead is addressing referral delay issues.
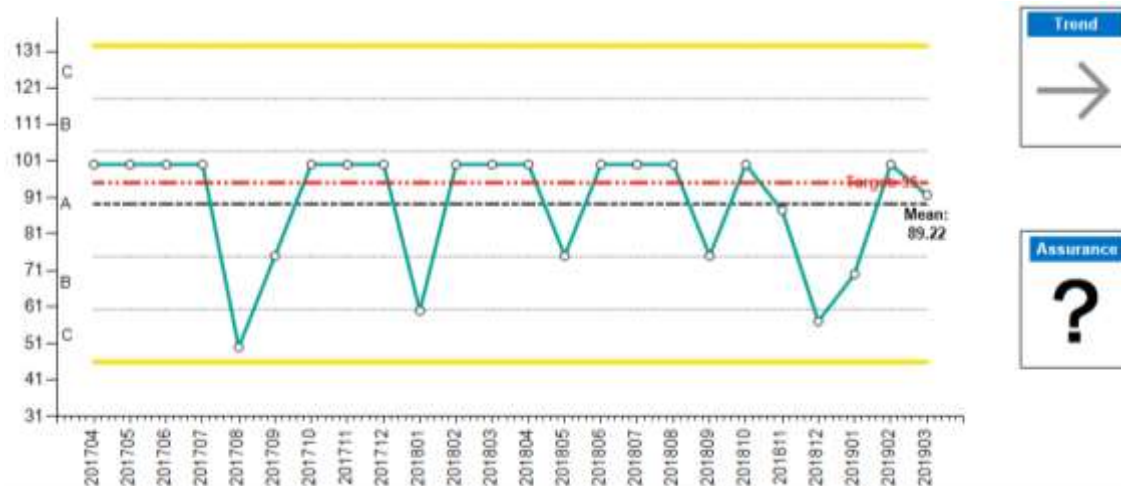
Figure 32: Children and Adolescents referred to CAMHS Tier 3 Eating Disorder Service

- **CAMHS non urgent referrals assessed within eight weeks:** Significant variation in performance; the Trust did struggle to meet the target but recent performance has improved with last nine months being above the mean. In- year, Richmond and Kingston CAMHS Tier 3 performance was lower in early 2018/2019 due to an increase in referrals and being subject to staff changes in quarter 4 of 2017/18. Performance is cyclical here with an expected increase in referrals following commencement of school term times.
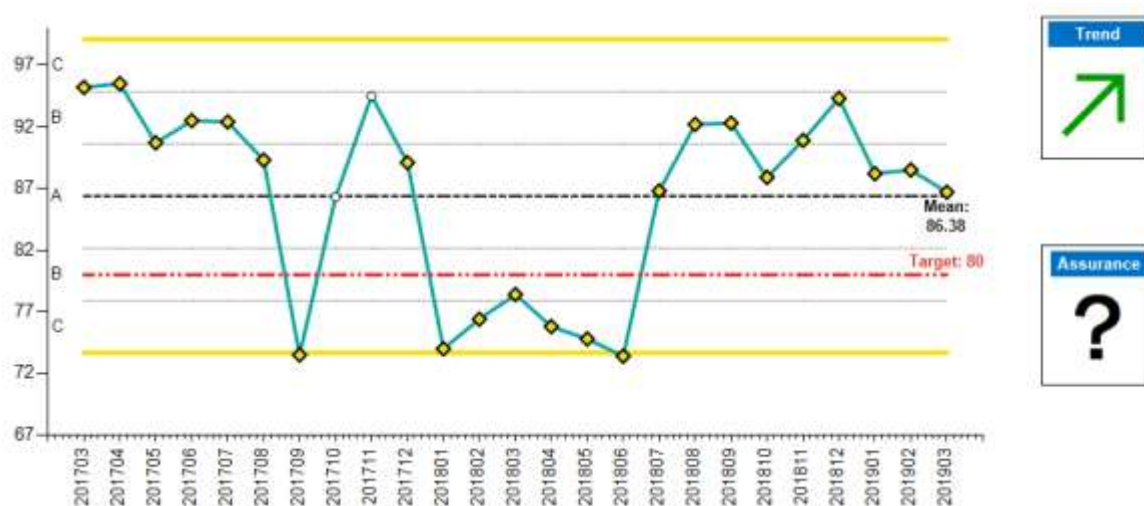
Figure 33: CAMHS - Non-urgent referrals assessed within 8 weeks

- **Referral to treatment within 18 weeks (consultant led services):** Although performance has exceeded the target in every month in-year, there has been deterioration in recent months and it is likely that the Trust will fail to meet the target in the near future unless there is a change in process.

  The main reason for the deterioration in performance is demand and capacity issues within the Trust's three adult ADHD services. Of the 1801 breaches of the 18 week target in 2018/2019, 1224 (68%) occurred within these services. If the adult ADHD teams are excluded from reporting, the Trust's overall RTT performance for 2018/2019 improves from 95.1% to 98.3%. The demand and capacity concerns have been raised by senior management with local commissioners and further discussions will take place as part of the 2019/20 contract round.
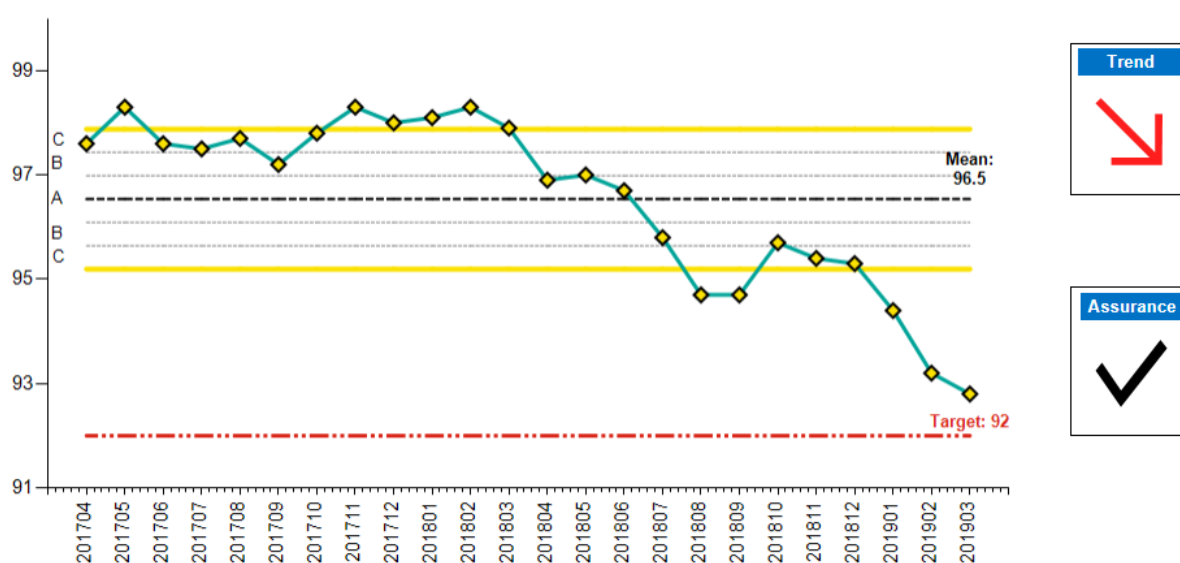
Figure 34: RTT - Patients waiting for treatment at month end (%)

- **Referral to treatment within 52 week breach:** There were three 52 week breaches reported in-year for consultant led services.

  The two reported cases in June 2018 were linked to the Kingston and Richmond Assessment Team (Community service line). A report code error was identified (where two telephone contacts as a proxy for the commencement of treatment instead of the correct minimum requirement of one telephone contact and one face-to-face contact). Remedial action was taken once the error was identified this included correction of code and a validation exercise for clients in the Community service line where clients had a first contact with an adult assessment team. In addition, a review of all adult access KPIs was undertaken.

  The third breach was linked to the Wandsworth CAMHS service (CAMHS Service Line). This breach was identified in November 2018 following revision of the referral to treatment (RTT) reporting for child and adolescent services in October 2018. Following the revision, a validation process was undertaken and there was one case found to be in breach of the revised definition: "*Second clinical contact (at least 10 minutes of clinical time), where at least one of the clinical contacts was face-to-face. If there is no second clinical contact in a closed referral, the clock end will be set to the discharge date*".

Issues in this case were that the follow-up appointment for this family had been missed by the Wandsworth CAMHS team due to an administration error by a clinician. On investigation, the Wandsworth CAMHS Team Manager found that the clinician involved had moved the client into the family consultation stage prior to agreement with the service and also before the family had been contacted about a further appointment. This was contrary to local team policy. Remedial action included the introduction of a new KPI document on RTT for CAMHS; and clinicians were reminded of the importance of following local team procedures when moving clients through stages. It should be noted that the family were subsequently contacted and seen by the service.

- **Referral to treatment within 30 weeks (all services):** the number of 30 week breaches has increased throughout 2018/2019. Many of the breaches relate to IAPT services which continue to actively manage the waiting lists. Adult ADHD services also account for a number of 30 week breaches which have increased throughout the year. In March 2019 a total of 97 30 week breaches were incurred across the Trust, 20 (20.6%) were attributable to IAPT services and 55 (56.7%) were attributable to the adult ADHD services. In mitigations in regard to ADHD were discussed.
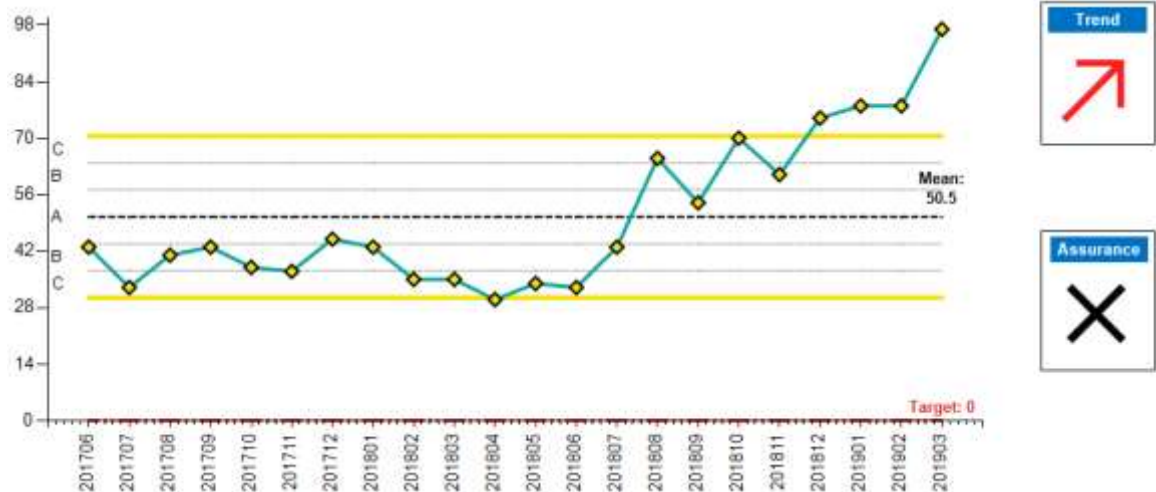
Figure 35: 30 week breaches (all services)

- **Adult CMHTs – non urgent referrals assessed within 28 days:** The Trust has improved performance during the year and consistently meets the 80% target with a 2018/2019 average performance of 91.2%. There were performance concerns relating to the Wandsworth Single Point of Access which have been addressed by the Community service line via a recovery plan.

Recovery plan for Wandsworth SPA implemented and service recruitment completed
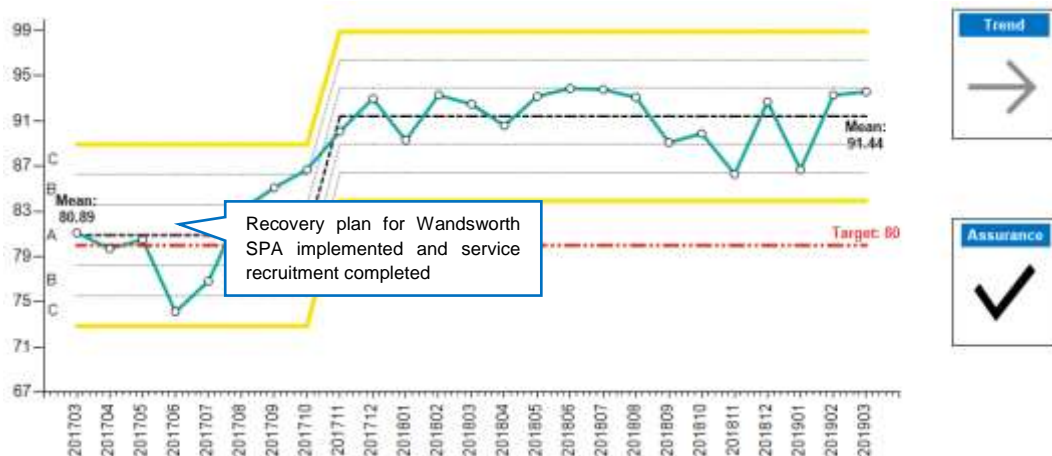
Figure 36: Adult CMHTs - Non-Urgent Referrals assessed within 28 days (%)

Commissioning for Quality and Innovation (CQUIN)

The Commissioning for Quality and Innovation (CQUIN) payments framework supports improvements in the quality of services and the creation of new, improved patterns of care.

It enables commissioners to reward excellence, by linking a proportion of provider income to the achievement of local quality improvement goals.

The framework aims to embed quality within commissioner-provider discussions and to create a culture of continuous quality improvement, with stretching goals agreed in contracts on an annual basis.

It makes a proportion of provider income conditional on the achievement of ambitious quality improvement goals and innovations agreed between commissioner and provider, with active clinical engagement.

How did we do in 2018/2019?

In 2018/2019 CQUINs were worth over £3m to the Trust and cover areas such as staff wellbeing, physical health, child and young person transition and improving services for people who present at A&E with mental health needs. The Trust achieved 77% of the income available for the 2018/2019 local CQUINs and 100% of the income available for the 2018/2019 specialist services CQUINs.

The following CQUIN targets were set for local and national services in 2017/18 and continued in 2018/2019.

2018/2019 CQUIN	Q1	Q2	Q3	Q4
Cardio Metabolic Assessment	Met	N/A	N/A	Partially Met
Summaries of Care	TBC	Met	Not Met	Partially Met
Improvement of staff health and wellbeing	N/A	N/A	N/A	Not Met
Healthy food for NHS staff, visitors and patients	N/A	N/A	N/A	Met
Improving the Uptake of Flu Vaccinations	N/A	N/A	N/A	Partially Met
Child and Young Person MH Transition	Met	Partially Met	N/A	Partially Met
Improving Services for people who present at A&E with Mental Health needs	Met	Met	Met	Met
Preventing ill health by risky behaviour	Partially Met	Met	Met	Met
Recovery Colleges for Medium and Low Secure Patients	Met	Met	Met	Met
Reducing Restrictive Practices within Adult Secure Services	N/A	Met	Met	Met
CAMHS Transition Pathway	N/A	Met	Met	Met
Non-secure - Repatriation	N/A	Met	Met	Met
Non-secure – Reducing Length of Stay	N/A	Met	Met	Met
Secure Services – Reducing Length of Stay	N/A	Met	Met	Met

What do we have planned for 2019/2020?

The NHS Long Term Plan was published in 2019 and has had an impact on CQUINs, with the value decreasing from 2.5% to 1.25% of the contract. There are five CQUINS for the local contract (CCG2-6) and three for the Prescribed Specialist Services (PSS4-6).

CQUIN	Goals
CCG2: Flu Vaccination	Achieving an 80% uptake of flu vaccinations by frontline clinical staff.
CCG3a-c: Screening and brief advice for tobacco and alcohol use in inpatient settings	3a. Achieving 80% of inpatients admitted to an inpatient ward for at least one night who are screened for both smoking and alcohol use 3b. Achieving 90% of identified smokers given brief advice 3c. Achieving 90% of patients identified as drinking above low risk levels, given brief advice or offered a specialist referral.
CCG4: 72 hour Follow up after discharge	Achieving 80% of adult mental health inpatients receiving a follow-up within 72hrs of discharge from a CCG commissioned service.
CCG5a-b: Improving the quality and breadth of data submitted to the Mental Health Services Dataset.	5a: Achieving a score of 95% in the MHSDS Data Quality Maturity Index (DQMI). 5b. Achieving 70% of referrals where the second attended contact takes place between Q3-4 with at least one intervention (SNOMED CT procedure code) recorded using between the referral start date and the end of the reporting period.
CCG6: IAPT CQUIN	Achieving 65% of referrals with a specific anxiety disorder problem descriptor finishing a course of treatment having paired scores recorded on the specified Anxiety Disorder Specific Measure (ADSM).
PSS4: Healthy Weight in Forensic services	• To deliver a healthy service environment in adult secure services regardless of security level • To promote and increase healthy lifestyle choices including increased physical activity (in line with expectations set out in NHS England guidance) and healthier eating in all patients in adult secure services • To ensure continuity in approach and promotion of good practice across high, medium and low secure services
PSS5: Tier 4 CAMHS Training	• To improve the effectiveness of and team consistency in approaches, methods and interventions delivered in Tier 4 settings • To adopt a whole team training ethos designed according to a standardised national training curriculum compliant with the CYP IAPT principles of

	participation, accountability, accessibility, evidence-based practice and awareness • To reduce unwarranted variation in access, delivery of effective treatment modalities and patient outcomes • To ensure clinically appropriate lengths of stay
PSS6: Deaf Communication for Adult and CAMHS patients	• The implementation of the Communication Sunburst Tool as the standard assessment approach across all mental health and D/deafness services • Communication Sunburst Tool used as part of wider approach using All About Me framework including Communication Profiling and Communication Passports • Reduced lengths of inpatient stays where delays are attributable to unresolved communication difficulties • More effective transfers of care at discharge and service transition points • Needs of D/deaf patients appropriately identified and adaptations made to support effective communication

Care Quality Commission

The Care Quality Commission (CQC) undertook a formal, but routine, comprehensive inspection in February and March 2018 and included a 'well-led' review in April 2018.

The CQC published their inspection report on 12 June 2018 and rated the Trust as 'Good'.

The outcome of the inspection concluded that the Trust had maintained and strengthened its formal rating of 'good' for the overall quality across safe, effective, caring, responsive and well-led.

The CQC report was very positive and recognised considerable improvements since the last comprehensive inspection in March 2016. The CQC also lifted all Requirement Notices that were in place at that time in relation to the services it previously inspected.

The key positive findings were:

- The inspectors were satisfied that the Trust had made considerable improvements since March 2016. The community-based mental health services for working age adults, long stay/rehab mental health wards and CAMHS wards had all improved their rating overall. The Trust had met all requirement notices made following the March 2016 inspection and a focused inspection in September in those services that were inspected in 2018.
- The CQC noted that, despite a number of changes in Executive Directors, the Trust was well-led and the senior team were well-equipped and committed to improving services to meet the mental health needs of local communities. Staff were well supported by their

managers and colleagues, and the Trust's intranet was noted as an 'award winning' source of accessible information to staff, supporting overall engagement.

- The CQC described the Trust as an outward looking organisation, well engaged with external partners and stakeholders. The progress achieved in forging the SLP was also welcomed.

- The CQC were impressed with more than 40 quality improvement initiatives (QII) that were under way across the Trust and noted that the Trust encouraged innovation to improve patient care and to reduce preventable admissions to hospital by piloting crisis cafes, which were very popular among service users.
- The Trust's governance structures, including financial governance, were characterised as 'effective'. It was noted that managers had easy access to performance information to enable them to make improvements, and that staff could add local risks to service line risk registers, which were up-to-date and reflected the actual state of affairs.
- The CQC provided positive feedback on how the Trust disseminates learning from reported incidents and uses the information to improve services. The recruitment and retention of staff was also notable and evidenced in an increase in staffing on most wards.
- The Trust's support for the development of staff diversity networks was seen as a hugely positive initiative: the Board has a diverse membership and the Trust had set up an expert working group to look at the disproportionate number of black men detained under the Mental Health Act.

Areas of improvement
In addition, the CQC told us about the following areas where improvements can be made:

- Staff did not always follow best practice to ensure the safety of patients after they had received rapid tranquillisation. When patients declined checks of their clinical vital signs, staff did not always return to make further attempts to record these observations. When staff carried out routine checks of patients' vital signs, they did not always escalate results to senior nursing staff or a doctor when indicated by the scoring tool or record why they had not done so.
- Staff did not always store information on patient electronic records consistently so that it could be found easily by others. Clinical staff found IT support was not always timely and accessible.
- The Trust had not consulted effectively with staff around changes to mental health rehabilitation services that had been made. Staff were unhappy with the way they had been involved in discussions about the changes, which had caused anxiety and affected morale.
- Some Trust services missed an opportunity to learn from informal or local complaints as they did not keep a record of the complaints to support managers to identify patterns and trends.
- The Trust needed to continue to work on the new Trust strategy that would provide clear direction and underpin the delivery of high quality sustainable care. Further work was needed to fully implement the leadership development programme for ward and team leaders and managers.

In regards to the concerns with the arrangements in relation to the management of rapid tranquillisation and also the escalation process when patients' physical health may deteriorate, the CQC instructed the Trust to take actions to ensure these concerns were rectified.   The report also included areas where the CQC felt that the Trust was in minor regulatory breach and asked that the Trust take 39 specific actions to address these areas.

Below is the outcome of the ratings access the services inspected:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement ↓ May 2018	Good →← May 2018	Good →← May 2018	Good →← May 2018	Good →← May 2018	Good →← May 2018
Long-stay or rehabilitation mental health wards for working age adults	Good ↑ May 2018	Good ↑ May 2018	Good →← May 2018	Good ↑ May 2018	Good ↑ May 2018	Good ↑ May 2018
Forensic inpatient or secure wards	Requires improvement →← Jun 2016	Good →← Jun 2016	Good →← Jun 2016	Good →← Jun 2016	Good →← Jun 2016	Good →← Jun 2016
Child and adolescent mental health wards	Good ↑ May 2018	Good →← May 2018	Good →← May 2018	Good →← May 2018	Good →← May 2018	Good →← May 2018
Wards for older people with mental health problems	Good →← Dec 2016	Good →← Dec 2016	Good →← Dec 2016	Good →← Dec 2016	Good →← Dec 2016	Good →← Dec 2016
Community-based mental health services for adults of working age	Good →← May 2018	Good ↑ May 2018	Good →← May 2018	Good →← May 2018	Good ↑ May 2018	Good ↑ May 2018
Mental health crisis services and health-based places of safety	Good →← Dec 2016	Good →← Dec 2016	Good →← Dec 2016	Good →← Dec 2016	Good →← Dec 2016	Good →← Dec 2016
Specialist community mental health services for children and young people	Good →← May 2018	Good →← May 2018	Good →← May 2018	Good →← May 2018	Good →← May 2018	Good →← May 2018
Community-based mental health services for older people	Good →← Dec 2016	Good →← Dec 2016	Good →← Dec 2016	Good →← Dec 2015	Good →← Dec 2016	Good →← Dec 2016
Community mental health services for people with a learning disability or autism	Good →← Jun 2016	Good →← Jun 2016	Good →← Jun 2016	Good →← Jun 2016	Good →← Jun 2016	Good →← Jun 2015
Substance Misuse Services	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018
Overall	Good ↑ May 2018	Good →← May 2018	Good →← May 2018	Good →← May 2018	Good →← May 2018	Good →← May 2018

As a result, the Trust's formal regulatory position is as follows;

Date issued	Service issued	Regulation number	What must be done and current position
June 2018	Acute and PICU	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment	The Trust must ensure that in the hour following rapid tranquilisation, staff attempt to take patients' physical observations in accordance with best practice and record this. The Trust must ensure that staff take patient's physical observations post rapid tranquilisation are taken and when scores are elevated, escalate these to senior nursing and medical staff. Whilst these arrangements are in place, challenges remain with the auditing system and subsequent assurances.
June 2016	Forensic and Specialist	Regulation 13 (5)(7) HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment	The Trust must ensure that service users are protected from abuse and improper treatment. The CQC found that the Trust operated restrictive practice with the use of time management practices, which had not been recognised as seclusion practices. Patients subject to these practices did not meet the safeguards set out in the MHA Code of Practice. These issues are now fully resolved, but the

			notice remains live.
March 2017	Specialist Eating Disorders	Regulation 12 HSCA (RA) 2014 Safe care and treatment	The Trust must ensure that information regarding patents' physical health care is being recorded properly and promptly transferred on to patients electronic care records. The Trust must ensure that patients' risk assessments are being updated in a timely manner. The Trust must ensure the temperatures of fridges used to store medicines are being monitored in line with Trust policy (breach of Regulation 12 (1)(2)(a)(b)(g)). A large action plan was established and the issues with physical healthcare and risk assessment have been resolved. However the challenges remain in keeping the fridges in normal temperatures and new technology will be implemented in 2019.

Mental Health Act Monitoring Visits

The CQC also undertook a number of Mental Health Act monitoring visits throughout the year. These are unannounced visits to monitor people's involvement and access to appropriate support where detained.

The CQC provides feedback and the Trust compiles an action plan (Provider Action Statement) on the measures that will be taken to address any issues the CQC may have found. All action plans are developed by senior clinicians and are signed off by the Director of Nursing and Quality. The plans are subsequently monitored through the service line governance structures and the Quality Governance Group, where any specific areas of concern or themes are highlighted.

Emergency Preparedness

Emergency and business continuity planning are a core part of the organisational and operational management of the Trust. We continue to strengthen our resilience ensuring we are prepared to respond and recover from events that may jeopardise safety and/or business continuity. We continue to work with NHS England and multi-agency partners as part of this process.

EU Exit 'No deal' scenario planning
In August 2018 the Secretary of State issued a letter informing all NHS organisations about the Government's preparations in response to EU Exit.

Guidance was issued in December 2018 from the Department of Health and Social Care on the arrangements that providers and commissioners should be taking in preparation for an EU Exit 'No deal' scenario. Significant planning was undertaken with the Trust establishing an EU Exit working group lead by the Chief Operating Officer.

The EU Exit working group focused on the seven key areas identified from the planning guidance, which were:
- Supply of medicines and vaccines
- Supply of medical devices and clinical consumables
- Supply of non-clinical consumables, goods and services
- Workforce
- Reciprocal healthcare
- Research and clinical trials
- Data sharing, processing and access

The Trust has reviewed all risks and business continuity plans associated with the seven key areas and collaborated with partner agencies on ensuring robust planning had taken place. Assurance reviews were provided to NHS England EU Exit team, together with daily/weekly situation update reports.

NHS England (London) Emergency preparedness, resilience and response (EPRR) assurance review
Overall the Trust has demonstrated through the review process and its ongoing ability to respond, an ongoing high standard of, and commitment to, emergency preparedness and resilience. The Trust was assessed as being of 'substantial' level of compliance. An example of this was an effective response during our water loss incident, which was praised by members of the NHS England (London) EPRR team.

Further work is required to ensure implementation of Chemical, Biological, Radiation, Nuclear and Explosive (CBRNe) response arrangements across the Trust, mainly focusing on the continued roll out of Immediate Operational Response (IOR) training to include new 'remove, remove, remove' guidance.

In addition, further work is required on an ongoing basis to ensure our operational sustainability in the event of a challenge.

The key emergency planning priorities for the next 12 months include:

- Ongoing roll out of IOR training, to include' remove, remove, remove' guidance.
- Development and testing of the Trust major incident cascade process
- Progress Business Continuity Planning and Business Continuity Management System development

- Development of VIP arrangements
- Further development of the Incident Response Plan (IRP)
- Reviewing plans and procedures to align to any new or updated guidance released by the NHS England national team, which is likely to include:
  - Mass counter-measures
  - Lockdown
  - Evacuation and shelter
  - Clinical guidance for major incidents

The chart below (Fig 37) indicates the improvement that the Trust has made towards NHS England EPRR core standards assurance reviews year-on-year. The EPRR core standards have been reviewed over the past two years to consolidate a number of standards which is why there are fewer overall standards now compared with previous years. We continue to have no red rated standards.

Trust EPRR Core Standards Assurance 2016/2017 – 2018/2019
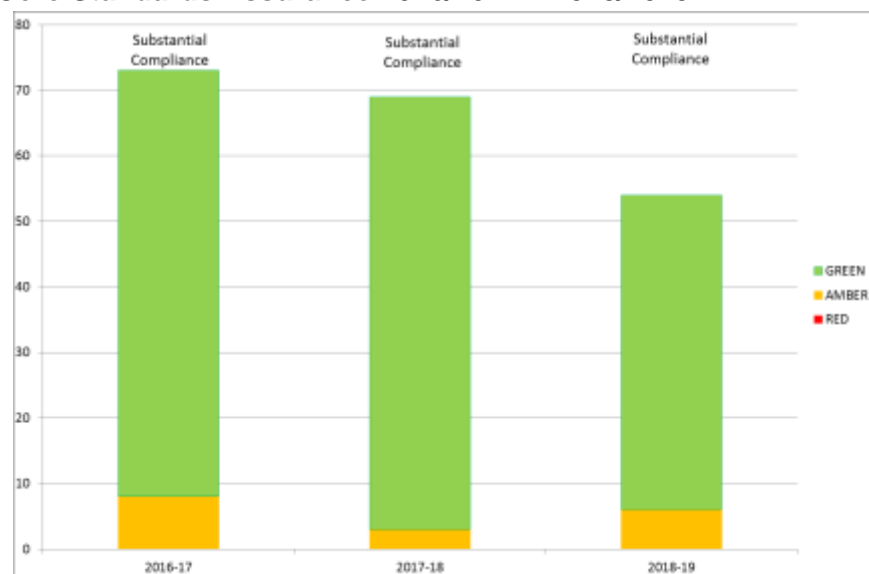
Figure 37: Improvement that the Trust has made towards NHS England EPRR core standards

Workforce Report

We value our workforce immensely; they are our greatest asset and essential in providing our services at the highest levels.

This section provides an overview of our workforce during the reporting period.

Staff Group	2018/2019	2017/18
Medical and Dental	208	213
Administration and Estates	307	286
Health Care Assistants and Other Support	705	689
Nursing and Midwifery	759	736
Scientific, Therapeutic and Technical	462	435
Other	7	8
Total	**2448**	2367

Figure 38: Workforce breakdown by staff group

The composition of our staff group by gender is set out in the table below.

	Male		Female	
	18/19	**17/18**	**18/19**	**17/18**
Senior Civil Service	4	4	3	3
Other employees	691	695	1516	1441

Figure 39: Workforce by Gender

The breakdown of pay banding and grade by male and female staff members is below.

As at 31/03/2019

Band / Grade	Female	Male
Band 2	28	25
Band 3	198	109
Band 4	253	75
Band 5	237	95
Band 6	294	142
Band 7	236	73
Band 8a	123	45
Band 8b	38	27
Band 8c	13	12
Band 8d	9	7
Band 9	7	4
Core Trainee	30	14
Higher Trainee	19	17
Medical Consultant	63	48
NED / Chairman	4	3
SAS Dr	10	13
Student	5	3
VSM	3	4
Grand Total	**1570**	**716**

Notes: The above table is a snapshot of the workforce as at 31st March 2019, whereas the first 2 tables are an average over the course of 2018/2019

We regularly monitor key performance workforce measures which are also included in reports to the Board's workforce committee and monthly to the Board.

Workforce Performance Summary 2018/2019

Metric	Target (%)	18/19 (%)	17/18 (%)
Vacancy	15	15.6	16.8
Sickness	3.5	3.8	3.9
Turnover	15	16.0	15.6
Mandatory Training	95	89.7	88.3
Supervision	85	80.0	79.2
Appraisal (PADR)	95	79.2	77.6

Figure 30: Key workforce performance indicators

Whilst we did not meet the Trusts key workforce targets in the reporting period there have been significant improvements especially in relation to vacancy rates, statutory mandatory training and PADR performance. The Trust turnover rate has increased slightly in 2018/2019.

- **Vacancy Rate:** The vacancy rate is consistently above the target but has been on a downward trend throughout the year. March 2019's position was compliant for the first time since December 2017.
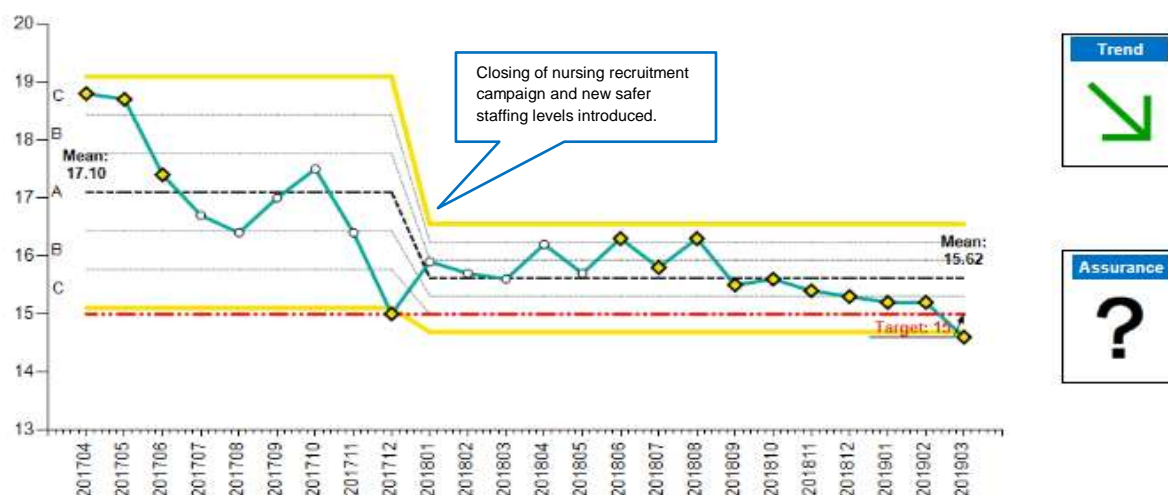
We recognised the importance of our workforce to delivering the highest level of care and support to our patients and services users and therefore introduced a number of initiatives during 2018/2019 to ensure that vacancy rates are reduced . These include:

- Running a number of focused recruitment campaigns to reduce reliance on agency.
- The Trust is part of the NHSI recruitment and retention collaborative, and in quarter 1 of this year will be implementing 'Career Surgeries' for staff to discuss their development within the organisation. This includes new services and growth to staffing.
- The Recruitment and Nursing Development team have attended RCN Careers Fairs and continue to visit university career fairs.
- A recruitment calendar is being developed to include some of the recruitment fairs activities for the year.
- HR Business Partners (HRBPs) and Resourcing Manager will begin a process of identifying long standing agency workers with a view to converting some to the bank and to enable permanent recruitment.
- The HR team has launched a 'Workforce Matters' meeting comprising of seven workgroups and workstreams.
- Since 2018, we have seen our bank usage grow and seen a reduction in agency usage – a trend that has been consistent over the last four years

% of all Hours worked Temporary staff	2015/2016	2016/2017	2017/2018	2018/2019
Agency	52.44%	56.27%	29.83%	25.30%
Bank	47.56%	43.73%	70.17%	74.70%

- **Sickness Rate:** the average sickness rate for 2018/2019 is RAG rated red at 0.3% above a target of 3.5%.The sickness rate is highly seasonal and this winter the Trust's sickness rate was lower than in previous winters. We implemented a new sickness and absence policy in 2017/18 and we have been supporting our staff via improved data and analytics, staff

training and a focussed staff support when absent programme. Staff health and wellbeing – particularly mental wellbeing - will be supported by training with the Leadership Programme and resources for staff to support them to manage their mental health.

- A monthly triage of long term sickness cases is now being done by the HRBP team to ensure that issues and delays are mitigated.

- A disability policy is being considered for the Trust to assist with managing staff whose absences are impacted by a known disability impacting on their health. We are also considering other best practices from other trusts to enable us to manage long term sickness absence quicker.
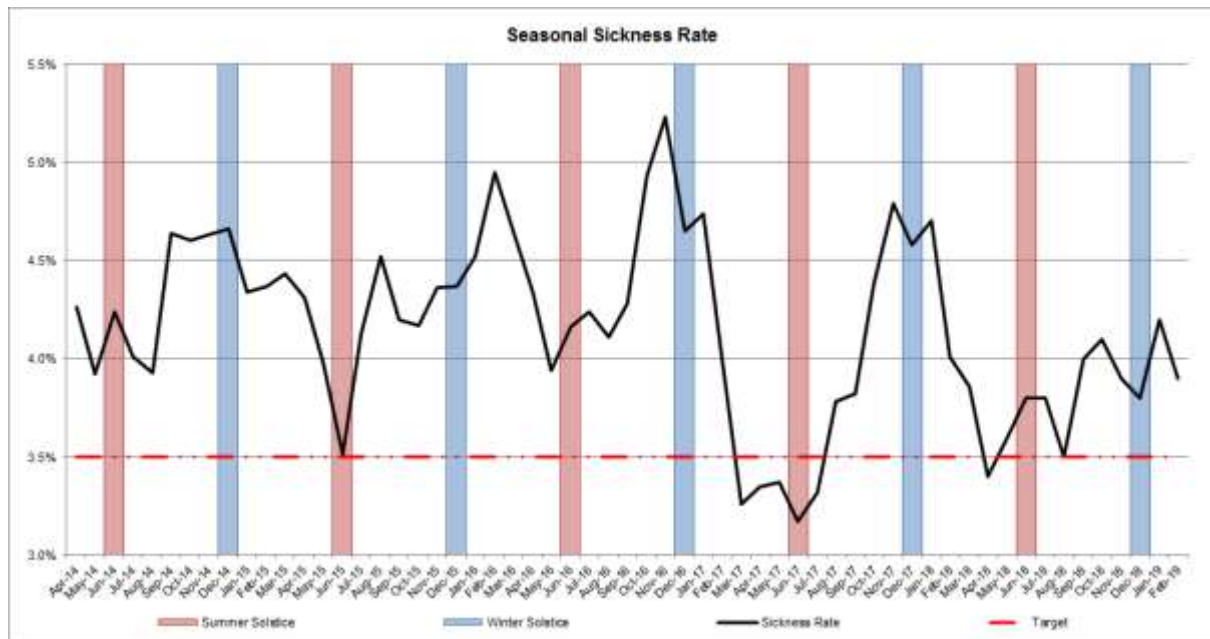
- **Turnover rate:** Staff turnover has averaged 16.0% in year and is RAG rated red. Turnover has increased in 2018/2019 (especially in the last five months) and the position is now significantly above target.

The Trust is committed to retaining our staff and has a robust recruitment and retention strategy and mitigations in-year are highlighted below.

- Design and implementation of Making Life Better Together, including Listening into Action as a staff engagement programme which will implement suggestions made by staff.
- HR has collated and is analysing information obtained from exit interviews. This information will feed into the service line workforce plans scheduled for completion in quarter one of 2019/20.
- Health and wellbeing team are currently reviewing exit interview data with a view to presenting at future Workforce Matters Meeting.

- **Statutory and Mandatory Training:** Staff Statutory and Mandatory Training compliance showed consistent improvement in 2017/18 but performance has stagnated into 2018/2019 averaging 89.7% and RAG rated amber. Several new mandatory courses have come online in 2018/2019 and this has contributed to the slight reduction in performance. In addition, there are high numbers of staff failing to attend classroom based courses with 83.6% compliance; for e-learning compliance is higher at 91.9% (see opposite)

  Mitigation plans include:
  - The application of a six week grace period is being discussed for new starters as part of a review of the metric.
  - Managers receive automated emails on staff who fail to attend training.
  - From April 2019, new staff members who are not compliant with their Statutory and Mandatory training may not be eligible to receive their annual pay increment.
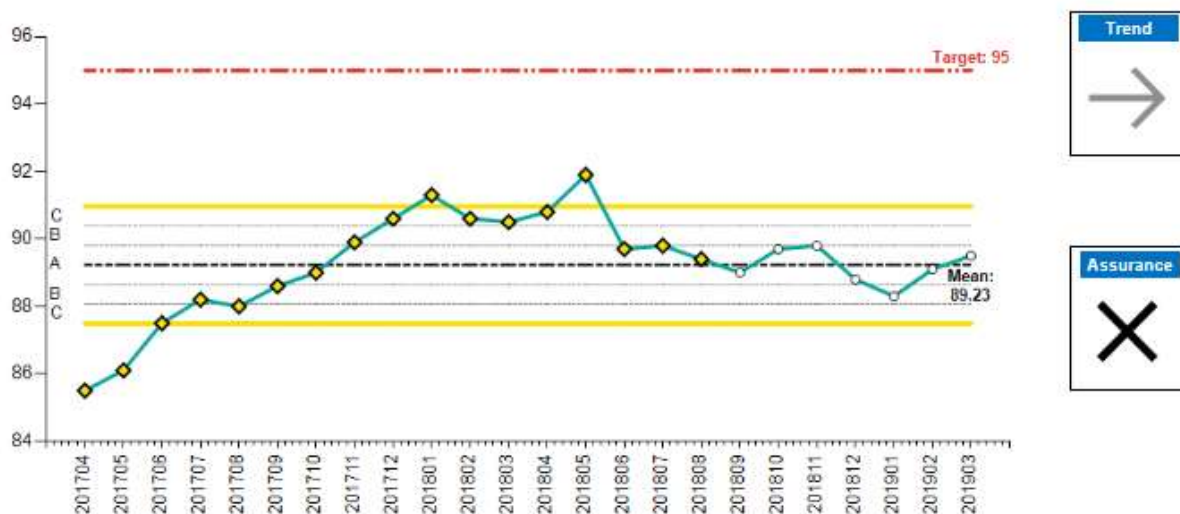
- **Staff Supervision:** The Trust has had difficulty in maintaining performance against the 85% supervision target with the mean position significantly below the target. Staff supervision needs to be refreshed every six weeks and managers need to ensure supervision is regularly reviewed via the supervision application in order to maintain performance and prevent peaks and troughs in performance as highlighted above. Supervision has been a priority within the 2018/2019 Quality Account and in quarter three , the benefits of supervision to health and wellbeing and development have been publicised. This is a CQC compliance risk due to previous regulatory notices in this area. This will continue to be a priority for the Trust in 2019/20. It should be noted that the Supervision Policy is subject to review to address the requirements of the new Agenda for Change terms and conditions, which come into effect from April 2019.
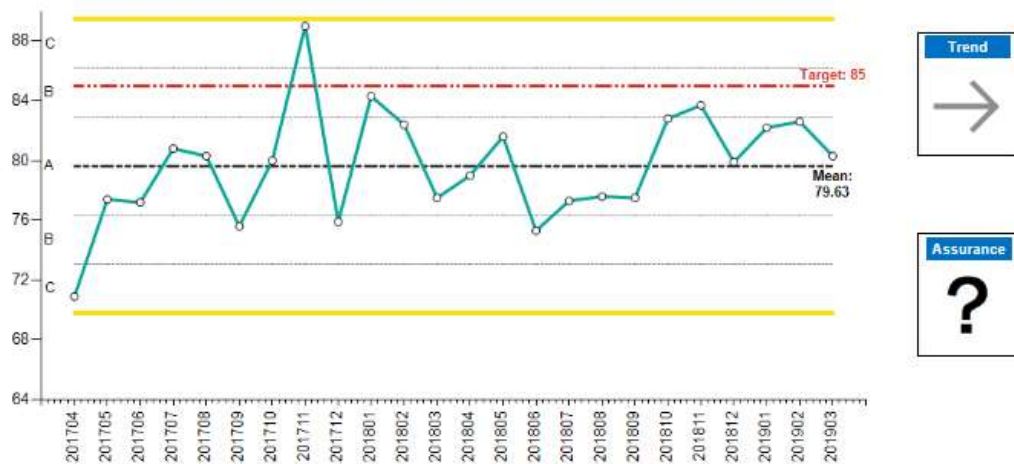
- **Performance Appraisal Development Review (PADR):** The Trust has shown some improvement in-year on PADR but as highlighted below it is extremely unlikely that the Trust will meet the target (which is outside of the expected range) without a change in the process. It should be noted that a recovery plan for PADR has been put in place with compliance projected by June 2019. The new Agenda for Change pay deal, which comes into effect in April 2019 will work towards staff requiring a PADR to have taken place in order for their incremental pay rise to be approved and processed.

Staff survey results

The 2018/2019 staff survey results were published in February 2019. The Trust's engagement score improved to 6.9 compared to 6.8 the previous year (this is compared to a national average of 7.0).

	2014	2015	2016	2017	2018
Best	7.4	7.5	7.3	7.5	7.4
Your org	6.9	6.7	6.9	6.8	6.9
Average	6.8	6.9	6.9	7.0	7.0
Worst	6.0	6.2	6.3	6.4	6.5
No. responses	1,096	869	1,003	870	1,176

The scale used for calculating the overall staff engagement score changed in 2018, so a new target of 7.0 has been set with an amber threshold of 6.7.

There has been a significant improvement (6%) in staff feeling that patient care is the organisation's top priority and a 7% improvement in staff recommending the Trust as a place to work. There has also been a 4% increase in staff being happy with the standard of care being provided to a friend or relative.

The results are used in a range of ways including:
- to help NHS organisations them review and improve staff experience so that staff can provide better patient care
- the CQC use the results to monitor ongoing compliance with essential standards of quality and safety.
- within the Workforce Race Equality Standard (WRES) metrics and the Workforce Disability Equality Standard (WDES)
- to inform the Trust's Making Life Better programme
- to inform action plans owned by the Trust's health and wellbeing development group
- to improve efforts to retain our staff

The Trust response rate was 57.4%, which was higher than the national average for Mental Health/Learning Disability Trusts, which was 51.4%. It is also a significant increase on the 2017 response rate of 49%.

We've seen improvements in the following areas:
- **Quality of Care** – The Trust has the highest rating for the key question *"I feel that my role makes a difference to patients."* This question has a significant correlation with trusts who are rated outstanding. We achieved a good increase in this score compared to last year. Our overall quality of care score was above average, as was our score for question on satisfaction with quality of care and being "*able to deliver the care I aspire to.*"

- **Quality of Appraisals** - We scored above average for all questions about appraisals: helping to improve how I do my job, helping to agree clear objectives, leaving me feeling I am valued by the Trust and whether the values of the Trust were discussed as part of the appraisal. Our overall score was also above average.
- **Immediate managers** - There was a 2% increase in staff reporting positively on the support they receive from their immediate manager. There were also improved responses to questions about support from immediate managers with a difficult task and immediate managers.

We also identified some of areas of concern:
- **Equality, diversity and inclusion** - Equality and diversity is the theme where the Trust's performance shows the greatest variance from the national average. Our score for this theme has deteriorated for the 4th year running. It has been below average for five years and is now the lowest in the benchmark group.
- **Morale** - Our score for morale as a theme is 5.9, compared to the lowest score in the benchmark group of 5.8. (overall scores for this theme are not directly comparable to last year).
- **Violence** - Our overall score for violence questions was below average and the scores were less satisfactory than last year.
- **Health and Wellbeing** - Our score was below average for health and wellbeing and there was no improvement compared to last year.

This year, we're taking a more proactive approach to action planning, with a focus on accountability for managers to own action plans within their service lines. We're taking the following approach with action planning within the service lines/directorates.

- **Results discussions**– Employee Engagement manager and HRBPs have produced reports for each of the service lines and directorates, which include highlights as well as the RAG table and historical scores for the questions. In addition, the reports provide some tips, tools and resources on action planning and improving engagement are also included. This has gone down well in service line management meetings, and provided clear information for managers and has been a focal point of discussion. Results discussions have challenged managers to prioritise three key areas of focus.
- **Action plan templates**– Action planning templates will be sent to service line managers to fill in based on their areas of focus and return to Employee Engagement team. This will include a section on what they will do to communicate these messages to staff. Service lines will be expected to own and work on action plans throughout the year.
- **Check in on progress**– We would like areas to present progress on their survey action plans in order to provide accountability and a goal to work towards.
- **Staff survey lead up**– Sending out 'You Said, We Did' communications to staff, to show what has been done as a result of the survey.

At a Trust-wide level, results have been reviewed and discussed at multiple leadership forums and committees, and areas of concern have been identified (as per point 2). We're now at a point where we need to shape an action plan for the Trust. This will be delivered alongside Making Life Better Together (MLBT).

Listening to our patients

We place a high value on actively seeking feedback, analysing what patients tell us, learning lessons and acting where needed on this feedback. Our principles include acting swiftly on issues that may need immediate action, and quickly escalating potential risks identified through specific patient experience and feedback. We review all letters to patients, ensuring they are clear, thoughtfully written and address all the complainant's key points. Our open and transparent culture includes sharing feedback, data, learning and actions with service line governance groups to drive continuous improvement in our services.

In April 2019, the Trust launched Feedback Live! This replaces Real Time Feedback.   The survey questions for the service line were co-produced with patient, carer and staff involvement and signed off by the Heads of Nursing and Quality. The co-produced survey questions now align much more closely to service line than before and have developed new themes, which are; Communication, Relationships with staff, Care Planning and Treatment, My Rights, Environment, Medication, Help and Support, Safety and General Satisfaction. A web link can be used on any device to complete the survey, this means our patients and carers can access and give their feedback at any time on any equipment with internet access via feedback.swlstg.nhs.uk. The new platform on PROMIS, an in-house IT system, will make it easier to deploy new questions and the feedback is easily accessible via a new dashboard by staff to enable them to view feedback in real time and make service improvements in a timely manner.

The Trust renewed its licence this year to careopinion.org.uk an online web-based platform where the public can post feedback about the Trust and we are able to provide a response marking any planned changes or changes that have taken place. The Engagement and Experience Team continue to respond to the stories posted on the site with a 100% response rate. Patients are increasingly sharing their healthcare experiences online and having a platform like Care Opinion helps improve the organisation's reputation, public inferences of trust and perceived responsiveness. With Care Opinion, the Trust is able to show that it is reading, responding and learning thereby making changes to services based on feedback. During 2018/2019, the Trust increased its membership of staff that are listening and is currently in the 25th percentile of 548 Trusts with a 100% response rate. During 2018/2019, the Trust received 90 stories about services and these were read 14,700 times. There is a local KPI in the team to respond to posts within five working days on 85% of cases. The Experience and Governance Coordinator received a Care Opinion 'Hero of the Week' award from Care Opinion for the impact her responses to feedback had using a new picture capability they had designed.

This year also saw the launch of the Friends and Family Test by SMS text to patient mobile phones (asking the question 'would you recommend our care to your friends and family?'). The average score of people who would score 'Likely' or 'Extremely Likely' to recommend the Trust is 79.87% from internal data.

The Trust Board meetings start with a patient story. The table below summarises the stories presented during 2018 and the actions and learning identified by them. Stories are identified from complaints that have been raised that relate to services or teams across the Trust, which typically reflect on both the positive and negative experiences of care.

BME and the Forensic Recovery College

Focused on the occupational therapy available for BME patients in the Forensics service. It identified how important it was for BME patients to be involved in design and set up activities to help improve their mental health and wellbeing on the ward.

You Said

'Activities need to be interesting and creative that enable me to engage fully with the treatment plan.

We Did

Following feedback, the role of the Peer Support Worker in the Forensic services has been strengthened and continues to be developed and we will be looking to replicate in other services.

Working with Transgender Patients

Focused on the experiences of a transgender woman working as a mental health nurse as a well as being a patient of mental health services.

You Said

Whilst there had been an overall improvement in the way she was treated by staff, she still faced some instances where staff did not refer to her as a woman

We Did

Arranged for the patient to be involved in reviewing the Trust's Transgender policy and training and feedback was given teams

Community Perinatal Service

Focused on the joint working between the community perinatal service and community mental health teams to support pregnant and new mothers who suffer from mental ill health.

You Said

You explained that without the perinatal team you would not have been aware of the risks of relapsing without medication

We Did

The newly commissioned perinatal service has now been rolled out. It is anticipated that in March 2019 the Trust we will have medical, nursing and psychology cover within our 5 London Boroughs, enabling work to commence in

Psychiatric Decision Unit (Lotus)

Focused on the experiences of using the Lotus Suite as a flexible alternative when help and support is needed but a formal admission is not required. Here are some of the words that the patient used to describe Lotus Suite.

Empowered Holistic Open Bond Good Team Calm Transparent Involved

We **Did**

We will review the operational policy for Lotus with particular reference to certain diagnoses that may be recurring in nature to use Lotus a set number of days (which will be kept under a 6 month review). The patient has volunteered to join the Trust's involvement register and has met with the Involvement project Lead to discuss

Compliments

The Trust has received and reviewed over 2,330 compliments over the past year and they are categorised under the theme of Values and Behaviours on the Trust reporting system. This number far outweighs the number of complaints received at 576. Compliments are received via letters, emails, and cards, verbal and through Real Time Feedback kiosks, tablets and online surveys.

The CAMHS service line use a survey called Experience of Service Questionnaire 'ESQ', which accounts for 918 compliments. ESQ examples include:

- "Today the appointment with {name} was beneficial and felt I have been listened to and heard. Hoping the plan will help my son in his future life" CAMHS Neurodevelopmental Team

- "Dear {name}, A big thank you for the last 3 years-especially 2018 I have gained so much strength and confidence working with you.it really makes me sad that our journey is over. I will forever be grateful for everything you have done for me. I couldn't have done it without you. #World'sBestCounsellor. I will truly miss you, I love you very much. Lots of Love". Deaf Child And Family Service – London

Other compliments include:

- Cognition and Mental Health in Ageing
    - "Just to thank you all for all your support and care of W; our team has been so concerned about him for a very long time and it has been brilliant to have such a great team supporting him over the last few months and see him make such improvements. " - Crocus Ward
    - "I just wanted to thank you and you team for all your support, encouragement and kindness shown towards me during what has been a very difficult time in my life. It's comforting to know the resource centre is there for me should I ever need it. Once again my heartfelt thanks". - Sutton Older People CMHT
    - "…..So I want to say `Thank You' for your contribution and help over the past couple of months. The NHS is driven by the best of motives but it is a huge organisation with many strands of expertise and help. And as carer for (Name)

during the past 6 months, I've found it hard work to coordinate the various NHS strands in a timely fashion and in (Name) best interests. Your `always contactable' approach by email and telephone (even when not on duty) has been a great help - so `Thank You' again for going the extra mile for (Name). Have a great Xmas…..." - Richmond Older People Intensive Outreach Team

- Community
  - "Thank you so much for all your kindness, patience and great expertise in filling in {name's} PIP forms. I appreciate all you do. You are a power house (staff name). Thank you also for your wise words and advice. They have been so supportive." - Welfare Benefits Team
  - "Dear {name} thank you for all your help this year. I went from feeling hopeless to full of hope to seeing and smashing goals. So keep up the good work!" – Sutton Uplift
  - "Dear {name}, I just want you to know how much your support and weekly work session together here played a major in my recovery and maintenance of my wellbeing and enrichment of my life. You really care a fantastic therapist and like many you are compassionate, genuine and trusting nature. I wish you all the best in the future". - Richmond PD Intensive Treatment Team
- Forensic, National and Specialist
  - "To the staff of Turner ward. This is to say thank you for all you are doing to help our son, {name}. Everyone on turner ward has been so nice and helpful. From the people I have met personally, reception staff, security, {name}, and the ward based staff, thank you. It's not easy having a son with mental health problem like {name's}, but in the short time {name} has been there, we can see how much better he is in your care. When {name} was first transferred to you, we came to visit, and were sat in a small room on the ward waiting to see the doctor. There was a patient outside in the corridor, who was very distressed and upset. I couldn't see what was going on, but I could hear everything. The way the staff dealt with this person was brilliant. No shouting, no confrontation. They just spoke to him like a human being. Believe me when I tell you that isn't always the case in other hospitals (medical and psychiatric). In my day job I am a charge nurse on a general medical ward, so I see things from a parent's view and a nurse's view. It is so reassuring to know you treat your patients with dignity and respect. I would be happy to work alongside you. The management of the unit should be proud of all of the staff that work there. Please keep up the good work, because you are making a difference. Thank you" - Turner ward
  - "I know it hasn't been a smooth journey, but my family and I just wanted to express our immense gratitude at all your support to us and patience and time throughout my stay. Your kindness and belief touched me and I can't tell you how much it meant to hear it. I could see your genuine care. Thank you so much for everything again. You really are a top Dr." - Avalon Ward
- Acute and Urgent Care
  - "First of all I want to say a big thank you to everybody at Lotus for treating me so kindly and helping me. It made such a difference. I'm pleased to say I'm now out of hospital - I stayed for a week and it went well. I am due to move out soon and I'm also planning to return to university in September! I will therefore be clearing out my room and would like to know if you would like some things for Lotus. I've got clothes, books, colouring books, arts/crafts items and probably other stuff I haven't thought of." Lotus Assessment Suite

- o "To all lilacs staff and lovely patients! Thank you so much for looking after me and making sure I was safe and sound. I wish you all the best and I hope to see you more often as a volunteer helping others :) much love and light peace be with you all" – Lilacs Ward

Complaints

We take all our complaints seriously, as they provide us with valuable feedback and opportunities to review and reflect upon current practices, and allow us to consider changes that will enhance the standards of care we strive to achieve. The Patient Experience Team continues to receive positive feedback praising their complaints handling skills, in particular their swift responses to requests, listening skills and understanding of services. During the year, we received 576 complaints, compared to 605 in 2017/2018. There were five cases referred to the Ombudsman during 2018/2019, and five outcomes received. Three of these were not upheld; the remaining two were upheld and partially upheld respectively.

During 2018/2019, the KPI for acknowledging a complaint within three working days showed special-cause variations in April, May, June, September and October. The average was 91.8% across this period.

During 2018/2019, the KPI for sending responses within 25 days was reduced from 95% to 85% with a special caveat of 40 days to deal with complex complaints introduced. The average number of complaints received per month in 2018/2019 increased to 49.6, compared to an average of 42.5 complaints received in 2017/18. The average number of responses per month sent for 25 days responses was 87.7% compared to an average of 70.8% responses in 2017/18. For 40 day complex complaints the average response rate was 61% for the 13 cases received during the same reporting period.

Examples of complaint actions are as follows:

- You said: there was a lack of communication following your son's discharge about his medication, which resulted in him not getting his treatment on time, and you were afraid that this would increase the risk of relapse and re-admission.

  We did: apologised for the experience and acknowledged that the team should have ordered the medication at an earlier stage. Staff did deliver the medication to the patient's home later that day however, the complaint was reviewed by the Matron with learning shared with the pharmacy department, new systems are now in place to ensure medication is ordered in time.

- You said: there was a complete lack of information and support received regarding your relative who was an inpatient on one of the wards. You were not informed of any changes in the care plan, nor informed of the incidents they had been involved in.

  We did: apologised that he did not feel he was offered appropriate support and that he experienced poor communication. Explained that because they had not recorded any contact details, on admission the details were not recorded in the right place when they had been found. This had since been rectified. Complaint was shared with the Matron and discussed at reflective practice with staff to share learning and identify ways to improve communication with carers.

- You said: you felt that your rights under section 2 had been violated.

  We did: explained that although rights under section 2 had been explained to complainant it was evident that felt that they did not understand them. However, no further attempts had been made to ensure that she understood them eventually. Going forward team will ensure patients are read their rights on a weekly basis and this will be documented. Weekly audits will be carried out.

Communications, Clinical Treatment and Values and Behaviours (Staff) are the main themes arising from upheld and partially upheld complaints.

A Complaints Annual Report for 2018/2019 will be prepared in accordance with Regulation 18 of The Local Authority Social Services and National Health Service Complaints (England) Regulation 2009.

Real Time Feedback
We continued using Real Time Feedback (RTF) throughout 2018/2019 and it is accessed by both inpatient and community services. During this period, there have been 16,723 items of feedback received with over 1,700 of these having free text comments that the Patient Experience Team has triaged.

The Trust has undertaken a significant review this year of its Real Time Feedback processes and platform which led to the launch of Feedback Live! (as above) its successor.

Each question is mapped to a theme and scored to nine categories as below and metric for scoring is: Excellent 100; Good 80; Fair 60; Poor 20.

The scores for this year are as follows:

Category	Avg Score
Help and Support	75
General Satisfaction	73
Friends and Family Test	70
1:1 Relationships	68
Communication	63
Care Planning	60
Environment	51
Community	49
Medication	44

Medication is the lowest theme for Real Time Feedback with an average score of 44 and Help and Support is the highest with 75.

Patients and carers are also able to write free text comments, which accounts for 3101 items of feedback received in 2018/2019. Examples of comments and actions taken by the teams are as follows:

- You said: It seems impossible to get through the administrative team for a routine enquiry. If the contact centre puts the call through sometimes it just rings and rings without being answered

  We did: Re-evaluated the duty system amended and implemented to avoid missing calls

- You said: you needed more dietary food variety on the menu.

  We did: invited the Chief Executive to lunch who spoke to patients about the food and followed this through with the catering department.

- You said: you need more nurses on the wards

  We did: increased the staffing establishment on the wards and additional staff will be booked to support the ward if needed.

- You said: you need more vegetable options and not just potatoes.

  We did: worked very closely with the catering department to improve vegetarian and vegan options. There has been a significant improvement in the variety offered.

Patient Advice and Liaison Service (PALS)
PALS has three elements: PALS Approach, PALS Advice Line and PALS Surgeries.

The PALS approach is to resolve concerns proactively and swiftly, placing the patient or carer's needs at the centre of the call or contact. Our aim is to see the concern from the patient or carer's viewpoint and perspective and help them to achieve the outcome they are looking for without having to resort to a formal complaints process. This approach is a culture adopted by the Experience and Governance Team when resolving concerns received on the PALS Advice Line, the PALS Surgeries and Real Time Feedback as well as the using this approach to handle complaints that are subject to the complaints procedure.

The Experience and Governance Team staff the advice line. Although it is based at Springfield University Hospital, it serves the whole Trust. It is open Monday to Friday 9am to 5pm and is supported by cover arrangements and a messaging service. Sometimes the caller is simply seeking a signpost to a service, correct NHS Trust, NHS England etc. as well as liaising with the services about concerns raised. During 2018/2019, there were 815 concerns or queries received through the PALS Advice Line, which were handled by the Engagement and Experience Team. Only 14 of these were escalated further and raised as a formal complaint.

PALS surgeries are where the Engagement and Experience Team meet a patient on the wards, listen to their concerns and try to address these concerns with the clinical team there and then. During 2018/2019, the team held 57 surgeries across the Trust with 52 patient contacts.

Environmental matters

As an NHS organisation, and as a spender of public funds, we have an obligation to work in a way that has a positive effect on the communities we serve. Sustainability means spending public money well, the smart and efficient use of natural resources and building healthy, resilient communities. By making the most of social, environmental and economic assets we can improve health both in the immediate and long term even in the context of rising cost of natural resources. Demonstrating that we consider the social and environmental impacts ensures that the legal requirements in the Public Services (Social Value) Act (2012) are met.

We acknowledge this responsibility to our patients, local communities and the environment by working hard to minimise our carbon footprint.

As a part of the NHS, public health and social care system, it is our duty to contribute towards the level of ambition set in 2014 of reducing the carbon footprint of the NHS, public health and social care system by 34% (from a 1990 baseline) equivalent to a 28% reduction from a 2013 baseline by 2020. It is our aim to exceed this target by reducing our carbon emissions by 28% by 2020-21 using 2007/08 as the baseline year.

Strategy for sustainability
In order to embed sustainability within our business it is important to explain where in our process and procedures sustainability features.

- Travel
- Business cases
- Procurement (Environmental and Social Aspects)
- Suppliers' impact

Our sustainable development management plan (SDMP) demonstrates and supports the Trust's commitment to sustainable development in long-term business objectives, and ensures a consistent approach. The SDMP provides a detailed understanding of all specific related projects and future initiatives.

We continue to deliver our current Sustainable Development Strategy using the SDAT-Sustainable Development Assessment Tool to demonstrate compliance.

Performance
Since the 2007/08 baseline year, the NHS has undergone a significant restructuring process and one which is still ongoing. Therefore in order to provide some organisational context, the following table may help explain how both the organisation and its performance on sustainability has changed over time.

Context info	2015/16	2016/17	2017/18	2018/2019
Floor Space (m^2)	94,397	96,380	103,033	101,477
Number of Staff	2,104	1,898	2,143	2,214

Energy

The Trust spent £1,033,622 on energy in 2018/2019, which is a 9% decrease on energy spending from last year. In 2014 the Sustainable Development Strategy outlined an ambition to reduce the carbon footprint of the NHS as a system by 28% (from a 2013 baseline) by 2020. We have supported this ambition as outlined

Carbon Emissions - Energy Use
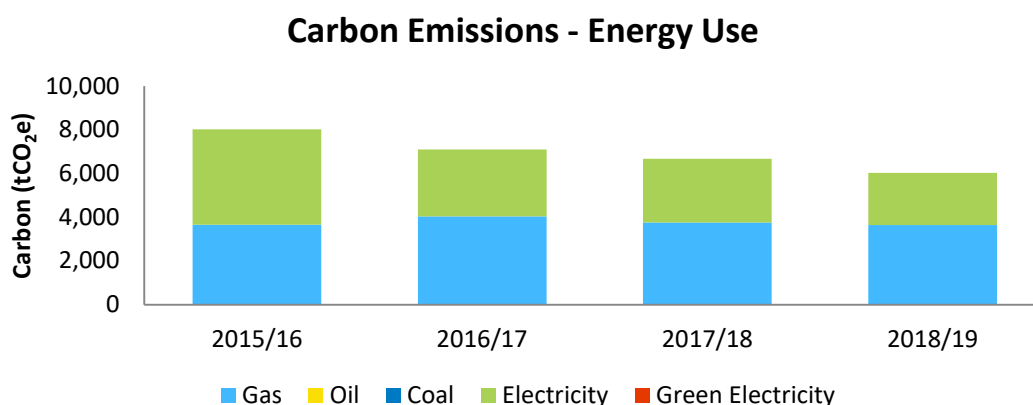
Resource		2015/2016	2016/2017	2017/2018	2018/2019
Gas	Use (kWh)	17,434,073	19,269,845	17,996,155	17,200,330
	tCO_2e	3,658	4,033	3,761	3,647
Oil	Use (kWh)	0	0	0	0
	tCO_2e	0	0	0	0
Coal	Use (kWh)	0	0	0	0
	tCO_2e	0	0	0	0
Electricity	Use (kWh)	7,038,575	5,335,777	5,647,410	5,336,550
	tCO_2e	4,359	3,068	2,919	2,379
Green Electricity	Use (kWh)	0	0	0	0
	tCO_2e	0	0	0	0
Total Energy CO_2e		8,017	7,100	6,680	6,025
Total Energy Spend		£ 1,324,680	£ 1,179,361	£ 1,135,992	£ 1,033,622

Waste

Waste		2015/2016	2016/2017	2017/2018	2018/2019
Recycling	(tonnes)	0.00	0.00	163.00	131.72
	tCO$_2$e	0.00	0.00	3.42	2.87
Other recovery	(tonnes)	428.00	251.00	92.00	19.00
	tCO$_2$e	8.99	5.02	1.93	0.41
High Ter disposal	(tonnes)	0.00	0.00	17.00	20.00
	tCO$_2$e	0.00	0.00	3.74	4.40
Landfill	(tonnes)	0.00	0.00	7.00	5.00
	tCO$_2$e	0.00	0.00	2.17	1.72
Total Waste (tonnes)		428.00	251.00	279.00	175.72
% Recycled or Re-used		0%	0%	58%	75%
Total Waste tCO$_2$e		8.99	5.02	11.27	9.40
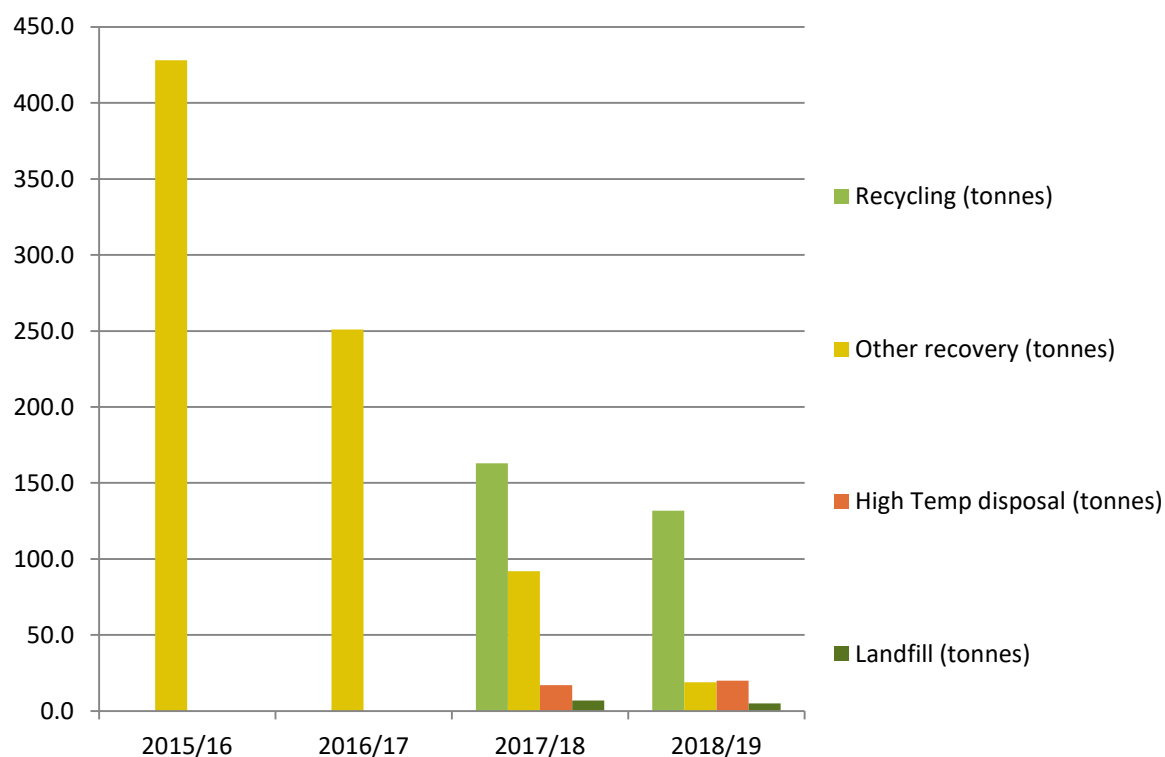
Water

Water		2015/2016	2016/2017	2017/2018	2018/2019
Mains Water	m^3	87,405	78,760	75,877	85,227
	tCO$_2$e	80	72	69	78
Water and Sewage Spend		£ 187,661	£ 177,049	£ 154,556	£ 130,297

Carbon footprint

The Trust is required, and wants to monitor and understand the carbon impact of all its work.

Using the standard model for sustainability reporting which takes our energy information and allocates across our expenditure headings and then groups it together under standard sustainability headings in the calculation of carbon emissions.

Proportions of carbon footprint

Category	Usage %
Core	10%
Supply Chain	82%
Community	1%
Commissioning	7%

Based on NHS Sustainable Development Unit carbon factors

Other non-financial information

As a mental health trust we are actively engaged in a range of social issues. Respect for human rights underlies our values and this is lived on a daily basis across the range of our services.

The Trust continues to promote anti-corruption and anti-bribery measures. Counter fraud reporting measures are overseen by the Audit Committee. Our procurement processes take full account of the anti-bribery agenda. In addition anti bribery training for the Board is planned.

Strategic Development, Innovation and Developments

During 2018/2019 the Trust continued to develop and improve services. During the year we expanded our community perinatal service; our individual placement support service; our liaison and diversion service; children and young person's services and a Mental Health Assessment Unit at Kingston Hospital.

- **Community perinatal service:** The South West London Health and Care Partnership led the development of a bid for funding from NHS England to expand the existing local service provision across the five boroughs in south west London. The key aim for the expanded service is that every woman will be able to access appropriate perinatal mental health care and treatment at the right time and in the right location.
- **Individual placement support (IPS) (wave 1)**: New funding from NHS England has enabled the Trust to extend IPS in Merton, Wandsworth and Sutton. IPS supports those with serious mental health conditions to find and retain employment. IPS workers have been embedded into the Mitcham Recovery Support Team, East Wandsworth CMHT and Putney and Roehampton CMHT. The expansion of the IPS service is aligned to the NHS Five Year Forward View's pledge to double access to IPS across the UK by 2020/21.
- **Children and Young Person's Trailblazer/Whole School Approach:** Funding has been received from NHS England under the Children and Young Person's Trailblazer programme for mental health support teams in Merton, Sutton and Wandsworth. This is one of 25 pilots in the country. Mental health support teams will work with schools, children and young people and their parents with the aim of ensuring they are well equipped to have healthy and honest conversations about emotional wellbeing – as well as connecting them to local services. The trailblazer mental health support teams will offer both one to one support and group treatment sessions for children and young people and, where needed, provide referrals to specialist child and adolescent mental health services (CAHMS). In addition our local CCGs are providing funding and support to support children and young person's wellbeing across all five boroughs that the Trust serves.
- **Liaison and diversion (L&D) services:** The Trust was commissioned by NHS England to provide all liaison and diversion support in south west London. L&D is a process whereby people of all ages arrested by the police, are assessed and those with mental health concerns, learning disabilities, substance misuse problems and other vulnerabilities are identified as soon as possible.
- **Kingston Hospital Mental Health Assessment Unit (MHAU):** The Trust has been funded to provide staff to manage Phase 1 of the Kingston Hospital MHAU for three beds from 24 December 2018. The MHAU provides space for an extended assessment and interventions for those attending A&E in mental health crisis. The Trust is working with commissioners for the extension to six beds in Phase 2 in August 2019.

The Trust has continued participation in all five place-based integration programme in south west London including Kingston Co-ordinated Care, Wandsworth Transformation, Merton Health and Care Together, Richmond Health and Care and Sutton Health and Care.

The Trust continues to be part of the South London Mental Health and Community Partnership (SLP) along with Oxleas NHS Foundation Trust, and South London and Maudsley NHS Foundation Trust (SLAM) and the collaboration continues to improve quality, outcomes and efficiency.

The SLP has continued to deliver new care models for a second year for the following services:
- Forensic mental health services
- Specialist child and adolescent mental health services

The Trust was successful in a tender for the new Merton primary care mental health service (Merton Uplift) which brings together IAPT, primary care mental health recovery and mental health wellbeing as one service. The Trust worked to mobilise the service for start on 1 April 2019. Additionally, the Trust agreed to integrate the physical health learning disabilities service in Wandsworth with its existing mental learning disabilities service to be delivered as one service. This service also transferred on 1 April 2019.

Acute and Urgent Care Service Line

The Acute and Urgent Care service line embraces all acute inpatient, home treatment, urgent care and psychiatric liaison services for working-age adults, along with related services such as perinatal psychiatry, inpatient rehabilitation, and ECT. It was formed from parts of the former borough directorates (Wandsworth, Merton and Sutton and Kingston and Richmond) and specialist services directorate, with the new Urgent Care services and those services that had been linked in the Acute Care Pathway Programme at its core. Research and experience elsewhere has shown that acute and urgent psychiatric services thrive best when brought together to allow them to support and learn from each other, and to produce a single pathway of care for any working-age adult needing more than ordinary community support. The improvements in care quality seen across the service line in its first two years of existence bear this out.

Achievements
- Lilacs Ward at Tolworth Hospital moved in January from its old and decaying premises into newly refurbished accommodation in the Acacia building, fulfilling a longstanding aim to reduce from 23 to 18 beds as it did so, bringing it into line with CQC and Royal College guidelines for acute wards. Patients and staff report being extremely pleased with the new ward, which facilitates a much higher standard of care.
- The success of the Recovery Cafés in Wimbledon Chase and Tooting Broadway in their first 18 months of operation has been recognised by commissioners, and the contract for these services has now been extended. Between them the Cafés receive over 1,300 visits a month; they are highly valued by customers, and reduce the number of people needing to attend A&E or be admitted to a psychiatric ward. A third Recovery Café is proposed for Richmond in 2019/2020.
- Many other teams across the service line have also demonstrated excellent or even outstanding performance in internal Care Quality Reviews and external assessments by the Care Quality Commission. More teams in the Service Line won Quality Awards this year than any other service line.
- The service line has successfully completed the Bed Capacity Project, which has strengthened its bed management team and facilitated more efficient use of beds. This has been a major factor in the success so far in reducing ward sizes towards a maximum of 18 beds as part of the Estate Modernisation Programme – and has been fully self-funding, as the project has brought in additional income from commissioners for some of our most vulnerable patients.
- During the year, the service line won a bid for a greatly enhanced Perinatal service, which is now opening up and recruiting staff from all disciplines, and beginning to start

work across St Helier, St George's and Kingston Hospitals, and multiple community sites around south west London. This service will make a huge difference to pregnant women and new mothers in Merton, Sutton, Kingston and Richmond in particular.

- The service line successfully bid for over £100,000 in 'winter pressures' funding which has allowed us to deliver enhanced urgent care services during the winter, reducing the pressure on local A&E departments.
- Since last year the service line has further reduced its dependence on expensive agency staff, to well under 3% of staff. At the same time we have reduced the staff vacancy rate across the service line.

Improvements

Service developments during 2018/2019 include:

- The CQC rated all areas of the service line as 'Good' in its 2018 inspection, with particular improvements noted on Phoenix Ward and on our acute wards.
- We have launched the Fundamental Standards of Care Programme to enhance the skills of staff in wards and teams across the service line, particularly in the basic areas that matter most to patients and their families.
- We have participated in the south London 'Blue Light' scheme for facilitating rapid access to urgent care for people detained by the police or in the care of the London Ambulance Service.
- The award-winning nurse-led Lotus Psychiatric Decision Unit (PDU) has expanded into larger, refurbished accommodation allowing for separate male and female areas, and has increased the proportion of patients who are able to return to the community with enhanced support: over 75% now return home, instead of needing admission to hospital. It has been the major contributor to reductions of 48% in informal admissions and 37% in short (0-5 day) admissions. It also receives excellent patient feedback.
- All patients across the service line are now followed up within 48 hours of discharge, a major step towards reducing the risk of suicide in the high-risk period after discharge, as identified by the National Confidential Inquiry into Suicide and Safety in Mental Health.
- We have fully implemented the 'Core 24' funding provided by commissioners, to increase the capacity of liaison teams in St George's Hospital, St Helier Hospital and Kingston Hospital. The increase in use of A&E has substantially increased the numbers of people assessed by these teams.
- We have reorganised our street triage service to match the reconfiguration of police services in our local area, and to facilitate them making the best use of street triage practitioners.
- All wards now have a dedicated link senior psychologist, and the availability of psychological assessment and treatment planning, as well as reflective practice and other support sessions for staff.
- Our rates for 'delayed transfers of care' (DToCs, causing people to wait to move to the next stage of their treatment) are now at a historic low of 2.6% approaching the end of the year.
- We have placed a contract with East London NHS Foundation Trust for the provision of psychiatric intensive care for women, giving stability to this service while the SLP investigates options for increasing female PICU services in the local area.
- Enthusiastic engagement across the service line in the Trust's Quality Improvement Initiative, with a total of 13 QII projects led by larger numbers of specially-trained staff across acute and urgent care teams covering areas from reducing medicines waste, to improving shift handovers, to reducing restrictive practices.

- Success in the Safety in Motion QII project in particular, with the reduced rates of violence on wards achieved earlier in the project being sustained over time.

- We are taking part in the SLP Adult Care Programme, a transformational programme moving away from a reactive, crisis-driven model to a predictive approach that forecasts and manages demand through effective use of all resources that exist in all three south London mental health Trusts, with more integrated inpatient–community pathways and services.

Challenges
- Pressures on acute beds have continued to mount because of demographic changes and inherent demand; at the same time, the increased acuity of patients on average (largely because many people who would previously have been admitted are now treated in new urgent care services such as Lotus PDU and the Recovery Cafés) has made it very difficult to reduce average length of stay during admissions as we had planned.
- This has led directly to substantial financial pressures, as some patients have had to be treated in external beds at the Trust's expense, and the increased acuity has meant increased costs from treating more people in intensive care units, and more patients on acute wards have required 'specialling' (additional 1:1 nursing observation and engagement).
- Agreement has not yet been reached with commissioners on funding for the gaps found in recent analyses, between demand for and capacity within home treatment, liaison, urgent care and rehabilitation services.
- Staffing remains a considerable challenge, with difficulties in the labour market for health professionals being exacerbated by the impending departure of the United Kingdom from the European Union.

Next steps
- Continued engagement with commissioners to ensure services are funded in line with parity of esteem monies.
- Complete the Demand, Efficiency and Quality Programme, a suite of ongoing projects designed to ensure the service line is ready for the new wards to be delivered as part of the Estate Modernisation Programme.
- Embed the pilot enhancements of our discharge co-ordination team and Acute Care Co-ordination Centre.
- Implement the Intensive Care Outreach Project, designed to reduce the need for patients to receive intensive care, by intervening earlier in their care pathways.
- Continue to improve the career progression opportunities for staff within the service line.
- Focus on ensuring physical health assessment and ongoing monitoring is provided consistently and to the highest standard.

Cognition and Mental Health in Ageing Service Line
The Cognition and Mental Health in Ageing service line (CMHA) manages all the Community Older People Mental Health Services across the five boroughs of the Trust, plus two Older People inpatient wards at Springfield and Tolworth Hospital. Many of the patients seen have dementia, but a significant number of older people also experience depression, anxiety and other mental health problems which are assessed and treated within CMHA services. The move

to service line management has strengthened governance, cross borough learning, staff involvement, service development and improvement initiatives.

What we are proud of - key achievements
- Crocus Ward at Springfield Hospital underwent significant building works over the summer/autumn of 2018 to eliminate all shared dormitories. The ward has been reduced from 21 to 19 beds, all single occupancy rooms in separate gender bedroom areas. Building works have also enabled the ward to have a small waiting area for visitors, prior to entering the ward. The ward has had several visits from Trust executives and non-executives and the clean, fresh environment has been highly commended as well as the calm atmosphere.
- Both our inpatient wards had Mental Health Act CQC visits in the last year and received very positive feedback. For Crocus Ward, comments received were that staff were "approachable, patient, caring and responsive". Patients and carers were very positive about the ward, there was evidence of activities, improvements in care plans and a positive change in the environment. For Jasmines Ward the report stated that the ward was clean, bright and well maintained, staff were observed positively engaging in various activities with individual patients and in small groups and patients were assisted to maintain contact with family and carers, who were encouraged to attend ward rounds and CPA meetings.
- Our Trust has the third lowest number of Older People's mental health inpatient beds per weighed population across the whole of England. The service line continues to manage the inpatient beds well; bed occupancy and length of stay remain stable and there has been no need for purchase of beds from other providers over the last year.
- We are proud to be able to offer strong community mental health services, allowing patients to be treated in their preferred place of residency and in the least restrictive environments. The service line continues to perform well on a number of important performance indicators, including supervision of clinical staff, low use of agency staff and a high number of patients seen within 28 days of referral.

What improvements have taken place?
Service developments during 2018/2019:
- The service line has contributed to a number of quality audits, including the new care record audit which is designed to improve the quality of risk and collaborative crisis plans and care planning. A recent audit on the clinical processes across our Memory Assessment Services, acts as a baseline assessment in our work towards improving the timeliness of dementia diagnoses and post diagnostic care.
- The service line has been actively involved in the south west London Sustainable Transformation Plans (STP) on dementia. There have been three main areas of focus which will have an impact on the dementia pathways and dementia services across the five boroughs; 1) a proposed NHSE target for people to get their diagnosis of dementia within six weeks of referral to a Memory Assessment Service. 2) Robust expertise, pathway and support services for people with Young Onset Dementia 3) Post diagnostic care planning and ongoing community support.

- Care Planning standards have been introduced into CMHA services.
- 'Triangle of Care' (ToC) has been relaunched within the service line as an initiative to ensure a working collaboration, or 'therapeutic alliance' between the patient, professional and carer that promotes safety supports recovery and sustains wellbeing.

All teams and wards have completed their self-assessments against the Triangle of Care practice standards. Many ToC areas of practice are self-rated as green.

- A training programme, run by our CMHA medical colleagues was developed and delivered to our Dementia nurse specialists to upskill and support them in the delivery of dementia diagnoses.
- All staff have been required to complete a newly introduced dementia awareness eLearning training.
- The service line has welcomed the Nursing Preceptorship Programme into community based services and the Nursing Associates Programme in our inpatient wards.
- Two main QII projects within the service line have continued to progress; our falls project is at the stage of testing out initiatives to reduce the frequency of falls on our inpatient units, including the use of falls alarm systems and a RAG rated falls risk assessments of all patient bedrooms. There is also a service line Quality Improvement Initiative which has successfully trialled clinician and patient driven outcome and experience measures on our wards.
- The CMHA inpatient units are engaged in the Safety in Motion QII project which is aimed at reducing violence and aggression and restrictive practices on the wards.
- Regular dashboard sessions with teams and team managers run by our Performance Analyst have resulted in improvements in a number of KPIs across the service line, particularly within the community teams.
- We have recruited into some key posts including Jasmines ward manager and consultant psychiatrists in Kingston and Richmond.
- On the back of a successful pilot, Kingston CCG has agreed to continue to fund a substantive part-time Dementia nurse specialist to work alongside GPs in improving screening and referrals for early diagnosis of dementia.
- The service line has continued to run quarterly learning events open to all staff to attend. Some topics covered this year have been safeguarding, Triangle of Care, prevention of falls, services pathway mapping, CQC preparation, staff survey results and actions, restrictive practice, care planning and CPA, NEWS (Physical Health assessment).

What have been the biggest challenges?
- Workforce issues continue to be one of the biggest challenges, particularly staff turnover and recruitment to key vacancies. The services have a number of staff who will retire in the near future. This will require ongoing work via our recruitment and retention strategy to ensure that posts in the service are attractive for newly qualified professionals. As well as creative recruitment, this requires the service line to ensure that staff feel supported and also able to develop specialist skills in working with all aspects of the care of older people with mental health conditions, in particular expertise in physical health issues.
- The number of patients requiring 'specialling' (additional 1:1 nursing observation and engagement) on our inpatient wards has contributed to additional financial pressures.
- Obtaining CMHA patient and carer feedback has been a challenge for a number of reasons this year which has resulted in a lack of patient commentary especially about our community teams. The service line continues to seek patient opinion via paper based questionnaires whilst we await the relaunch of a new Real Time Feedback system which will be better tailored to our patients and carers.

What is planned to do next year (next steps)
- CQC Always Ready preparation is an ongoing focus for the service line in anticipation of an inspection of CMHA services this year.

- Reducing unwarranted variation across our community based services will be a main focus. This will require internal audit, process mapping and fundamental standards of care, but also discussion with our key stakeholders about service delivery options in each of our five boroughs.
- Develop a plan to provide regular psychology provision for the CMHA inpatient wards
- Ensure all teams and ward staff have access to regular reflective practice groups.
- Ensure all clinical staff undergo more advanced eLearning training in dementia and in recovery focused approaches for older people with mental health problems.
- Continue to review admin provision and gaps across the service line
- Continue to improve patient and carer co-production/involvement within the service line, including improved quantity of feedback and the development of a patient / carer reference group
- Complete QII projects on reducing risk of falls and patient reported outcome measures
- Deliver training on behavioural and psychological symptoms of Dementia to all clinical staff in the service line.
- Continue partnership working with the SWL STP dementia programme in the delivery of the three key dementia work-streams (improving timely diagnosis, Young Onset Dementia services and post diagnostic care/care planning)
- Review the CMHA recruitment and retention plan to ensure that we continue to address staffing issues.
- Extend the QII project on outcome measures into our community based services.

Community Service Line

The community service line provides secondary care mental health services to Sutton, Merton, Kingston, Richmond and Wandsworth, and primary care mental health services to Sutton and Wandsworth. We work with our third sector partners to provide addiction services in Sutton. We provide care and recovery focused interventions for a range of mental health disorders, including anxiety, mood disorders, personality disorders and psychosis. Service lines allow us to strengthen our governance arrangements, and develop our care pathways.

What we are proud of – our achievements

The CQC visited the Trust in 2018 and reported that that the Trust has made considerable improvements since the last comprehensive inspection in March 2016. They said that our community-based mental health services for working age adults had improved their ratings overall and/or in individual key questions. Our community and rehabilitation services are now rated as GOOD in all domains, which is a real achievement for the community service line, and is something which we are very proud of!

The CQC rating was further validated by the result of the 2018 CQC Community Survey. The 2018 survey of people who use community mental health services involved 56 providers of NHS mental health services in England. The CQC published the survey on 21 November 2018, which looked at the experiences of people receiving community mental health services. The Trust benchmarked well, and achieved 9th out of 56 other Trusts across the country and was top in London for a number of domains, including the organising, planning and review of care, and on overall experience.

Overall experience. CQC Community Survey 2018
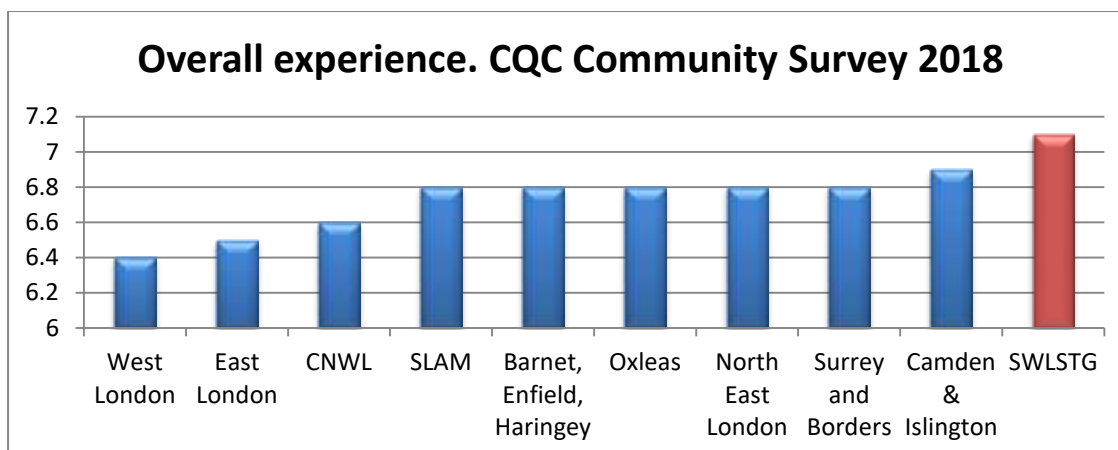
In January 2019 we were informed the Trust had been successful in being named the preferred bidder in the Merton IAPT, primary care mental health and wellbeing tender. We are very pleased with this outcome, and the new service, Merton Uplift, opened in April 2019. This will provide a much needed primary care mental health and wellbeing service in Merton, operating in a similar way to our other successful service, Sutton Uplift.

In January 2019 we were also awarded a direct contract to manage the Wandsworth Community Physical Health service for Learning Disabilities and this will enable us to deepen the integration between the physical health and mental health teams for Learning Disabilities in the borough. The staff transfer into our organisation on 1 April 2019.

What improvements have taken place?

- We have continued to improve our IAPT services, with the development of a new strategy for the treatment of long term conditions. We have worked on reducing our waiting times and have established a new wellbeing service in Wandsworth. Performance across the services has been good for the year overall.

- We have continued the roll out of Wandsworth Primary Care Plus (PCP) service. This is a primary care service which provides a recovery focused model of care, through the use of low intensity interventions to support self-management. The team supports people with mental health conditions to attend their annual physical health review, and to support GPs with physical health monitoring. Feedback has been very good from patients, GPs and the commissioners in the pilot area and it is being extended across the other wards in the borough.

- Serenity Integrated Mentoring (SIM) is a model of care which provides high quality care with compassionate consistent behavioural boundary setting to reduce harm, promote healthier futures and reduce repetitive patterns of crisis impacting on 999 and other emergency care teams. This is a high impact model of care, and has shown to be twice as effective as street triage in reducing s.136 assessments. We are pleased that we have been able to establish SIM workers in four out of five of our boroughs.

- Think Family initiative continues to go well in Merton borough. This is a joint initiative with Merton Children's Services, which employs a specialist child safeguarding nurse as a link across both services; a programme of training for staff in both services together, to enable greater understanding of working with children of parents with mental health problems and will be running workshops for managers on working together according to a joint protocol.

- We have been working with commissioners in Kingston to establish a personality disorder service, and are recruiting into posts which will provide specialist personality disorders interventions.
- We have transferred our Wandsworth community rehabilitation supported houses to a third sector provider and have redesigned our rehabilitation services to incorporate them with our community mental health teams.
- Our welfare benefits services are now working in greater collaboration with Citizens Advice Bureau and generic providers in Wandsworth.
- Substantial improvements have been made to a number of our teams. Working with our partners Cranstoun, we have seen developments in Sutton Inspire, which include the establishment of Hepatitis C treatment clinic on site, a sexual health clinic and a wellbeing group, provided by Sutton Uplift. We have realigned our Sutton recovery support teams which has had a significant impact on improving the quality of care provided, and the delivery of our key performance indicators (KPIs). The East Wandsworth Recovery Support Team has demonstrated a significant improvement in quality following the successful completion of an improvement plan.
- We continue to support Quality Improvement Initiatives, embedding quality improvement into the culture of the service line. We successfully completed the cardio-metabolic assessment project, which demonstrated a dramatic improvement in the monitoring and treatment of abnormal cardio-metabolic parameters. This last year has seen a focus on the Care Programme Approach (CPA), in particular improving the quality of the annual CPA meeting. We are in the process of rolling out DIALOG, which is a patient reported quality outcome measure (PROM), which will ensure that the patient's voice will be at the centre of the care planning process.

What have been the biggest challenges?
- Many of our teams are challenged to meet the demands placed on them. In 2018, the five south west London CCGs (Kingston, Merton, Richmond, Sutton and Wandsworth), with the Trust, commissioned PPL to undertake a review of demand and capacity of community mental health services in the five boroughs, and to assess the capacity and the sustainability of services to meet current and future anticipated demand. They identified that a number of the teams are working over capacity (under resourced based on caseload sizes), including the assessment teams in Kingston, Richmond and Merton, the ADHD/ASD services in Merton, Sutton and Richmond, the recovery support teams in Sutton, Kingston and Richmond and Wandsworth and Merton early intervention teams. We are working with our commissioners to address these challenges, and look forward to developing our services to meet the growing demands and pressures.
- Recruitment and retention has been a particular challenge for many of our community teams. We continue to involve all our teams in being creative to try and attract people to join our Trust. We offer a range of exciting clinical services to staff including recovery and support, single point of access, early intervention for psychosis and personality disorder. We engage with our team managers through weekly conference skype calls to support ongoing recruitment and work closely with our HR Business Partners to address these challenges. We offer our staff a wide range of choice in which of the five boroughs they would like to work, flexible working conditions, travel supplements, professional and educational developmental support. We recently were awarded first prize by the Nursing Times for our nursing recruitment and development programme, where we worked closely with our colleagues in Oxleas and SLAM as part of the South London Partnership.

What is planned to do next year (next steps).
- Fully embed the Recruitment and Retention plan within the service line and contribute to the Nursing Preceptorship and Development Programme.
- Look at our pathways for people with psychosis and personality disorder
- Implement the new Care Planning Standards within the service line, and roll out DIALOG
- Work in collaboration with commissioners to address demand and capacity shortfalls, and to improve the quality of service we provide.
- Develop the role of independent prescribers and non-medical prescribers in our services
- Develop clozapine services across the five boroughs to improve our offer of support with physical health management.
- Improve patient and carer co-production/involvement
- Complete QII projects on improving risk assessments.
- We will be integrating the Wandsworth Community Physical Learning Disabilities team with the Wandsworth Mental Health and Learning Disabilities team.
- We will be developing our Recovery College further to increase the offer to adults in secondary care and primary care services.

Forensics, Specialist and National

The Forensic Specialist and National (FSN) service line was created from the Specialist Services directorate. The service line includes the forensic service, the deaf service, adult eating disorders, obsessive compulsive / body dysmorphic (OCD/BDD) and neuropsychiatry services. The adoption of service lines by the Trust means that one leadership team can review and manage the governance of the array of services within the service line and relationships with commissioners, primarily NHS England, and other stakeholders.

What we are proud of - key achievements
- All services inspected by the CQC and the Royal College Quality Network in the past year have resulted in positive reports with 'good' ratings.
- A comprehensive review of the eating disorders service was conducted in 2018 leading to improved patient pathways, the appointment of a nurse practitioner, full recruitment of qualified nursing staff, and improved patient experience. The review places the service at the forefront for adoption of a New Models of Care approach to eating disorders services in south London.
- The forensic service continues to participate in the South London Mental Health and Community Partnership (SLP) wave1 New Models of Care (NMoC) pilot. The Partnership includes our Trust, SLAM and Oxleas NHS Foundation Trust. Over the past year the forensic service has led and participated in several successful initiatives within this pilot. These include expansion of the Trust forensic outreach service and repatriation of patients from independent sector secure units to SLP beds. The forensic service engages in a rich array of partnership working and learning across the SLP. These include an annual conference and learning events e.g. restrictive practice, peer review of cases and services. Quality summits are planned throughout 2019. Business cases for quality initiative projects addressing substances misuse, trauma informed services, and carer engagement have been approved and are being progressed. Other planned service developments across the partnership include a step down hostel for women, a clinical decision unit and expansion of low secure beds for men.

- The Trust Liaison and Diversion (L&D) service, based at local police stations and the magistrates' court has been expanded following investment from NHS England. This service has been incorporated into the L&D pathway of the SLP New Models of Care suite of pathways.
- Following investment from NHS England, the neuropsychiatry service has expanded, including the planned recruitment of an additional consultant psychiatrist in 2019. The service has developed new treatment groups for functional neurological disorders and has published this work in high impact peer review journals.
- The OCD/BDD continues to over-perform in terms of meeting demand for inpatient and community treatment for this patient group. A business case for treatment of hoarding is being progressed. The service has led on publications in high impact journals. The clinical lead for OCD/BDD also published a book titled 'Obsessive Compulsive Disorders: All you want to know about OCD for people living with OCD, Carers and Clinicians'
- The Deaf inpatient unit (Bluebell ward) has been successful in recruiting several Deaf RMNs, HCAs and band 6 nurses. A stakeholder event was held in November 2018 and the ward received an outstanding rating following a 15 step visit in December 2018. The Deaf service participated in a successful networking meeting with other national providers in January 2019. A Quality Improvement Initiative (QII) to improve patient involvement is being led by the Deaf community service (DACT) and staff from this team (CPN) have presented at a national conference.
- Since its formation, the service line has dramatically reduced its dependence on expensive agency staff. At the same time we have reduced the staff vacancy rate across the service line to its lowest at 11.8% in January 2018 compared to 20% in March 2017.

What improvements have taken place?
- As described earlier, participation in the SLP wave 1 NMoC pilot led to a variety of improvements in service organisation and delivery, patient experience and standardisation of practice. These include repatriation of patients from secure services located at significant distance from the catchment area and their families to local secure services, or step down to community facilities closer to home. All forensic referrals are now processed through the single point of access via the SLP Hub and thereafter by the most appropriate pathway team.
- New treatment groups for functional neurological disorders have been embedded in the neuropsychiatry service with positive outcomes.
- There has been enthusiastic engagement across the service line in the Trust's Quality Improvement Initiative (QII), with a total of 14 projects led by specially-trained staff across FSN teams covering areas from setting up a patient forum across the adult eating disorder service, use of technology for court appearances to improve access at the magistrates court, improving assessing risk to reduce aggression and violence on inpatient wards, improving shift handovers and reducing restrictive practices. The 'Preparing for University' group designed and run in the adult eating disorders service was presented as a poster at the SLP QI conference in November 2018. The priority project for the service line is focused on improving the day to day experience of staff by reducing bullying and harassment. An initial in-depth survey has drawn a response rate of 33% of staff and provides a robust foundation for the next phase
- Implementing a new information system and set of partnerships with local authorities to minimise DToCs.

What have been the biggest challenges?
- Staff recruitment and retention presents the greatest challenge.
- Financial pressure arising from underachievement of the Named Patient Service Agreement (NPSA) income target.

What is planned to do next year (next steps)
- Continue to engage in the SLP forensic wave 1 NMoC developments. These include plans to develop a clinical decision unit for new admissions to secure services within the partnership, expansion of low secure beds and the step down facility in the community for women discharged from secure services, quality improvement initiatives and standardisation of the delivery of L&D at police stations and the courts across the SLP footprint.
- The expansion of the FOS in 2018 will be maintained aimed at reducing patients' length of stay in secure services.
- Bed numbers in the eating disorders inpatient unit will be maintained at 20 to mitigate against acuity and to provide ongoing positive patient experience.
- The NPSA target will be reviewed and the marketing strategy will be aggressively implemented.
- Targeted recruitment of nursing staff to the service line
- Improve the career progression opportunities for staff within the service line.

Child and Adolescent Mental Health Services (CAMHS)
The CAMHS service line was created from the Community CAMHS Directorate and the CAMHS services within the Specialist Services Directorate. This means there was consolidation of CAMHS expertise and management of the services with the Trust adopting service lines and that one leadership can review and manage the governance of the services and relationships with stakeholders.

What we are proud of - key achievements
South London Partnership (SLP) CAMHS New Model of Care – has opened a CAMHS PICU so young people no longer have to be sent out of area/ away from London to access intensive care. CAMHS bed management is now operating for all of south London 24/7 providing swifter access to beds, repatriating young people when they have been in units at a distance. The average distance from home for young people in CAMHS inpatient beds is now seven miles (compared to over 70 a year ago). Bed management has also reduced pressure of direct enquiries to the wards, so nurses have more time to care for the young people.
- CAMHS Emergency Care service – now running extended hours so covering key period after school when many young people experience higher levels of stress and more of them attend A&E. This has been possible through attracting funding from winter pressures and through SLP investment.
- Adolescent Outreach team expansion – now also running evenings and weekends to provide more support to families when a young person is in crisis and care at home is provided to avoid an admission. This is showing excellent outcomes, very much valued by families and is reducing admissions and lengths of stay.
- The Trust has established a CAMHS single point of access (SPA) in every borough now, with the newest ones in Kingston and Richmond where they are co-located with the social care single point of access and multi-agency safeguarding hub, enabling strong multi-agency links at an early stage in reviewing the needs and right response to a young person.

- The CAMHS borough Tier 3 teams all use patient reported outcome measures to track improvement, these are showing really positive outcomes with young people having significant improvements across all symptom areas, from the before and after scores on the RCADS (Revised Child Anxiety and Depression Scale), showing levels dropping to within normal range.
- Limes College service - Developed an enhanced psychology and psychotherapy service in Limes College and a group of schools. Following a joint review between Sutton CCG and Limes College, a decision was made to approach the Trust to provide this service. This is a direct psychological inreach service to schools in Sutton.
- Self-Harm project in Sutton - The project was implemented recurrently following a successful six-month pilot. The service introduces a psychologically informed approach to the self-harm pathway and offers an opportunity for further growth/closer working with our partners in the local authority, schools and the CCG.
- Sutton locality social work - This service was confirmed, following a successful pilot. The psychologists work with Sutton local authority (LA) social workers to strengthen their understanding of mental health issues, to develop the social work staff to manage cases in a psychologically informed approach. The main aim of this project is to promote robust case management, team support with rapid throughput and deliver positive outcomes for young people.
- Children Wellbeing Practitioners (CWP) services – There have been successful bids and implementation of CWP services in Wandsworth, Sutton, Richmond and Kingston. There are now over 20.0 wte staff in these teams.

Average First and Last T-Scores
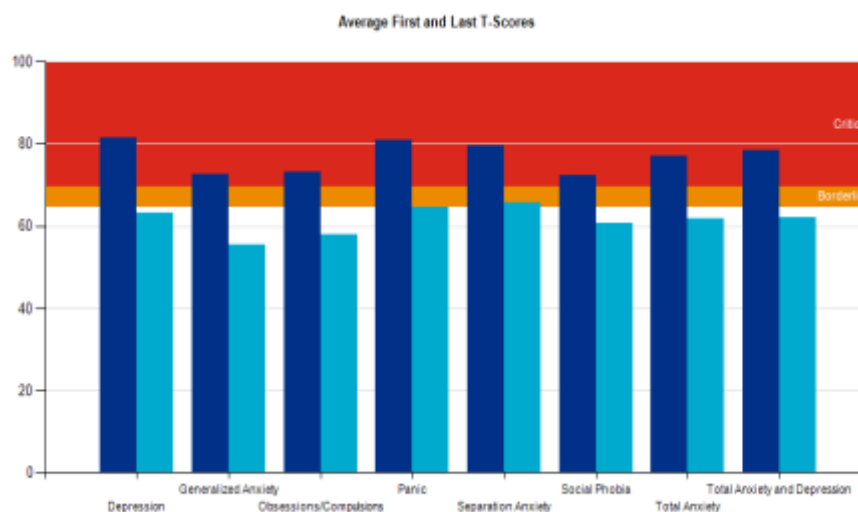
What have been the biggest challenges?
- Recruitment has been challenging. Some of the investments are short term and these are proving challenging for recruitment.
    - Middle tier doctors have typically been recruited from a pool of overseas doctors and there have been fewer doctors coming to the UK due to visa restrictions and uncertainties about Brexit. There was a period through November and December when the CAMHS wards had to restrict admissions due to lack of medical cover. We are seeking to restructure the posts and continue advertising.
    - Community psychological staff are very much in demand and these posts are challenging to recruit to. A review is underway to ensure a more robust skill mix which meets the needs of the services and to facilitate recruitment.

- Service and clinical pathways need to be reviewed and refreshed in light of the new services. The impact on existing services with new interfaces/synergy will need to be considered.
- Early help and Tier 2 services - There will be further developments with the implementation of the Green Paper. In order for the Trust to meet expectations in the delivery and development of services, there is a need to strengthen our relationships with stakeholders; the local CCGs, schools and local authority commissioners. It is especially important to work in partnership with stakeholders to influence the direction of investment and explore various opportunities for new funding.
- The success in increasing our services through bids and increased investments has provided the CAMHS service line management with significant pressures and the capacity needed to sustain this level of service and growth is being reviewed with the Trust Executive.
- There remains a disparity of funding across the five boroughs in terms of the investment in children's mental health services and the Trust is working with the CCGs and the South West London Health and Care Partnership to address these concerns about inequity.

What is planned to do next year (next steps)
- Mental health in schools: Trailblazer - the Trust is establishing teams to work in a cluster of schools in Merton, Sutton and Wandsworth. This will provide interventions form children's wellbeing practitioners ensuring more children access help at an early stage.
- Neurodevelopmental Disorders team – this team provides diagnostic assessment packages for children and young people where there are concerns about attention difficulties or social communication functioning and has had continuously increasing demand since 2014. The boroughs are now establishing local services to see children where there are not concerns about complex presentations or mental health co-morbidities and we now have commitment from the CCGs to meet the demand.
- Through the SLP we also have secured funding for a pilot of outreach in the eating disorders service; providing intensive support to families when the young person is very unwell.
- CAMHS eating disorder service – There is ongoing working in partnership with CCGs and STP in the developing the current provision to the national standard and to manage current demand with sufficient capacity.
- Sutton Alliance – The re-tendering process for this service will commence in summer/autumn of 2019. The current contract which terminates 2019/20. The Trust is working closely with LA/CCG to review pathways and service provision.
- Extension of the Children Wellbeing Practitioners (CWP) Services – Current discussions are taking place to extend the CWP services which terminate following 12 months, in Sutton, Richmond and Kingston.
- Merton ADHD service – A new pilot in Merton for ADHD pathway service will be piloted for 12 months from April 2019.
- ADHD post diagnostic parenting programme in Merton (starting April 2019)
- Additional funding agreed for CAMHS youth offending team 0.5 family therapy provision
- Recruit to Train (RTT) delivery – A review of all the RTT service across the boroughs will be conducted. This is to confirm robust coordinated planning and identify gaps which will be discussed with CCGs.

Estate Modernisation Programme

The Estate Modernisation Programme (EMP) is an exciting project which will revolutionise the way mental health services are delivered in south west London for generations to come and will also provide new facilities for our local community. Most of our existing mental health inpatient facilities were not designed with today's needs in mind. Many buildings are expensive to maintain and do not provide a supportive environment for our patients and carers. We need modern mental health inpatient facilities that are fit for purpose, give people the best chance to recover in the best environment, support staff to deliver high quality care, and are sustainable for the NHS in the long term.

The programme will be primarily funded through selling surplus land no longer needed for our services. Our investment will deliver:

Springfield: this development will deliver the highest standard of mental health care facilities, along with housing and leisure facilities for the local community, including:

- A new hospital and clinical accommodation
- 839 new homes (including 168 affordable homes)
- A 32 acre park
- Restoration of the Grade II listed buildings
- £5m investment in local transport infrastructure

The new 32 acre public parkland named Springfield Park is due in 2022, includes open space and facilities for sports, fitness trails for rehabilitation and general exercise, play areas, an amphitheatre, formal gardens, and woodland and wetland wildlife areas.

Tolworth Hospital: this will be another centre of healthcare excellence delivering high standard mental health facilities. Additionally, more than £500,000 will be invested to improve local transport and access to the site.

The first stage of the development has already been completed with 26 new homes delivered on the Springfield site, and significant investment taking place at Tolworth as part of our capital programme.

The Trust is completing the final stage of the procurement process for this once in a lifetime opportunity to build new state-of-the-art mental health provision in South West London.

The Trust has appointed the Springfield and Tolworth Estate Partnership (STEP), a 50/50 partnership between Kajima Partnerships and Sir Robert McAlpine Capital Ventures as Preferred Bidder/Master Developer and we are now in the process of obtaining central Government approval for the EMP to progress to the construction stage, which we hope to achieve in Summer 2019.

Site disposals: The Richmond Royal and Barnes Hospital sites are currently underused and their condition and design make them unsuitable for modern mental health services. We will be retaining a presence at Richmond Royal and intend to still provide high quality services from the site in a refurbished setting.

At Barnes Hospital, we will continue to deliver existing services and we are currently working with Richmond CCG and Achieving for Children to develop additional community uses at the site such as the delivery of an SEN school and community healthcare. The remainder of the site is proposed to be used for providing new housing and the Trust has submitted its' proposals for an outline planning permission to Richmond Borough.

All surplus funds raised from these sales will be redirected into the building works at our two hospital sites at Springfield and Tolworth and our frontline services across the five boroughs we serve.

Research and Development (R&D)

The Research and Development department is now in the third year of implementing its five year Research and Development strategy, marked by a period of growth and development in line with its key objectives. These are:

- continuity of robust leadership across the research disciplines;
- embedding of research and development within the Trust's overall strategy;
- achieving this through wider stakeholder engagement; and
- promoting a cultural shift towards research engagement for the Trust through staff support and education.

The key considerations in determining priorities relate to the alignment with the Trust strategy, the capacity and infrastructure to support research and development, the necessity to develop a solid business case, and the amount of funding available. In particular, we have continued to focus on:

- promoting patient engagement and collaboration
- networks for new external cooperation
- strengthened key relationships with the London Clinical Research Network and with St George's University of London (SGUL)
- reviewing the infrastructure sustaining the work of the clinical research unit, and
- a successful business case to take us into the new year with confidence.

The Research and Development committee provides strong multidisciplinary leadership, with membership covering social and community psychiatry, learning disability, child and adolescent mental health, workforce training and education, psychology, pharmacy and patient representation.

We remain committed to ensuring patient participation in research, and   in particular the Peer Expertise in Education and Research group (PEER) from SGUL continues to support both research and dissemination through patient and public involvement and engagement initiatives.

We have continued to promote engagement in research at all levels in the Trust and are now focusing on encouraging the development of new principal investigators (PIs), setting up regular training events together with the Clinical Research Network. We have also submitted a successful bid towards the funding of a new PI under the 'Green Shoot' programme run by the CRN.

In partnership with SGUL we are completing the ENRICH project and are preparing to undertake major studies on sustaining recovery and also integrated themes of physical and mental health outcomes. The department has further sought and initiated collaborations with the Universities of Cardiff, Manchester, Southampton, East Anglia, Newcastle, as well as London-based research centres at Roehampton University, King's College London, and Imperial College London. We have also worked with our research and development colleagues from the 'smaller partner' group of Trusts under LCRN: south London (SWLSTG, Oxleas, Kingston and Croydon) and have together established a momentum of collaboration which is beginning to bear fruit as we start engaging in a jointly managed research project on the national portfolio dedicated to the study of care in dementia.

The Clinical Research Unit in Barnes now serves Trust-wide phase II-IV trials, commercial and non-commercial, across all ages and specialties, and key managerial responsibilities have been devolved through the separate offices of a) research governance and b) strategy, business and finance, the latter led by a clinical trials manager, a newly created role.

The outcome of the intense work undertaken is reflected in performance indicators. The overall research activity for 2018/2019 has exceeded that of 2017/2018, with 289 patients recruited into local portfolio (i.e. national multicentre) studies.

The 2018/2019 research portfolio comprised:

46 multicentre national portfolio studies, of which 3 commercially funded;

4 academic studies

9 locally generated, unfunded or pilot studies.

Key examples of research for the period 2018/2019 include:
- SYMBAD: Study of Mirtazapine or Carbamazepine for Agitation in Dementia;
- TRIANGLE: A novel patient and carer intervention for Anorexia Nervosa;
- Mood mAPPer: Validation of a Mobile Phone App to track Moods and Mental States in Young Persons with ADHD;
- ECLIPSE research programme: building resilience and recovery through Enhancing Cognition and quality of LIfe in the early PsychosEs;
- A Randomized, Double-Blind, Placebo Controlled, Two-Period Cross-Over, Proof of Activity Study to Evaluate the Effects of TAK-041 on Motivational Anhedonia as Add-On to Second Generation Antipsychotics in Subjects With Stable Schizophrenia;
- EU-VIORMED: The European Study on Risk Factors for Violence in Mental Disorders and Forensic Care: A Multicentre Project (pending).

The Research and Development department is growing; we have now reached an important stage in our development and will engage in maintaining the momentum and maximising opportunities in-house and outside through strategic collaborations and consolidating an effective business model. Thanks to the support and vision of the Trust and the commitment of our staff and researchers, we can look forward to meeting the challenges of the coming year with a positive attitude and focused on 'work in progress'.

Accountability Review

Governance Framework

Our Trust is led by our unitary Board of Directors who are accountable for setting our strategy, values, monitoring performance and ensuring there is a robust framework of governance, within which high quality mental health and social care services are delivered across south west London and beyond. We have been established as a mental health Trust since 1994. More details about what we do can be found under "About Us" on page 8.

We are rated as 'Good' by the Care Quality Commission (CQC) following our February to April 2018 inspection. More information on our CQC rating and current inspection can be found on pages 40-43.

The Board recognises that effective corporate governance is the bedrock of the success of any organisation and provides the key to effective leadership and accountability. The Board continually strives to improve its governance arrangements.

We also continue to put in place systems and structures to ensure that compliance with governance good practice.

A summary of the Trust's performance against the key metrics can be found under the performance analysis on page 22.

Board of Directors

The Board of Directors, comprising the chair, non-executive directors and executive directors is collectively responsible for the success of the Trust.

The Board of Directors is responsible for the management and governance of the Trust and for ensuring compliance with guidance issued by NHS Improvement, and with other relevant statutory requirements and contractual obligations.

The Board of Directors met regularly throughout the year. The Board also has eight committees which also meet regularly and are each chaired by a non-executive director.

The Board of Directors approves the terms of reference which detail the remit and the delegated authority of each committee. Each committee completes an annual review and self-assessment which is then presented to the Board of Directors. In addition to regularly reporting to the Board of Directors, committee minutes are a standing item on each Board agenda. The membership and attendance at Board and Board Committees can be found in the on page 98.

Led by the chair, the Board of Directors sets the Trust's strategy, determines objectives, monitors performance and ensures that adequate systems are maintained to measure and monitor effectiveness, efficiency and economy. It decides on matters of risk and assurance and is responsible for delivering high quality and safe services. It provides leadership and effective oversight of the Trust's operations to ensure it is operating in the best interests of patients within a framework of prudent and effective controls that enables risk to be assessed and managed.
The details of company directorships and other significant interests held by members of the board which may conflict with their management responsibilities is available.

None of the directors have indicated that they know of any information which would be relevant to the auditors for the purposes of their audit report, and of which the auditors are not aware, and; have taken "all the steps that he or she ought to have taken" to make himself/herself aware of any such information and to establish that the auditors are aware of it.

The details of our board during the period (01 April 2018 - 31 March 2019) can be found on page 97.

Independence of Directors

The Board considers that all of its non-executive directors (NEDs) meet the test of being independent in character and judgement, including the University non-executive directors: Professor Andy Kent for the period until 31 December 2018 and Professor Deborah Bowman after that date.

Non-executive directors bring a breadth of expertise to the Board and provide objective and balanced opinions on matters relating to the Trust's business.

The independence of non-executive directors is tested at interview and at their annual performance review.

Board effectiveness and review

We have had some changes to our Board during the year. The chair and chief executive have worked hard to ensure that there is a strong mix of skills and knowledge to deliver collective responsibilities during the period.

During the period, the Board used the development report from an independent supplier and its internal well-led governance review to drive its agenda. In May 2018 the Board worked with a board development partner to deliver a robust Board development programme which will include assessment, 360 reviews and workshops. This development work will be the framework for further development in 2019/2020.

The Trust has a unitary Board. Collectively and individually the members of the Board operate under the code of conduct for public bodies and accordingly ensure the business of the Trust is carried out with these frameworks.

The Trust continued to implement the following governance arrangements:
- An internal well-led governance review.
- Review of the Board and its skills mix.
- Review and development of the Trust's risk management and Board assurance review processes.
- Enhanced measures of co-production and development of services with patients and other stakeholders including the identification of the Quality Report
- Enhancement of reporting to the Board.
- Using the Board Assurance Framework to drive the Board and Committee agendas and focus.

We also have robust arrangements in place to ensure the discharge our statutory functions and ensuring that we remain legally compliant.

Board of Directors

The Board leads the Trust and provides a framework of governance within which high quality mental health and social care services are delivered to the communities we serve in south west London and nationally.

Chief Executive and Chairman

Chief Executive
David Bradley

Chair
Ann Beasley

Executive Directors

Director of Nursing and Quality
Vanessa Ford

Director of People & Organisational Development
Mary Foulkes

Director of Communications and Stakeholder Engagement
Ranjeet Kaile

Chief Operating Officer
Sue McKenna

Director of Finance and Performance
Philip Murray

Medical Director
Dr Mark Potter

Director of Strategy & Commercial Development
Amy Scammell

Trust Secretary
David Lee

Non - Executive Directors

Non - Executive Director
Sola Afuape

Non - Executive Director
Prof. Deborah Bowman

Non - Executive Director
Jean Dalntith

Non - Executive Director
Richard Flatman

Non - Executive Director
Dr Ali Hasan

Non - Executive Director
Vik Sagar

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Non-Executive Directors

Ms Ann Beasley, Chair from 1 October 2018
With a strong background in finance, Ann's most recent role was Director General for the Finance, Assurance and Commercial Group at the Ministry of Justice. Ann has over ten years' experience as a Non-Executive Director and Trustee within the Charity and NHS sector, having been Chair of Trustees for the Alzheimer's Society and Non-Executive Director and Vice-Chair at St George's University Hospitals NHS Foundation Trust.

Ann, a Kingston resident and a lifelong supporter of public services, has extensive experience of working at the highest levels of government and brings a wealth of experience across a range of sectors, which will help steer the Trust towards its goal of being a CQC Outstanding organisation.

In 2010 Ann was awarded a CBE for her work with public services.

Ms Jean Daintith, Non-Executive Director
Jean joined us as non-executive director in November 2011, having previously been on a PCT Board.

Jean trained as a social worker and has over 40 years' experience working for local government in housing and social services, including children's and adult's social care. She was a Director of Social Services in both the North West and in London until 2012. Jean then chaired a Local Safeguarding Children Board for five years. Jean is a Trustee of Change, Grow, Live and a Trustee of Open Age.

Dr Ali Hasan, Non-Executive Director
Ali joined us in May 2015. He trained as a doctor at St George's Hospital Medical School, and practiced medicine in teaching hospitals in London.

He also was involved in research, teaching, and other endeavours during training and clinical practice. He subsequently joined McKinsey and Company, then worked as Regional Medical Director at Bupa, and also undertook independent advisory work and was a board member of Parafricta, a medical products company. He is currently Clinical Operations Director at Vitality Health. He is also Director at the Healthcare Purchasing Alliance, and Chairman at CCSD. In addition to being a physician, Ali is also a Member of the Faculty of Public Health and a Fellow of the Faculty of Medical Leadership and Management.

Mr Richard Flatman, Non-Executive Director
Richard was appointed as a non-executive director and Chair of the Audit Committee from 1 April 2016.

He is a Chartered Director and a Fellow of the Institute of Chartered Accountants in England and Wales and has extensive business and commercial expertise.

Richard has been Chief Financial Officer at London South Bank University since 2002 and has combined this with a wide range of non-executive roles in higher education including Governor of the University of Wales, Newport and more recently the University of South Wales. Before joining London South Bank, Richard specialised in audit and risk consulting services with Deloitte.

Sola Afuape, Non-Executive Director
Sola was appointed in August 2016. She is a member of QSAC and is co-chair of the Equality and Diversity committee.

Sola has over 15 years' experience in health and social care advising, designing and implementing national and regional programmes most notably in health inequality improvements and was Chair of a national charity tackling social exclusion and health inequalities with a

particular focus on Mental Health, for which she was awarded an MBE. She has held a number of advisory roles across a collaboration of CCGs and worked across government within the Department of Health, Public Health England, Standing Commissioning on Carers and the Arts and more recently HMCT's London West Advisory Committee.

She currently runs her own consultancy specialising in Strategy, Workforce and OD and Equalities and conducting independent reviews which she combines with a deep passion for patient, staff and citizen voice, co- production and systems leadership.

Professor Deborah Bowman – from 1 January 2019

A leading academic and author, Professor Bowman is currently Deputy Principal (Institutional Affairs) and Professor of Bioethics, Clinical Ethics and Medical Law at St. George's University of London.

Deborah has written widely about medical ethics in both academic and popular publications, including the British Medical Journal, Medical Humanities, Medical Education and The Conversation.

Deborah also works as a radio broadcaster, including as a presenter of Test Case and the forthcoming Patient Undone and as a regular panellist and programme consultant to Inside the Ethics Committee, all for BBC Radio 4.

In 2017 Deborah was awarded an MBE for services to medical ethics and she is currently chairing the General Medical Council's review of its consent guidance.

Vik Sagar, Associate Non-Executive Director- *Non-Voting*

Vik is a Chartered Accountant who started his career in the Corporate Finance department of Ernst and Young.

He is now a Finance Director who specialises in reviewing businesses to improve outcomes for all stakeholders. He has a particular focus on health care and the services sector.

Having always been a resident of south west London he is passionate about contributing to the local community. He joined the Trust in November 2017 as part of our associate director programme.

Vik is a member of the Finance and Performance Committee as well as the Audit Committee.

During the year we said farewell to two individuals who both made exceptional contributions over an extended period during their time on the Board:

Mr Peter Molyneux, Chair until 30 September 2018
Professor Andy Kent, Non-Executive Director until 31 December 2018

Executive Directors

Mr David Bradley, Chief Executive

David joined South West London and St George's Mental Health NHS Trust as Chief Executive in 2012 from Oxford Health NHS Foundation Trust where he built a reputation for using innovation to drive quality and service transformation as Chief Operating Officer.

David has over 20 years' experience working within the NHS and social care. He is committed to improving patient care and ensuring that people who need mental health services can access the very best care and treatment possible. Since joining the Trust David has overseen a number of high profile developments which have been instrumental in the continuing success of the organisation, leading to the Trust's 2016 'Good' rating from the Care Quality Commission. Under David's guidance, South West London and St George's Mental Health NHS Trust

continues to improve and was rated the top mental health trust in England in the CQC's community mental health services survey in 2016.

In 2016 David's experience in leading transformational change in the NHS helped to launch a new partnership with neighbouring mental health trusts – South London and Maudsley, and Oxleas - to identify areas where collaboration could lead to greater efficiencies, better specialised services and seamless care pathways for people using mental health services.

Dr Mark Potter, Medical Director
Mark took over the role of Medical Director in June 2017.

Mark joined the Trust in November 1991 and has worked as a Consultant Psychiatrist in a Community Mental Health Team in Battersea since that time.

He has held a variety of medical management roles within the organisation, most recently as Clinical Director for Wandsworth. Shortly before taking over as Interim Medical Director he was appointed as Clinical Director for the Acute Care Pathway service line within the new Service Line Management structure.

Mr Philip Murray, Director of Finance and Performance
Philip joined the Trust as Director of Finance and Performance, in March 2017.

Philip is a fellow of the Chartered Association of Certified Accountants with over 30 years of NHS and public sector experience encompassing time within Mental Health, Acute and community providers as well as within the commissioning environment. He has previously managed clinical services within a surgical services directorate and has brought with him a wealth of knowledge and experience from across the wider NHS.

His position prior to joining the Trust was as Chief Finance Officer covering the two Buckinghamshire Clinical Commissioning Groups.

Ms Vanessa Ford, Director of Nursing and Quality Standards
Vanessa joined the Trust as Director of Nursing and Quality Standards in May 2016.

Vanessa comes to the Trust with a wealth of experience, returning to the organisation where she completed her training more than 15 years ago, having previously been Director of Nursing Standards and Governance at West London Mental Health NHS Trust and both Interim Director of Nursing and Quality Assurance and Deputy Director of Nursing and Practice at Devon Partnership NHS Trust.

In addition to her NHS experience, Vanessa is one of two National Professional Advisors to the CQC for Mental Health Nursing, and is also an Honorary Lecturer at Kings College in London.

Vanessa is a Registered Mental Health Nurse and member of the Royal College of Nursing.

Mr Ranjeet Kaile, Director of Communications and Stakeholder Engagement - *Non-Voting*
Ranjeet joined the Trust in November 2013 and is responsible for leading the Trust's Communications and Stakeholder Engagement programme and public affairs programme.

Ranjeet has over 20 years' of marketing and communication experience working in some of the country's most challenging public sector arenas. Prior to joining the Trust Ranjeet was Head of Marketing and Communications at Sussex Partnership NHS Foundation Trust for six years where he transformed the organisations approach to communications and patient engagement.

Ranjeet has held a number of senior communication roles throughout his career including acting as Communications Adviser for the Department of Health working on the provider communications strategy for implementing the 2012 'Liberating the NHS' reforms. At Lambeth

Council Ranjeet was the Head of Marketing and responsible for managing a team of 22 covering all external communications across the council departments. He has also spent time working with MPs at the Houses of Parliament and supporting local councillors with community programmes.

Sue McKenna, Chief Operating Officer since September 2018
Sue is a nurse and has worked within operational services in various roles, as a clinician and senior manager for more than 30 years, most recently working as Chief Operating Officer at Avon and Wiltshire Mental Health Partnership.

Amy Scammell, Director of Strategy, Transformation and Commercial Development
Amy joined the Trust in 2015 as the Deputy Director of Strategy and Commercial Planning before moving into the Director role in 2018. Amy has worked in south London for several years. Prior to joining the Trust, Amy's most recent role was as a Divisional Director for Community Services at St George's University Hospitals NHS Foundation Trust focusing on business development, performance and service improvement.

Amy's previous roles include work with Wandsworth PCT around performance and research and as a Senior Research Capability Fellow at London South Bank University. With a background in evaluation and research, Amy brings an interest in service redesign, development and transformation to the Director of Strategy and Commercial Development role.

Mary Foulkes Director of People and Organisational Development
Mary Foulkes, OBE, joined the Trust in November 2018, as Director of People and Organisational Development, a role shared between South West London and St George's Mental Health NHS Trust and South London and Maudsley NHS foundation Trust.

Mary is a highly experienced HR Director who has worked at senior levels for over 20 years in a range of different sectors including manufacturing, banking, third sector and the NHS. She has worked in single site hospitals through to European wide HR operations and during her time at HSBC Global Investment Banking she was responsible for global HR operations for a business unit of around 100,000 people across a broad diversity of cultures.

Mary has been a local councillor in Southwark, and received the OBE in 2003 for her charitable work and services to diversity.

Mary is a Fellow of the Chartered Institute of Personnel and Development.

Details of board members appointments can be found on page 91 and in the table on page 119.

Board Committees
To support its work, the Board established the following committees during the period 1 April 2018 – 31 March 2019, the roles of which are set out in the Trust's Standing Orders.

Each committee is chaired by a non-executive director and the attendance and membership of the Board and its committees can be found in the table on page 98.

Audit Committee
The Audit Committee operates in line with the requirements of the NHS Audit Committee Handbook, NHS Codes of Conduct and Accountability, and the Higgs report. It aims to provide the Trust Board with an independent and objective review on its financial systems, financial information and compliance with laws, guidance, and regulations governing the NHS.
The committee is charged with oversight of the Trust's governance processes, including risk management, internal control, and protection of the Trust's assets. The committee oversees the relationship with the external and internal auditors and reviews the audit related aspects of the annual financial Statements including all disclosures relevant to its terms of reference.

The committee takes cognisance of the work of the Quality and Safety Assurance (QSAC) and Finance and Performance (FPC) committees to provide it and the Board with additional assurance.

The committee has overall responsibility for providing the Board with a means of independent and objective review of internal control and corporate governance assurance processes and risk management across the whole of the Trust's activities (clinical and non-clinical).

During the period the committee carried out an extensive range of work on internal audit reviews. The committee also played a leading role in developing the Board's risk appetite which underpins the Trust's board assurance framework. The committee also focused on a core set of topics : deep dives, external audit, internal audit, counter fraud, the BAF and quality accounts, in addition to general items of business to enable the committee to gain assurance of its delegated responsibilities from the Board. The committee receives regular and detailed counter fraud reports

Finance and Performance Committee
The Finance and Performance Committee is responsible, on behalf of the Trust Board, for the objective scrutiny of the Trust's financial plans, investment policy and major investment decisions, including those relating to the Trust's estate.

The committee carries out objective scrutiny of the Trust's financial plans, investment policy and major investment decisions, including those relating to the Trust's estate.

The committee reviews the Trust's monthly financial and operational performance and identifies key issues and risks requiring discussion or decision by the Trust Board.

Quality, Safety and Assurance Committee (QSAC)
The Quality, Safety and Assurance Committee is the principal committee charged by the Trust Board to lead on quality and safety.

The Quality, Safety and Assurance Committee received a quarterly report on progress in delivering our quality priorities including our Quality Account targets.

A detailed work programme for the committee was reviewed and approved to ensure that the committee is able to fully assess the effectiveness of internal quality governance arrangements.

Estates Modernisation Programme Sub group
The group's main purpose was to have in-depth oversight of the Estates Modernisation Programme. (EMP)

Early in 2019/20, the Board agreed new terms of reference for the group which will now be known as the Estates Modernisation Committee. This has the purpose of providing the Board with assurance that there are robust processes in place to manage and deliver the Trust's estates modernisation.

Workforce and Organisational Development Committee
The Committee is charged with ensuring that there are effective mechanisms and systems in place to deliver the workforce and educational investment objectives of the Trust whilst keeping abreast of the pertinent system wide strategic issues and the implications.

The Committee also has a duty to support the Board in fostering an organisational culture and environment where staff are engaged, feel valued and developed to support an innovative recovery focused service.

Equality and Diversity Committee

The key purpose of the Committee is to provide assurance to the Board about the delivery of the Trust's strategic ambition of "reducing inequalities."

The Committee will ensure that in the following areas there are measureable and demonstrable outcomes:

- Workforce and leadership
- Developing organisational culture – making life better together
- Stakeholder involvement and engagement
- Service delivery, development and co-production

The Committee and its members are also charged with being champions of the ***reducing inequalities*** agenda in any decision making forum.

Charitable Funds Committee

The Charitable Funds Committee has been established by the Board to:

- make and monitor arrangements for the control and management of Trust's charitable funds.
- govern, manage, regulate and plan the finances, accounts, investments, assets, business and all affairs of the charity, including authorisation of expenditure.

Trust standing orders 4.8.1.5.1 state "*In line with its role as a corporate trustee for any funds held in trust, either as charitable or non-charitable funds, the Trust Board will establish a Trust Charitable Funds Committee to administer those funds in accordance with any statutory or other legal requirements or best practice required by the Charities Commission.*"

South West London and St George's Mental Health NHS Trust has been appointed as corporate trustee of the South West London and St George's Mental Health NHS Trust Charitable Fund (registered charity number 1060944). The Board serves as its agent in the administration of the charitable funds held by the Trust.

The charity is linked to South West London and St George's Mental Health NHS Trust. The declaration of the Trust as a Special Purposes Charity was made on 2 August 1996 to Pathfinder NHS Trust. The charity's name was changed to South West London and St George's Mental Health NHS Trust Charitable Fund, to reflect the change in name of the Trust, on 1 June 1999.

Remuneration and Appointments Committee

The Remuneration and Appointment Committee operates in line with the requirements of the NHS Codes of Conduct and Accountability, and the Higgs report.

The committee is comprised exclusively of non-executive directors, a minimum of three, who are independent of management.

The purpose of the committee is to advise the Trust Board about appropriate remuneration and terms of service for the chief executive and other executive directors including:

- all aspects of salary (including any performance-related elements/bonuses);
- provisions for other benefits, including pensions and cars; and
- arrangements for termination of employment and other contractual terms.

A detailed remuneration report is available on page 119.

			Board of Directors		Audit		Equality & Diversity		Finance & Performance		Remuneration & Appointments		Workforce & Organisational Development		Quality & Safety Assurance	
			Membership / Actual Attendance	v Meetings Eligible	Membership / Actual Attendance	v Meetings Eligible	Membership / Actual Attendance	v Meetings Eligible	Membership / Actual Attendance	v Meetings Eligible	Membership / Actual Attendance	v Meetings Eligible	Membership / Actual Attendance	v Meetings Eligible	Membership / Actual Attendance	v Meetings Eligible
Total Number of Meetings				6		5		3		12		3		7		10
CURRENT BOARD MEMBERS (AS AT 31 March 2019)																
Ann Beasley	Trust Chair	V	M*	3/3					A	3/6	M*	2/2			A	4/4
Jean Daintith	Non-Executive Director	V	M	6/6			M	2/3			M	3/3	M*	6/7		
Richard Flatman	Non-Executive Director	V	M	5/6	M*	4/5					M	2/3				
Deborah Bowman	Non-Executive Director	V	M	2/2	M	0/2						1/1			M*	2/2
Dr Ali Hasan	Non-Executive Director	V	M	5/6					M*	11/12	M	2/3			M	9/10
Sola Afuape	Non-Executive Director	V	M	6/6			M*	3/3	A	6/12	M	3/3	M	3/7	M	8/10
Amy Scammell	Director of Strategy and Commercial Development	NV	M	5/6					M	11/12						
David Bradley	Chief Executive	V	M	6/6	A	4/5			M	7/12					M	7/10
Vanessa Ford	Director of Nursing & Quality Standards	V	M	6/6			M	2/3					M	7/7	M	8/10
Philip Murray	Director of Finance & Performance	V	M	6/6	A	5/5			M	12/12						
Dr Mark Potter	Medical Director	V	M	6/6			M	3/3	M	7/12					M	10/10
Sue McKenna	Chief Operating Officer	V	M	3/3					M	4/7			M	3/3	M	4/6
Vik Sagar	Non-Executive Director (Associate Programme)	NV	M	5/6	M	5/5			M*	11/12						
Mary Foulkes	Director of Workforce & Organisation Development	NV	M	2/2			M	2/3					M	2/2		
Ranjeet Kaile	Director of Communications & Engagement	NV	M	6/6			M	3/3					M	7/7		
PAST BOARD MEMBERS (PRESENT BETWEEN 1 April 2018 - 31 March 2019)																
Peter Molyneux	Trust Chair	V	M*	3/3								1/1				
Patricia Bowen	Non-Executive Director	V	M	1/1					M	2/4		1/1				
Dr Andy Kent	Non-Executive Director	V	M	3/4	M	1/3					M	2/2			M*	7/7

Key:

M* Meeting Chair

M Member

V Voting Board Member

NV Non-Voting Member

A Attendee

Corporate Governance Report

Annual Governance Statement 2018/2019

Scope of responsibility
As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS 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 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 Trust Accountable Officer Memorandum*.

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 South West London and St George's Mental Health NHS 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 Trust for the year ended 31 March 2019 and up to the date of approval of the annual report and accounts.

Capacity to handle risk
The Trust has a range of ways in which risks are identified which include:

- Incident and accident reporting, including near misses
- Outcomes of complaints, investigations and deep dive reviews
- Performance systems and dashboards
- Routine internal and external audits, such as annual safety audits
- External reviews, such as those by the Care Quality Commission
- Through the work of committees and groups
- Quality Impact Assessments of change programmes
- Staff and patient feedback

The Trust recognises the importance of making available appropriate resources and infrastructure to successfully manage risk, so that it can effectively deliver its plans and ongoing risk management activities.

These resources include:
- **People** - Making sure our staff have the skills, knowledge and support they need to deliver their risk management responsibilities. Training and coaching will be provided to those who need it. Assessing and providing development needs of staff is integral to our risk management annual plan.

- **Tools** – Making sure that people have the tools they need to deliver their risk management responsibilities. This includes access to guidance, risk forms, risk register software, incident reporting software, analytical tools, decision support tools (e.g. a risk matrix), etc. Our plan will therefore include ongoing development/improvement of supporting tools and information.

Co-operation – Commitment to support each other in managing our risks. To be successful we all need to work together. Something could potentially 'go wrong' in one part of our organisation or health system; however the causal factors may originate in another part of our organisation or be external. Our risk management processes will include arrangements to promote work across disciplines and service lines and the means to handle mitigation and management of risk across the organisation and externally where required

All identified risks are required to be assessed and recorded in the Trust risk register system and escalated to executive (high risk) risk registers or the Board Assurance Framework (BAF) as appropriate to the perceived risk associated with each such identified matter. Ward/Departmental managers (and above) are authorised to add risks to the risk register system (Ulysses) and must ensure that the risk is properly and fully completed, recognising that once the risk is submitted, the system will send automatic notifications to a number of staff members. These notifications will invite the receiver to view and/or review the risks, and will typically be sent to the risk owners (depending on risks levels) and those who have been assigned actions in the system.

At each stage risks and the risk scoring are formally reviewed though the applicable groups and committees. This provides levels of risk moderation and challenge to help ensure risks are appropriately articulated, assessed, managed and are escalated in line with defined risks levels and escalation processes.

We ensure that adequate training is in place to help equip our staff to understand and apply our systems and processes in the successful management of risk. The new risk management strategy will be delivered by linking the Trust's strategic objectives to local objectives and by delivering a focused training programme as reflected in the Trust training needs analysis.

The highest rated risks on the board assurance framework at the end of 2018/2019 were:
- A failure to meet the increasing demand on services relating to the adult care pathway.
- A failure to have the right staff with the right skills at the right time.
- A failure to achieve financial targets.
- A failure to effectively deliver the Estate Modernisation Programme (EMP).
- A failure to effectively respond to equality and diversity issues facing the Trust.

The risk and control framework
The Trust adopted an updated risk management framework in 2019. This new framework combines the risk strategy, policy and procedures into one document. This avoids unnecessary duplication and provides a single document detailing the Trust's aims, approach and arrangements for managing risk throughout the organisation.

The risk management framework is designed to set a clear organisational policy for the management of risk and a strategy to deliver effective risk management through the organisation's architecture, systems and processes to ensure objectives are met. The document takes into account the findings from the 2018 internal audit. The Director of Nursing and Quality Standards has led the development of the framework with specific input from the Trust Secretary. The framework includes full reference to the risk appetite that the Board agreed last year.

The framework covers the strategic elements for risk, and also extends to describe the key processes and procedures staff at specific levels are required to follow. These cover risk identification through to assessment, mitigation, actions and assurances. The framework clearly establishes the responsibilities for various committees and individuals.

The scope of the risk framework is, by its nature, wide in its scope, covering areas such as operational management, performance and finance. Therefore, approval scrutiny to Board has been through Audit committee, via QSAC (Quality Safety and Assurance Committee), the Quality Governance Group, the Executive Management Team and SLT (Senior Leadership Team). A number of improvements were made to the framework following scrutiny.

The Trust also has a clinical risk policy which covers clinical risk assessment and management.

As part of the strategy, the Board adopted the following risk policy statement at its January 2019 meeting.

The Trust Board is committed to ensuring that:
- effective frameworks, structures and accountabilities are in place for the effective management of risk at all levels throughout the Trust, achieving a clear line of sight of risks from *board to floor;*
- risk is considered, co-ordinated and managed in an integrated way and not in silos;
- sufficient resources, people, training and other arrangements are in place to successfully implement the risk management policy, though service line management and corporate structures;
- a culture exists where staff feel empowered to report risk and have the systems and tools to formally assess and escalate risk where necessary;
- risks are managed in a positive, sensible and proportionate way to maximise opportunities to achieve objectives and the delivery of services, although recognising the Trust has a low risk appetite to risks that affect the safety and wellbeing of patients, staff and visitors;
- when risks are realised, there are resilience plans and arrangements to respond and recover, particularly in regards to patient care;
- that the Trust focuses on experience and learning to eliminate or reduce all risks to an acceptable level; and
- that there is a clear risk management system in place to enable staff to identify, assess and escalate risks to the appropriate level of management with the necessary authority to appropriately respond to the risk.

The Trust has the following risk management objectives:
- To ensure **effective structures** are in place to enable and provide the leadership support needed for staff to undertake their risk management responsibilities, and to build their risk management capabilities.
- **To minimise the potential for harm to patients, staff and visitors** to as low a level as is reasonably practicable, thereby providing a safe environment in which patients can be cared for, staff can work and the public can visit.
- To promote an **open and just culture** that makes risk visible and adapts to protect everything of value, providing organisational resilience.

- To raise **abilities** of all staff through ongoing training and awareness that is appropriate to specific roles and their responsibilities, ensuring that the benefits of risk management are championed and systems and processes are understood
- To ensure systematic processes are used to **learn lessons** from our successes, best practice, errors and failures.
- To support **innovation** by enabling initiatives where the management of risk is part of success and not an obstacle.
- To ensure risks are identified and managed **protecting the reputation** of the Trust and items of value.
- To ensure risks are **regularly reviewed** and updated by accountable managers, supported by robust action plans.
- To ensure assurance on the **effectiveness of controls/mitigations** is provided with gaps in controls identified and proactively managed.
- To maintain high levels of **organisational compliance**, particularly in relation to standards and requirements associated with safety, assurance and legislation.
- To ensure our approach to risk and opportunity taking and how that affects our decisions is **communicated** with internal and external stakeholders.
- **To maximise opportunities** by adapting to changing risk factors and learning experience when things go wrong, to continually improve our processes and the way we undertake our activities.
- To **monitor risk performance** and provide necessary assurances

The Executive Director of Nursing and Quality Standards has overall leadership responsibilities for risk including the delivery of the risk management strategy. The Associate Director of Quality Governance and Risk manages the risk and governance functions on behalf of the Director of Nursing and Quality Standards.

All executive directors of the Trust have collective responsibility for the overview and monitoring of risk registers relating to their areas of responsibility, through their management lines.

The Board Assurance Framework underpins the risk management process by setting out the risks to the Trust achieving its strategic objectives and how these will be managed.

The Assurance Framework lists each principle objective, the risks to achieving each objective and current controls and sources of assurance. Where either control or assurance gaps are identified through internal or external scrutiny, action plans are put in place.

The Assurance Framework is also informed by risk registers held at corporate levels as defined above. All Projects are undertaken in line with Project Management principles and process and risks relating to the achievement of the project are recorded within Project risk registers. The Executive Management Team receives regular update on the risk register and BAF. The Trust submits routine and accurate information on a timely basis by routine reporting and through exception reporting.

A quarterly report incorporating the risk register and Board Assurance Framework is produced which is presented to the Audit committee and then Trust Board. The Audit committee reviews the risk register and BAF to be assured of the process by which the risk register has been developed and to assure itself that the overall assessment of risk is congruent with its own work programme.

The executive risk register is reviewed each month by the Quality Safety and Assurance Committee. This committee is charged with looking in particular at risks associated with the quality of care and safety of those who use Trust services. It also helps identify which risks could impact on the strategic objectives, where the committee would recommend a risk is escalated to the BAF.

Project management arrangements are in place to identify, assess and mitigate any risks to achieve project outcomes safety and without any deterioration in quality.

The Trusts has a range of policies and control frameworks, particularly for high risk areas and for ensuring compliance with legislation. All policies are available on the Trust intranet site and reviews are undertaken in line with defined timescales through the relevant committees / sub committees and groups.

The Trust statutory and mandatory training policy identifies the key areas of training which staff have to undertake to be able to manage key risks within the organisation. Additional training has been provided in regards to incident reporting, risk assessment (including clinical risk management RATE) and investigation training.

Risk management is a vital part of our governance and quality frameworks and is underpinned by the risk management policy approved by the Trust Board. The policy is subject to periodic review.

We use a standard risk assessment and scoring matrix typical to most NHS providers which helps ensure risks are appropriately and consistently assessed and escalated. Through robust executive and service line governance arrangements, all services are required to systematically review risks on their risk registers and provide assurance that the risks are being managed through their local governance group/team meetings.

Risks that reach a certain level are escalated throughout the organisation, meaning there is a clear line of sight from board to floor in relation to risk.

Visibility on where risks could impact on the delivery of the corporate objectives and business plan, are mapped on to the board assurance framework, which is presented quarterly in full to the audit committee, and then reported to the Trust Board.

Each executive director holds overall accountability for maintaining the risk register for their area of responsibility.

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

The audit committee receives regular and detailed counter fraud reports. A self-review toolkit assessment (SRT) carried out in line with NHS Counter Fraud Authority guidelines resulted in an overall assessment of green. No red ratings were assigned and 20 out of 23 standards were assessed as green.

The Board has regard to such guidance on good corporate governance as may be issued from time to time. In accordance with the Single Oversight Framework the Trust is required to self-certify on compliance with certain conditions equivalent to the NHS provider licence. The Trust Board can confirm that, under Condition FT4(8) it has reviewed the governance systems, as outlined in section 2 of the AGS, and that the Trust Board is satisfied that the Trust has established and implemented:

a) an effective board and committee structure;
b) clear responsibilities for its Board, for committee reporting to the Board and for staff reporting to the Board and those committees; and
c) clear reporting lines and accountabilities throughout the organisation.

The Trust Board is satisfied that the Trust has established and effectively implemented systems and/or processes:

a) to ensure compliance with the Trust's duty to operate efficiently, economically and effectively;
b) for timely and effective scrutiny and oversight by the Trust Board of the Trust's operations; and
c) to ensure compliance with health care standards binding on the Trust including but not restricted to standards specified by the Secretary of State, the CQC, NHS England and statutory regulators of health care professions

The Trust is ensuring that short, medium and long-term workforce strategies and staffing systems are in place, which assure the Board that staffing processes are safe, sustainable and effective by putting in place a number of measures. These include:

- the operation of a Board committee, the workforce and organisational development committee, chaired by a NED, which provides the board with assurance on a range of workforce and OD issues;
- the establishment of a workforce matters group, personally led by the Executive Director of Human Resources and Organisational Development, to provide a monthly forum for key senior colleagues in the Trust to have direct involvement with, and influence over how Trust recruitment, retention and development of staff to ensure that staff resourcing is maximised to focus on the delivery of the workforce plans to support the Trust's strategy;
- working through the South London Partnership to explore, design and share best practice and implement models of work aligned to recruit, retain and develop staff;
- systematic analysis of the results of the staff survey, supported by comprehensive action plans and structures to provide assurance on the delivery of those plans;
- putting in place a robust action plan for the Workforce Race Equality Scheme, supported by the Board's Equality and Diversity Committee;
- plans for the commencement of the Workforce Disability Equality Scheme;
- developing a training needs analysis and apprenticeship strategy for the equitable distribution of apprenticeships throughout the Service Lines and departments to ensure the organisation meets its overall targets;
- working to ensure inclusive recruitment, retention, learning and development and employee relation practices are in place for the Trust to operate in a fair non-discriminatory manner, to reduce inequalities and to promote the trust in being an inclusive organisation;

- ensuring all service lines have workforce plans in place reflecting skill mix changes, role redesign and organisational change programmes / operating models; and
- ensuring that services are supported in delivering their recruitment and workforce plans.

The annual safer staffing review was considered by the Trust Board in November 2018.

The Trust complies with the '*Developing Workforce Safeguards'* recommendations by:
- deploying sufficient suitably qualified, competent, skilled and experienced staff to meet care and treatment needs safely and effectively;
- a systematic approach to determining the number of staff and range of skills required to meet the needs of people using the service and keep them safe at all times; and
- using an approach that reflects current legislation and guidance where it is available.

The Trust is fully compliant with the registration requirements of the Care Quality Commission.

The Trust has published an up-to-date register of interests for decision-making staff within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance.

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.

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

The Trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The Trust ensures that the obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with and has reduced its carbon footprint once again in the past 12 months and through our Estates Modernisation Programme aims to reduce it by 20% over the next 4 years.

Review of economy, efficiency and effectiveness of the use of resources
The Trust has in place a number of processes and controls aimed to ensure that the best value for money from the taxpayers purse is obtained and it is through these controls that The Trust Board ensures that economy, efficiency and effectiveness are prevalent in our use of resources.

Through our Standing Orders we require all order above prescribed thresholders to be subject to either written quotation or formal tender before being placed. Any deviation from these limits is required to be reported to the Audit Committee for explanation as to the validity and appropriateness of such waiver.

The Trust undertakes monthly budget monitoring where actual spend compared to planned spend is reviewed and also forecasts scrutinised. Key drivers for variation are identified and reported through to Trust Board.

In addition, the Audit Committee annually reviews the Scheme of Delegation and authorised spending limits. It is through this that the Trust Board assures itself that decision making is at an appropriate level and equally that staff are empowered to manage their services.

The Trust risk management processes continue to be strengthened and the adoption of the new risk management framework significantly contributes to this.

The Trust Board has a risk appetite statement measures to ensure that risks are managed and escalated in line with the agreed appetite. The Board confirmed they had a low appetite for risks relating to the safety of patients and staff.

As Accountable Officer, I have responsibility for reviewing the effectiveness in practice of the system of internal control. My review is informed in a number of ways.

The Head of Internal Audit provides an opinion on the overall arrangements for gaining assurance through the Assurance Framework and on the controls reviewed as part of the internal audit work. Executive Directors have responsibility for the development and maintenance of specific elements of the system of internal control.

The Assurance Framework itself provides evidence that the effectiveness of controls to manage the risks to the organisation achieving its principal objectives have been regularly reviewed.

The improvement of processes and the use of the BAF itself are regularly reported to the Audit Committee and the Board. The effectiveness of the system of internal control is maintained through review of the assurance framework, corporate and service line risk registers and associated action plans. These are monitored by directors though the committees of the Board.

My review is also informed by the outcome of internal and external audits and reviews. Our external auditor, KPMG, has provided us with their Value for Money opinion for 2018/2019 which has concluded that they are satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ending 31 March 2019, based upon the criteria of informed decision making, sustainable resource deployment and working with partners and third parties.

The Head of Internal Audit Opinion for the period 2018/2019 states that they are satisfied that, for the areas reviewed during the year, South West London and St George's Mental Health NHS Trust has reasonable and effective risk management, control and governance processes in place. The overall opinion of the Head of Internal Audit is that Reasonable assurance can be given that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently. The basis for this opinion is an assessment of the design and operation of the underpinning Assurance Framework and supporting processes; and an assessment of the range of individual opinions arising from risk-based audit assignments, contained within internal audit risk-based plans that have been reported throughout the year. This assessment has taken account of the relative materiality of these areas and management's progress in respect of addressing control weaknesses. These findings by the Head of Internal Audit contribute to the assurances available to me as Accountable Officer and the Board which, underpin the Board's own assessment of the effectiveness of the organisation's system of internal control.

Information governance

During 2018/2019 one personal data incident was automatically reported to the Information Commissioner's Office (ICO) via NHS Digital's Data Security protection (DSP) Toolkit reporting tool, for not being reported within 72 hours, a requirement imposed by the General Data Protection Regulation (GDPR) in May 2018. No follow up was made by the ICO.

Annual Quality Account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year.

Quality Governance Arrangements

The Trust has a robust framework for the management of clinical audits, never events, serious incidents and production of the Quality Accounts. This framework is managed by the dedicated Quality Governance team led by the Director of Nursing and Quality Standards.

The Trust takes a coordinated approach to its corporate responsibilities relating to serious incident reporting, mental health law, regulatory compliance, clinical audit, complaints, patient feedback, safeguarding and risk. There has been a focus on improving the how patients can provide real time feedback. There was an in depth programme of consultation to co-produce survey questions. The new platform "Feedback Live!" launched in April 2019.

To support the development of our Quality Accounts, stakeholders were able to provide their views either by attending a number of workshop consultations arranged by the Trust, or by email.

Performance against Quality Accounts priorities is reported quarterly to the Quality Safety and Assurance committee and also shared with our commissioners.

Each of the service lines have a Governance Group that reports to the Quality Governance Group and these groups review all areas of quality in their own service lines. For 2018/2019, each directorate had an annual business plan that includes the key quality priorities, which is used as the basis for the monitoring of delivery.

Review of quality performance and top risks is also undertaken by Executive Directors of each service line through a programme of monthly performance reviews.

In preparation for the 2018/2019 Quality Accounts, the Trust undertook an engagement programme, listening to the view of key stakeholders about the Quality priorities for the Trust. Key stakeholders included:
- Trust staff
- Patient Quality Forum
- Carer Forum
- Local Commissioners and Commissioning Support Unit
- Local Overview and Scrutiny Committees
- HealthWatch in Kingston, Merton, Sutton, Richmond upon Thames and Wandsworth,

The Trust has appointed a Trust Secretary who is responsible for overseeing that there are appropriate arrangements in place to ensure that the Trust is able to discharge its statutory functions.

The Trust has received an unqualified audit opinion regarding the content of its Quality Account for 2018/2019; the Trust has improved the quality of its data within the year however some issues remain and as such has received a modified opinion in this respect against its 2018/2019 quality account. During the year, the Trust instigated an internal data audit process which has led to an improvement in the overall quality of our data. In spite of this issues have been experienced in respect to the quality of data manually input into the system; the Trust is committed to addressing these issues going forward and supporting our staff in this area.

Review of effectiveness

As Accountable 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, clinical audit and the executive managers and clinical leads within the NHS Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by 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 quality and safety assurance committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Trust Board is responsible for:
- approving the overall framework for risk management across the Trust, including approval of the risk management policy, reviewing significant risks from executive risk register alongside the Board Assurance Framework and providing robust constructive debate on the effectiveness of risk mitigation.

The Audit Committee is responsible for:
- reviewing the effectiveness of the system of internal control for risk management.
- reviewing all risks on the corporate risk register alongside the board assurance framework and providing assurance to the Trust Board.
- producing the annual governance statement for Trust Board approval.

The Quality Safety and Assurance Committee is responsible for:
- reviewing the full corporate risk register to ensure it reflects the quality and safety issues identified from its work programme;
- ensuring the corporate risk register is reflective of the most significant risks from the service lines;
- reviewing the effectiveness of mitigating controls in managing risk;
- providing assurance of the credibility of the risk register content to the Audit Committee;
- similarly the Finance and Performance Committee, and Workforce and Organisational Development Committee are responsible for reviewing the risks related to their terms of reference.

Service Lines governance groups /teams are responsible for:
- reviewing all local and service specific risks and ensuring these are documented on their section of the risk register;
- identifying and tracking the implementation and effectiveness of risk-mitigation actions to demonstrate dynamic risk management; and
- ensuring that where necessary risks are escalated for review at service line level and presentation at the service line performance review meetings.

Risk Performance

Risk Registers are reviewed monthly, with the Quality Governance Group (QGG) (and performance reviews) focusing on key clinical risks from each service line to ensure that they are adequately managed and mitigated. In addition, these reviews consider and triangulate a range of risk information and other intelligence to ensure that the risk registers accurately reflect the risks faced by the clinical services.

All new clinical risks (and non-clinical) are reviewed by QGG where additional support and advice is provided. Where necessary, risks are escalated to the Executive Risk Register and the Quality Safety and Assurance Committee to ensure there is sufficient oversight.

All project risks are recorded as part of the project management framework and reviewed as part of the oversight of the project. Significant risks may then be escalated to the main Trust risk register.
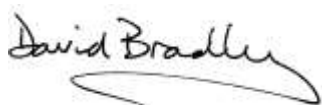
In relation to the risks associated with the Estate Modernisation Programme, these risks are managed through the programme structure and reviewed through the Capital Programme Board. A summary of top risks is included in the Trust Board Assurance Framework.

The risk management arrangements are formally audited each year. As a result of the work undertaken over the last two years to improve policy, the systems and training; 2018/2019 saw the Trust achieve an assurance level of 'significant assurance'. The findings established there was clear evidence of risks being considered and escalated from local team level through the organisational governance structures and were reflected in Trust Executive Risk Register and where required on the Board Assurance Framework.

Conclusion

No significant internal control issues have been identified.

Signed

David Bradley, Chief Executive   Date: 24 May 2019

Certificate on summarisation schedules

Trust Accounts Consolidation (TAC) Summarisation Schedules for South West London and St George's Mental Health NHS Trust

Summarisation schedules numbers TAC01 to TAC34 and accompanying WGA sheets for 2018/2019 have been completed and this certificate accompanies them.

Finance Director Certificate

1.   I certify that the attached TAC schedules have been compiled and are in accordance with:

- the financial records maintained by the NHS Trust

- accounting standards and policies which comply with the Department of Health and Social Care's Group Accounting Manual and

- the template accounting policies for NHS Trusts issued by NHS Improvement, or any deviation from these policies has been fully explained in the Confirmation questions in the TAC schedules*.

2.   I certify that the TAC schedules are internally consistent and that there are no validation errors*.

3.   I certify that the information in the TAC schedules is consistent with the financial statements of the NHS Trust
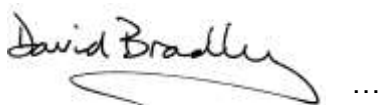
Philip Murray, Director of Finance & Performance

24 May 2019

Chief Executive Certificate

1.   I acknowledge the attached TAC schedules, which have been prepared and certified by the Finance Director, as the TAC schedules which the Trust is required to submit to NHS Improvement.

2.   I have reviewed the schedules and agree the statements made by the Director of Finance above.

David Bradley, Chief Executive
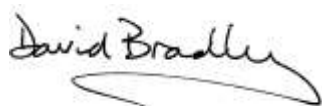
24 May 2019

Statement of the chief executive's responsibilities as the accountable officer of the Trust

The Chief Executive of NHS Improvement, in exercise of powers conferred on the NHS Trust Development Authority, has designated that the Chief Executive should be the Accountable Officer of the Trust. The relevant responsibilities of Accountable Officers are set out in the *NHS Trust Accountable Officer Memorandum.* These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;

- value for money is achieved from the resources available to the Trust;

- the expenditure and income of the Trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them;

- effective and sound financial management systems are in place; and

- annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

David Bradley

Signed: David Bradley, Chief Executive

Date: 24 May 2019

Statement of directors' responsibilities in respect of the accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure, recognised gains and losses and cash flows for the year. In preparing those accounts, the directors are required to:
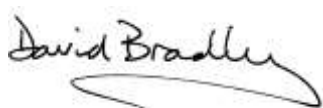
- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;
- make judgements and estimates which are reasonable and prudent; and
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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

The directors confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS Trust's performance, business model and strategy.

By order of the Board

David Bradley, Chief Executive

Date: 24 May 2019

Philip Murray, Director of Finance and Performance

Date: 24 May 2019.

Remuneration and Staff Report
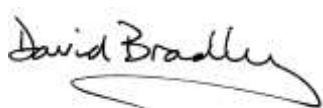
Remuneration and Appointments Committee

The committee is chaired by the Trust's Chair, and the membership comprises all the non-executive directors. The committee is considered quorate if it has a minimum of three non-executive directors present.

The Chief Executive attends all meetings of the Committee but is not present for discussions about his/her own remuneration. The Director of Human Resources and Organisation Development attends but is not present for discussions about her own remuneration.

The Committee:
- determines the remuneration and terms of service of the Chief Executive and those Directors that report directly to the Chief Executive and any other senior managers as agreed by the Chief Executive and the Board;
- reviews the performance of those Directors who report directly to the Chief Executive, through reports submitted by the Chief Executive. The Chair will similarly report on the performance of the Chief Executive;
- periodically reviews pay data from similar organisations in order to ensure that appropriate arrangements have been made for the salaries of these Directors;
- oversees appropriate contractual arrangements for such staff, including the proper calculation and scrutiny of termination payments, for these and other senior staff, taking account of such national guidance as is appropriate, in accordance with Trust Standing Orders and Standing Financial Instructions;
- authorises any termination payment, including redundancy payments, in excess of £50,000 in accordance with Trust Standing Orders and Standing Financial Instructions; and
- meets annually as a minimum, but may meet on other occasions as may be required from time to time.

David Bradley, Chief Executive
Date 24 May 2019

Performance arrangements

Most senior managers have a basic salary which is based on national Agenda for Change pay and remuneration guidelines. Such managers are subject to annual performance appraisal in accordance with Trust processes.

The performance of executive directors is assessed by the Chief Executive on an annual basis. The performance of non-executive directors and the Chief Executive is appraised by the Chair.

Executive directors and the Chief Operating Officer remain on local Trust conditions of service, and their salaries are reviewed annually by the Remuneration Committee. Executive directors received a locally agreed pay award calculated on the same basis as that awarded to staff on Agenda for Change. Their contracts mirror Agenda for Change with the exception that their pay is outside of Agenda for Change and they receive no increments or nationally agreed pay awards. The Medical Director received the national pay award agreed for consultants. Contractual notice periods are no more than six months in accordance with national NHS guidance on notice periods.

Fair Pay Disclosure

NHS bodies are required to disclose the relationship between the remuneration of the highly-paid director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest paid director / member in South West London and St George's Mental Health NHS Trust in the financial year 2018-2019 was £190,917 (2017-2018, £179,662). This was six times (2017-2018, 5) the median remuneration of the workforce, which was £35,956 (2017-2018, £33,485). In 2018-2019, 0 (2017-2018, 0) employees received remuneration in excess of the highest-paid director / member.

Remuneration ranged from £16,160 to £190,917 (2017-2018 £15,515 to £179,662).

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

Diversity issues and equal treatment in employment

The Trust is committed to breaking down barriers and giving staff a voice through support groups, awareness events and forums which raise the profile of good diversity practice. The Trust is a Disability Confident Employer and a Stonewall Diversity Champion. A three-year Workforce Race Equality Standard (WRES) action plan has been put in place in response to evidence that BME staff working in the NHS have a poorer experience of the workplace, have less opportunities for career progression. The Trust has secured two places on the prestigious national WRES expert programme. The aim of the programme is to develop race equality experts from across the NHS to support the implementation of the WRES within their organisation. We have developed a pioneering BME Nurses Leadership Programme, a 'Welcoming our Leaders' training programme and new training modules for our administrative staff. The Board's Equality and diversity committee plays a leading role in ensuring that the Trust's obligations under equality and diversity legislation are complied with.

The Trust is preparing baseline data for the Workforce Disability Equality Standard (WDES), and will publish its first reports in August 2019. The Workforce Disability Equality Standard (WDES) is a data-based standard that uses a series of measures (metrics) to help improve the experiences of disabled staff in the NHS.

The Trust supports seven staff networks: Disability, Deaf, BME, Women's ,LGBTQ+, Christian and Mental Health. Events are held marking LGBT History Month, Black History Month and International Day of People with disabilities, Deaf awareness week, Windrush and International Women's Day.

Staffing Report
Senior Managers
In 2018/2019, the Trust employed seven very senior managers in the Trust and ten non-executive directors as reported in the remuneration report. The Trust defines very senior managers as being those people who attend the Trust Board meeting and have authority or responsibility of directing or controlling major activities within the Trust (see page 98).

In addition, during 2018/2019 the Trust appointed a Director of Human Resources and Organisational Development. This is a joint appointment with South London and Maudsley NHS Foundation Trust and the costs are recharged to the Trust.

Staff Numbers and Costs
As detailed in Figure 4 on page 116 overall staff costs increased by 5.1% to £128.8m compared to £122.5m in 2017/2018.

The average number of wte employed increased by 80 from 2,369 in 2017/18 to 2,449 in 2018/2019 as shown in Figure 5 on page 116.

Further information on our workforce composition can be found under the Workforce Report on page 49.

Staffing Policies
The Trust applies the Recruitment and Selection policy ratified by the Workforce Group to applications for employment made by disabled persons including shortlisting any candidate with a disability who meets the essential criteria and ensuring reasonable adjustments are made to accommodate candidates with a disability to attend interviews. The Trust recently signed up as a 'Disability Confident Committed employer' with the Department of Works and Pensions. As a result of this commitment, the Trust agrees to take five actions over the next 12 months of its membership. Of the five commitments below, we are currently achieving four of them with one being a work in progress:

The Trust's Supervision Policy sets out the minimum requirements for all staff to be in receipt of regular and meaningful supervision. Our Training and Development policy for all non-medical staff aims to equip staff with the skills to further improve the quality of services we provide and to support staff to progress in their chosen career path, whilst our Performance and Development Review (PADR) Policy supports staff to meet any development needs which may have been identified. These Policies all aim to support our staff and to encourage them to develop their careers within the Trust, by providing consistent and fair access to opportunities to all staff with any protected characteristics.

The Trust supports and funds Access to Work assessments, which provide advice on any reasonable adjustments which may be needed. The Occupational Health Service also works in accordance with Trust Policy to enable staff with a disability to continue working or return to practice safely.

The Raising Concerns Policy aims to clarify the rights of staff and the Trust and the procedure to be followed when staff raise legitimate concerns about specified matters. The Guardian Service are available to staff to discuss issues and concerns with themes regularly analysed and reported to the Trust to inform organisational development, and to support staff.
We have a mechanism in place for ensuring that organisational changes are managed in line with our policies with early engagement with our trade union representatives, and in consultation with our joint staff consultation committee – which is a group represented by staff side and management representatives.

Regardless of the scope of change, staff are adequately consulted with and involved in change management programs on informal and formal basis and provide with opportunities to contribute to proposals and suggest alternative options as appropriate.

Staff Costs

	Permanent £000	Other £000	2018/19 Total £000	2017/18 Total £000
Salaries and wages	97,403	1,155	**98,558**	92,728
Social security costs	10,643	-	**10,643**	10,066
Apprenticeship levy	426	-	**426**	443
Employer's contributions to NHS pensions	11,802	-	**11,802**	11,252
Pension cost - other	30	-	**30**	13
Other post employment benefits	-	-	**-**	-
Other employment benefits	-	-	**-**	-
Termination benefits	80	-	**80**	44
Temporary staff	-	7,228	**7,228**	7,954
Total gross staff costs	**120,384**	**8,383**	**128,767**	**122,500**
Recoveries in respect of seconded staff	-	-	**-**	-
Total staff costs	**120,384**	**8,383**	**128,767**	**122,500**
Of which				
Costs capitalised as part of assets	1,714	-	**1,714**	1,149

Figure 4: Staff Costs

Average number of employees (WTE basis)

	Permanent Number	Other Number	2018/19 Total Number	2017/18 Total Number
Medical and dental	194	14	**208**	213
Ambulance staff	-	-	**-**	-
Administration and estates	248	59	**307**	288
Healthcare assistants and other support staff	546	159	**705**	689
Nursing, midwifery and health visiting staff	604	145	**749**	721
Nursing, midwifery and health visiting learners	10	-	**10**	15
Scientific, therapeutic and technical staff	432	31	**462**	435
Healthcare science staff	-	-	**-**	-
Social care staff	-	-	**-**	-
Other	7	0	**7**	8
Total average numbers	**2,041**	**408**	**2,449**	**2,369**
Of which:				
Number of employees (WTE) engaged on capital projects	26	-	**26**	18

Figure 5: Average number of employees (WTE basis)

Consultancy Expenditure
In 2018/2019, the Trust spent £199k on consultancy services (£280k in 2017/2018).

Off Payroll engagements
A Treasury requirement for public sector bodies to report arrangements whereby individuals are paid through their own companies (and so are responsible for their own tax and NI arrangements, not being classed as employees) was introduced in 2012/2013. Revised reporting requirements have been in place since April 2017 and incorporate an increase to the contractor reporting rate of £245 per day but also reformation of legislation underpinning what is normally referred to as IR35. The Trust must disclose all off-payroll engagements earning more than £245 per day and lasting longer than six months.

There have not been any Off Payroll engagements since beginning of the financial year to be disclosed.

Exit Packages
Comparative data on exit packages is below and shows a decrease in numbers and value in 2018/2019 compared to the previous year.

Reporting of compensation schemes - exit packages 2018/19

Exit package cost band (including any special payment element)	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages Number
<£10,000	-	6	**6**
£10,000 - £25,000	1	1	**2**
£25,001 - 50,000	2	-	**2**
£50,001 - £100,000	-	-	**-**
£100,001 - £150,000	-	-	**-**
£150,001 - £200,000	-	-	**-**
>£200,000	-	-	**-**
Total number of exit packages by type	**3**	**7**	**10**
Total cost (£)	£89,000	£44,000	**£133,000**

Reporting of compensation schemes - exit packages 2017/18

Exit package cost band (including any special payment element)	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages Number
<£10,000	4	3	7
£10,001 - £25,000	6	-	6
£25,001 - 50,000	1	-	1
£50,001 - £100,000	4	-	4
£100,001 - £150,000	1	-	1
£150,001 - £200,000	-	-	-
>£200,000	-	-	-
Total number of exit packages by type	**16**	**3**	**19**
Total resource cost (£)	£559,000	£18,000	£577,000

Exit packages: other (non-compulsory) departure payments

	2018/19		2017/18	
	Payments agreed Number	Total value of agreements £000	Payments agreed Number	Total value of agreements £000
Voluntary redundancies including early retirement contractual costs	-	-	-	-
Mutually agreed resignations (MARS) contractual costs	-	-	-	-
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	4	18	3	18
Exit payments following Employment Tribunals or court orders	3	26	-	-
Non-contractual payments requiring HMT approval	-	-	-	-
Total	**7**	**44**	**3**	**18**
Of which:				
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	-	-	-	-

Directors Benefits for 2018/2019

As non-executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for non-executive members.

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.
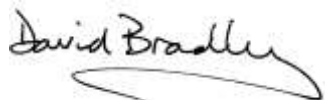
Name and Title	2017-2018						2018-2019					
	(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100	(c) Performance pay and bonuses (bands of £5,000)	(d) Long term performance pay and bonuses (bands of £5,000)	(e) All pension-related benefits (bands of £2,500)	(f) TOTAL (a to e) (bands of £5,000)	(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100	(c) Performance pay and bonuses (bands of £5,000)	(d) Long term performance pay and bonuses (bands of £5,000)	(e) All pension-related benefits (bands of £2,500)	(f) TOTAL (a to e) (bands of £5,000)
	£000	£00	£000	£000	£000	£000	£000	£00	£000	£000	£000	£000
Miss Olufunmike Afuape - Non Executive Director	5-10	0	0	0	0	5-10	5-10	0	0	0	0	5-10
Ms Ann Beasley - Board Chairman Trust Board (From 01.10.2018)	0	0	0	0	0	0	15-20	0	0	0	0	15-20
Ms Patrcia Bowen - Non Executive Director Trust Board (From 01.07.2018 to 11.12.2018)	0	0	0	0	0	0	0-5	0	0	0	0	0-5
Professor Deborah Bowman - Non Executive Director Trust Board (From 01.01.2019)	0	0	0	0	0	0	0-5	0	0	0	0	0-5
Mr David Bradley - Chief Executive	170-175	0	0	0	0	170-175	170-175	0	15-20	0	50-55	240-245
Ms Jean Daintith - Non Executive Director Trust Board	5-10	0	0	0	0	5-10	5-10	0	0	0	0	5-10
Mr Richard Flatman - Non Executive Director Trust Board	5-10	0	0	0	0	5-10	5-10	0	0	0	0	5-10
Ms Vanessa Ford - Director of Nursing and Quality Standards	110-115	0	0	0	30-35	140-145	130-135	0	0	0	90-95	225-230
Dr Ali Hasan - Non Executive Director Trust Board	5-10	0	0	0	0	5-10	5-10	0	0	0	0	5-10
Mr Ranjeet Kaile - Director of Communications and Stakeholder Engagement	100-105	0	0	0	60-65	165-170	105-110	0	0	0	30-35	140-145
Professor Andrew Kent - Non Executive Director Trust Board (To 31.12.2018)	5-10	0	0	0	0	5-10	0-5	0	0	0	0	0-5
Mrs Susan McKenna - Chief Operating Officer (From 17.09.2018)	0	0	0	0	0	0	70-75	1	0	0	90-95	160-165
Mr Peter Molyneux - Board Chairman Trust Board (To 30.09.2018)	35-40	1	0	0	0	35-40	15-20	0	0	0	0	15-20
Mr Philip Murray - Director of Finance and Performance	115-120	0	0	0	90-95	205-210	135-140	0	0	0	195-200	330-335
Dr Mark Potter - Medical Director	175-180	0	0	0	0	175-180	180-185	0	0	0	0	180-185
Mr Vikas Sagar - Non Executive Director Trust Board	0-5	0	0	0	0	0-5	5-10	0	0	0	0	5-10
Ms Amy Scammell - Acting Director of Strategy and Commercial Development (To 30.01.2019)	20-25	0	0	0	30-35	55-60	85-90	0	0	0	50-55	135-140
Ms Amy Scammell - Director of Strategy and Commercial Development (From 31.01.2019)	0	0	0	0	0	0	15-20	0	0	0	0	15-20

Directors Pension Benefits for 2018/2019

Name	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 Mar 2019 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 Mar 2019 (bands of £5,000)	Cash Equivalent Transfer Values at 01 Apr 2018	Real increase in Cash Equivalent Transfer Values	Cash Equivalent Transfer Values at 31 Mar 2019	Employer's contribution to stakeholder pension
	£000	£000	£000	£000	£000	£000	£000	£000
Mr David Bradley	2.5-5.0	7.5-10.0	60-65	185-190	1,198	174	1,433	0
Ms Vanessa Ford	5.0-7.5	7.5-10.0	25-30	50-55	252	96	375	0
Mr Ranjeet Kaile	0.0-2.5	0.0-2.5	15-20	0-4	155	41	216	0
Mrs Susan McKenna	0.0-2.5	5.0-7.5	50-55	160-165	913	99	1,144	0
Mr Philip Murray	7.5-10.0	20.0-22.5	55-60	150-155	836	269	1,150	0
Dr Mark Potter	(2.5)-0.0	(7.5)-(5.0)	75-80	235-240	1,814	0	0	0
Ms Amy Scammell	2.5-5.0	2.5-5.0	15-20	35-40	183	59	261	0

The factors used to calculate a CETV increased on 29 October 2018.

KPMG, our external auditors, audited the table of salaries and allowances of senior managers on the previous page and the table of pension benefits of senior managers on this page as part of their audit of the 2018/2019 financial statements.

Signed   *David Bradley*   David Bradley, Chief Executive   Date   24 May 2019

Independent Auditor's Report to the Board of Directors of South West London and St. George's Mental Health NHS Trust

Report on the Audit of the Financial Statements
Opinion

We have audited the financial statements of South West London and St George's Mental Health NHS Trust ("the Trust") for the year ended 31 March 2019 which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Taxpayers Equity and Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the state of the Trust's affairs as at 31 March 2019 and of its income and expenditure for the year then ended; and

- have been properly prepared in accordance with the accounting policies directed by the Secretary of State with the consent of the Treasury as being relevant to NHS Trusts in England and included in the Department of Health and Social Care Group Accounting Manual 2018/2019.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the Trust in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Going Concern

The Directors have prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over its ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

We are required to report to you if we have concluded that the use of the going concern basis of accounting is inappropriate or there is an undisclosed material uncertainty that may cast significant doubt over the use of that basis for a period of at least twelve months from the date of approval of the financial statements. In our evaluation of the Director's conclusions we considered the inherent risks to the Trust's operations, including the impact of Brexit, and analysed how these risks might affect the Trust's financial resources, or ability to continue its operations over the going concern period. We have nothing to report in these respects.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the absence of reference to a material uncertainty in this auditor's report is not a guarantee that the Trust will continue in operation.

Other information in the Annual Report

The Accountable Officer is responsible for the other information presented in the Annual Report together with the financial statements. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work we have not identified material misstatements in the other information. In our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Annual Governance Statement

We are required to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the Department of Health Group Accounting Manual 2018/2019. We have nothing to report in this respect.

Remuneration and Staff Report

In our opinion the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the Department of Health Group Accounting Manual 2018/2019.

Directors' and Accountable Officer's responsibilities

As explained more fully in the statement set out on page 112, the directors are responsible for: the preparation of financial statements that give a true and fair view. They are also responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity. As explained more fully in the statement of the Chief Executive's responsibilities, as the Accountable Officer of the Trust, on page 111 the Accountable Officer is responsible for ensuring that annual statutory accounts are prepared in a format directed by the Secretary of State.

Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities.

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

Report on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice we are required to report to you if the Trust has not made proper arrangement for securing economy, efficiency and effectiveness in its use of resources.

We have nothing to report in this respect.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

As explained in the statement set out on page 111, the Chief Executive, as the Accountable Officer, is responsible for ensuring that value for money is achieved from the resources available to the Trust. We are required under section 21(3)(c), as amended by schedule 13 paragraph 10(a), of the Local Audit and Accountability Act 2014 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the specified criterion issued by the Comptroller and Auditor General (C&AG) in November 2017 as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. We planned our work in accordance with the Code of Audit Practice and related guidance. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice issued by the Comptroller and Auditor General ('the Code of Audit Practice') to report to you if:

- we refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or

- we issue a report in the public interest under section 24 of the Local Audit and Accountability Act 2014; or

- we make a written recommendation to the Trust under section 24 of the Local Audit and Accountability Act 2014.

We have nothing to report in these respects.

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

This report is made solely to the Board of Directors of South West London and St George's Mental Health NHS Trust, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Board of the Trust, as a body, those matters we are required to state to them in an auditor's

report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Board of the Trust, as a body, for our audit work, for this report or for the opinions we have formed.

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of South West London and St George's Mental Health NHS Trust in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Neil Hewitson
for and on behalf of KPMG LLP, Statutory Auditor
Chartered Accountants
15 Canada Square
London
E14 5GL

May 2019

Annual Accounts
for the year ended
31st March 2019

Statement of Comprehensive Income
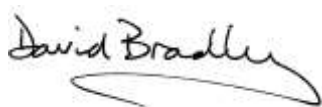
	Note	2018/19 £000	2017/18 £000
Operating income from patient care activities	3	155,185	149,959
Other operating income	4	29,080	16,045
Operating expenses	7, 9	(175,303)	(163,371)
Operating surplus/(deficit) from continuing operations		**8,962**	**2,633**
Finance income	12	83	28
PDC dividends payable		(6,198)	(6,178)
Net finance costs		**(6,115)**	**(6,150)**
Other gains / (losses)	14	14,027	1,129
Surplus / (deficit) for the year from continuing operations		**16,874**	**(2,388)**
Surplus / (deficit) for the year		**16,874**	**(2,388)**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	8	(3,371)	7,295
Revaluations	19	1,772	1,161
Total comprehensive income / (expense) for the period		**15,275**	**6,068**

Statement of Financial Position

	Note	31 March 2019 £000	31 March 2018 £000
Non-current assets			
Intangible assets	16	3,344	4,061
Property, plant and equipment	17	185,952	176,181
Total non-current assets		**189,296**	**180,242**
Current assets			
Inventories	24	235	210
Receivables	25	26,801	12,604
Cash and cash equivalents	28	20,630	18,424
Total current assets		**47,666**	**31,238**
Current liabilities			
Trade and other payables	29	(24,871)	(16,713)
Provisions	34	(110)	(123)
Other liabilities	31	(528)	(91)
Total current liabilities		**(25,509)**	**(16,927)**
Total assets less current liabilities		**211,453**	**194,553**
Total non-current liabilities		**-**	**-**
Total assets employed		**211,453**	**194,553**
Financed by			
Public dividend capital		128,720	127,095
Revaluation reserve		49,543	51,142
Income and expenditure reserve		33,190	16,316
Total taxpayers' equity		**211,453**	**194,553**

The notes on pages 128 to 156 form part of these accounts.

The annual report, financial statements and accompanying notes were authorised by the Board on 22 May 2019 and signed on its behalf by the Chief Executive.

Name

Position   David Bradley, Chief Executive

Date   24th May 2019

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Statement of Changes in Equity for the year ended 31 March 2019

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' equity at 1 April 2018 - brought forward	**127,095**	**51,142**	**16,316**	**194,553**
Impact of implementing IFRS 15 on 1 April 2018	-	-	-	**-**
Impact of implementing IFRS 9 on 1 April 2018	-	-	-	**-**
Surplus/(deficit) for the year	-	-	16,874	**16,874**
Impairments	-	(3,371)	-	**(3,371)**
Revaluations	-	1,772	-	**1,772**
Public dividend capital received	1,625	-	-	**1,625**
Taxpayers' equity at 31 March 2019	**128,720**	**49,543**	**33,190**	**211,453**

Statement of Changes in Equity for the year ended 31 March 2018

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' equity at 1 April 2017 - brought forward	**127,095**	**48,729**	**12,661**	**188,485**
Prior period adjustment	-	-	-	**-**
Taxpayers' equity at 1 April 2017 - restated	**127,095**	**48,729**	**12,661**	**188,485**
Surplus/(deficit) for the year	-	-	(2,388)	**(2,388)**
Other transfers between reserves	-	(6,043)	6,043	**-**
Impairments	-	7,295	-	**7,295**
Revaluations	-	1,161	-	**1,161**
Taxpayers' equity at 31 March 2018	**127,095**	**51,142**	**16,316**	**194,553**

Information on reserves

Public dividend capital
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the Trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve
Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Financial assets reserve / Available-for-sale investment reserve
This reserve comprises changes in the fair value of financial assets measured at fair value through other comprehensive income. When these instruments are derecognised, cumulative gains or losses previously recognised as other comprehensive income or expenditure are recycled to income or expenditure, unless the assets are equity instruments measured at fair value through other comprehensive income as a result of irrevivable election at recognition. The Trust does not have any reserve.

Income and expenditure reserve
The balance of this reserve is the accumulated surpluses and deficits of the Trust.

Statement of Cash Flows

	Note	2018/19 £000	2017/18 £000
Cash flows from operating activities			
Operating surplus / (deficit)		8,962	2,633
Non-cash income and expense:			
Depreciation and amortisation	7.1	4,805	4,415
Net impairments	8	8,965	6,596
(Increase) / decrease in receivables and other assets		(14,206)	(685)
(Increase) / decrease in inventories		(25)	(23)
Increase / (decrease) in payables and other liabilties		2,436	(475)
Increase / (decrease) in provisions		(13)	(1,205)
Net cash generated from / (used in) operating activities		**10,924**	**11,256**
Cash flows from investing activities			
Interest received		83	28
Purchase of intangible assets		-	(806)
Purchase of property, plant, equipment and investment property		(21,340)	(11,121)
Sales of property, plant, equipment and investment property		17,103	11,247
Net cash generated from / (used in) investing activities		**(4,154)**	**(652)**
Cash flows from financing activities			
Public dividend capital received		1,625	-
PDC dividend (paid) / refunded		(6,189)	(6,316)
Cash flows from (used in) other financing activities		-	1
Net cash generated from / (used in) financing activities		**(4,564)**	**(6,315)**
Increase / (decrease) in cash and cash equivalents		**2,206**	**4,289**
Cash and cash equivalents at 1 April - brought forward		**18,424**	**14,135**
Cash and cash equivalents at 31 March	28.1	**20,630**	**18,424**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation
The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2018/19 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Note 1.1.1 Accounting convention
These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern
The financial statements have been prepared as a going concern and the Trust will continue to operate for the foreseeable future. In approving the Trust's financial statements, the Board has made a rigorous assessment, and has satisfied itself that it is appropriate to prepare the financial statements on the going concern basis.

Note 1.2.1 Critical judgements in applying accounting policies
The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying theTrust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:
HM Treasury guidance allows Trusts to value assets using an alternative site methodology. The choice of whether to value an alternative site will normally hinge on whether the proposed alternative site will meet the locational requirements of the service that is being provided. Whilst it notes that where practical requirements of healthcare delivery, for example, require that a hospital is located on the same geographical site it now occupies, the valuation should be based on that site and not an alternative. A valuation on an alternative site basis may however be appropriate where it is clear that the alternative would offer advantages in serving the target population.
In 2015/16 the Trust reviewed its policy in respect of locational requirements for current service provision and identified alternative site locations for several of its assets. This was in line with the fundamental valuation principle that the hypothetical buyer for a modern equivalent asset would purchase the least expensive site that would be suitable and appropriate for its proposed operations.
In respect of the Wandsworth assets (Springfield and Thrale Road), the Trust considered that the services run from these sites could equally well be run from a hypothetical location within the London Borough of Richmond as our clients are spread over the South West London region. Each subsequent year the Trust reviewed its approach and concluded that the hypothetical location within the London Borough of Richmond remained a suitable alternative site and no change in policy was adopted and these assets are valued using the alternative site methodology.
In addition the Trust adopts a modern equivalent asset valuation methodology to value buildings. This does not enhance the existing buildings, but removes from the valuation the areas which, in management's view, represent unused space and areas which would not need to be re-provided in a modern equivalent asset. This includes the removal of unutilised areas, car parks and educational spaces from the valuation as, in management's view, these would not be provided for in a modern equivalent asset.

Note 1.2.2 Sources of estimation uncertainty
In the application of the Trust accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.
The following assumption about the future and other major sources of estimation uncertainty has a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:
The Trust carried out a desk top revaluation on all existing Land and Buildings as at 31st March 2019. The exercise was done by the District Valuer who visited the site to value new builds and acquisitions. Asset lives are updated by the District Valuer to take effect from 01 April 2019. Plants, Machinery, Transport and Intangible Assets were not indexed. On valuing the Trust's assets the District Valuer has advised that following the referendum held on 23 June 2016 concerning the UK's membership of the EU, the impact to date on the many factors that historically have acted as drivers on property values, together with BCIS and Location Factor indices, has generally been muted in most sectors and localities. The outlook nevertheless remains cautious for market activity over the coming months as work proceeds on negotiating detailed arrangements for EU exit and sudden fluctuations in value remain possible. It follows that any potential impact on the levels of value of Trusts' assets valued for financial accounting purposes at next review date is also uncertain at the present time.

LAND AND BUILDINGS
The Trust holds land and buildings at fair value (as defined by our accounting policies). To ensure they remain at fair value, land and buildings are subject a full valuation every five years and indexed between these dates using revaluation indices as supplied by a professional third party valuer. This is based on the professional judgement of the Trust's Independent Valuer with extensive knowledge of the physical estate and market factors. It is impracticable to disclose the extent of the possible effects of an assumption or another source of estimation uncertainty at the end of the reporting period. On the basis of existing knowledge, outcomes within the next financial year that are different from the assumption around the valuation of our land, property, plant and equipment could require a material adjustment to the carrying amount of the assets recorded.

EXPENDITURE RECOGNITIONS
Accrued expenditure is estimated based on the supplies and services purchased by the Trust in the year and upon best estimates of the expenditure still to be incurred for this financial year. These amounts form part of the balances disclosed within Note 7.1 Operating Expenses and Note 29.1 Trade and Other Payables.

The Trust also makes the following assumptions about the sources of estimation uncertainty that could result in an immaterial adjustment to the carrying amounts of assets and liabilities within the next financial year:

· The useful economic life of Trust tangible and intangible fixed assets as set by Professional third party valuers (buildings) and Trust professionals responsible for the custody and maintenance of the assets. No asset class is estimated to have a residual value, with current fair value depreciated or amortised over its estimated useful life to £nil.

· Provisions are based on the best estimates of future payments that will need to be made to meet current obligations. The basis of these estimates and the timing of the cash flows are described in the relevant note. Provisions are discounted and unwound using rates as set by HM Treasury.

Note 1.3 Interests in other entities
The Trust has no interests in other entities.

Note 1.4.1 Revenue from contracts with customers
Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS). As directed by the GAM, the transition to IFRS 15 in 2018/19 has been completed in accordance with paragraph C3 (b) of the Standard: applying the Standard retrospectively but recognising the cumulative effects at the date of initial application (1 April 2018).
Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.
Services are billed for on a monthly basis or at a minimum frequency within the terms specified by the contract.

Revenue from NHS contracts
The main source of income for the Trust is contracts with commissioners for health care services. A performance obligation relating to delivery of a spell of health care is generally satisfied over time as healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer. At the year end, the Trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete.

The Trust receives income from commissioners under Commissioning for Quality and Innovation (CQUIN) schemes. The Trust agrees schemes with its commissioner but they affect how care is provided to patients. That is, the CQUIN payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the contract.

Note 1.4.2 Revenue grants and other contributions to expenditure
Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.4.3 Other income
Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

Note 1.5 Expenditure on employee benefits
Short-term employee benefits
Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees.

Pension costs
NHS Pension Scheme
Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme. The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

Employer's pension cost contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

Note 1.6 Expenditure on other goods and services
Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.7 Property, plant and equipment

Note 1.7.1 Recognition
Property, plant and equipment is capitalised where:
• it is held for use in delivering services or for administrative purposes
• it is probable that future economic benefits will flow to, or service potential be provided to, the Trust
• it is expected to be used for more than one financial year
• the cost of the item can be measured reliably
• the item has cost of at least £5,000, or
• collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg. plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Note 1.7.2 Measurement
Valuation
All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

All assets are measured subsequently at valuation. Assets which are held for their service potential and are in use are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:
  • Land and non-specialised buildings – market value for existing use, modern equivalent asset basis
  • Specialised buildings – depreciated replacement cost, modern equivalent asset basis.
Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' ceases to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

Revaluation gains and losses

The Trust undertakes a full valuation every 5 years and a desktop valuation in intermediate years. During 2018/19 the Trust's valuer has undertaken a desktop valuation of the Trust's land and buildings portfolio as at 31 March 2019.

The judgements applied by the Trust and valuer in determining the methodology for valuing the Trust's land and buildings are set out in section 1.2.1 above.

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

Note 1.7.3 De-recognition

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met:

• the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
• the sale must be highly probable ie:
- management are committed to a plan to sell the asset
- an active programme has begun to find a buyer and complete the sale
- the asset is being actively marketed at a reasonable price
- the sale is expected to be completed within 12 months of the date of classification as 'held for sale' and
- the actions needed to complete the plan indicate it is unlikely that the plan will be abandoned or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Note 1.7.4 Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Note 1.7.5 Private Finance Initiative (PFI) and Local Improvement Finance Trust (LIFT) transactions

The Trust has not entered into any PFI and LIFT transactions.

Note 1.7.6 Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Land	-	-
Buildings, excluding dwellings	-	41
Dwellings	-	75
Plant & machinery	-	15
Transport equipment	-	2
Information technology	-	7
Furniture & fittings	-	15

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the Trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Note 1.8 Intangible assets

Note 1.8.1 Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Software

Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

Note 1.8.2 Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Note 1.8.3 Useful economic life of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Information technology	-	7
Software licences	-	7

Note 1.9 Inventories

Inventories are valued at the lower of cost and net realisable value using the first in, first out (FIFO) method/weighted average cost method.

Note 1.10 Investment properties

The Trust has no investment properties.

Note 1.11 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.12 Carbon Reduction Commitment scheme (CRC)

This scheme is not applicable to the Trust.

Note 1.13 Financial assets and financial liabilities

Note 1.13.1 Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Note 1.13.2 Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets are classified as subsequently measured at amortised cost.

Financial liabilities are classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables and rights and obligations under lease arrangements.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense.

Impairment of financial assets
For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for any expected credit losses.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Note 1.13.3 Derecognition
Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.14 Leases
Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Note 1.14.1 The Trust as lessee

Finance leases
Where substantially all risks and rewards of ownership of a leased asset are borne by the Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for as an item of property plant and equipment.

The annual rental charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability, is de-recognised when the liability is discharged, cancelled or expires.

Operating leases
Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings
Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

Note 1.14.2 The Trust as lessor
Finance leases
Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.
Operating leases
Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.15 Provisions
The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.
Clinical negligence costs
NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at note 34.2 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any "excesses" payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.16 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 35 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 35, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

• possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or

• present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.17 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for
(i) donated assets (including lottery funded assets),
(ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and
(iii) any PDC dividend balance receivable or payable.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.18 Value added tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.19 Corporation tax

The Trust is not liable for corporation tax.

Note 1.20 Foreign exchange

The functional and presentational currency of the Trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Note 1.21 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's *FReM*. See note 28.2.

Note 1.22 Losses and special payments
Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the Trust not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.23 Gifts
Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Note 1.24 Transfers of functions to / from other NHS bodies / local government bodies
The Trust has had no transfers of functions to/from other NHS bodies or local government bodies.

Note 1.25 Early adoption of standards, amendments and interpretations
No new accounting standards or revisions to existing standards have been early adopted in 2018/19.

Note 1.26 Standards, amendments and interpretations in issue but not yet effective or adopted
The DHSC GAM does not require the following IFRS Standards and Interpretations to be applied in 2018/19. These Standards are still subject to HM Treasury FReM adoption, with IFRS 16 being for implementation in 2019/20, and the government implementation date for IFRS 17 still subject to HM Treasury consideration.
● IFRS 16 Leases – Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.
● IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.
● IFRIC 23 Uncertainty over Income Tax Treatments – Application required for accounting periods beginning on or after 1 January 2019.

Note 2 Operating Segments
The Trust manages its operations as one healthcare segment and does not manage its operations as separately identified segments. Therefore, segmental analysis is not applicable to the Trust. Of the overall income to the Trust, 61% is from the 5 local CCGS covering the 5 local boroughs in which the Trust operates.

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4.1

Note 3.1 Income from patient care activities (by nature)	2018/19 £000	2017/18 £000
Mental health services		
Cost and volume contract income	34,727	35,057
Block contract income	113,315	107,293
Clinical partnerships providing mandatory services (including S75 agreements)	254	42
Other clinical income from mandatory services	6,889	7,567
Total income from activities	**155,185**	**149,959**

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2018/19 £000	2017/18 £000
NHS England	29,076	29,420
Clinical commissioning groups	118,462	112,514
Department of Health and Social Care	1,570	-
Other NHS providers	1,527	2,216
NHS other	35	-
Local authorities	2,440	4,453
Non NHS: other	2,075	1,356
Total income from activities	**155,185**	**149,959**
Of which:		
Related to continuing operations	155,185	149,959
Related to discontinued operations	-	-

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

The Trust has no oversea visitors income where the charge is made directly to the patient.

Note 4 Other operating income

	2018/19 £000	2017/18 £000
Other operating income from contracts with customers:		
Research and development (contract)	835	671
Education and training (excluding notional apprenticeship levy income)	8,731	8,454
Non-patient care services to other bodies	3,030	692
Provider sustainability / sustainability and transformation fund income (PSF / STF)	13,924	2,565
Income in respect of employee benefits accounted on a gross basis	1,270	1,276
Other contract income	1,190	2,055
Other non-contract operating income		
Rental revenue from operating leases	100	332
Total other operating income	**29,080**	**16,045**
Of which:		
Related to continuing operations	29,080	16,045

Note 5.1 Additional information on revenue from contracts with customers recognised in the period

	2018/19 £000
Revenue recognised in the reporting period that was included within contract liabilities at the previous period end	91

Note 5.2 Transaction price allocated to remaining performance obligations

The Trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the Trust recognises revenue directly corresponding to work done to date is not disclosed.

Note 6 Fees and charges
The Trust has no fees and charges relating to schemes that have a cost exceeding £1m.

Note 7.1 Operating expenses

	2018/19	2017/18
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	333	658
Purchase of healthcare from non-NHS and non-DHSC bodies	5,036	3,964
Staff and executive directors costs	127,053	121,351
Remuneration of non-executive directors	81	83
Supplies and services - clinical (excluding drugs costs)	589	882
Supplies and services - general	5,673	5,674
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	2,413	2,502
Consultancy costs	199	280
Establishment	1,937	1,771
Premises	6,081	4,273
Transport (including patient travel)	1,160	1,026
Depreciation on property, plant and equipment	4,088	3,713
Amortisation on intangible assets	717	702
Net impairments	8,965	6,596
Movement in credit loss allowance: all other receivables and investments	53	60
Audit fees payable to the external auditor		
audit services- statutory audit	72	56
other auditor remuneration (external auditor only)	14	9
Internal audit costs	103	82
Clinical negligence	426	406
Legal fees	738	387
Insurance	209	182
Research and development	520	488
Education and training	886	827
Rentals under operating leases	6,724	5,926
Early retirements	88	86
Car parking & security	979	919
Hospitality	48	90
Other services, eg external payroll	-	250
Other	118	128
Total	**175,303**	**163,371**
Of which:		
Related to continuing operations	175,303	163,371

Note 7.2 Other auditor remuneration

	2018/19	2017/18
	£000	£000
Other auditor remuneration paid to the external auditor:		
Audit-related assurance services (net of VAT)	14	9
Total	**14**	**9**

The statutory audit fee is net of VAT and is £60k in 2018/19 (£47k in 2017/18).

Note 7.3 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £2m (2017/18: £2m).

The contract signed on 1st July 2017, states that the liability of KPMG, its members, partners and staff (whether in contract, negligence or otherwise) shall in no circumstances exceed £2m, aside from where the liability cannot be limited by law. This is in aggregate in respect of all services.

Note 8 Impairment of assets

	2018/19 £000	2017/18 £000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	4,367	6,596
Other	4,598	-
Total net impairments charged to operating surplus / deficit	**8,965**	**6,596**
Impairments charged to the revaluation reserve	3,371	(7,295)
Total net impairments	**12,336**	**(699)**

Impairments of £5.6m arose as a result of downward revaluation of sites and application of Modern Equivalent Asset valuation methodology.

Note 9 Employee benefits

	2018/19 Total £000	2017/18 Total £000
Salaries and wages	98,558	92,728
Social security costs	10,643	10,066
Apprenticeship levy	426	443
Employer's contributions to NHS pensions	11,802	11,252
Pension cost - other	30	13
Termination benefits	80	44
Temporary staff (including agency)	7,228	7,954
Total staff costs	**128,767**	**122,500**
Of which		
Costs capitalised as part of assets	1,714	1,149

Note 9.1 Retirements due to ill-health

During 2018/19 there were 3 early retirements from the Trust agreed on the grounds of ill-health (1 in the year ended 31 March 2018). The estimated additional pension liabilities of these ill-health retirements is £108k (£101k in 2017/18).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

Note 10 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2019, is based on valuation data as 31 March 2018, updated to 31 March 2019 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary,

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

Where staff are not eligible for the NHS Pension Scheme, they are entitled to join the National Employment Savings Trust (NEST).

Note 11 Operating leases

lessor

This note discloses income generated in operating lease agreements where South West London and St George's Mental Health NHS Trust is the lessor.

The Trust has ongoing leasing arrangements with 4 organisations which are as follows: London Borough of Richmond, Richmond Borough MIND, Mayfield Gymnasium, and Mayfield Nursery.

	2018/19 £000	2017/18 £000
Operating lease revenue		
Minimum lease receipts	100	332
Total	**100**	**332**

	31 March 2019 £000	31 March 2018 £000
Future minimum lease receipts due:		
- not later than one year;	100	332
Total	**100**	**332**

lessee

This note discloses costs and commitments incurred in operating lease arrangements where South West London and St George's Mental Health NHS Trust is the lessee.

The main commitment for the Trust is a payment of £4,560k per annum to NHS Property Services for the lease of the 1st and 2nd floors of Queen Mary's Hospital. The lease terminates on 31st March 2021. All of the operating leases relate to buildings.

	2018/19 £000	2017/18 £000
Operating lease expense		
Minimum lease payments	6,724	5,926
Total	**6,724**	**5,926**

	31 March 2019 £000	31 March 2018 £000
Future minimum lease payments due:		
- not later than one year;	6,694	4,451
- later than one year and not later than five years;	4,631	9,216
- later than five years.	-	4
Total	**11,325**	**13,671**

Note 12 Finance income

Finance income represents interest received on assets and investments in the period.

	2018/19 £000	2017/18 £000
Interest on bank accounts	83	25
Interest on other investments / financial assets	-	3
Total finance income	**83**	**28**

Note 13.1 Finance expenditure

The Trust has not borrowed money in either 2018/19 or 2017/18.

Note 13.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

The Trust has no commercial debts in 2018/19 or 2017/18.

Note 14 Other gains / (losses)

	2018/19 £000	2017/18 £000
Gains on disposal of assets	14,027	1,129
Total gains / (losses) on disposal of assets	**14,027**	**1,129**

Note 15 Discontinued operations

The Trust has no discontinued operations in 2018/19 or 2017/18.

Note 16.1 Intangible assets - 2018/19

	Software licences £000	Internally generated information technology £000	Total £000
Valuation / gross cost at 1 April 2018 - brought forward	983	6,679	7,662
Additions	-	-	-
Disposals / derecognition	-	-	-
Valuation / gross cost at 31 March 2019	983	6,679	7,662
Amortisation at 1 April 2018 - brought forward	799	2,802	3,601
Provided during the year	-	717	717
Amortisation at 31 March 2019	799	3,519	4,318
Net book value at 31 March 2019	184	3,160	3,344
Net book value at 1 April 2018	184	3,877	4,061

Note 16.2 Intangible assets - 2017/18

	Software licences £000	Internally generated information technology £000	Total £000
Valuation / gross cost at 1 April 2017 - as previously stated	177	6,679	6,856
Prior period adjustments	-	-	-
Valuation / gross cost at 1 April 2017 - restated	177	6,679	6,856
Additions	806	-	806
Disposals / derecognition	-	-	-
Valuation / gross cost at 31 March 2018	983	6,679	7,662
Amortisation at 1 April 2017 - as previously stated	97	2,802	2,899
Prior period adjustments	-	-	-
Amortisation at 1 April 2017 - restated	97	2,802	2,899
Provided during the year	702	-	702
Amortisation at 31 March 2018	799	2,802	3,601
Net book value at 31 March 2018	184	3,877	4,061
Net book value at 1 April 2017	80	3,877	3,957

Note 17.1 Property, plant and equipment - 2018/19

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2018 - brought forward	**52,294**	**105,455**	**3,963**	**21,287**	**991**	**412**	**11,406**	**752**	**196,560**
Additions	-	-	-	25,457	-	-	2,042	-	**27,499**
Impairments	(7)	(6,531)	(331)	-	-	-	-	-	**(6,869)**
Reversals of impairments	-	1,297	-	-	-	-	-	-	**1,297**
Revaluations	69	(17,106)	(1,111)	-	-	-	-	-	**(18,148)**
Reclassifications	-	4,652	-	(5,388)	-	-	736	-	**-**
Disposals / derecognition	(1,414)	(1,739)	-	-	(8)	-	-	-	**(3,161)**
Valuation/gross cost at 31 March 2019	**50,942**	**86,028**	**2,521**	**41,356**	**983**	**412**	**14,184**	**752**	**197,178**
Accumulated depreciation at 1 April 2018 - brought forward	**-**	**9,441**	**591**	**-**	**913**	**385**	**8,313**	**736**	**20,379**
Provided during the year	-	3,169	95	-	18	25	775	6	**4,088**
Impairments	-	6,079	694	-	-	-	-	-	**6,773**
Reversals of impairments	-	(9)	-	-	-	-	-	-	**(9)**
Revaluations	-	(18,603)	(1,317)	-	-	-	-	-	**(19,920)**
Disposals / derecognition	-	(77)	-	-	(8)	-	-	-	**(85)**
Accumulated depreciation at 31 March 2019	**-**	**-**	**63**	**-**	**923**	**410**	**9,088**	**742**	**11,226**
Net book value at 31 March 2019	**50,942**	**86,028**	**2,458**	**41,356**	**60**	**2**	**5,096**	**10**	**185,952**
Net book value at 1 April 2018	**52,294**	**96,014**	**3,372**	**21,287**	**78**	**27**	**3,093**	**16**	**176,181**

Note 17.2 Property, plant and equipment - 2017/18

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation / gross cost at 1 April 2017 - as previously stated	**56,160**	**103,810**	**3,793**	**18,401**	**991**	**412**	**10,054**	**752**	**194,373**
Prior period adjustments	-	-	-	-	-	-	-	-	**-**
Valuation / gross cost at 1 April 2017 - restated	**56,160**	**103,810**	**3,793**	**18,401**	**991**	**412**	**10,054**	**752**	**194,373**
Additions	-	-	-	8,723	-	-	1,285	-	**10,008**
Impairments	(413)	(7,099)	(7)	-	-	-	-	-	**(7,519)**
Reversals of impairments	5,932	8,768	114	-	-	-	-	-	**14,814**
Revaluations	(5,815)	988	63	-	-	-	-	-	**(4,764)**
Reclassifications	-	5,770	-	(5,837)	-	-	67	-	**-**
Disposals / derecognition	(3,570)	(6,782)	-	-	-	-	-	-	**(10,352)**
Valuation/gross cost at 31 March 2018	**52,294**	**105,455**	**3,963**	**21,287**	**991**	**412**	**11,406**	**752**	**196,560**
Accumulated depreciation at 1 April 2017 - as previously stated	**311**	**5,810**	**519**	**-**	**895**	**358**	**7,606**	**730**	**16,229**
Prior period adjustments	-	-	-	-	-	-	-	-	**-**
Accumulated depreciation at 1 April 2017 - restated	**311**	**5,810**	**519**	**-**	**895**	**358**	**7,606**	**730**	**16,229**
Provided during the year	-	2,866	89	-	18	27	707	6	**3,713**
Impairments	5,504	4,838	-	-	-	-	-	-	**10,342**
Reversals of impairments	-	(3,725)	(21)	-	-	-	-	-	**(3,746)**
Revaluations	(5,815)	(114)	4	-	-	-	-	-	**(5,925)**
Disposals / derecognition	-	(234)	-	-	-	-	-	-	**(234)**
Accumulated depreciation at 31 March 2018	**-**	**9,441**	**591**	**-**	**913**	**385**	**8,313**	**736**	**20,379**
Net book value at 31 March 2018	**52,294**	**96,014**	**3,372**	**21,287**	**78**	**27**	**3,093**	**16**	**176,181**
Net book value at 1 April 2017	**55,849**	**98,000**	**3,274**	**18,401**	**96**	**54**	**2,448**	**22**	**178,144**

The Trust has reviewed historic accumulated depreciation of buildings in year resulting in a reduced gross cost of £15.3m at 1st April 2017. There is no impact on the Net Book Value as at 1st April 2018.

Note 17.3 Property, plant and equipment financing - 2018/19

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2019									
Owned - purchased	50,942	85,394	2,458	41,356	60	2	5,096	10	**185,318**
Owned - donated	-	634	-	-	-	-	-	-	**634**
NBV total at 31 March 2019	**50,942**	**86,028**	**2,458**	**41,356**	**60**	**2**	**5,096**	**10**	**185,952**

Note 17.4 Property, plant and equipment financing - 2017/18

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2018									
Owned - purchased	51,769	94,798	3,372	21,287	78	27	3,093	16	**174,440**
Owned - donated	525	1,216	-	-	-	-	-	-	**1,741**
NBV total at 31 March 2018	**52,294**	**96,014**	**3,372**	**21,287**	**78**	**27**	**3,093**	**16**	**176,181**

Note 18 Donations of property, plant and equipment

The Trust did not receive any donations of property, plant and equipment during the year.

Note 19 Revaluations of property, plant and equipment

Please see notes 1.2.1 and 1.2.2. The Trust's depreciated replacement cost (DRC) valuation is based on the BCIS (all price) Tender Price Index, published in February 2019. Please see note 17. All of the Trust's land and buildings are subject to revaluation. The effective date of revaluation of land and buildings owned by the Trust is 31 March 2019. The revaluation was carried out by Ros Johnson MA(Hons) MRICS, a Principal Surveyor (RICS registered valuer) with the DVS property services arm of the Valuation Office Agency, using widely recognised market and cost approach valuation techniques to determine the Current Value of land and buildings owned by the Trust.

Note 20 Investment Property

The Trust has no investment property.

Note 21 Investments in associates and joint ventures

The Trust had no investments in associates and joint ventures in 2018/19 or 2017/18.

Note 22 Other investments / financial assets (non-current)

The Trust had no other investments/financial assets in 2018/19 or 2017/18.

Note 23 Disclosure of interests in other entities

The Trust has no interests in unconsolidated subsidiaries, joint ventures, associates or unconsolidated

Note 24 Inventories

	31 March 2019 £000	31 March 2018 £000
Drugs	79	78
Consumables	156	132
Total inventories	**235**	**210**

Inventories recognised in expenses for the year were £0k (2017/18: £30k). Write-down of inventories recognised as expenses for the year were £0k (2017/18: £0k).

Note 25.1 Trade receivables and other receivables

	31 March 2019 £000	31 March 2018 £000
Current		
Contract receivables*	24,825	-
Trade receivables*	-	11,461
Accrued income*	-	2
Allowance for other impaired receivables	(53)	(157)
Prepayments (non-PFI)	744	535
PDC dividend receivable	134	143
VAT receivable	504	160
Other receivables	647	460
Total current trade and other receivables	**26,801**	**12,604**
Of which receivables from NHS and DHSC group bodies:		
Current	23,036	10,461
Non-current	-	-

*Following the application of IFRS 15 from 1 April 2018, the Trust's entitlements to consideration for work performed under contracts with customers are shown separately as contract receivables and contract assets. This replaces the previous analysis into trade receivables and accrued income. IFRS 15 is applied without restatement therefore the comparative analysis of receivables has not been restated under IFRS 15.

Note 25.2 Allowances for credit losses - 2018/19

	Contract receivables and contract assets £000	All other receivables £000
Allowances as at 1 Apr 2018 - brought forward		
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018	157	(157)
Changes in existing allowances	-	53
Utilisation of allowances (write offs)	(157)	-
Allowances as at 31 Mar 2019	-	(104)

Note 25.3 Allowances for credit losses - 2017/18

IFRS 9 and IFRS 15 are adopted without restatement therefore this analysis is prepared in line with the requirements of IFRS 7 prior to IFRS 9 adoption. As a result it differs in format to the current period disclosure.

Note 25.4 Exposure to credit risk

See note 41.

Note 26 Other assets

The Trust has no other assets.

Note 27 Non-current assets held for sale and assets in disposal groups

The Trust has no non current assets held for sale or assets in disposal groups.

Note 27.1 Liabilities in disposal groups

The Trust has no liabilities in disposal groups.

Note 28.1 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2018/19 £000	2017/18 £000
At 1 April	18,424	14,135
At 1 April (restated)	18,424	14,135
Net change in year	2,206	4,289
At 31 March	20,630	18,424
Broken down into:		
Cash at commercial banks and in hand	62	80
Cash with the Government Banking Service	20,568	18,344
Total cash and cash equivalents as in SoFP	20,630	18,424
Total cash and cash equivalents as in SoCF	20,630	18,424

Note 28.2 Third party assets held by the Trust

The Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2019 £000	31 March 2018 £000
Bank balances	2,624	2,676
Total third party assets	2,624	2,676

Note 29.1 Trade and other payables

	31 March 2019 £000	31 March 2018 £000
Current		
Trade payables	3,468	3,687
Capital payables	8,827	2,668
Accruals	8,236	6,335
Social security costs	1,553	1,467
Other taxes payable	548	749
Other payables	2,239	1,807
Total current trade and other payables	**24,871**	**16,713**

	31 March 2019	31 March 2018
Of which payables from NHS and DHSC group bodies:		
Current	3,338	2,636

Note 29.2 Early retirements in NHS payables above

The payables note above includes no amounts in relation to early retirements.

Note 30 Other financial liabilities

The Trust has no other financial liabilities.

Note 31 Other liabilities

	31 March 2019 £000	31 March 2018 £000
Current		
Deferred income: contract liabilities	528	91
Total other current liabilities	**528**	**91**

Note 32 Borrowings

The Trust has no borrowings.

Note 33 Finance leases

The Trust has no finance leases either as the lessor or the lessee.

Note 34.1 Provisions for liabilities and charges analysis

	Legal claims £000	Redundancy £000	Total £000
At 1 April 2018	**79**	**44**	**123**
Arising during the year	31	-	**31**
Utilised during the year	-	(44)	**(44)**
At 31 March 2019	**110**	**-**	**110**
Expected timing of cash flows:			
- not later than one year;	110	-	**110**
Total	**110**	**-**	**110**

Legal claims: These represent 18 outstanding claims with the NHS Litigation Authority which are expected to be cleared in 2019/20.

Note 34.2 Clinical negligence liabilities

At 31 March 2019, £2,288k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of South West London and St George's Mental Health NHS Trust (31 March 2018: £1,443k).

Note 35 Contingent assets and liabilities

	31 March 2019 £000	31 March 2018 £000
Value of contingent liabilities		
NHS Resolution legal claims	(30)	-
Gross value of contingent liabilities	**(30)**	**-**
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	**(30)**	**-**
Net value of contingent assets	**-**	**-**

Note 36 Contractual capital commitments

	31 March 2019 £000	31 March 2018 £000
Property, plant and equipment	10,397	2,310
Total	**10,397**	**2,310**

All capital commitments are due to be completed in 2019/20.

Note 37 Other financial commitments

The Trust has no non-cancellable contracts (which are not leases, PFI contracts or other service concession arrangements), analysed by the period during which payment is made.

Note 38 Defined benefit pension schemes

The Trust is not involved in any material defined beneift pension schemes.

Note 39 On-SoFP PFI, LIFT or other service concession arrangements

The Trust does not have any such arrangements.

Note 40 Off-SoFP PFI, LIFT and other service concession arrangements

The Trust does not have any such arrangements.

Note 41 Financial instruments

Note 41.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with commissioners and the way those commissioners are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The NHS trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day to day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the trust's standing financial instructions and policies agreed by the board of directors. Trust treasury activity is subject to review by the Trust's internal auditors.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

The Trust borrows from government for capital expenditure, subject to affordability as confirmed by NHS Improvement. The borrowings are for 1 – 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

Credit risk

Because the majority of the Trust revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2019 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk

The Trust's operating costs are incurred under contracts with CCGs and other commissioners, which are financed from resources voted annually by Parliament . The Trust funds its capital expenditure from funds obtained within its prudential borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks.

Note 41.2 Carrying values of financial assets

IFRS 9 Financial Instruments is applied restrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

	Held at amortised cost £000	Held at fair value through I&E £000	Held at fair value through OCI £000	Total book value £000
Carrying values of financial assets as at 31 March 2019 under IFRS 9				
Trade and other receivables excluding non financial assets	24,825	-	-	**24,825**
Cash and cash equivalents at bank and in hand	20,630	-	-	**20,630**
Total at 31 March 2019	**45,455**	**-**	**-**	**45,455**

	Loans and receivables £000	Assets at fair value through the I&E £000	Held to maturity £000	Available-for-sale £000	Total book value £000
Carrying values of financial assets as at 31 March 2018 under IAS 39					
Trade and other receivables excluding non financial assets	12,604	-	-	-	**12,604**
hand	18,424	-	-	-	**18,424**
Total at 31 March 2018	**31,028**	**-**	**-**	**-**	**31,028**

Note 41.3 Carrying value of financial liabilities

IFRS 9 Financial Instruments is applied restrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

	Held at amortised cost	Held at fair value through the I&E	Total book value
	£000	£000	£000
Carrying values of financial liabilities as at 31 March 2019 under IFRS 9			
Trade and other payables excluding non financial liabilities	22,770	-	22,770
Total at 31 March 2019	**22,770**		**22,770**

	Other financial liabilities	Held at fair value through the I&E	Total book value
	£000	£000	£000
Carrying values of financial liabilities as at 31 March 2018 under IAS 39			
Trade and other payables excluding non financial liabilities	16,713	-	16,713
Total at 31 March 2018	**16,713**	**-**	**16,713**

There have been no defaults on loans payable or breaches of loan terms in the period.

Note 41.4 Fair values of financial assets and liabilities

The book value (carrying value) is a reasonable approximation of fair value, of financial assets and liabilities.

Note 41.5 Maturity of financial liabilities

	31 March 2019	31 March 2018
	£000	£000
In one year or less	22,770	16,713
In more than one year but not more than five years	-	-
In more than five years	-	-
Total	**22,770**	**16,713**

Note 42 Losses and special payments

	2018/19		2017/18	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	3	-	13	2
Bad debts and claims abandoned	6	-	14	4
Stores losses and damage to property	1	4	1	2
Total losses	**10**	**4**	**28**	**8**
Special payments				
Ex-gratia payments	13	3	6	2
Total special payments	**13**	**3**	**6**	**2**
Total losses and special payments	**23**	**7**	**34**	**10**
Compensation payments received		-		-

Note 43 Gifts

There were no gifts in either year.

Note 44.1 Initial application of IFRS 9

IFRS 9 Financial Instruments as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to reserves on 1 April 2018.

IFRS 9 replaces IAS 39 and introduces a revised approach to classification and measurement of financial assets and financial liabilities, a new forward-looking 'expected loss' impairment model and a revised approach to hedge accounting.

Note 44.2 Initial application of IFRS 15

IFRS 15 Revenue from Contracts with Customers as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to the income and expenditure reserve on 1 April 2018.

IFRS 15 introduces a new model for the recognition of revenue from contracts with customers replacing the previous standards IAS 11, IAS 18 and related Interpretations. The core principle of IFRS 15 is that an entity recognises revenue when it satisfies performance obligations through the transfer of promised goods or services to customers at an amount that reflects the consideration to which the entity expects to be entitled to in exchange for those goods or services.

As directed by the GAM, the Trust has applied the practical expedient offered in C7A of the standard removing the need to retrospectively restate any contract modifications that occurred before the date of implementation (1 April 2018).

Note 45 Related parties

During the year non of the Department of Health Ministers, Trust Board members or members of the key management staff, or parties related to any of them, has undertaken any material transactions with South West London and St. George's Mental Health NHS Trust.

The Trust has a related party interest in South West London and St. George's Mental Health NHS Trust Charitable Fund. The accounts of the charitable fund are not consolidated as they are not material.

The Department of Health is regarded as a related party. During the year South West London and St. George's Mental Health NHS Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. These entities are:

NHS Wandsworth Clinical Commissioning Group
NHS Sutton Clinical Commissioning Group
NHS Merton Clinical Commissioning Group
NHS Richmond Clinical Commissioning Group
NHS Kingston Clinical Commissioning Group
NHS England
Health Education England
NHS Croydon Clinical Commissioning Group
Epsom and St. Helier NHS Trust
Oxleas NHS Foundation Trust
South London & Maudsley NHS Foundation Trust
St George's University NHS Foundation Trust
Kingston Hospital NHS Trust
NHS Litigation Authority
NHS Business Services Authority
NHS Property Services Ltd

In addition the Trust had material transactions with the following Government bodies:

HM Revenue and Customs
NHS Pensions Agency

Note 46 Transfers by absorption
The Trust has not been party to any transfers by absorption.

Note 47 Prior period adjustments
The Trust is not reporting any prior period reporting adjustments.

Note 48 Events after the reporting date
There are no events after the reporting date.

Note 49 Final period of operation as a trust providing NHS healthcare
This is not applicable to the Trust.

Note 50 Better Payment Practice code

	2018/19 Number	2018/19 £000	2017/18 Number	2017/18 £000
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	18,199	87,441	18,958	76,957
Total non-NHS trade invoices paid within target	16,547	83,040	17,657	73,790
Percentage of non-NHS trade invoices paid within target	90.9%	95.0%	93.1%	95.9%
NHS Payables				
Total NHS trade invoices paid in the year	452	24,238	551	26,727
Total NHS trade invoices paid within target	363	23,763	493	26,324
Percentage of NHS trade invoices paid within target	80.3%	98.0%	89.5%	98.5%

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

Note 51 External financing
The Trust is given an external financing limit against which it is permitted to underspend.

	2018/19 £000	2017/18 £000
Cash flow financing	(581)	(4,289)
Finance leases taken out in year	0	0
Other capital receipts	0	0
External financing requirement	**(581)**	**(4,289)**
External financing limit (EFL)	6,880	(3,736)
Under / (over) spend against EFL	**7,461**	**553**

Note 52 Capital Resource Limit

	2018/19 £000	2017/18 £000
Gross capital expenditure	27,499	10,814
Less: Disposals	(3,076)	(10,118)
Less: Donated and granted capital additions	-	-
kind	-	-
Charge against Capital Resource Limit	**24,423**	**696**
Capital Resource Limit	24,557	850
Under / (over) spend against CRL	**134**	**154**

Note 53 Breakeven duty financial performance

	2018/19 £000
Adjusted financial performance surplus / (deficit) (control total basis)	25,888
Remove impairments scoring to Departmental Expenditure Limit	-
Add back non-cash element of On-SoFP pension scheme charges	-
IFRIC 12 breakeven adjustment	-
Breakeven duty financial performance surplus / (deficit)	**25,888**

Note 54 Breakeven duty rolling assessment

	1997/98 to 2008/09	2009/10 £000	2010/11 £000	2011/12 £000	2012/13 £000	2013/14 £000	2014/15 £000	2015/16 £000	2016/17 £000	2017/18 £000	2018/19 £000
Breakeven duty in-year financial performance		2,286	2,579	2,158	1,670	1,953	1,642	3,024	2,710	4,254	25,888
position	8,057	10,343	12,922	15,080	16,750	18,703	20,345	23,369	26,079	30,333	56,221
Operating income		180,216	176,230	167,281	163,195	160,043	159,702	162,180	163,263	166,004	184,265
Cumulative breakeven position as a percentage of operating income		5.7%	7.3%	9.0%	10.3%	11.7%	12.7%	14.4%	16.0%	18.3%	30.5%

The Trust is performance managed by NHS Improvement whose primary mechanism for financial management is an in year control total. The in year control total is typically in the region of 1% of operating income and the Trust has achieved or over performed against this target year on year. In 2018/19 the Trust adjusted performance is £25.9m (14% against operating income), of which £13.9m relates to non recurrent Provider Sustainability Fund (PSF) earned by the Trust. The Trust's performance excluding PSF is 6.5% of operating income.

Glossary

Organisations, medical and operational terms we use in this annual report

3is	Identify, inform, involve, support – the basis of working in partnership with carers
A&E	Accident and Emergency Department
ADHD	Attention deficit hyperactivity disorder
AME	Annually managed expenditure
AOT	Adolescent Outreach Team
ASD	Autistic Spectrum Disorder
BAF	Board Assurance Framework
BC	Business Continuity
BCP	Business Continuity Plan
BAME	Black and minority ethnic
CAMHS	Child and adolescent mental health services
Carbon footprint	The total amount of CO2 (carbon dioxide) emissions resulting from an organisation's or individual's activities, often calculated over a year
CCG	Clinical commissioning groups. Local organisations led by GPs, responsible for planning and commissioning (buying) healthcare for their communities, including mental health, urgent and emergency care, from hospitals, clinics, ambulance services, community health bodies and others
CDARS	Community drug and alcohol recovery service
CETV	Cash equivalent transfer value
CFF	Carers, families and friends
CFFRG	Carers, families and friends reference group
CGL	Change, grow, live
CIC	Community interest company
CIH	Chief Inspector of Hospitals
CMHT	Community Mental Health Team
% CO2e	Percentage of carbon dioxide emissions
Co-production	A way of developing, and sometimes delivering, healthcare services that brings together the knowledge, ability and input of people using the services and the organisations providing services. It puts more power in the hands of the individuals and communities who use the services. They work with healthcare professionals to develop services local people really need, and that are sustainable and cost- effective
CRN	Clinical Research Network
CPA	Care programme approach
CQC	Care Quality Commission. An independent body that monitors, inspects and publishes ratings on health and social care services in England
CQCI	Centre for Creative Quality Improvement
CQRG	Clinical Quality Commissioning reference group
CQUIN	Commissioning for Quality and Innovation
CRIS	Clinical record interactive search
CRU	Clinical research unit
CYPIAPT	Children and Young People's Improving Access to Psychological Therapies
DHSC	Department of Health and Social Care
DPR	Directorate performance review
DToC	Delayed Transfer of Care
ECT	Electroconvulsive therapy
EDGE	The national research database
EIS	Early Intervention Service
EMP	Estates Modernisation Programme

ENRICH	(Project title) Enhanced discharge from inpatient to community health care: a programme of applied research to manualise, pilot and trial a peer worker intervention
EPRR	Emergency preparedness resilience and response
ESQ	Experience of Service Questionnaire
FACT	Family Adolescent and Child Team
FITT	Family Intervention Training Team
FFT	Friends and family test
FOS	Forensic Outreach Service
FPC	Finance and Performance Committee
FSAVC	Free standing additional voluntary contributions
FSN	Forensic Specialist and National
GP	General Practitioner
Hazmat	Hazardous materials
HCA	Health care assistant
HSCA	Health & Social Care Act
HealthWatch	Healthwatch England is the national consumer champion for health and care. Local Healthwatch organisations are made up of local people. They aim to get the best out of their local health and social care services by providing feedback, opinions and input into decision-making, and holding healthcare providers to account
HOIA	Head of internal audit
HR/OD	Human resources/organisational development
IAPT	Improving access to psychological therapies
ICO	Information Commissioners Office
I&E	Investment and expenditure
IOR/CBRN	Initial operational response/chemical biological radiological or nuclear
IM&T	Information Management and Technology
IPS	Individual placement and support
LGBT+	Lesbian, gay, bisexual and transgender
KCC	Kingston co-ordinated care
KPI	Key performance indicator
LD	Learning disabilities
LOS	Length of Stay
LTFM	Long-term financial model
MASH	Multi Agency Safeguarding Hub
MCP	Most capable provider
MDT	Multi Disciplinary Team
MHA	Mental Health Act
MP	Member of Parliament
MST	Multi Systemic Therapy
MUTRIPS	Mechanisms underlying treatment resistance In psychosis
NEDs	Non-executive directors
NHS	National Health Service
NHS BSA	NHS Business Services Authority
NHSE	NHS England
NHSI	NHS Improvement
NICE	National Institute for Health and Care Excellence
NMoC	New Models of Care
NPSA	Named Patient Service Agreement
NoCLoR	North Central London Research Consortium, responsible for research management and governance for NHS organisations in the north Thames region
OBC	Outcome-based commissioning
OBD	Occupied Bed Day
OCD/BDD	Obsessive Compulsive Disorder/ Body Dysmorphic Disorder

OT	Occupational Therapy
PALS	Patient advice and liaison service
PADR	Performance and Development Review
PEER	Peer expertise in education and research
PFP	Positive Families Partnership
PICU	Psychiatric intensive care unit
POMH	Prescribing Observatory for Mental Health
PPiP2	Prevalence of neuronal cell surface antibodies in patients with psychotic illness (extension study)
PSF	Provider sustainability funding (formerly sustainability and transformation funding) **-** funding from NHS Improvement allocated to support and incentivise the sustainable provision of efficient, effective and economic care by NHS Trusts and Foundation Trusts.
PQF	Patient quality forum
QA	Quality Account **-** published annually by NHS healthcare providers to report on the quality of their services, covering patient safety, the effectiveness of treatments that patients receive, and patient feedback about the care provided
QII	Quality Improvement and Innovation
QSAC	Quality and Safety Assurance Committee
R&D	Research and development
RAG scores	Red, amber, green states. Red – service suspended; amber – service operating with disruption; green –service operating normally.
RiO	Electronic patient recording system
ROBC	Richmond Mental Health Outcomes Based Commissioning
ReBIND	(Project title) Research into the effectiveness of biographical reminiscence films in dementia
RST	Recovery Support Team
RTF	Real-time feedback
RTT	Referral to Treatment
S136	Section 136
SGUL	St George's University of London
SLaM	South London and Maudsley NHS Foundation Trust
SLP	South London Mental Health and Community Partnership
SinQUE	Social inclusion in mental health Development and validation of a measure of social inclusion
STP	Strategic transformation plan
SDMP	Sustainable development management plan
SDU	Sustainable development unit
SOF	Single Oversight Framework
SPA	Single Point of Access
STEIS	Strategic Executive Information System
STEP	Springfield and Tolworth Estate Partnership
SWLSTG	South West London and St George's Mental Health NHS Trust
TIAA	SWLSTG internal auditors
ToC	Triangle of care
TRIANGLE	Transition care in anorexia nervosa
WCEN	Wandsworth community empowerment network
WTE	Whole-time equivalent. A way of calculating the number of people in our organisation that includes those who don't work a full working week. For example, a person working standard hours each day, but only three days out of five, would count as 0.6 WTE
YTD	Year to date

We are the leading provider of mental health services across south west London and a beacon of excellence for national mental health services. We serve a diverse community of people in the boroughs of Kingston, Merton, Richmond, Sutton and Wandsworth.

In keeping with the Equality Act 2010 we do not discriminate against people on the grounds of age, race, disability, sex, gender reassignment, sexual orientation, religion and belief, marriage and civil partnership or pregnancy and maternity.

Annual Report and Accounts 2018/19

Become a member:
To find out about becoming a member
E-mail: membership@swlstg.nhs.uk

communications@swlstg.nhs.uk

Our values   Respectful   Open   Collaborative   Compassionate   Consistent