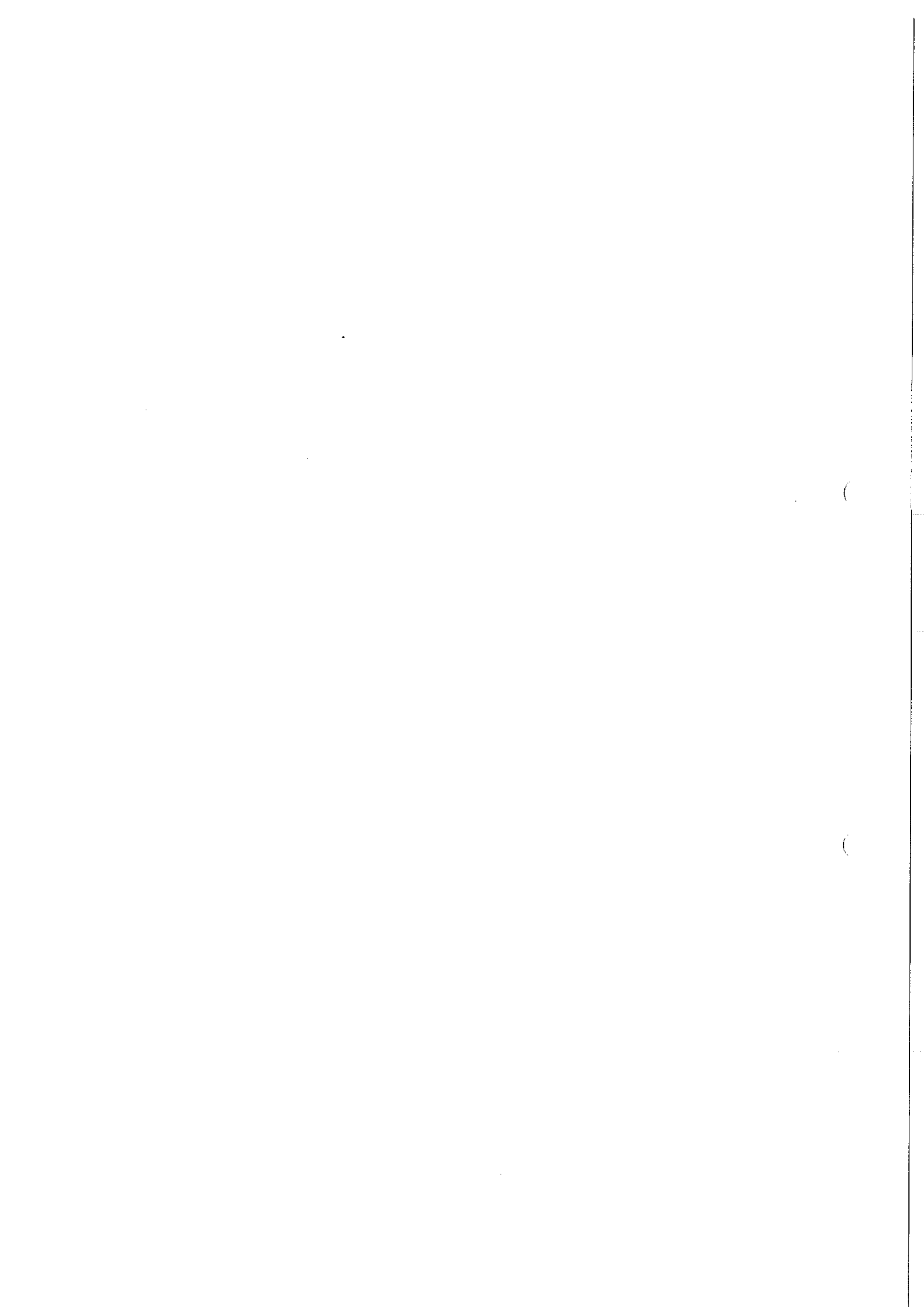


SOUTH WEST LONDON & ST GEORGE'S MENTAL HEALTH TRUST
ANNUAL REPORT & ACCOUNTS
2017-18

Presented to Parliament pursuant to Schedule 7, paragraph 25(4) of the National
Health Service Act 2006



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Performance report

Message from the Chair and Chief Executive



Peter Molyneux, Trust Chair



David Bradley, Chief Executive

Welcome to our annual report for 2017-18

Each year, our annual report gives us a real opportunity to look back on the past twelve months and reflect on our journey; the achievements, the challenges as well as look to our ambitions for the future.

Against the backdrop of numerous challenges, both nationally and locally, particularly in relation to NHS finances, which continue to be stretched, we are pleased to be able to say that the Trust has performed well in 2017/18. This is reflected in the CQCs comments following our inspection in February 2018. Although, at the time of writing, we are awaiting the formal report, we are confident that we will retain our 'Good' rating.

This is by no means 'job done' though, and we must continue to focus our efforts on improving the quality of the services that we provide ensuring that all learning is fully embedded in our services. As we look back through this report on the achievements of the last 12 months we have been struck by just how much hard work, dedication and commitment has gone into, not only making life better for our patients, but also making this Trust a great place to work.

Despite financial challenges we have continued to do launch innovative services. We:

- launched a new talking therapies service in Wandsworth, Talk Wandsworth
- opened two new Recovery Cafes in Wimbledon and Tooting for people in crisis,
- launched our carers' charter,
- celebrated our nursing staff on international nurses day
- and hosted a number of fantastic events for staff, patients and the public to celebrate mental health month.

More than ever before, people are willing to talk about mental health, yet stigma and discrimination are still rife, despite one in four people suffering from a mental health condition each year. Through various campaigns and programmes, such as our popular October Mental Health Month and #uplifting image competition, we are aiming 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.

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 celebrated also. This year we celebrated our commitment to our diverse workforce by signing up to the British Sign Language Charter and introducing a number of new staff support networks including a Deaf Staff Network, Mental Health network and a LGBTQ+ network. We also launched of the Burdett Nursing Development programme, aimed at supporting the development of our Black and Minority Ethnic staff and we celebrated Pride Festival, Black History Month and Deaf Awareness as well as our own successful October Mental Health Month which included our annual Trust staff football competition; 'Seriously Funny' A Comedy Night fundraiser; Healing Our Broken Village Conference; Pop-up 'Problem Solving Booths' co-hosted with the Recovery Café and Mindfulness Workshops.

Our Estate Modernisation Programme is moving forward, as we announced in September that we would be working with our preferred bidders, Springfield and Tolworth Estate Partnership (STEP), a 50/50 partnership with Kajima Partnerships and Sir Robert McAlpine Capital Ventures Ltd.

The Estate Modernisation Programme marks the biggest opportunity in our generation to transform the way we deliver future mental health services in south west London. The plans, once formally approved, will bring forward a range of benefits to both our service users and the local community. 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 developing our five year strategy which will bring together our strategic and clinical objectives into a single set of related objectives. These objectives are at the heart of our intentions for our clinical services in 2018 to 2023, and shape and direct our enabling strategies.

One of the most significant developments of the last year is the real benefits that we are starting to see from the formation of the innovative South London Partnership (SLP). Working with two mental health trusts, South London and the Maudsley NHS Foundation Trust (SLaM) and Oxleas NHS Foundation Trust, this collaboration - the first of its kind in London - brings together our collective expertise to help identify areas of best practice that can be rolled out consistently across south London, to help deliver a shared vision to improve patient care.

Through the SLP we are starting 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.

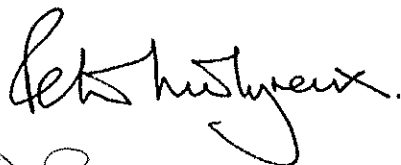
Key achievements of the partnership so far have centred on new models of care across our forensic mental health services and our Tier 4 child and adolescent mental health services (CAMHS).

- The new care model for forensic mental health services has been designed to develop improved pathways of care to treat patients closer to home, and to draw resource into our sector and geography
- The approach to the new care model for CAMHS is similar, transforming services by improving the experience of the patients and carers who use them, their overall quality, efficiency and productivity.
- And in addition to the clinical improvements, the partnership is collaborating on other areas such as procurement, HR and workforce. We have also been working across the partnership on a Nursing Development Framework to address nursing workforce challenges and to ensure our frontline staff have a clear and defined development pathway

We will also be launching a new engagement programme which will look at how we can all work together to make the everyday changes we know will help improve the lives of staff, patients and the community we serve. Making life better together is the name of new programme and it will be launching in the summer of 2018.

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

Peter Molyneux
Trust Chair



David Bradley
Chief Executive



A personal note from David Bradley

"This will be the last time that Peter Molyneux and I will introduce the Trust's Annual Report as Peter will shortly be coming to the end of his tenure at the Trust, having served as Chair since 2011.

We are working with NHS Improvement to recruit a successor and hope to be able to make an announcement later in the summer. Peter has worked tirelessly since becoming Chair of the Trust to ensure that the organisation holds itself to the highest standards and aspires to provide the highest quality, innovative services for our patient and I hope that you, as key stakeholders, will join me in thanking him for his support and service."

About Us

South West London and St George's Mental Health NHS Trust has been providing mental health services to the people of south west London for over 160 years. We were recognised as a NHS Trust in 1994.

Our Work

We are a leading provider of mental health services across south west London and a beacon of excellence for many of our national mental health services.

Serving more than a million people in the boroughs of Kingston, Merton, Richmond, Sutton and Wandsworth, our Trust headquarters are in the impressive grounds of Springfield University Hospital in Tooting, with major inpatient services provided from Tolworth hospital in Kingston, and Queen Mary's hospital in Roehampton. We also operate in many other community locations in London and the south east.

We provide community and outpatient services in each of the boroughs we serve and provide many national services such as those for people with eating disorders and OCD as well as national deaf services.

We pride ourselves on being an innovative and pioneering organisation which is reflected in the fact that we are a centre of excellence for several mental health services including our national mental health deaf services and our eating disorders services.

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

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.

We are able to deliver our services through our partnership working with stakeholders including local commissioners, local authorities, carers, friends, family and other partner organisation.

Our clinical service offer includes:

- Acute & Urgent Care Services
- Cognition & Mental Health in Ageing
- Community Mental Health
- Children & Adolescent Mental Health
- Forensic, Specialist and National Mental Health

Reflective of our holistic approach to providing effective mental health services we also host the Recovery College, which 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 giving students the tools they need to

manage their conditions and for families, friends. The team is made up of peer trainers (people with lived experience of mental health challenges) and mental health professionals.

Our Vision and Values

Our mission is: Making Life Better Together.

We believe it is only through working close with our service users, their carers', friends and families and with our stakeholder partner organisations can we deliver the best mental health services to the people who access our services.

We pride ourselves on living our values of being respectful, open, compassionate, collaborative and consistent. In this way we are able to provide effective services which enable people to recover, stay well and take back control of their lives.

Our Strategic Priorities and Objectives

We aim to provide the best possible clinical care and support to people who use our services so we work in partnership with service users, their relatives, carers and friends, and other stakeholders, to meet our strategic objectives to improve:

- Quality and value – provide high-quality and safe services that give value for money
- Partnerships – develop stronger external relationships and explore business opportunities that improve access, responsiveness and service range
- Co-production – develop relationships that value patients and service users, carers, staff and the community as co-producers of services
- Recovery – enable increased hope, control and opportunity for our service users
- Innovation – become a leading innovative provider of health and social care services
- Leadership and talent – develop both qualities throughout the organisation

This is married with our clinical strategy to:

- Promote mental health and wellbeing
- Develop a needs-based approach to patient care
- Make person-centred care a reality
- Make integrated care the norm



Springfield University Hospital, Tooting

Our strategy has served us well over the past years and remains the linchpin of what we do, but in response to the changing healthcare environment and the challenges facing the NHS economy, we have started develop a new overarching strategy which will help us continue to provide excellent patient care and services. We have been supported in the development of this new strategy by our service users, carers, family friends and our stakeholders. We hope to finalise this strategy in summer 2018.

Highlights & 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.

April saw the opening of two new innovative new mental health services in Wimbledon and Tooting. The Recovery Cafés – which are run by London based charities Hestia and CDARS complement the diverse portfolio of mental health services provided, supporting individuals in mental health crisis to reduce their immediate anxiety, formulating individual plans to support their mental health and thereby reducing the likelihood of requiring assistance from local accident and emergency services.

Also in April, we partnered with Children and Young People's Improving Access to Psychological Therapies (CYP IAPT), the Anna Freud National Centre for Children and Families and the English-Speaking Union to support 40 young people who have engaged with mental health services to develop debating skills and take part in a public debate finale at London's Facebook HQ. The winners of the final debate were from Merton and a young person from Sutton was awarded 'Best Speaker' at the end of the debate.

In May we celebrated International Nurses Day, with a day of learning, reflection, information sharing and building on the work our nurses do every day across south west London. Speakers included Oliver Shanley, the Joint Regional Chief Nurse for NHS Development and NHS Improvement will be speaking to share his vision for nursing in London.

In June we launched a Trust Carer's Charter to recognise the important role that carers have in supporting the lives of those who use our services whatever their age. The Charter uses the 3iS approach: Identify, Inform, Involve and Support.

In September we reached another significant milestone in our Estate Modernisation programme with the announcement of a preferred bidder. This announcement enables the proposals to be finalised for a full business case for the delivery of two new hospitals at our Springfield and Tolworth sites and additional housing in a parkland setting, to be submitted to Government for approval.

October saw our third annual mental health month celebrations as we once again ran a programme of events aimed at challenging stigma and discrimination, and raising awareness of mental health issues. Events this year included a Seriously Funny comedy night, Trust Football tournament, pop-up problem solving booths, mindfulness workshops and of course, our very popular, annual digital photography competition, #uplifting image, which encouraged local primary school children, our staff and local people to submit an image of something that they found uplifting.

October also saw the Trust play host to an event to remember a former colleague, Joan Bicknell. The Trust, along with St George's University of London and Baroness Sheila Hollins, celebrated the life work and legacy of Joan Bicknell with a memorial event at Springfield Hospital in Tooting, where Joan did much of her pioneering clinical work. Friends, family and colleagues came together to remember Joan and all she did to transform care for people with learning disabilities.

We joined forces with Burdett Trust for Nursing and Kingston University to offer leadership training to BAME nursing workforce. We are proud to have secured a large grant from the Burdett Trust for Nursing to devise a bespoke leadership development programme for its Black, Asian, Minority and Ethnic (BAME) nursing workforce. Working with Kingston University colleagues and Chief Nursing Officer's Jane Cummings BAME Expert Advisory Group members the programme promotes development opportunities which aim to improve nursing retention rates. The initiative is locally driven as SWLSTG has acknowledged the challenge in retaining BAME nurses who are committed to providing best quality care and reinvigorating our existing workforce, especially in our community teams and specialist services.

This year we have seen our work recognised at a number of national and international awards:

- The Lotus Assessment Suite won the Nursing in Mental Health Award at the prestigious Nursing Times Awards.
- Wandsworth Behaviour and Communication Support Service (BACSS) won the London Health Innovation Award for improving depression in older people care homes. The team was also shortlisted in the Care of Older People Award at the Nursing Times Awards.
- On the international stage, we won Silver in the European Digital Impact Awards in the 'Best use of digital to an internal audience' category for our new intranet.
- And a project led by our CAMHS Participation officer but delivered in partnership with the English-Speaking Union, the Anna Freud National Centre for Children and Families and the London and South East CYPIAPT Learning collaborative, was shortlisted for an award in this year's National Children and Young People's Mental Health Positive Practice Awards.

And 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 Award, Lifetime Achievement Award, Chair's Award and Chief Executive Leadership Award.

Among the many deserving winners across the Trust were Devon Marston and Paul Kenny, who won the Mental Health Advocate Award, an award presented to volunteers who have been true advocates for mental health in the community. Devon was a founding member of Sound Minds, a multi award winning charity which helps improve the lives of people recovering from mental health issues in South West London. Paul has helped run the Family and Friends Support Group for Wandsworth Early Intervention Team for over 9 years and also is an important member of FITT – the Trustwide Family Intervention Training Team.

Quality Improvement and Innovation Programme (QII)

The Trust formally launched the Quality Improvement and Innovation Programme (QII) at a Leadership event in January 2017. QII provides a systematic programme to support and harness the capacity in staff across all Trust departments to learn new skills and approaches to delivering successful improvement projects both large and small. Many improvement projects are aligned with National and Trust quality improvement priorities for example:

Cardio Metabolic Assessment: As part of a package of interventions we have innovatively deployed, tested and subsequently rolled out point of care cholesterol

and glucose testing machines and other improvements within all Trust community localities to improve physical health outcomes for service users living with psychosis in the community. During the baseline period of 8 months the percentage of necessary cardio metabolic assessments and interventions completed rose modestly from 10-28% using traditional managerial performance approaches. Following the quality improvement programme commencing on the 18th July performance rose to 71% in community teams within four months with good staff engagement.

Reducing restrictive practices and incidents of violence and aggression on in-patient wards: Having successfully tested a bundle of four interventions in our forensic wards we are now rolling this out across all admission wards including adults, older people, CAMHS and specialist (deaf, eating disorders)

Caseload weighting tool: A pilot of the tool has supported community teams to effectively consider how they target the use of their resources, strengthen care planning, clinical decision-making and productivity.

The QII programme is comprised of:

- A small central QII team under the leadership of the Associate Medical Director for QII and with expert input from Springfield Consultancy.
- Training for staff at different levels (including classroom sessions, action learning sets and e-learning modules (QI4U).
- On line web-based platform to help staff identify, develop, implement and record QII projects (LifeQI).
- Communication and development activities that focus on wider engagement and cultural change within the Trust.

As at February 2018 over 200 staff have been trained and 31 projects are live or under development. The measure of success of the QII programme will be when the organisation is consistently improving in quality as rated by our service users, carers staff and external regulators such as the CQC as well as achieving long-term sustainability

Financial Review

Overall Position



£4.2m

net surplus retained (after adjusting for impairments)

Use of Resources Risk Rating



Improvement

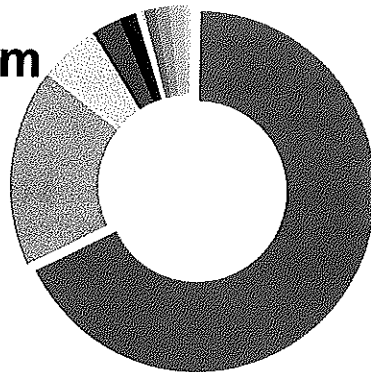
On Target



Income Earnings



£166m

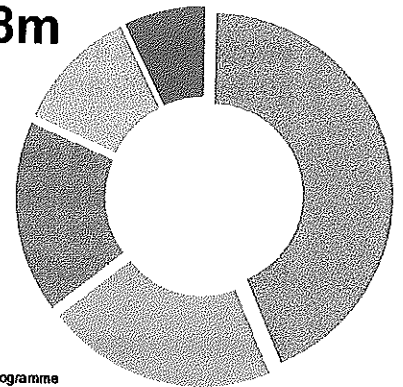


- Services to Clinical Commissioning Groups (CCGs)
- Services to NHS England
- Education, Training and Research Income
- Services to Local Authorities
- STF
- Recoveries in respect employee benefits

Capital Investments



£10.8m



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

Cash



£18.4m

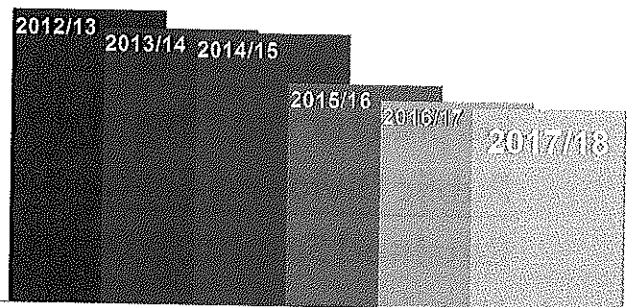
closing balance as at 31st March

Savings Programmes



£5.9m

savings for the year



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

Our financial statements can be found from page 106 onwards which comply with our regulatory requirements.

In summary the Trust is reporting a surplus of £4.2m before impairments.

In addition, we delivered against the Department of Health targets set out below:

- Breakeven or better for Income and Expenditure;
- Operate within an External Financing Limit of £3.7m;
- Operate within a Capital Resource Limit of £0.9m;
- Maintain a Capital Cost Absorption rate of 3.5%;
- Achieve the Public Sector Prompt Payment target by value.

The surplus of £4.2m excludes impairments as these are technical in nature and are exceptional items. A reconciliation of these items can be found in note 7 of the accounts.

Within the £4.2m surplus is a £1.1m profit from the sale of assets and £1.6m sustainability and transformation incentive/bonus payments.

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 £10.8m which was used primarily to modernise the Trust's estate for both patients and staff.

The Trust's cash balance of £18.4m 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.

<u>I&E</u>	2017/18	2016/17
	£m	£m
Income	166.0	163.3
Operating Costs	-163.4	-160.7
Operating Surplus	2.6	2.6
Profit on Disposal of Assets	1.1	1.7
Surplus for the Financial Year	3.8	4.3
Public Dividend Capital and Interest	-6.2	-6.4
Retained Surplus/(-Deficit) for the Year	-2.4	-2.1
Impairments	6.6	4.8
NET Retained Surplus for the Year	4.2	2.7

Use of Resources Risk Rating

The Trust is assessed on five criteria: liquidity ratio, capital servicing capacity, 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. In particular it is worth noting the Trust's success in reducing agency expenditure, which fell from £15.1m in 2016/17 to £8.0m in 2017/18 (a 47% reduction).

Income

Total income received by the Trust in the year ended 31st March 2018 was £166.0m, with 92% coming from patient care activities. The majority of non-clinical income is used to fund education, training, and research.

A breakdown of total income by source is shown below:

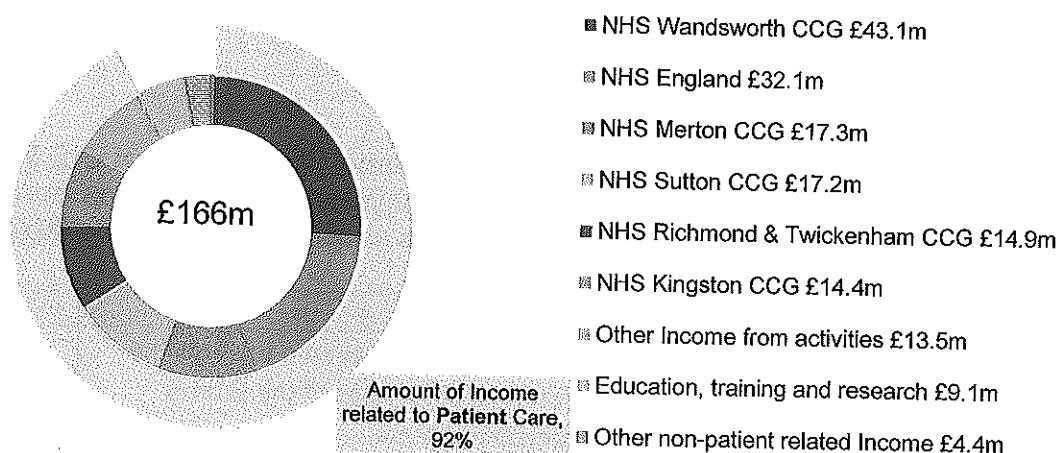


Figure 1: Breakdown of Income

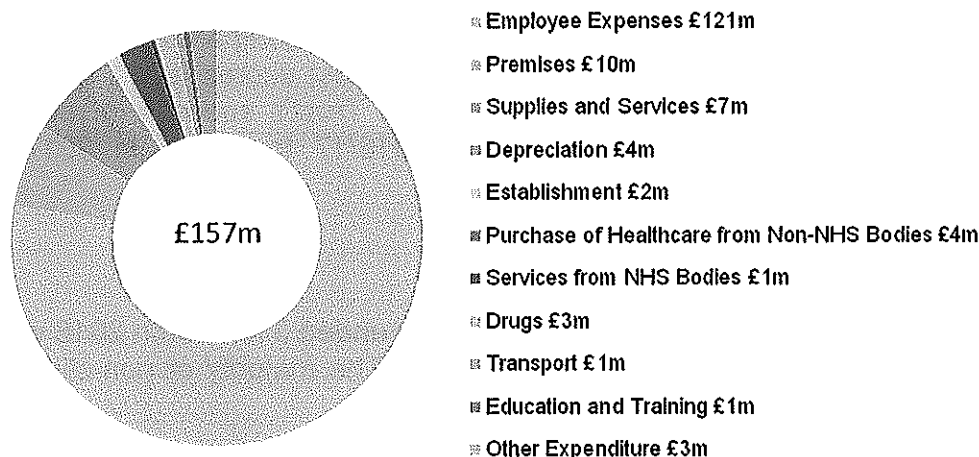
Better Payment Practice Code

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 non-NHS invoices within 30 days of receipt of goods or a valid invoice, whichever is later. The Trust met the target by value of invoices with a performance of 95.9%; and by volume achieved a result of 93.1%.

Expenditure

The Trust spent £157m 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:



The most significant area of expenditure is staffing which accounted for £121m or 77% 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 £10.8m. 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	Capital expenditure in year geared towards the full rollout of the main phases of the Estates Modernisation Programme	4.6
Maintenance	Investment in the maintenance of the Trust's Estate including: fire & safety, boiler and ligature works	1.2
Technology	Investment in the Trust's information technology infrastructure	2.3
Ward & Other Refurbishments	Improvements to ward areas including investment in Forensic and Acute areas	0.8
Relocation/Space Rationalisation	Rationalisation of space, reducing the footprint occupied as an enabler for the Trust's Estate's Modernisation Programme	1.9
Total		10.8

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 Estates 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 South London Partnership
- Increased use of technology
- Reducing bureaucracy
- Continued close control of expenditure
- Rationalise our site

The Trust's work as part of the South London Mental Health and Community Partnership (SLP) this 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 cash from these sales to build modern facilities. This programme is set to accelerate over the coming year.

Nationally, spending on Mental Health continues to be a subject of focus with the Five Year Forward View being at the heart of NHS planning. Internally, the Trust is seeking to maximise the use of existing resources through initiatives such as the South London Partnership.

The Trust has secured increased investment into its two largest contracts, signed in April, with the local CCGs and NHSE England Specialised Commissioning. In another positive development, the Trust has negotiated a number of risk shares with each commissioner, thereby giving partial protection from unplanned demand pressures in the system. Commissioners have also agreed to reinvest MH QIPP savings back into mental health services, in line with directives from NHS England. All of the above developments make a step towards improving the funding of mental health services in the South West London area.

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 £3.0m and £2.7m and £4.2m (before impairments) were included in the audited accounts for 2015/16, 2016/17 and 2017/18 respectively.

- The Trust achieved an overall use of resources risk rating of 1 for 2017/18, on a scale of 1 to 4 where the lowest risk is 1. The Trust is planning to achieve a level 2 for 2018/19, and enter the coming financial year with an underlying balanced run-rate and also with agency spend below the cap set by NHSI. The Trust plan for a level 2 is due to its capital servicing capacity i.e. the degree to which the organisation's generated income covers its financial obligations.
- The Trust is on quarterly monitoring from NHSI as the Trust is considered low risk.
- The Trust has not had to resort to additional cash borrowing in the past and has historically maintained substantial in year cash balances. During 2017/18 the Trust sold Richmond Royal site, thereby increasing its cash balances. The Trust's closing cash balance for 2017/18 was £18.4m.
- The Trust is progressing the sale of land and buildings that form part of the Trust's wider estates modernisation agenda. 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 of the new hospitals. As the Trust will need to use some of the existing land/buildings, which it plans to sell, until the new hospital is complete. This will cause a temporary shortfall in cash during the building phase in future years. This is a known temporary cash shortfall which will be funded by an approved £70m bridging loan facility from the Secretary of State.
- The Trust continues to implement its financial strategy to reduce required efficiency savings whilst achieving the control total set by NHSI which is greater than 1% of turnover. The Trust has submitted an operating plan for 2018/19 which forecasts a surplus (before impairments) of £2.7m meeting the required control total.
- The Trust has signed contracts with commissioners for 2018/19. For 2018/19, £143.1m (92%) 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 2018/19. The Trust is proactively working with its CCGs to develop new services models and to increase the overall available resource to the Trust.
- 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 87 in the Annual Governance Statement.

Operational Performance Review

In 2017/18 we continued to work hard to achieve our performance targets set both nationally, and by our regional and local commissioners as well as our own internal targets. In the period we performed well across our services and as a result remained in segment 2 of 4 of the NHS Improvement (NHSI) Single Oversight Framework (SOF). This means our regulator recognises there are areas for improvement but are not enforcing any regulatory or other oversight actions upon the Trust.

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, 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. During the year our finance committee adopted the remit to monitor performance on behalf of the Board providing increased oversight and assurance. We have also developed a framework for monitoring service line reporting and whilst this remains work in process this type of performance reporting is providing the Trust with additional insights into its performance by service line and directorate.

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 table overleaf sets out our performance against key performance metrics during the period, 2017/18.

KEY MEASURES	Target	2016/17	2017/18
Safe Domain			
Clostridium difficile - Variance from plan	0	0	1
Never events ©	0	0	0
Overdue Patient Safety Alerts	0	-	0
Serious Incidents STEIS	≤8.5	8.5	7.4
Number of incidents where duty of candour has breached	0	0	0
Admissions to an acute ward of a patient under 16	0	0	0
Physical Health Assessment attempted within 48 hours of admission (%) ©	≥95.0	94.0	94.9
% of patients with a risk assessment reviewed within the last 12 months	≥95.0	-	87.8
Risk Assessments within 48 hours of admission (%)	≥95.0	93.6	95.2
Effective Domain			
Emergency readmission within 30 days - Adult Acute & PICU (%)	≤8.5	8.4	5.8
Adult Acute Average length of stay (12 month rolling average)	≤34.7	34.8	36.2
CPA review within last 12 months (%) ©	≥95.0	96.5	97.3
Community follow up within 7 days of discharge from inpatient services (%) ©	≥95.0	96.2	96.8
Employed (On CPA 18-69 yrs only) (%)	≥7.1	9.7	10.9
Settled Accommodation (On CPA 18-69 yrs only) (%)	≥80.0	84.6	82.5
Cluster accuracy and quality (%)	≥95.0	84.3	88
Inpatient discharge letters sent within 24 hours (%)	100.0	81.0	89.9
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
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
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 (%)	≥65.0	35.0	64.0
Caring Domain			
Patient Friends and Family Test (%)	≥84.0	64.0	72.2
Mixed sex accommodation breaches	0	0	0
CPA clients with a collaborative crisis plan (%)	≥90.0	84.9	90.1
Responsive Domain			
Patients requiring acute care - Gatekeeping assessment in line with best practice standards (%)	≥95.0	97.8	97.7
1st episode of psychosis - Treatment with a NICE recommended package within 2 weeks of referral (%)	≥50.0	73.5	66.1
IAPT/talking therapies - Proportion of people completing treatment who move to recovery (%)	≥50.0	46.5	47.7
IAPT/talking therapies - Waiting time to begin treatment within 6 weeks (%)	≥75.0	96.1	93.9
IAPT/talking therapies - Waiting time to begin treatment within 18 weeks (%)	≥95.0	99.8	99.7
Expected population need met by IAPT - Sutton Uplift	≥3792	3,574	4424
Expected population need met by IAPT - Wandsworth IAPT	≥6600	5,602	6606
CAMHS - Non-Urgent referrals assessed within 8 weeks (%)	≥80.0	92.1	86.7
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
RTT - Patients waiting for treatment at month end (%)	≥92.0	96.5	97.7
Adult CMHTs - Non-Urgent Referrals assessed within 28 days (%)	≥80.0	83.7	86.9
Workforce Domain			
Vacancy Rate (%)	≤15.0	18.3	16.8
Sickness rate (reported month in arrears) (%)	≤3.5	4.4	3.9
Turnover Rate (%) ©	≤15.0	15.0	15.6
Statutory and Mandatory training (%)	≥95.0	82.0	88.3
Supervision (%) ©	≥85.0	73.1	79.2

Figure 2: Performance against key performance indicators

During the period, 2017/18, our services continued to be busy, we:

- Received 28,000 referrals to our secondary services;
- Made 395,000 individual contacts with our services users;
- Admitted 2,049 people to our inpatient services;
- Received 16,000 referrals into our Improving Access to Psychological Therapy (IAPT) services.

As detailed in *Figure 2: Performance against key performance indicators* we have had variable performance but achieving most of our targets across the safe, effective, caring, responsive and effective domains.

Demand for adult acute beds has remained high in 2017/18 and we continued to work innovatively in order to meet the demand and lower admission rates.

This was the first full year of operation for the Lotus Assessment Suite, it having opened in November 2016. The assessment suite provides a more comprehensive assessment of up to 48 hours of clients and helps to prevent admission to an adult acute ward and determine the least restrictive treatment setting. The Suite has resulted in a reduction in the number of patients admitted and a reduction in the variation of admissions and discharges each month.

Adult Acute Bed Management

We have incurred significant bed pressures in year highlighted and seen an upward trend in bed occupancy. We have been forced to use private beds and have had challenges with discharging service users and patients with complex requirements during 2017/18.

Admission and discharge rates have fallen in 17/18 but are subject to month on month fluctuation. The levels of variation in year are less pronounced that was seen in 16/17 – which may, in part, reflect the impact of the Lotus Assessment Suite.

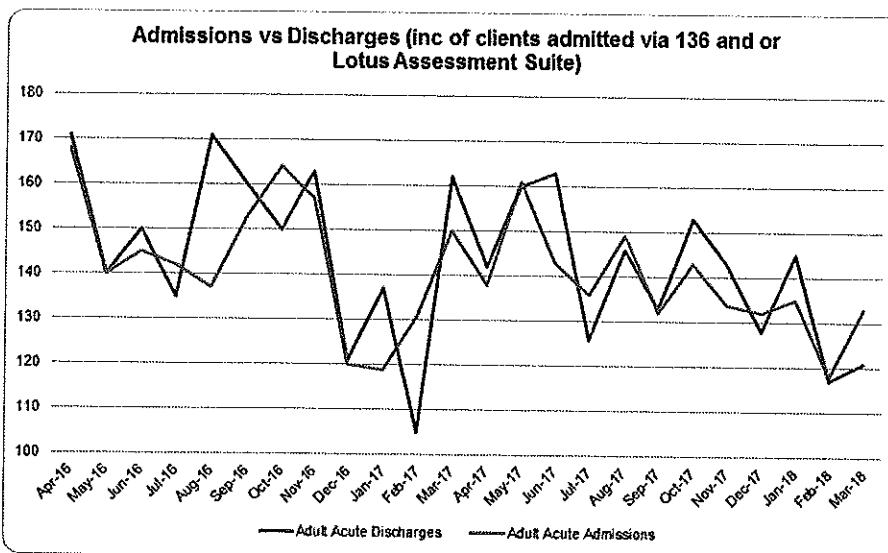


Figure 3: Admissions vs Discharge 2017/18

Whilst there have been reduced levels of variation in recent months, overall occupancy levels are rising. Based on data from April 2016 to present, the actual number of occupied beds for the year was 11.3, this is higher than the planned number of beds for March 2018.

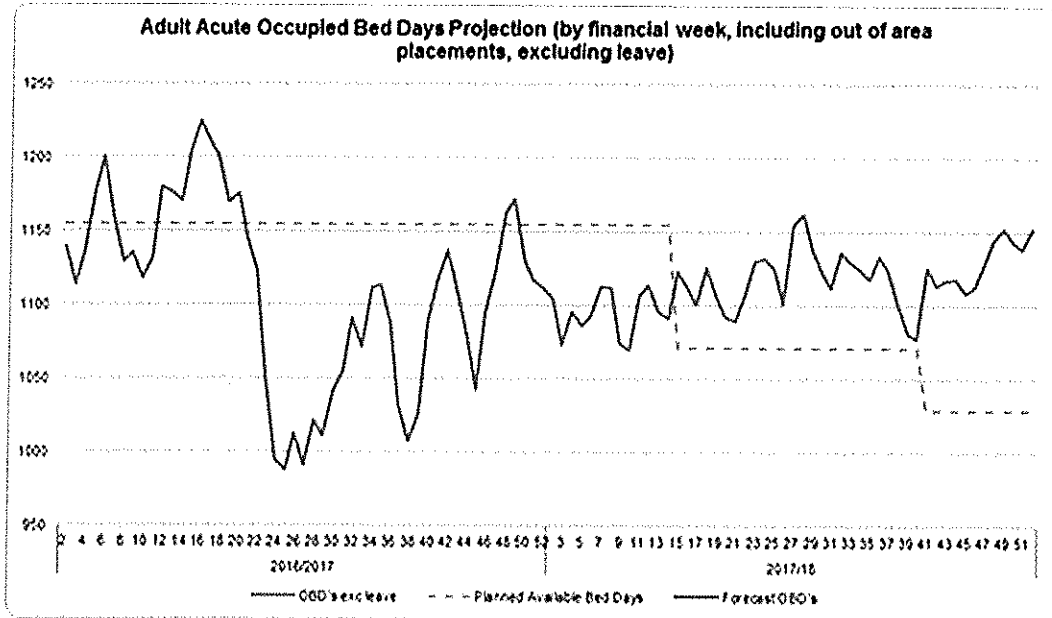


Figure 4: Adult Acute Bed Days Projection

Adult acute bed occupancy rate and nursing agency and temporary staff use has been steadily increasing since April 2016. In February bed occupancy decreased and temporary nursing staff use increased.

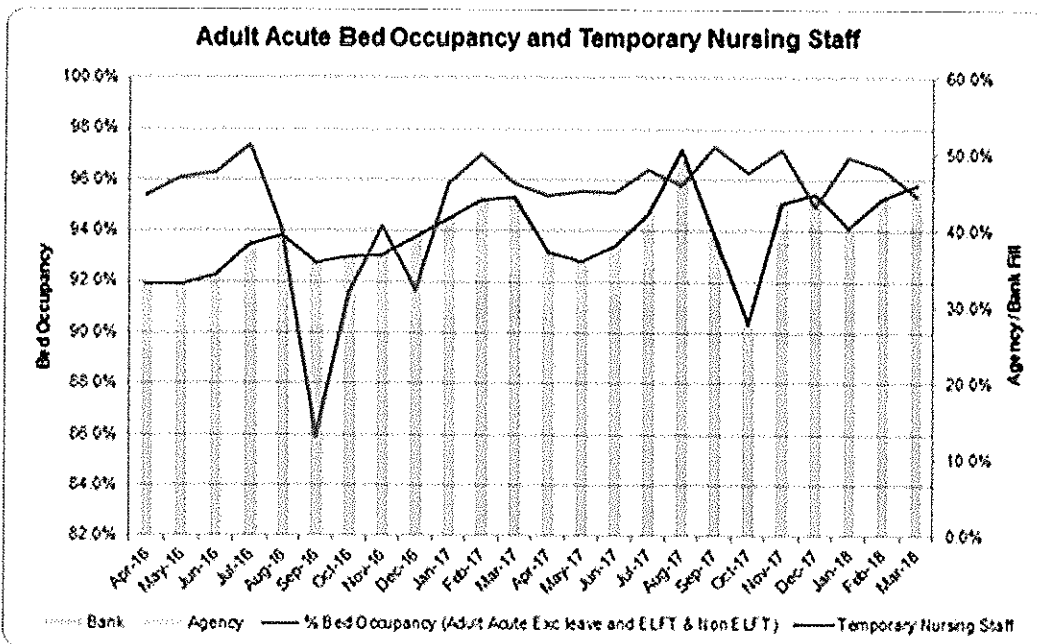


Figure 5: Adult Acute Bed Occupancy and Temporary Nursing Staff

The levels of community discharge post assessment in Lotus Assessment Suite has shown improvement in quarter four period with position being above target in February and just 0.1% below in March 2018.

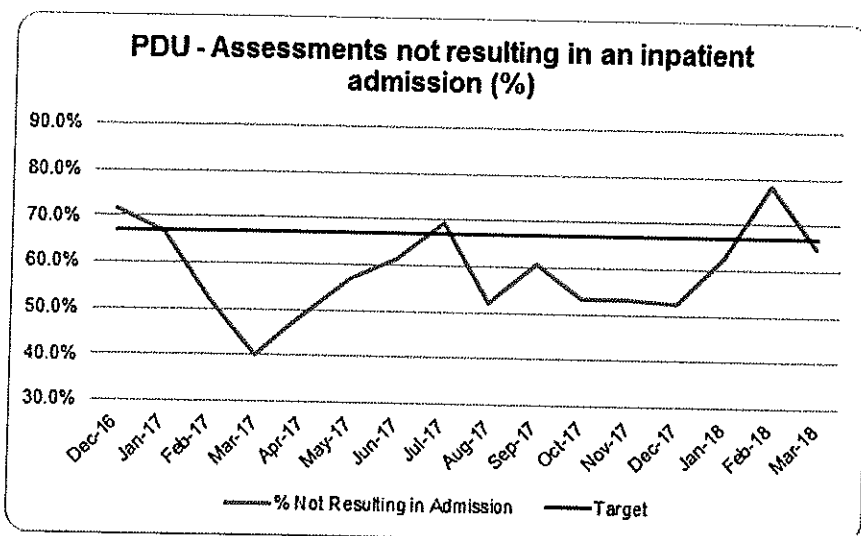


Figure 6: PDU - Assessments not resulting in an inpatient admission (%)

Comparative performance review

We were complaint against 6 out of 10 NHSI compliance indicators.

The areas of non-compliance are explained below:

- **Out of area admissions** are this is subject to monthly variation and it is expected that there will be occasional peaks reflecting the predictive demand and capacity model created by Mental Health Strategies in 2016. This has also been effected year end by two beds closing in one of the acute wards due to maintenance requirement. Plans to mitigate are in place and a project to pilot a bed management system has been approved by the Trust executive with a planned trajectory to reduce length of stay.
- **Cardio Metabolic Assessment (CMA)** overall performance has improved then plateaued in all three measures as in figure 8. In year we provided training for staff and also introduced CMA clinics in community areas to further improve performance. This is a national Commissioning for Quality and Innovation (CQUIN) target and the Trust expects the results of the audit undertaken in quarter three early in 2018/19.
- **IAPT recovery rate** performance has improved and all our IAPT services exceeded the national 50% target in quarter 4, 2017-18 as shown in figure 9.

We put a recovery plan place for improving the IAPT recovery rate with enhanced clinical and operational leadership providing a higher level of scrutiny of individual clinician practices through weekly supervision to reduce those discharged non-recovered and Talk Wandsworth saw upward trajectory over a 9 month period.

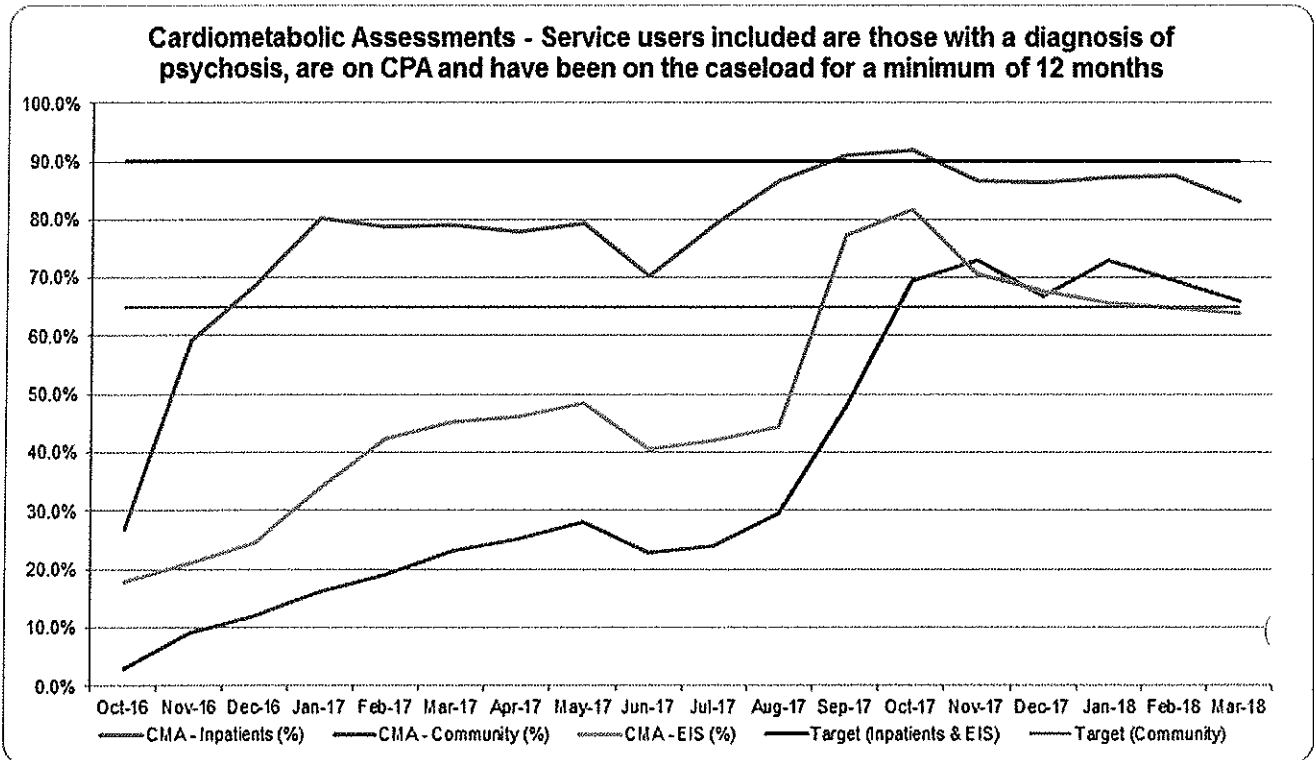


Figure 7: CMA Performance Graph

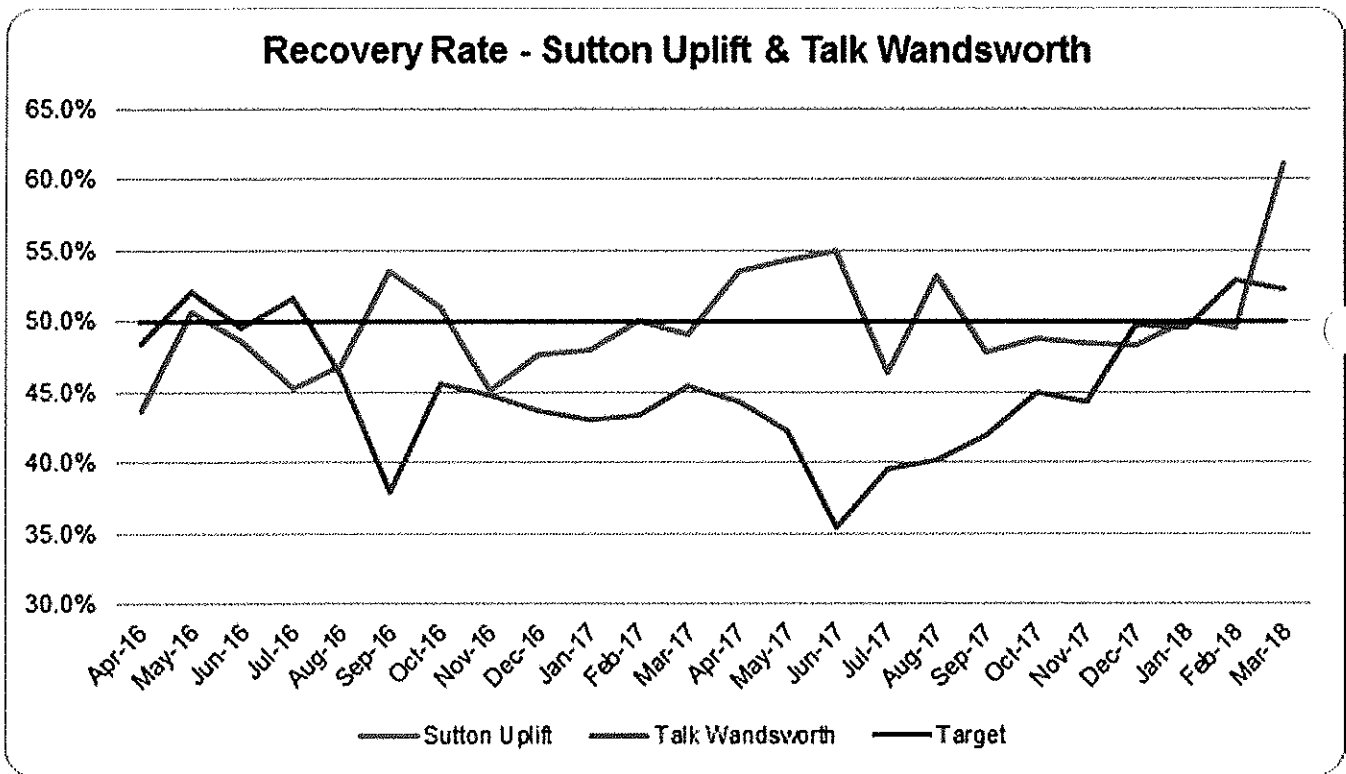


Figure 8: IAPT Recovery Rates

We also compare our performance against other London Mental Health Trust and the average across some key metrics for England and during the period we were compliant against all measures with the exception of sickness rates (see Workforce Report).

Trust	Data Quality Maturity Index (DQMI)	Sickness Rate	% Annual CPA Review	% In Settled Accommodation (CPA)	% in Employment (CPA)	7 Day Follow Up	Gatekeeping	RTT % within 18 Weeks	FEP % within 2 weeks
	2017/18 Q2	Nov-17	Dec-17	Dec-17	Dec-17	2017/18 Q3	2017/18 Q3	Jan-18	Jan-18
Barnet, Enfield and Haringey Mental Health NHS Trust	93.6%	3.5%	96.0%	64%	6%	95.3%	98.6%	N/A	81.3%
Camden and Islington NHS Foundation Trust	89.7%	3.4%	95.8%	72%	5%	95.5%	99.2%	N/A	72.2%
Central and North West London NHS Foundation Trust	88.7%	3.0%	96.2%	85%	8%	97.7%	100.0%	100.0%	89.2%
East London NHS Foundation Trust	92.1%	4.4%	97.5%	45%	6%	97.2%	99.7%	N/A	95.1%
North East London NHS Foundation Trust	89.6%	4.8%	94.9%	69%	5%	99.4%	98.2%	99.6%	80.0%
Oxleas NHS Foundation Trust	93.9%	4.8%	99.6%	64%	7%	99.0%	99.5%	97.9%	60.0%
South London and Maudsley NHS Foundation Trust	95.4%	3.7%	83.4%	38%	5%	97.5%	99.3%	N/A	55.3%
South West London and St George's Mental Health NHS Trust	90.5%	4.6%	97.6%	82%	13%	95.2%	98.1%	98.1%	62.5%
West London Mental Health NHS Trust	73.1%	4.2%	93.6%	69%	8%	95.9%	99.5%	N/A	48.0%
Trust Rank (London)	2	6	2	2	1	8	9	3	6
London Average*	88.2%	4.2%	95.5%	65.3%	7.0%	96.4%	99.2%	98.4%	70.9%
England Average*	86.2%	5.1%	79.6%	60.7%	8.3%	95.4%	98.5%	N/A	69.3%

Figure 9: All London averages with the exception of RTT are unweighted averages. All England averages except DQMI are weighted averages. Source: NHS Digital and NHS England

We benchmarked well for the proportion of the service users and patients who have had an annual Care Programme Approach (CPA) review, those in employment and those in settled accommodation. 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.

We consistently meet the 92% target for referral to treatment (RTT) waiting times and we were joint lowest medium waiting times at 2.9 weeks but our performance was slightly below the London average during the period.

Of the nine London organisations we ranked sixth for the time taken to commence treatment for suspected first episode psychosis but we are just below the England average.

We consistently meet the targets for 7-day follow-up discharge from an inpatient setting and gatekeeping prior to inpatient admission but we did not benchmark well when compared to other London Mental Health Trusts

Safe Domain Performance

- Hospital acquired clostridium difficile: there was one incident in 2017/18; the patient was isolated and standard infection prevention control precautions were put in place. The patient received the appropriate anti-microbial therapy and the case was well managed.
- Overdue patient safety incidents, never events, under 16 admissions and duty of candour: there were no breaches reported in 2017/18.
- Serious Incidents STEIS: The average number of STEIS reportable incidents decreased in 2017/18 to 7.4 incidents per month (8.5 incidents per month last year).

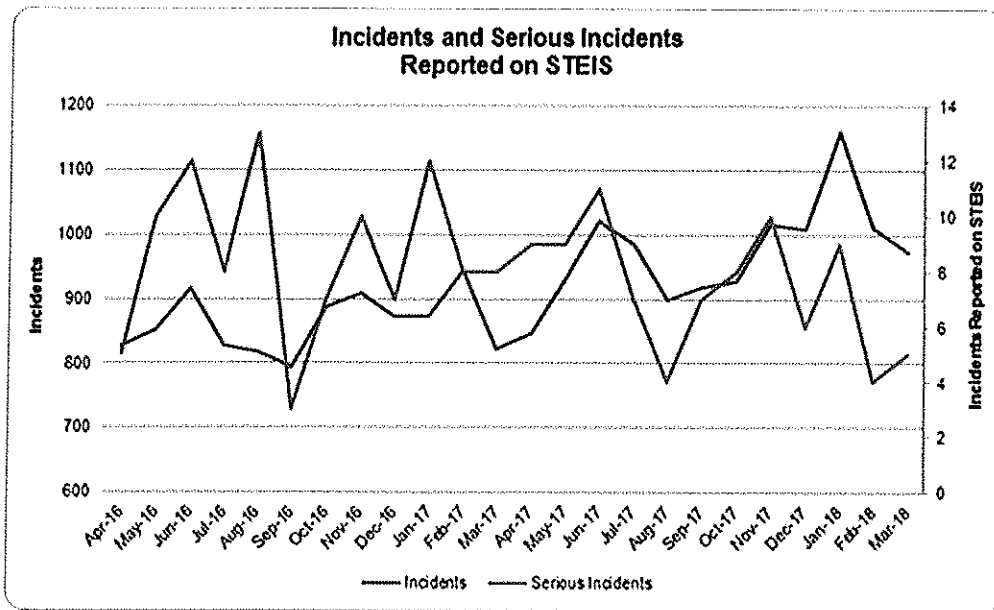


Figure 10: Incidents Reported on STEIS

- Physical health assessments attempted within 48 hours of admission: performance has been on an upward trend in the second half of the year following a significant improvement by the Acute and Urgent Care service line. In 2018/19 the Trust will place greater emphasis on improving to the number of completed assessments as well as those attempted at admission.

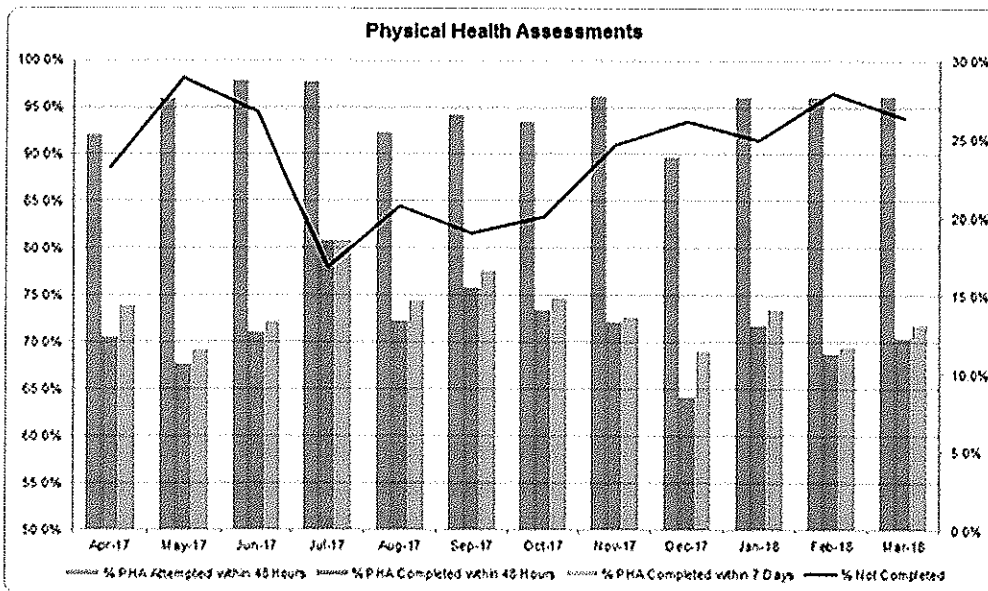


Figure 11: Physical Health Assessment

- % of patients with a risk assessment reviewed within the last 12 months: In 2017/18 metrics were reintroduced into the Trust quality and performance reports following the introduction of a new risk assessment form on the Trust clinical system and a low compliance rate of 75.4% in October 2017. Performance has gradually improved as most out of date assessments relate to less complex cases which are seen less frequently.

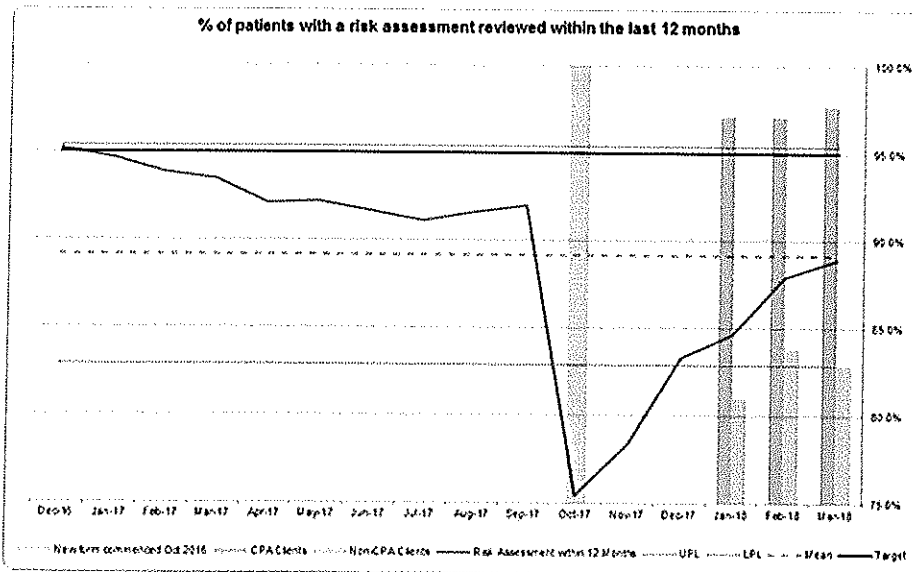


Figure 12: % of patients with a risk assessment reviewed within the last 12 months

Effective Domain Performance

- Emergency readmissions rate: performance has been compliant in 11 out of 12 reporting months in 2017/18 and the number of emergency admissions is low at 97 for the year averaging 8.1 per month. Collaborative crisis plans for clients with risk of relapse are discussed and an admission will be part of the plan if required. Such cases will not be recorded as an emergency.
- Adult acute average length of stay (rolling 12 months): The March performance of 36.2 days is above both the national and London average and reflects an issue in relation to the ability of the Trust to focus on the most complex cases with longer lengths of stay. It also reflects that the Trust has low numbers of patients with short lengths of stay following the introduction of admission avoidance schemes such as the Lotus assessment suite. In order to mitigate the Trust is currently running a project to pilot a model for bed management and discharge and one of the deliverables is a system to set discharge dates at the point of admission to reduce average length of stay supported by a discharge team and improved data entry and monitoring. This work is being led by the Clinical Director for Acute and Urgent Care.
- Annual CPA Review: the Trust has been above target in 11 out of 12 months in 2017/18 with a dip in performance at year end in March 2018. The majority of the overdue cases are aligned to the Community service line and the Trust has implemented a recovery plan and implemented weekly monitoring. The position is expected to recover in early 2018/19.

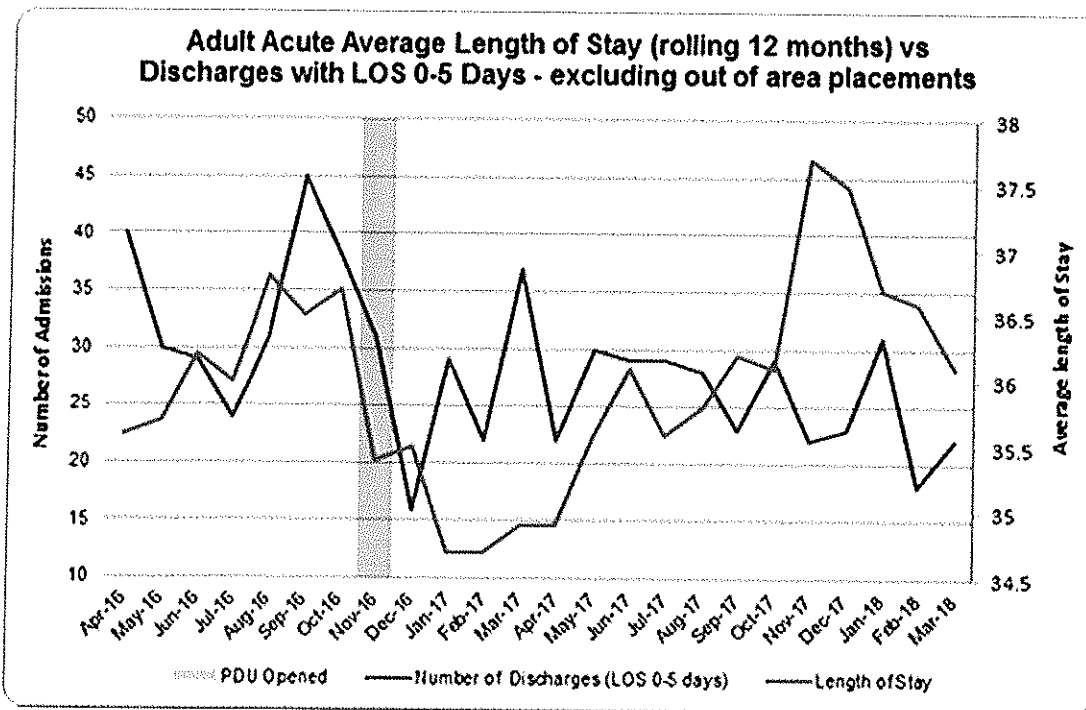


Figure 13: Adult Acute Average Length of Stay

- 7 day follow up after discharge from an inpatient setting: The Trust achieved the target in all quarters but was below target in December 2017, missing the target for the first time. In order to mitigate the Trust has enhanced monitoring and potential breaches are now escalated to Clinical Managers if no successful contact has been made.

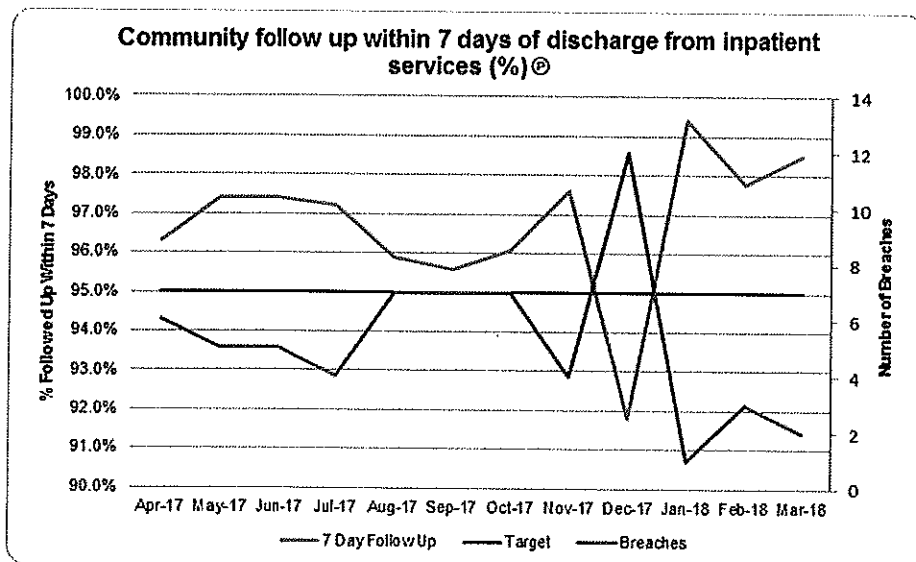


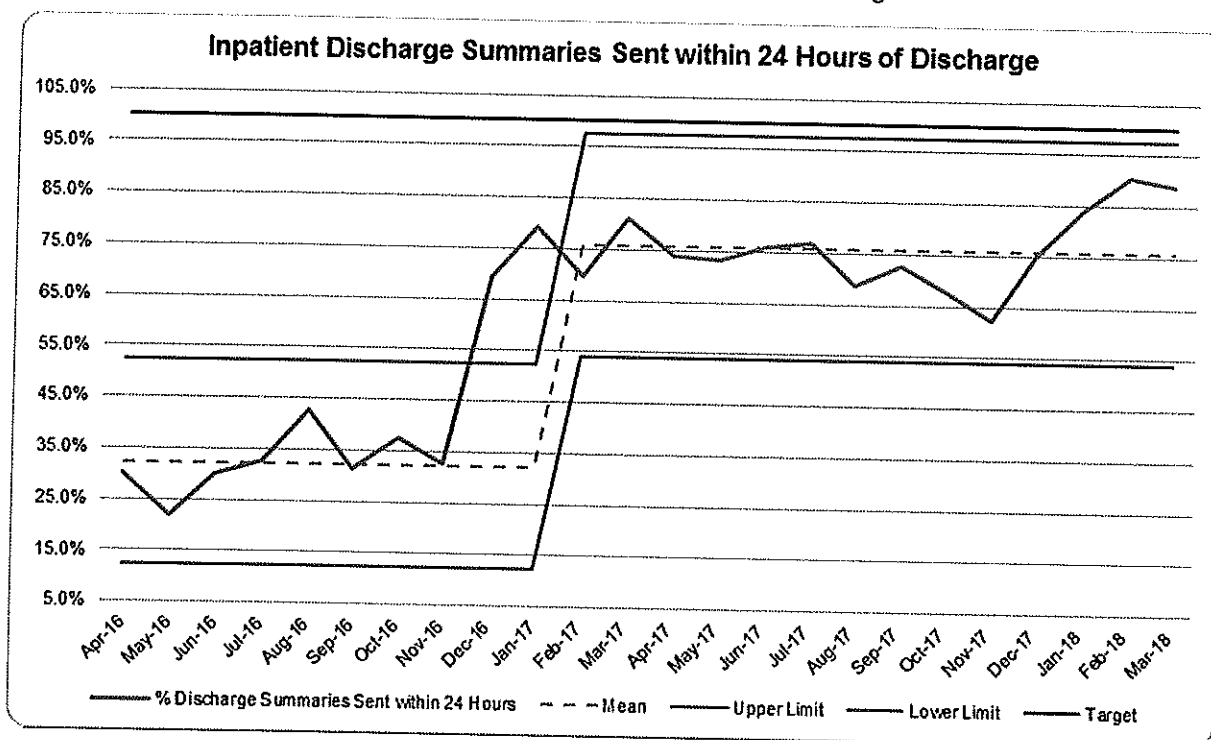
Figure 14: Community follow-up with 7-days of discharge from inpatient services

- Social inclusion metrics: settled accommodation and employment indicators have been compliant throughout the year and the Trust benchmarks well against other London Trusts.
- Mental health cluster accuracy and quality: Performance continues to be below target averaging 89.1% for the year. The main reason for underperformance is that clinicians are not re-assessing after a cluster has expired despite automated reminder emails and dashboard reports being available. The Trust employs a Mental Health Tariff lead who is a clinician for one day per week meaning that

their capacity to deliver training is currently limited. A dedicated Mental Health Tariff Trainer is expected to commence in post in early 2018/19.

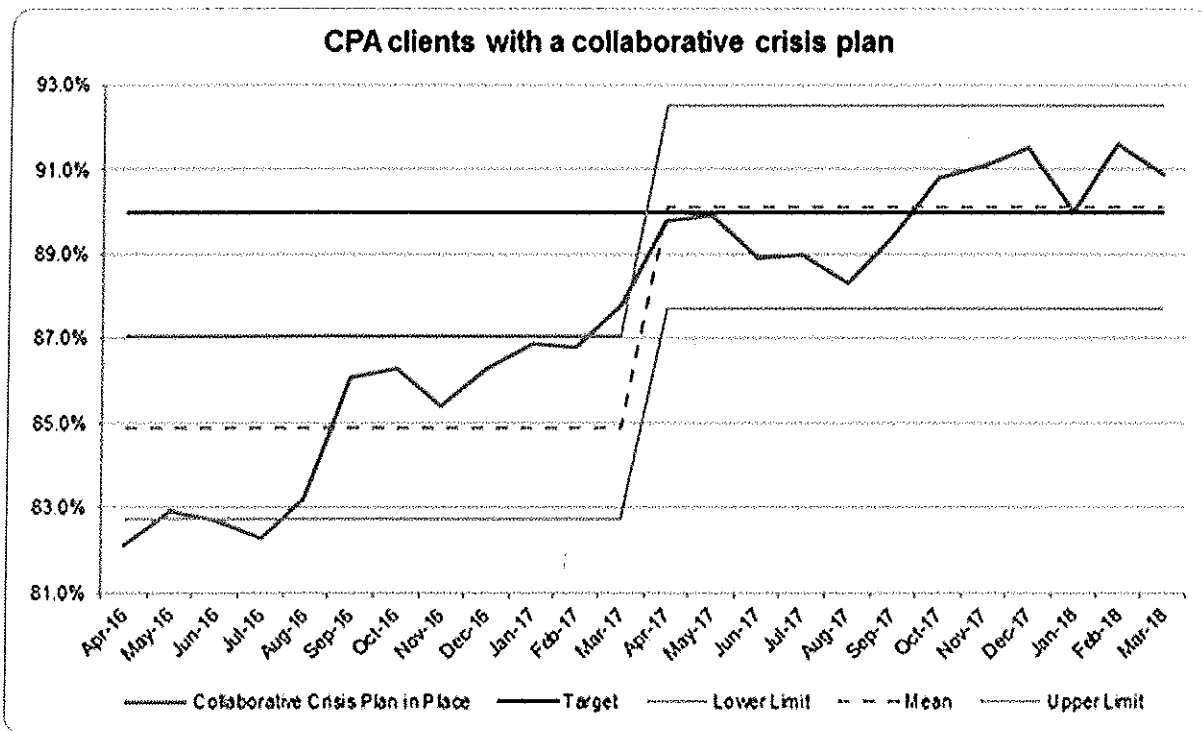
- Inpatient discharge summaries completed within 24 hours: this is a national target and nationally mandated from April 2017. The Trust has been unable to sustain high levels of performance, achieving an average of 75.9% in 2017/18. As a result local commissioners issued the Trust with a contract performance notice in December 2017. Following changes to existing processes performance in recent months has significantly improved to 90.7% in February and 88.9% in March 2018. A business case for a system to send automated emails direct to GPs is being progressed.

Figure 15: Inpatient Discharge Summaries sent within 24 hours of discharge



Caring Domain Performance

- Patient friends and family test: the average level of performance was 72.2% in 2017/18 and response rates are generally low with technology issues for a number of services. Improved data collection and reporting is a priority for 2018/19 and a work stream is being led by the Director of Nursing.
- Mixed sex accommodation breaches: there were no reported breaches in 2017/18 highlighting good practice and effective use of flexi-beds.
- Collaborative crisis plans: performance improved during the year and the Trust has exceeded the target since October 2017.



Responsive Domain Performance

- IAPT waiting times: both Talk Wandsworth and Sutton Uplift met the 6 and 18 week targets for cases that had completed treatment. The combined position year to date was 93.9% for the 6 week target (75%) and 99.7% for the 18 week target (95%).
- Expected population need met by IAPT: the Trust met its access targets year end for both of the IAPT services in 2017/18. Sutton IAPT met the target consistently throughout the year and Wandsworth IAPT increased throughout the year with the service meeting both the commissioner target of 15% as well as the national target of 16.8% in quarter 4.

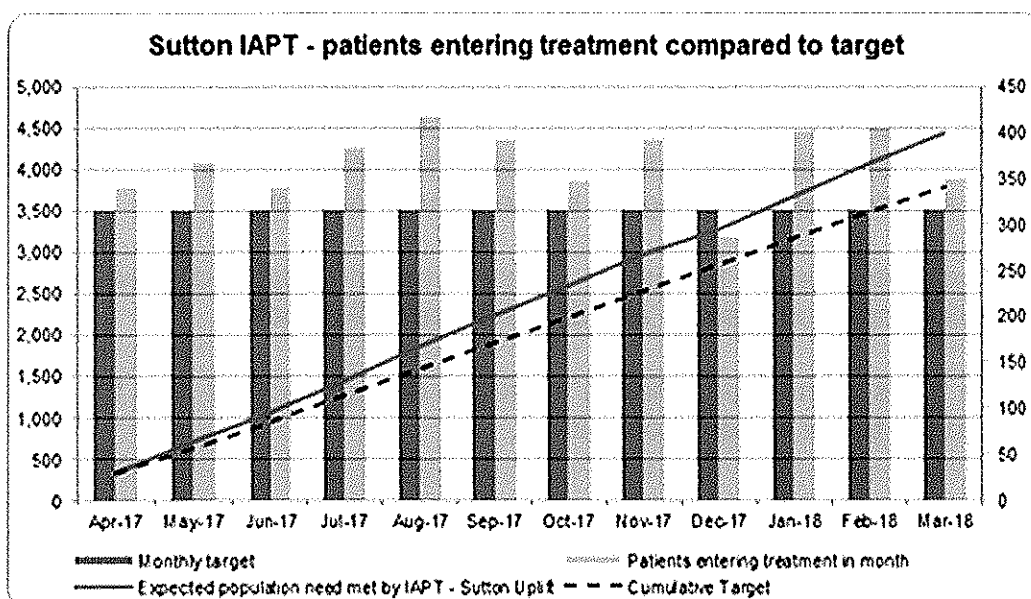


Figure 17: Sutton IAPT - Number of patients entering treatment against target

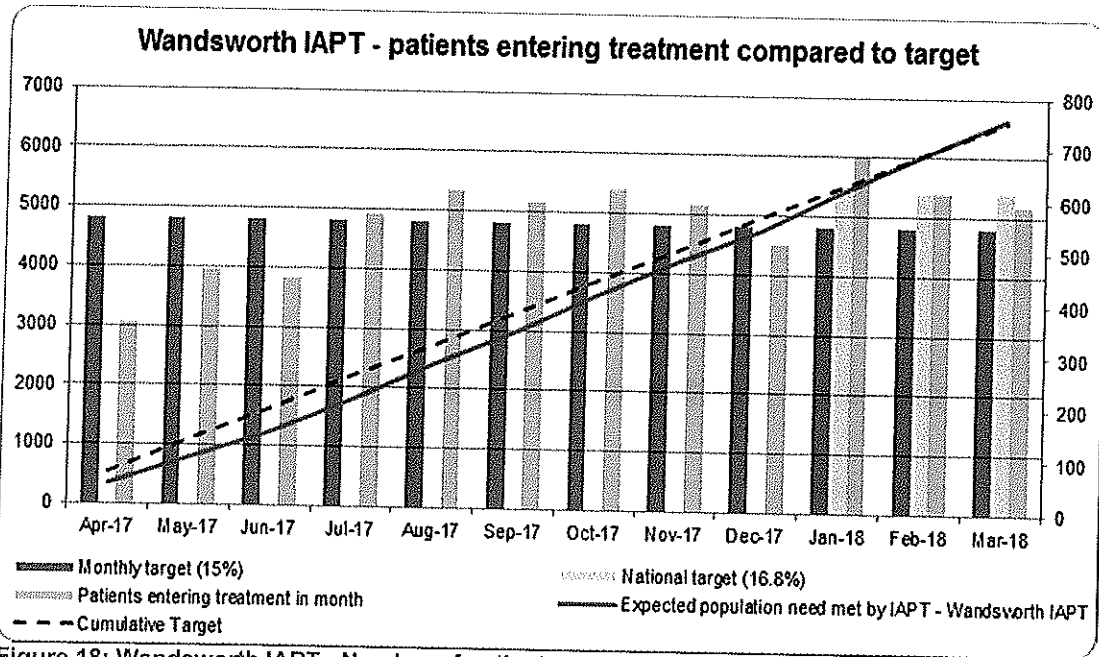


Figure 18: Wandsworth IAPT - Number of patients entering treatment against target

- Children and young people referred to the CAMHS Tier 3 Eating Disorder Service who wait 4 weeks or less from referral to start of a NICE approved treatment (%): performance against the 95% national target has averaged at 92.3% in 2017/18 with the Trust meeting the target in 9 of the 12 months. It should be noted that the denominator for this metric is generally low so any individual breach may result in the service missing the 4 week target.

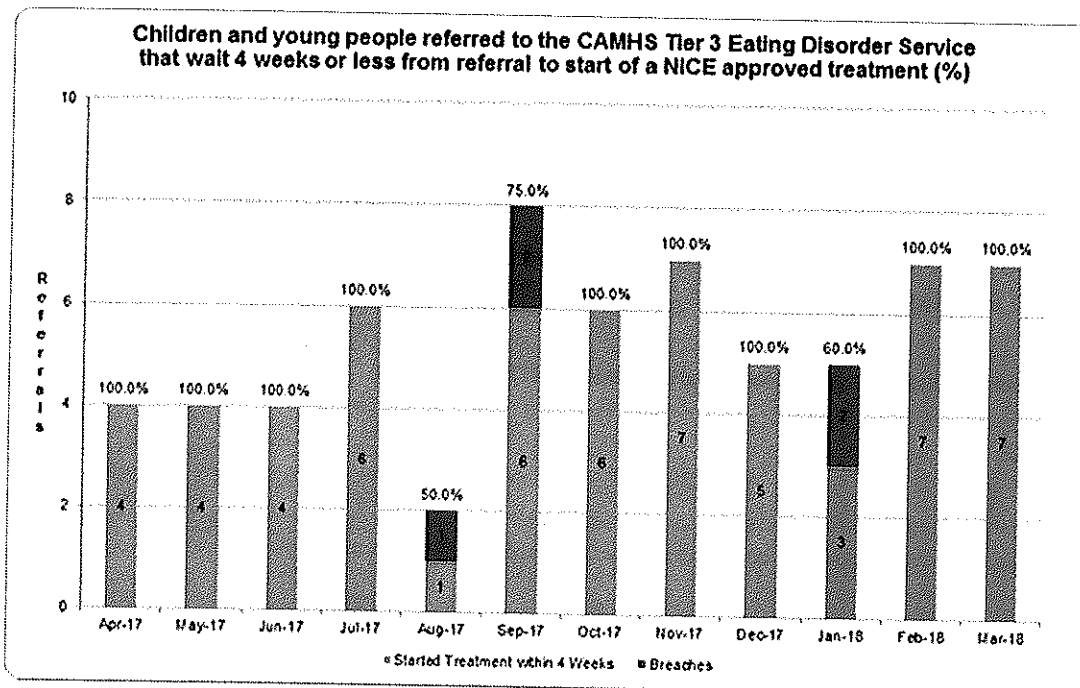


Figure 19: Children and Adolescents referred to CAMHS Tier 3 Eating Disorder Service

- CAMHS non urgent referrals assessed within 8 weeks: in 2017/18 performance averaged at 85.7% with target being met in 8 of the 12 months. However Richmond and Kingston CAMHS Tier 3 are the areas of concern and both services have seen an increase in referrals and been subject to staff changes in quarter 4 of 2017/18 which has resulted in a significant deterioration of performance. A recovery plan is in place which includes recruitment of staff to key positions.

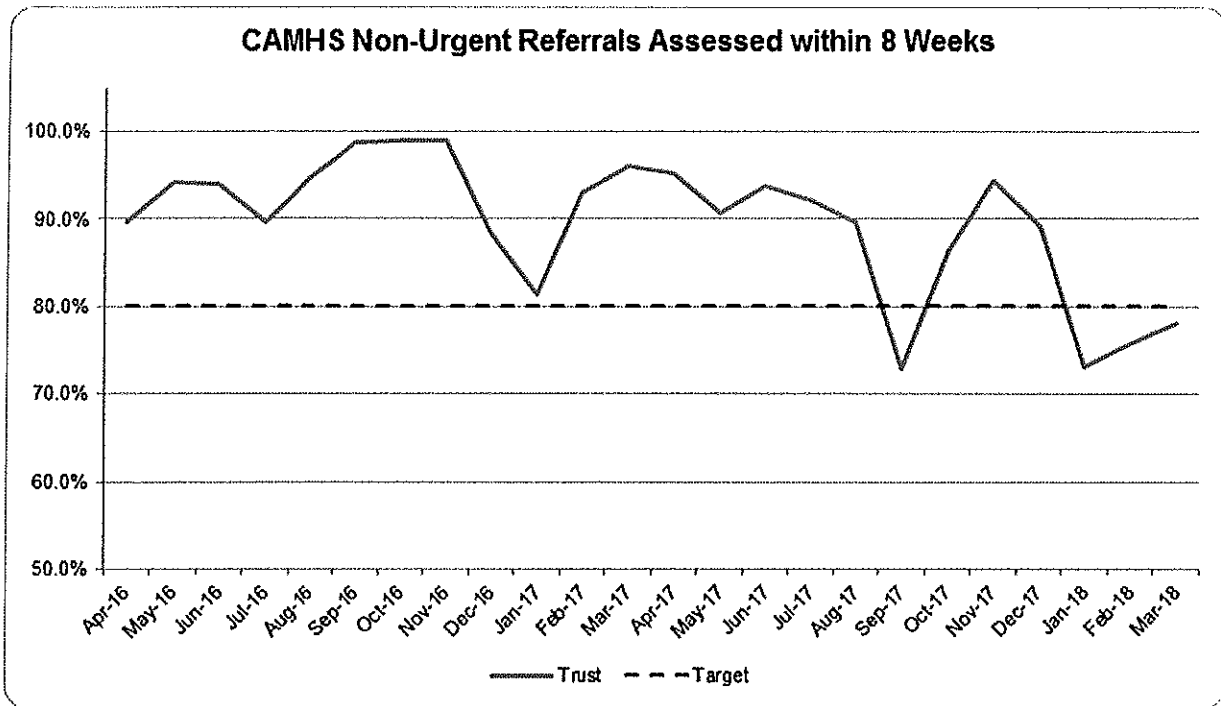


Figure 20: CAMHS: Non-urgent referrals assessed within 8 weeks

Referral to treatment within 18 weeks (consultant led services): the Trust continued to effectively manage waiting times and met the monthly target every month in 2017/18. In addition there were no 52 week breaches.

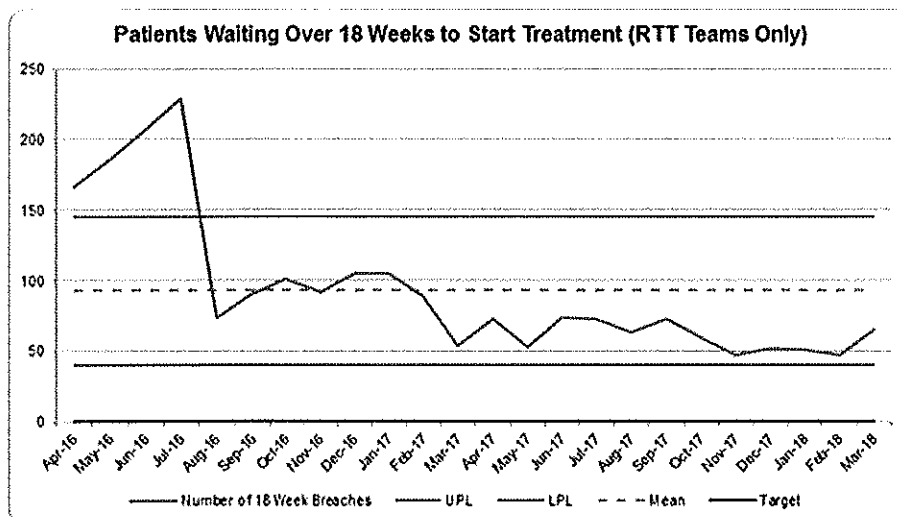


Figure 21: Patients waiting over 18-weeks (consultant led services)

- Referral to treatment within 30 weeks (all services): the number of 30 weeks breaches has been falling with most breaches relating to IAPT services who continue to actively manage the waiting lists. Additionally, Sutton Uplift has secured additional resource. Adult ADHD services also account for a number of 30 week breaches because of capacity issues and discussions with commissioners are scheduled to take place.
- Adult CMHTs – non urgent referrals assessed within 28 days: The Trust has improved performance during the year following the introduction of single point of access and assessment services and the Wandsworth Single Point of Access Service has shown particular improvement following management intervention in early 2017/18. The Trust average performance of 86.9% in 2017/18 is above the 80% threshold for seeing non urgent referrals within 28 days.

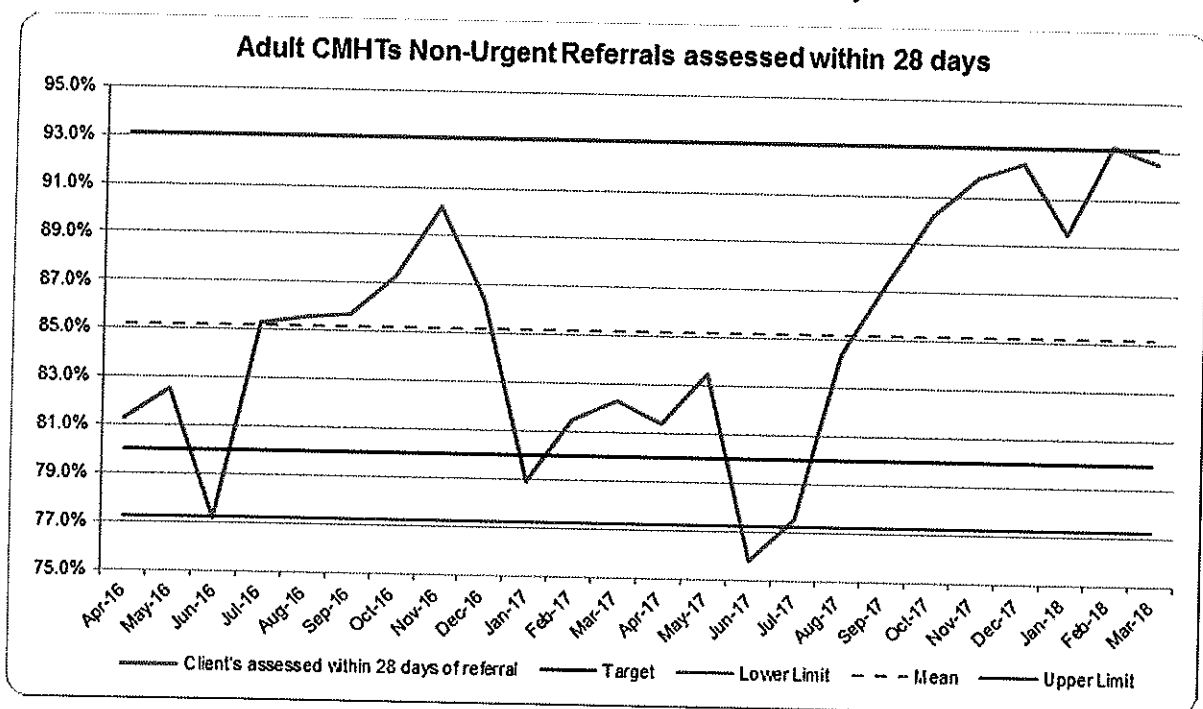


Figure 22: Adult CMHTs Non-Urgent referrals assessed within 28 days

Commissioning for Quality and Innovation (CQUIN)

The Commissioning for Quality and Innovation (CQUINs) payments framework encourages care providers to share and continually improve how care is delivered and to achieve transparency and overall improvement in healthcare.

It enables commissioners to reward excellence, by linking a proportion of English healthcare providers' 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.

This year the CQUINs were worth over £3m of income to the Trust and covered 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 89% of the income available for the 2017/18 Local CQUINs and 100% of the income available for the 2017/18 Specialist Services CQUINs.

How did we do for 2017/18?

The following CQUIN targets were set for Local and National Services in 2017/18.

2017-18 CQUIN and Trust Quality Priorities Indicators	Q1	Q2	Q3	Q4
Cardio Metabolic Assessment	Met	N/A	N/A	Partially Met
Summaries of Care	N/A	Met	Partially Met	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	Partially Met
Improving the Uptake of Flu Vaccinations	N/A	N/A	N/A	Partially Met
Child and Young Person MH Transition	Met	Met	N/A	Partially Met
Improving Services for people who present at A&E with Mental Health needs	Met	Met	Met	Partially Met
Preventing ill health by risky behaviour	Met	Met	Partially Met	Partially Met
Recovery Colleges for Medium and Low Secure Patients	Met	Met	Met	Met
Reducing Restrictive Practices within Adult Secure Services	Met	Met	Met	Met
CAMHS Transition Pathway	Met	Met	Met	Met
Improvement of Information flows across the justice pathway to improve patient outcomes	Met	Met	Met	Met
Non-secure - Repatriation	Met	Met	Met	Met
Non-secure – Reducing Length of Stay	Met	Met	Met	Met
Secure Services – Reducing Length of Stay	Met	Met	Met	Met

What do we have planned for 2018/19?

The CQUINs will be continuing for another year, with further development indicators for each area.

2018/19 CQUIN	Goals
Improvement of staff health and wellbeing	Achieving a 5 percentage point improvement in two of the three NHS annual staff survey questions on health and wellbeing.
Healthy food for NHS staff, visitors and patients	Provider to evidence changes in Year 2 (18/19) made including maintaining changes achieved in 2016/17 introducing three new changes to food and drink provision.
Improving the Uptake of Flu Vaccinations	Achieving an uptake of flu vaccinations by frontline clinical staff of 75%
Cardio Metabolic Assessment	To demonstrate cardio metabolic assessment and treatment for patients with psychoses. Targets for full assessment: 90%-Inpatient Services 75%-Community Services 90%-Early intervention service And in addition, in 2018/19 To demonstrate positive outcomes in relation to BMI and smoking cessation for

	patients in early intervention in psychosis (EIP) services.
Summaries of Care	90% of patients to have either an updated CPA i.e. a care programme approach care plan or a comprehensive discharge summary shared with the GP. A local audit of communications should be completed
Improving Services for people who present at A&E with Mental Health needs	Reduce by 20% the number of attendances to A&E for those within a selected cohort of frequent attenders.
Child and Young Person MH Transition	Improve the outcomes for young people who transition out of CYPMHS
Preventing ill health by risky behaviour	This CQUIN seeks to help deliver on the objectives set out in the Five Year Forward View.
Recovery Colleges for Medium and Low Secure Patients	The establishment of co-developed and co-delivered programmes
Reducing Restrictive Practices within Adult Secure Services	Improving service user experience whilst maintaining safe services.
CAMHS Transition Pathway	Plan for discharge/transition at the point of admission
Non-secure - Repatriation	The Trust will need to review the list and identify patients who can be repatriated back to London.
Non-secure – Reducing Length of Stay	To achieve a reduction in the current Average Length of Stay in non-secure specialist inpatient services
Secure Services – Reducing Length of Stay	To achieve a reduction in the current Average Length of Stay in secure specialist inpatient services

Care Quality Commission

During the period the Care Quality Commission (CQC) visited some of our services and also conducted a well-led review. We do not expect to receive the final report until summer 2018. However the draft report has been received and demonstrates significant improvements and a removal of requirement notices. Our current performance is set out in table 2.

From our last inspection in 2016 we had five requirement notices. These are as follows:

- (1) Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment
 - Forensic inpatient wards
 - Child and adolescent mental health wards. Service users were not protected from abuse and improper treatment because the provider operated 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. This was a breach of 13(5)(7).
- (2) Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
 - Rehabilitation mental health wards. The Trust had not ensured that all risks identified in risk assessments had associated plans to mitigate this risk.
 - Community based mental health services for older people. Care and treatment should be provided in a safe way for patients. There must be the proper and safe management of medicines. Medication at Sutton, Merton and Richmond was not stored, administered and transported in a safe manner at all times.
 - Community based mental health services for adults of working age
 - Care and treatment must be provided in a safe way for patients. The Trust did not ensure that individual patient risk assessments were updated to reflect

current risk. The Trust did not ensure there are safe systems for the administration, storage and transportation of medication.

This was a breach of Regulation 12 (2).

(3) Regulation 18 HSCA (RA) Regulations 2014 Staffing

- Rehabilitation mental health wards. The Trust had not ensured sufficient numbers of suitably qualified, competent, skilled and experienced staff being deployed and that they had the appropriate supervision and support to enable them to carry out their duties they are employed to perform. The Trust had not ensured that staff were receiving regular supervision to enable them to carry out their role. Trust had not supported the managers to be effective leaders to implement a recovery-orientated approach across all the rehabilitation services.
- Community based mental health services for adults of working age. Staff need to receive appropriate support, training and supervision to enable them to carry out the duties they are employed to perform. The Trust had not ensured that staff were receiving regular supervision to enable them to carry out their role.
- Wards for older people with mental health problems. The Trust had not ensured sufficient numbers of suitably qualified, competent, skilled and experienced staff being deployed and that they had the appropriate supervision and support to enable them to carry out their duties they are employed to perform. The Trust had not ensured that staff on Crocus ward were receiving regular 1:1 supervision.
- Mental health crisis services. The Trust had not ensured that staff had the appropriate supervision and support to enable them to carry out their duties they are employed to perform. The Trust had not ensured that staff were receiving regular supervision to enable them to carry out their role.

This was a breach of Regulation 18 (2)(a).

(4) Regulation 9 HSCA (RA) Regulations 2014 Person-centred care:

- Rehabilitation mental health wards. On some wards patients were not receiving appropriate care to support their recovery and rehabilitation and meet their needs. The Trust did not ensure that the operational policies promoting rehabilitation were implemented on all the wards. This included providing a range of therapeutic activities that supported people with their rehabilitation.

This was a breach of Regulation 9(1)(a)(b).

(5) Regulation 17 HSCA (RA) Regulations 2014 Good Governance

- Community based mental health services for older people. Systems or processes must be established and operated effectively to ensure compliance.
 - In the Kingston team administration support was not working well and letters were not reaching patients and GPs in a timely manner, and information needed to deliver care was not always available to staff when they needed it.
 - Community based mental health services for adults of working age

Systems or processes must be established and operated effectively.

- In the Kingston team administration support was not working well and letters were not reaching patients and GPs in a timely manner which could also impact on patients receiving details of their next appointment.

Changes in the configuration of teams, meant that team managers were not always receiving performance information that related correctly to their current team.

This was a breach of regulation 17(1).

The CQC returned to re-inspect on 27 and 28 September 2016. During this period they visited:

- Crocus ward
- Three Older People Community Mental Health Teams (Kingston, Richmond and Merton)
- Harewood House
- Single Point of Access.

The visit focused on supervision, medications management and administration.

Following the re-inspection the requirement notices in relation to Older People's services were lifted and the Trust's overall compliance was raised to 'Good'.

Focused Inspections:

The CQC inspected Ward 2 in September 2017. It was an unannounced focused inspection so the ratings for the core service were not revised as a result of it. The following areas were listed for improvement:

- Staffing levels on the ward
- Further mitigation needed in relation to high risk ligature anchor points
- Ensuring the storage of medications at the correct temperature
- Adherence to single sex accommodation guidance
- Bed occupancy on the ward
- Inclusion of patients in the development of their care plans

The following good practice was highlighted during the inspection:

- The use of an assessment tool to assist in the prediction of violence and aggression
- Patients found staff caring and compassionate and reported that they were listened to and involved in their care and treatment
- Risk assessments for patients were thorough and detailed. The MDT used a RAG (red, amber, green) rating system to indicate the level of risk regarding clients
- The new ward manager had a positive impact on the staff team and quality of care on the ward.

The Trust acknowledged receipt of the inspection report and developed an action plan in response to the findings. The progress and monitoring of the action plan was tracked at the Service Line Governance meeting.

Formal Inspection

In November 2017 the CQC requested their annual routine provider information request.

This was a mixture of qualitative and quantitative questions that needed to be collated into two significant workbooks. It marked the start of a 33 week well led CQC review process that all Mental Health Trusts will be part of in the forthcoming year.

The Trust was notified by the CQC that a two week inspection would be undertaken of our clinical services in February and March 2018. The focus for the first week was CAMHS and Acute services. The focus for the second week was the Community Service Line. The clinical areas visited are listed below.

The CQC held a significant number of engagement events and staff focus groups across the organisation and also attended a number of committees.

Table 1: Clinical Areas Visited 2018 - CQC Inspection

Aquarius	Phoenix	East Wandsworth RST	Putney Roehampton RST	& Wandsworth EI
Corner House	Rose	Kingston North	Richmond CAMHS	Wandsworth Rehab Recovery &
Ellis	Ward 1	Kingston South	Richmond RST	Woodroffe FACT
Jupiter	Ward 2	Merton Assessment Team	Sutton CAMHS	
Laurel	Ward 3	Merton & Sutton EI	Sutton Inspire	
Lavender	Carshalton & Wallington RST	Mitcham RST	Twickenham RST	
Lilacs	Central Wandsworth & West Battersea CMHT	Morden RST	Wandsworth CAMHS/CAMHS Neurodevelopment	

The CQC returned to the Trust on 4th April for three days to carry out a Well Led inspection. This involved scheduled interviews with the Executive and Non-Executive Directors, Safeguarding, HR and Governance Leads. In anticipation of the formal feedback, an action plan was drafted based on the feedback received from each of our inspected teams and a number of actions were carried out based on immediate informal feedback received from the CQC. It is anticipated that the final reports detailing the inspection findings will be received in May 2018. The actions arising from this inspection and the management of recommendations that result from the formal CQC report will be managed through the Service Line governance groups, reporting to the Quality Governance Group and the Quality and Safety Assurance Committee.

Mental Health Act Monitoring Visits:

The CQC also undertook a number of Mental Health Act monitoring visits throughout the year. These are unannounced visits. In response to these, the team is required to complete a provider action statement and return to the CQC in order to provide assurance that any concerns highlighted on the visit are being addressed. The statement including an action plan is completed by the team/ward manager, signed off by the Service Line Senior Leadership Team and then sent to the Director of Nursing and Quality for final sign off on behalf of the Trust. The action plans are monitored through the Service Line governance structure and the Compliance Team also analyse any themes arising from these visits and present these findings on a regular basis to the Quality Governance Group.

Table 2: Current CQC Ratings

	Safe	Effective	Caring	Responsive	Well Led	Overall
Acute wards for adults of working age and psychiatric intensive care units (PICUs)	Good	Good	Good	Good	Good	Good
Long stay/rehabilitation mental health wards for working age adults	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Forensic inpatient/secure wards	Requires improvement	Good	Good	Good	Good	Good
Child and adolescent mental health wards	Requires improvement	Good	Good	Good	Good	Good
Wards for older people with mental health problems	Good	Good	Good	Good	Good	Good
Wards for people with a learning disability or autism	n/a	n/a	n/a	n/a	n/a	n/a
Community-based mental health services for adults of working age	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Mental health crisis services and health-based places of safety	Good	Good	Good	Good	Good	Good
Specialist community mental health services for children and young people	Good	Good	Good	Good	Good	Good
Community-based mental health services for older people	Good	Good	Good	Good	Good	Good
Community mental health service for people with a learning disability or autism	Good	Good	Good	Good	Good	Good
	Requires Improvement	Good	Good	Good	Good	Good

Emergency preparedness

Emergency and business continuity planning are a core part of our operational management. We continue to improve our resilience through being 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 to improve the resilience of services provided by the Trust.

The chart below figure 24 indicates the improvement that the Trust has been making towards NHS England Emergency Preparedness, Resilience and Response (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 less overall number of standards now compared with 2014/15.

NHS England (London) EPRR Assurance Review Team Summary:

- The Trust has demonstrated an on-going high standard of EPRR.
- The Trust's major incident plan is very comprehensive, but a review of the contents could create a more streamlined plan as a lot of information is repeated in both parts B and C of the plan.
- Trust business continuity arrangements have moved forward, with a programme of work in place to ensure service level Business Continuity Plans and Business Impact Analysis is in place and up to date, with workshops being delivered to assist staff in this process

The key priorities for the next 12 months include:

- Continued development and review of the Trust's Business Continuity arrangements following the recent restructure, with a focus on estates and facilities.
- Roll out of IOR training, alongside the new lockdown arrangements.
- Working with NHS England to conduct a review to streamline the Major Incident plan.

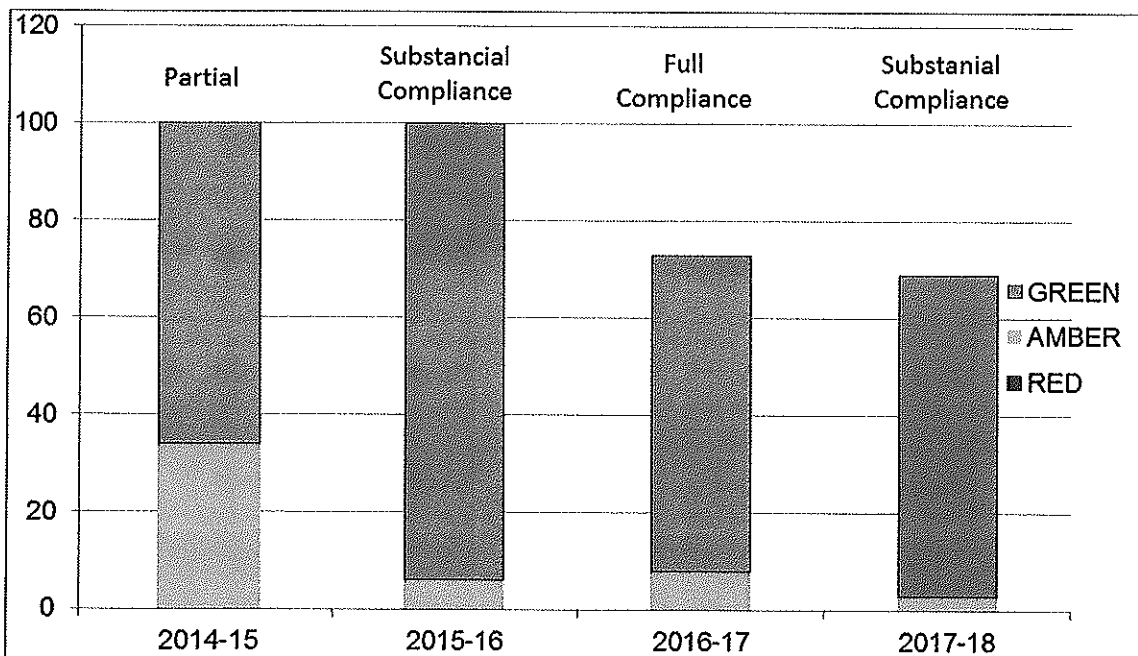


Figure 23: Performance against EPRR Core Standards

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	17/18	16/17
Medical & Dental	222	208
Administration and Estates	461	410
Health Care Assistants and Other Support	437	321
Nursing and Midwifery Registered	622	557
Scientific, Therapeutic and Technical	353	377
Social Care	26	12
Other	15	5
Non-Executive Directors	7	8
Total	2143	1898

Figure 24: Workforce breakdown by staff group

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

	Male		Female	
	17/18	16/17	17/18	16/17
Senior Civil Service	4	4	3	4
Other employees	695	662	1441	1228

Figure 25: Workforce by Gender

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

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 2017/18

Metric	Target (%)	17/18 (%)	16/17 (%)
Sickness	3.5	3.9	4.4
Mandatory Training	95	88.3	82
Turnover	15	15.6	15
Vacancy	12.4	16.8	18.3
Supervision	85	79.2	73.1

Figure 26: Key workforce performance indicators

Whilst we did not meet the Trusts key workforce targets in the reporting period but recognised there had been significant improvements especially in relation to vacancy rates, sickness absence and statutory mandatory training.

- **Vacancy Rate:** The vacancy rate average for the year was higher than target, though the position has been on a downward trend throughout the year; the year end position of 15.6% is the lowest level recorded over the two year period shown.

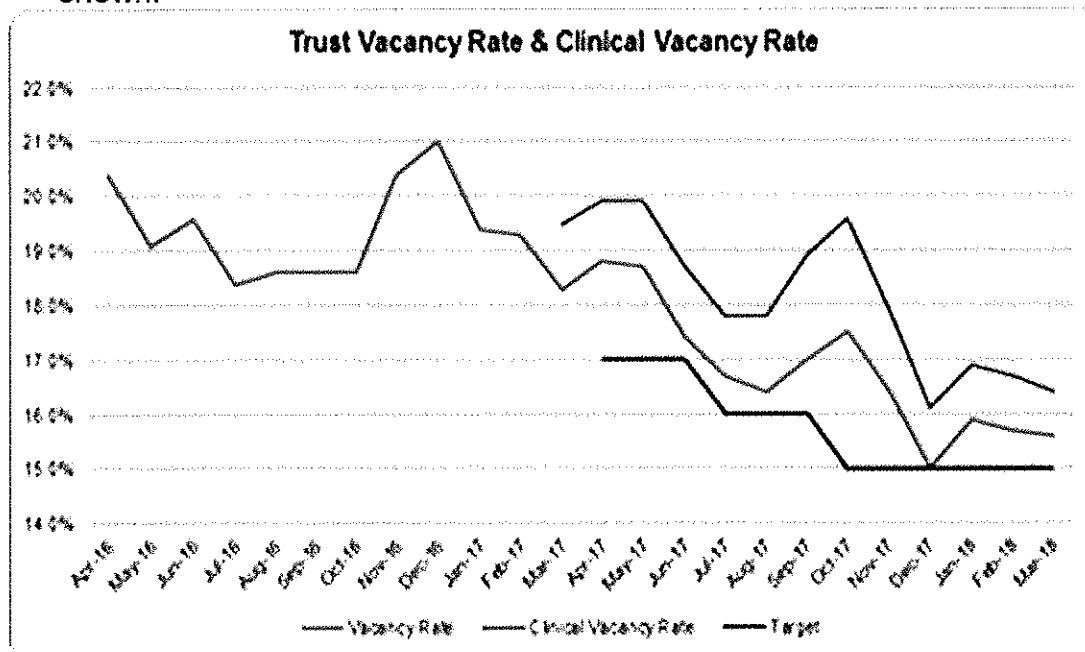


Figure 27: Workforce Vacancy Rates

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 2017/18 to ensure the vacancy rates remain low and these include:

- Running a number of focused recruitment campaigns to reliance on agency;
- Growing our internal bank staff resource especially around psychologists and band 6 community psychiatric nurses (CPN);
- Established a nursing development team which supports the service lines with recruitment and retention;
- Introducing a nurse development programme for bands 2-4 health care workers;
- Refining our processes to ensure time to hire is maintained within six-weeks;
- Implementation of monthly recruitment and staffing meetings;
- Developing service line recruitment strategies linked with the Trust-wide recruitment and retention strategy.

- **Sickness Rate:** sickness rate is RAG rated red 3.9% against the revised target of 3.5% introduced in year. 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 – is a Corporate Objective for the 2018/19. This will be supported by Health and Wellbeing training with the Leadership Programme and resources for staff to support them to manage their mental health
- **Turnover:** Staff turnover has averaged 15.6% in year and is rag rated amber. Turnover in increased over the first six months of the year however position has stabilised over the last 4 months performance ranging from (14.8% compliant in April – 16.3% in September).

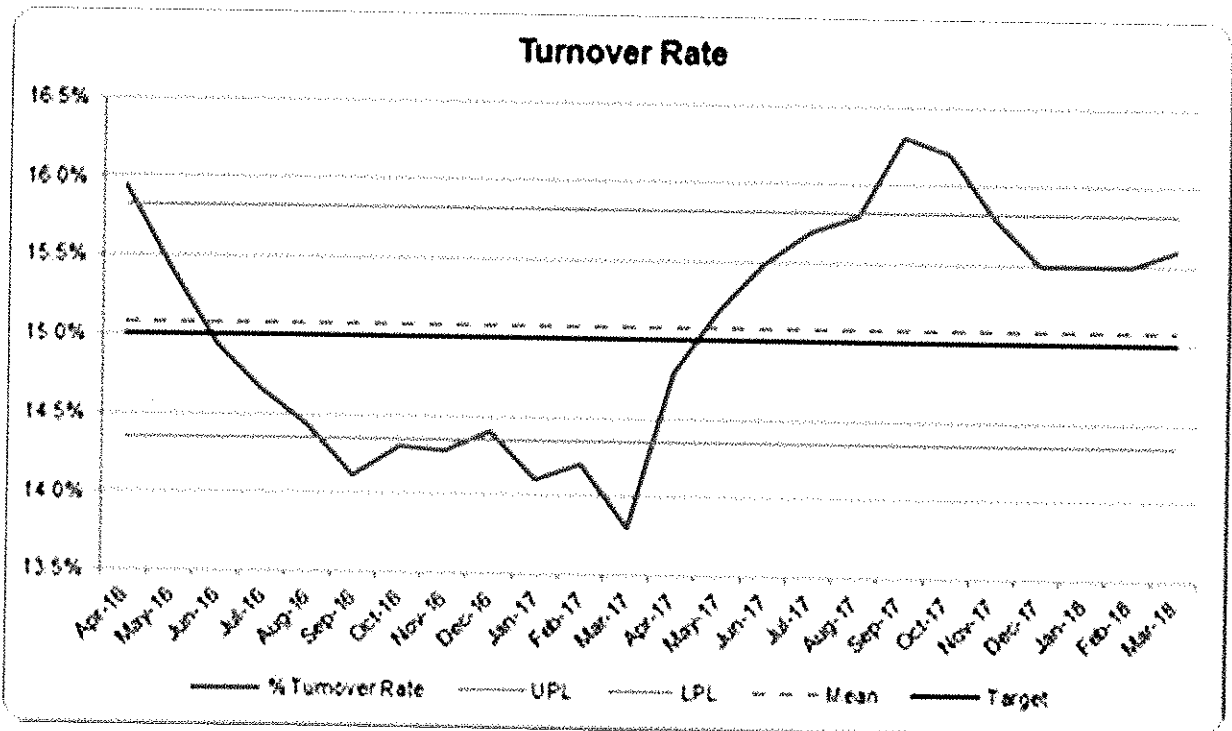


Figure 28: Turnover Rate

We are committed to retaining our staff and have a robust recruitment and retention strategy. We have also joined the NHS Improvement Retention Programme when we will be developing and implementing a 12 month action plan to reduce turnover. The action plan will encapsulate what we are already doing and examples of good practice derived from the programme. We recognise the importance of employee Engagement will be a core component of the Trust's work to identify what initiatives and actions would encourage them to continue working in the Trust. The programme is aimed at sharing best practice across a cohort of mental health Trusts and also encourages staff to attend a leavers interview in order to enhance knowledge of why staff may wish to leave. In 18/19 employee engagement and retention will be key priorities for the Corporate Objective for the Trust. This will include the implementation of a new Employee Engagement Programme, supporting the developing of more Staff Networks and promoting staff mental wellbeing.

- Statutory and Mandatory Training: Staff statutory and Mandatory Training has shown consistent improvement in year with performance averaging at 88.3% (rag rated amber). The deterioration in March is reflective of a new mandatory course coming online in March 2018 i.e. Raising Awareness of Prevent. A training programme for the Prevent training is in place and position is expected to improve over the 4-5 months.

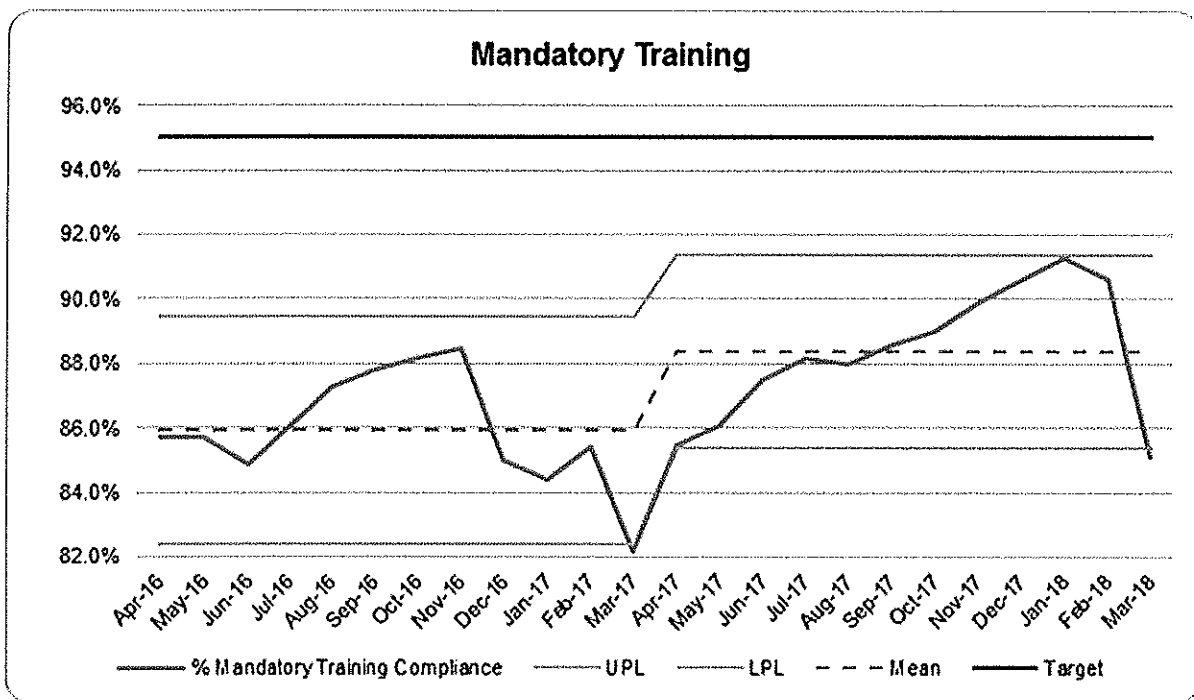


Figure 29: Statutory Mandatory Training

- **Staff Supervision:** The Trust has had difficulty in maintaining performance against the 85% supervision target being compliant in only two out of the last 20 months. Staff supervision needs to be refreshed every 6 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 below. In order to mitigate this, the Nursing Development Team and HR have provided support and ongoing training to staff and a survey of staff experience linked to supervision has been undertaken, which was overwhelmingly positive. The results of this will inform a review of both the policy and supervision training. Supervision will be a priority area for the 2018/19 Quality Account.

Staff attitude survey results

The NHS Staff Survey is undertaken annually. All full-time and part-time and bank staff who were directly employed by an NHS organisation in September 2017 were eligible to complete the survey.

The results are primarily intended for use by NHS organisations to help them review and improve staff experience so that staff can provide better patient care.

The Care Quality Commission will use the results from the survey to monitor ongoing compliance with essential standards of quality and safety. The survey will also support accountability of the Secretary of State for Health to Parliament for delivery of the NHS Constitution.

Research has shown that there is a direct correlation between staff survey results and the quality of care provided, staff sickness levels and on the financial performance of Trust (Kings Fund, 2014).

The results show very little change from our 2016, results.

The Trust's response rate for the 2017 survey was 48.5%. This is a 4% drop from the 2016 survey response rate of 48.5% and is 2.4% lower than the average response rate for mental health trusts.

In comparison to the Trust's 2016 results, the Trust has seen no significant improvements and is significantly worse on 1 key finding.

In comparison to the average results of the for mental health trusts, the Trust is a significantly better on 1 key finding, significantly worse on 18 key findings.

The table below summarises the changes in survey results compared with 2016, categorised by theme.

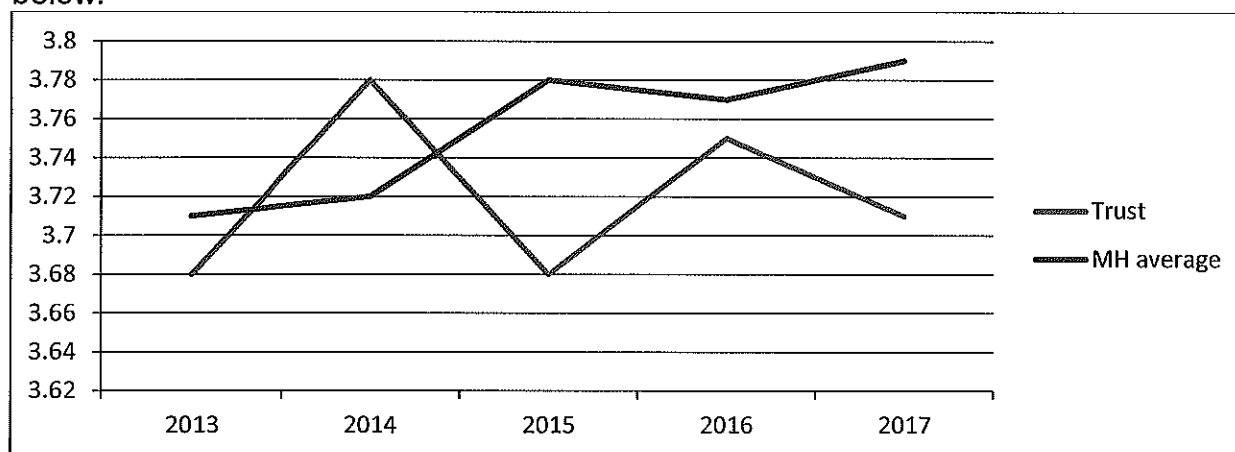
Comparison with 2016 results		
Better	Worse	No change
Appraisals & support for development		
0	0	3
Equality & Diversity		
0	0	2
Errors and incidents		

0	1	3
Health and wellbeing		
0	0	3
Working patterns		
0	0	2
Job satisfaction		
0	0	6
Managers		
0	0	3
Patient care & experience		
0	0	3
Violence, harassment and bullying		
0	0	6

It is recognised that at times of significant organisational change, morale and levels of engagement within organisations can be negatively affected, and this appears to have contributed to our results this year.

The staff engagement score relates to staff's perceived ability to contribute to changes at work; their willingness to recommend the Trust as a place to work or receive care; and the extent to which they feel motivated and engaged at work. It is rated between 1 (low levels of engagement) and 5 (high levels). The Trust's engagement score is 3.17. This represents an improvement from 2016, and is slightly below the average for mental health trusts.

A summary of the Trust's performance against this indicator in recent years is shown below:



The Trust compares least favourably with other mental health trusts for the following key findings:

- % of staff reporting most recent experience of harassment, bullying or abuse
- % of staff satisfied with the opportunities for flexible working patterns
- Organisation and management interest in and action on health and wellbeing
- % of staff reporting good communication between senior management and staff
- % of staff believing that the organisation provides equal opportunities for career progression or promotion

The Trust compares most favourably when compared with other mental health trusts for the following:

- % of staff reporting errors, near misses or incidents witnessed in the last month
- % of staff agreeing that their role makes a difference to patients/service users
- % of staff attending work despite feeling unwell because they felt pressure from their manager, colleagues, or themselves
- Staff satisfaction with the quality of work and care they are able to deliver
- % of staff experiencing physical violence from patients, relatives of the public in the last 12 months

The Trust's Corporate Objectives for 2018/19 have been designed to directly address the disappointing aspects of these results. Fundamental to this work will be the delivery of a Leadership Programme and focussed health and wellbeing and employee engagement work.

Other Employee Matters

The most recent Workforce Racial Equality Standards results were disappointing but we are working actively with a variety of BME groups to concentrate on development areas with a view to improving the performance next year.

LGBTQ and Christian Faith Staff Networks joined our well-established BME Staff Network and Deaf Staff Forum, and work began to establish a Mental Health Staff Network. These networks play a crucial role in advising and supporting the Trust in improving opportunities and experiences of staff with protected characteristics, all network chairs are members of our Equality and Diversity Committee.

The Trust has an active Health & Safety group whereby senior managers and recognised Health & Safety Trade Union officials meet regularly to discuss issues of mutual interest and take appropriate action as and when required.

The Trust has good relationships with Trade Unions, key to this relationship is an active Joint Staff Side committee which is supported by Director's and Senior Trade Union officials where issues of mutual interest are discussed in a professional fashion. In addition senior HR staff meet regularly and informally with key Trade Union officials in order to resolve issues on a more informal basis.

In the last year the Trust has had a range of engagement meetings with staff to discuss specific issues and in the next year a more formal programme of staff engagement will be launched.

An innovative nursing career pathway programme was launched in 2017/18 and in the coming year The Trust will also be launching a comprehensive leadership programme for all staff.

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 Clinical Governance Groups to drive continuous improvement in our services.

Compliments

The Trust has received and reviewed over 2,519 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 593. 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 'ESQ', which accounts for 665 compliments. ESQ examples include:

- *'Dr {name} listened to what we had to say and explained everything clearly, and put {name}'s best interests first. Great service with individuals that really want to help and understand. Sutton CAMHS Tier 3*
- *'Long thorough assessment meant everyone spent a long time with my mum and I to understand what was going. They explained the whole process very well*

and always made sure I was always comfortable with what was going on.'
CAMHS Community Eating Disorders

Other compliments include

- **Acute & Urgent Care**

'To all the staff on Ellis Ward, A massive thank you to you all for taking care of (name) and providing him with the best treatment. For looking after him when he was extremely ill and at his most vulnerable. For always having time for us as his family and for explaining to us what was going on with him in a way we could understand. For all your compassion and expertise, we thank you all. When we were worried or scared/confused you made it easier to cope for us all. Once again thank you, you are the most incredible people.' Ellis Ward

- **Forensic, National & Specialist**

'We would like to say thank you to all the staff for the treatment, care and support {name} has received during his stay at Springfield. We are so grateful that {name} was given a place at this wonderful facility and feel he has gained a lot of benefit from his time there. We have seen him grow in confidence and his previously severe and disabling OCD has become more manageable/ We fell very positive that he has a much brighter future and will eventually be able to return the education or employment and have a more active and fruitful life. You truly are a great team of people and we would like to convey our thanks to each and every one of you. Best wishes for the future' Seacole ward

- **Community**

The service really allowed me to reflect on my experience and its impact on me. I found it very helpful to voice my experience to people who were impartial and offered a balanced view/advice, which enabled me to reflect and recover. So thanks!' Merton Early Intervention Service

- **Cognition & Mental Health In Ageing**

'To all on Jasmine Ward, A big thank you to you all for the care and kindness you showed to {name} during his stay in Jasmine ward. {Name} is leaving you feeling so much better now and we greatly appreciate everything you have done to make this possible. On behalf of spencer, our family and of course myself, thank you again. Yours truly, (Name)' – Jasmines 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 593 complaints, which is an increase of from the previous year of 550. There was one case referred to the Ombudsman during 2017/18, and this was partially upheld.

During 2016/17, the key performance indicators (KPI) for acknowledging a complaint within three working days and sending a complaint response within 25 working days

increased from 75% to 95%. We met the new acknowledgement KPI in April 2017 only with the average performance for the rest of the year at 65.7%. However, the average number of complaints received per month so far in 2017/18 is 42.5, compared to an average of 33.8 complaints received in 2016/17. The average number of responses per month so far in 2017/18 is 41.9 compared to an average of 33.9 responses in 2016/17.

The patient experience team makes contact with all complainants within seven-days and acknowledges letters of complaint being made within three days of being received. During this period there were two occasions where contact was not made in the seven-day period.

Examples of complaints and action are as follows:

- You said: Mother was unhappy about her son's depot medication and felt that the only reason it was being given to him was that it was more convenient.

We did: Took the service user off the depot medication and ensured that the care coordinator closely monitored him to avoid relapse

- You said: A Christmas gift bought by the complainant and which was handed to staff had not been passed onto her son and had subsequently gone missing. The mother informed the team but there was nothing done to resolve this.

We did: Apologised for the loss of the property and the service reimbursed the service user and carer.

- You said: The consultant was 57 minutes late for an appointment and offered no explanation. You were unhappy with the team because when you rang the team, the phone 'cut-off' twice and you were kept waiting and when you finally got through and were promised a call back by the end of day this was not followed through.

We did: Apologised for the lack of explanation for the delay and explained that this was due to an emergency. We asked the Doctor to apologise and discuss with the service user at the next appointment.

We acknowledged the distress in trying to contact the care team and asked the Clinical Support Manager to reflect with the team about handling of calls and ensuring that they were conveyed appropriately.

Values and Behaviours (Staff) closely followed by Communication and Clinical Treatment are the main themes arising from upheld and partially upheld complaints.

A Complaints Annual Report for 2017/18 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 2017/18 and it is accessed by both inpatient and community services.

During this period, there have been 7,234 items of feedback received with over 3,000 of these having free text comments that the Patient Experience Team has triaged.

An audit was completed in November 2017 on RTF 'You Said, We Did' boards. This was to give assurance that Trust staff demonstrated learning from feedback received by keeping the 'You Said We Did' boards up to date. Overall, only 47% of wards and community teams had boards with 35% of these areas, mainly inpatient wards, having clear evidence of actions and learning taking place. A couple of exemplary teams were noted for their proactive engagement with feedback received.

Areas of learning were that not all boards were 'uniform' and they were some, where it was not dated to evidence how current they were. In some of the areas that did not have a board, staff cited technical issues with the RTF equipment and therefore were unable to collate feedback. In other areas, some team managers were not aware of how they should populate the "You Said We Did" posters. In response to this, the Patient Experience Team refreshed "You Said We Did" template posters, sent these out together with new Boards to teams, and issued guidance on how the boards must be displayed. They also engaged with the IM&T Department to get all the RTF kiosks and tablets fixed or serviced.

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 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 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 meet this target by reducing our carbon emissions by 34% % by using 2013-14 as the baseline year.

Strategy for sustainability

To embed sustainability within our business, it features in the following processes and procedures:

- 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.

Performance

We have a duty to contribute towards the ambition, set in 2014, of reducing the carbon footprint of the NHS, public health and social care system by 34% (from a 1990 baseline). This is equivalent to a 28% reduction by 2020 on a 2013 baseline. Our aim is to exceed this and reduce our carbon emissions by 34% by 2019-20, using 2013-14 as the baseline.

Carbon footprint

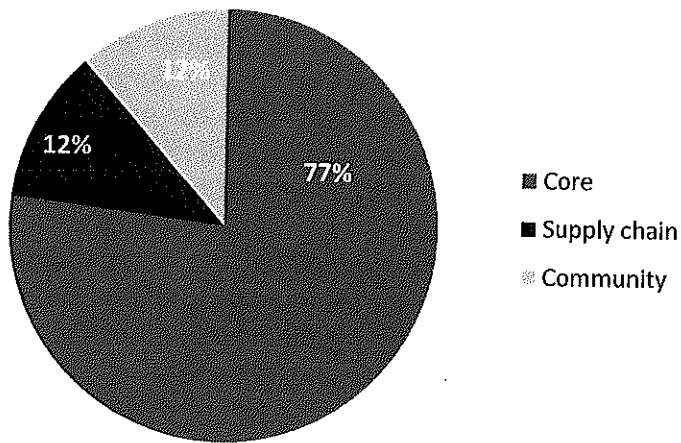
The Trust is required, and wants to monitor and understand the carbon impact of all its work.

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.

During the year 2017/18 the proportions of our carbon footprint by major usage areas in accordance with the NHS Sustainable Development Unit carbon factors were as follows:

Category	Usage %
Core	75%
Supply Chain	12%
Community	12%

Proportions of Carbon Footprint



Strategic Development, Innovation and Developments

The Trust has continued to develop and improve the quality of services it provides throughout 2017/18. This has included opening two Recovery Cafes in South Wimbledon and Tooting in April 2017 to support people who may be experiencing a crisis in their mental health and need a safe space to access support in the community.

Local MP Dr Rosena Allin-Khan also officially launched the new talking therapies service Talk Wandsworth in July 2017, which is commissioned by Wandsworth CCG. From its new base in the heart of Tooting, Talk Wandsworth offers a variety of psychological treatments for people over the age of 18 who live or work in Wandsworth and are experiencing common mental health problems such as anxiety, depression, phobias, obsessions and traumatic stress.

The Trust is also 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), working as a hospital group since 2015, collaborating to improve quality, outcomes and efficiency. In June 2017, the SLP was awarded a contract to manage the budgets and care for specialist child and adolescent mental health services across south London. NHS England made the announcement that the Partnership was one of five successful bids to both provide and manage the commissioning of Tier 4 CAMHS services across the country. Since 1 April 2017, the SLP has also been delivering a new care model for forensic mental health services with the primary aim to bring patients who are being treated outside of the area back into local care as well as reducing costs

The Trust also continues to participate across all five boroughs in programmes of work seeking to more closely integrate the delivery of health and social care, working across organisational boundaries. For example, the Kingston Co-ordinated Care programme (KCC), Sutton Health and Care, Richmond Mental Health Outcomes Based Commissioning Programme (ROBC) etc. The focus of these programmes is more on prevention and proactive care, ensuring people remain independent for longer by building resilience in the support available within the local community.

The Trust was successful tender in its bid to deliver Multi Systemic Therapy (MST) London Boroughs of Merton and Sutton as part of Positive Families Partnership (PFP). PFP is a unique collaboration between the social sector, local government and social investment (in a social impact bond) that will work with over 350 young people and their families identified as being at the "edge of care", delivering MST and Functional Family Therapy (FFT). PFP is commissioned by five local boroughs in London – Tower Hamlets, Bexley, Merton, Newham and Sutton – with support from the Big Lottery Fund. PFP is been commissioned based on outcomes – the boroughs pay for services only when outcomes are delivered.

In 2017 we introduced our new service line management structure. Our service line teams have been working hard to develop our services and drive improvement for the benefit of our patients, service users and our wider stakeholders. Innovation and developments are happening across the Trust.

Acute and Urgent Care Service Line

The Acute and Urgent Care Division 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 & Sutton and Kingston & 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 Division in its first year of existence bear this out.

- We successfully established Recovery Cafés in Wimbledon Chase and Tooting Broadway in April 2017, which now receive over 1,100 visits a month between them, and reduce the number of people needing to attend A&E or be admitted to a psychiatric ward. Both cafés receive excellent feedback from their customers, and local commissioners have extended their pilot funding into a second year as a result of their achievements.
- The ground-breaking nurse-led Lotus Suite Psychiatric Decision Unit has gone from strength to strength during the year. More than two thirds of people attending are successfully supported to return to the community with enhanced support, instead of needing admission to hospital. It has been the major contributor to reductions of 17% in informal admissions and 28% in short (0-5 day) admissions. It also receives excellent service user feedback. Local commissioners have agreed to fund the Lotus Suite recurrently, and the Trust has begun building works to extend the unit to provide separate male and female accommodation. During the year, the Lotus team won the prestigious national Nursing Times *Nursing in Mental Health* Award, and its manager Chloe Perkins won the Trust Quality Award for Leadership.
- Many other teams across the service line have also demonstrated excellent or outstanding performance in internal Care Quality Reviews and external assessments by the Care Quality Commission. Particular credit is due to Ellis Ward, Rose Ward, and Ward 2 (whose manager, Jayne Evans, recently attended the Queen's garden party at Buckingham Palace in recognition of her achievements in leading her team), and to the Acute Care Co-ordination Centre (which won a Trust Quality Award during the year).
- We have reached agreement with commissioners and developers on enhancements to the planned adult acute wards to be built during the Estate Modernisation Programme, enabling us to meet the Royal College of Psychiatrists and CQC recommendation of a maximum of 18 beds per ward, while retaining enough acute adult beds for our patients' future needs
- The Division successfully bid for over £300,000 in 'winter pressures' funding which has allowed us to deliver enhanced home treatment, liaison, recovery café and other services during the winter, reducing the pressure on local A&E departments.
- Since its formation, the service line has dramatically reduced its dependence on expensive agency staff, to 3.35% of staff - significantly less than half the rate at the start of the year. At the same time we have reduced the staff vacancy rate across the service line.
- Over the past year, Acute and Urgent Care has gone from a collection of individual services to a service line with a strong identity and strong relationships between teams that work together effectively.

Service developments during 2017/18 include:

- Substantial improvements in the service provided on Ward 2, Phoenix Ward and Ward 1 PICU in particular, each of which began the year in special measures because of quality or safety concerns, and each of which has successfully completed an improvement plan, leading to certification by the Trust and recognition by the CQC of the improvements it has made. At the same time, while not requiring special measures, Rose Ward has coped with a dramatic increase in the acuity of the women admitted to that service, and has succeeded in providing them with a safe and caring service, often in very difficult circumstances. Much of the credit for this is due to the leadership of the ward managers concerned, Jayne Evans (Ward 2), Mary Kamara (Phoenix Ward), Tiffany Yerby (Ward 1 PICU) and Meredith Kuleshnyk (Rose Ward).
- Joint work with our local acute trust partners on reducing frequent attendances at A&E departments by people with mental ill-health.
- A change in our provider of women's intensive care (PICU) services, to Huntercombe Roehampton, which offers our patients higher standards of care quality, responsiveness and engagement with community services, while also accepting a wider range of women for treatment.
- A substantial reduction in our use of out of area or private acute beds because we have been able to provide a bed ourselves more of the time, through more efficient management of our own beds and through offering better alternatives to admission. In 2017/18, our patients spent a little over 400 days (OBDs) in such external acute beds, compared with over 1,600 in 2016/17, and over 2,000 in 2015/16.
- An extension of our street triage services in July 2017 after obtaining the agreement of local commissioners to pool resources, so that street triage is now available across south-west London seven nights per week.
- A peer-led review of all home treatment services, to encourage joint working and equalisation of standards of staffing, skill mix, handover arrangements, risk management systems, carer involvement, response times and ward input.
- Implementing a new bed management system and associated policy, including incorporating the NHS England OPEL system in collaboration with local acute Trusts.
- Implementing a new information system and set of partnerships with local authorities to minimise delayed transfers of care (DToCs).
- Enthusiastic engagement across the Division in the Trust's Quality Improvement Initiative, with a total of 12 QI projects led by 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 reducing violence & aggression QII project in particular: the number of incidents of violence towards patients in the Division has fallen from a peak of 45/month two years ago to an average of around 15/month now. This is still considered unacceptably high, but represents substantial progress.

The biggest 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 Suite 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).

What is planned to do next year (next steps)

- Complete the redesign of our pathways for women requiring acute admission, to reduce the pressures on Rose Ward and women's PICU
- Participate in the South London Partnership's redesign of complex care and rehabilitation services, and agree a new model of inpatient rehabilitation with commissioners
- Negotiate risk-sharing arrangements with commissioners for various aspects of care, including out of area acute beds
- Complete the Purposeful Admissions phase 2 Project
- Evaluate and build on the pilot enhancements of our discharge co-ordination team and Acute Care Co-ordination Centre
- Improve the career progression opportunities for staff within the service line
- Increase the availability of psychological assessment and treatment throughout the service line
- If successful in our bid to the Department of Health, implement expanded and enhanced perinatal services across south west London

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 5 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

- In November 2017 our Behavioural and Communication Support Service in Wandsworth won the London Health Innovation Award for improving depression in older people care homes. The award also provided a Health Innovation Grant, which is being used to improve the management of treatment of depression in older people residing in care homes by teaching staff to improve their confidence and ability to identify symptoms of

depression. The BACSS team was also shortlisted for the 2017 Nursing Times 'Care of Older People' Award.

- The Wandsworth Older People Services were transformed in July 2017 in co-production with the CCG.; service delivery follows specific care pathways for dementia and mental health difficulties. New services include a Community Behavioural and Communication Support Service (CBACSS), which mirrors the excellent approach taken by its sister service BACSS. A Dementia Clinical Nurse Specialist team provides primary care based brief interventions, carer support, advice, information and signposting for patients with dementia, their carers and to health and social care professionals.
- Our Trust has the lowest number of Older People mental health inpatient beds per weighed population in England. 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.
- We have worked in partnership with Kingston CCG in providing a part time Dementia Nurse Specialist to work alongside GP's in improving screening and referrals for early diagnosis of dementia. This extended pilot service has helped to improve the dementia diagnosis rates within the borough, in partnership with the lead GP Dr Burnie.
- Katy Formstone, Advanced Clinical Practitioner has represented the trust and service line at the Kingston Co-ordinated Care MDT meetings; an important programme of integrated care planning for those patients with the highest level of complex needs and risk of hospital admissions.
- The service line has performed consistently well on a number of important performance indicators, including supervision of clinical staff, reducing use of agency staff and reduced staff sickness.
- Zoe Harvey Lee, OT in the Richmond Older People Services won Clinician of the Year award at the 2017/18 Trust Quality Awards. Since December 2016 Zoe has had a focused role, working in the Older People Care Homes in Richmond, offering psychosocial assessments and interventions to improve the quality of life for residents and support to staff that care for them.

What improvements have taken place?

Service developments during 2017/18:

- Crocus Ward has undergone significant refurbishments with active input from patients and staff on the ward. The ward has had positive feedback with regards to its patient and dementia friendly environment. The ward has also successfully piloted a reduction in beds from 21 down to 19 to reduce the use of shared dormitory accommodation. A business case was approved to establish 19 beds on a permanent basis, all single occupancy rooms. Work will start on the ward in spring/summer 2018.
- The governance structures in the service line have been strengthened and there is more staff involvement in learning and development initiatives. A new Clinical Reference Group provides senior clinical advice and leadership on CMHA quality improvement projects. Quarterly learning events are run for all staff to attend, taking quality themes for discussion and action. A CMHA

quarterly Learning Bulletin has been developed to help disseminate important information to staff across the service line.

- An HR led Recruitment and Retention Plan has been implemented for the service line in recognition of the current workforce challenges, in particular the recruitment of mental health nurses.
- The introduction of a service line Advanced Clinical Practitioner has had a significant impact on reducing our inpatient delayed transfers of care. Katy Formstone, the current postholder is a social worker and AMHP and has also set up a weekly social care clinic on our inpatient wards to provide advice and support to patients and carers. Katy has also run a series of staff training workshops across the service line on the Mental Capacity Act and Deprivation of Liberty Safeguards.
- 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 in our Memory Assessment Services, acts as a baseline assessment in our work towards accreditation standards of care.
- A number of Quality Improvement Initiatives have been registered in the last 12 months, including projects to reduce risk of falls in our inpatient wards, and the introduction of routine clinical outcome measures across all inpatient and community services.
- A staff training needs analysis workshop indicated a number of areas of staff training, including assessment and interventions for behavioural and psychological symptoms of dementia and for physical health.

What have been the biggest challenges?

- Workforce issues have been one of the biggest challenges, particularly staff turnover and recruitment to a significant number of vacancies. The services have a large 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, in particular expertise in physical health issues.
- Pressures on our inpatient beds occur periodically, partly due to the low numbers of older people beds in the trust and Delayed Transfers of Care. Delayed Transfers of care can be more challenging when care home placements need to be sourced and funding agreed. To date, despite the challenges, we have avoided the use of external (out of trust area) beds for our older patients.
- The number of patients requiring 'specialling' (additional 1:1 nursing observation and engagement) on our inpatient wards has contributed to additional financial pressures.
- CCG initiated Quality, Innovation, Productivity and Prevention programmes have yet to be finalised in relation to new service models and service specifications.

What is planned to do next year (next steps)

- Complete the Crocus Ward Bed Reduction/Single Dormitory Improvement Programme.
- Fully embed the Recruitment and Retention plan within the service line and contribute to the Nursing Preceptorship and Development programme.
- Explore options for provision of dedicated psychology on the older people inpatient wards
- Implement the new Care Planning Standards within the service line
- Contribute to the Demand and Capacity Assessment Project
- Relaunch Triangle of Care via service line and team level carer leads
- Review admin provision and gaps across the service line
- Work in collaboration with commissioners in relation to service models in Kingston and Richmond.
- Improve service user and carer co-production/involvement within the service line, including improved quantity of feedback
- 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.
- Establish QII project looking at time taken from referral to delivery of dementia diagnosis in anticipation of STP agreed target of 6 weeks.

Whilst we recognise the good work and the achievements of our new service lines we are keen to ensure they are indeed fit for purpose and will be carrying out a review of the structure in 2018/19 so we can further drive improvements.

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 provider to provide addictions 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

We launched the Talk Wandsworth service on 25th July 2017. This is a free and confidential service, available to people aged 18 years or over, which provides access to expert advice and techniques to help address problems with stress, anxiety, depression, or low mood. We have been working closely with the CCG to ensure that the service is meeting its national performance targets, and is providing the best possible care for Wandsworth residents.

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 GP's with physical health monitoring. Feedback has been very good from both GP's and the commissioners. The initial phase of the roll out has gone well with over 270 people seen. We are now working with commissioners to plan the roll out of service across the whole Borough.

We have been providing a medication support service in Sutton since April 2017. The aim of this service is to provide support to people who struggle to take their medication, to reduce the risk of relapse and readmission into hospital. We believe this service provides an important intervention to a group of people who might otherwise need to be cared for out of their home environment.

We have worked closely with our partners Cranstoun, moving Inspire Sutton to a new venue in the centre of the borough. Inspire Sutton delivers an integrated community drug and alcohol service available to anyone aged 18 and over living in the London Borough of Sutton. This service provides a range of interventions including assessments, one to one support, group work, prescribing and community detoxification services, peer support, mentoring and volunteering. The new venue allows a truly integrated approach, with regards to the delivery of medical and recovery focused interventions.

What improvements have taken place?

- We have been focused on supporting out teams with the assessment and management of risk. We have strengthened our zoning (risk management) processes, and continue to work with the teams on this to ensure that we are approaching this in a standardised way.
- Working with our commissioners, we have undertaken a project to improve the quality of care delivered by the Wandsworth Single Point of Access team (Wandsworth SPA)
- The governance structures in the service line have been strengthened and there is more staff involvement in learning and development initiatives. Bi-monthly development days are run for staff to attend, taking quality themes for discussion and action.
- An HR led Recruitment and Retention Plan has been implemented for the service line in recognition of the current workforce challenges, in particular the recruitment of mental health nurses.
- The introduction of the service line Advanced Clinical Practitioner role has had a significant impact on supporting staff with the transfer of patients back to primary care, or with CPA transfer to other trusts.
- The service line led on the development of the case notes audit too and championed the introduction of the case notes audit dashboard. The dashboard and audit is designed to improve the quality of risk and collaborative crisis plans and care planning.
- A number of Quality Improvement Initiatives have been registered in the last 12 months. We have had a particular focus on improving Cardio Metabolic assessments completed in the community. We achieved the target for our community teams. We have also piloted a caseload weighting tool, and plan

to roll this out across the service line to support teams in managing the high caseload numbers.

- We have introduced community quality standards, and developed a dashboard to support staff with the monitoring of the standards.

What have been the biggest challenges?

- Recruitment and retention has been a particular challenge for many of our community teams.
- CCG initiated Quality, Innovation, Productivity and Prevention programme (QIPP)

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
- Contribute to the Demand and Capacity Assessment Project
- Relaunch Triangle of Care via service line and team level carer leads
- Work in collaboration with commissioners in relation to service models in Kingston and Richmond as a result of QIPP.
- Improve service user and carer co-production/involvement
- Complete QII projects on Care Programme Approach
- Focus on rehabilitation service provision in the community (Wandsworth)
- We are working with our partners on the roll out of the Serenity Integrated Mentoring (SIM) project, focusing on working with people who are detained under section 136 of the Mental Health Act.

Forensics, Specialist & National

The Forensic Specialist & National (FSN) Service Line was created from the Specialist Services Directorate. The Service Line includes the forensic service, the deaf, 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 FSN Service Line and relationships with commissioners, primarily NHS England, and other stakeholders.

What we are proud of - key achievements

- All services within the Service Line inspected by the CQC in 2016 attained 'Good' ratings and were not re-inspected by the CQC in the 2018 inspection of the Trust. The Adult Eating Disorders Service inpatient unit (Avalon ward) and the Day Unit had a full CQC inspection in February 2017 and received a "Good" rating. A CQC Mental Health Act monitoring inspection of the forensic service in August 2017 had very positive outcome.
- In April 2017 the forensic service became part of the South London Mental Health and Community Partnership (SLP) wave1 New Models of Care (NMoC) pilot. The Partnership includes SWLSTG, 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 the development of an Out of Area

Team. To date this team has over performed against its target for repatriation of patients from independent sector secure units to SLP beds. The team has also overseen the repatriation of many patients from secure services to local CCG funded step down facilities closer to home.

- The forensic service has successfully secured funding of expansion of the Forensic Outreach Service (FOS) via a business case to the SLP for reinvestment of savings generated from repatriations. This team expansion is intended to facilitate earlier discharge from secure wards in the SLP and reduce length of stay in secure services. The expansion of the FOS is also in line with benchmarking of resources within community forensic teams in the SLP.
- All referrals to forensic services are now managed through the SLP single point of access. This has adopted a standardised approach across the SLP. Five patient pathways have been identified within the SLP as follows: women, community, acute and recovery, assertive rehabilitation and specialist pathways. The latter has facilitated specialisation and optimisation of treatment for forensic service users.
- The forensic service engages in a rich array of partnership working and learning across the SLP. These include learning events e.g. restrictive practice and peer review of cases and conferences within the pathway fora.
- The adult eating disorders service has undergone an extensive review to improve patient pathways and patient experience between Avalon ward – the inpatient unit, the day hospital and community service and to ensure the treatment model delivers the most recent NICE guidance. The new model also offers enhanced nursing and OT roles which ensures better career pathways.
- The neuropsychiatry service has expanded including the recruitment of a consultant psychiatrist, clinical psychologist and team manager. 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.
- The OCD/BDD service recently had a successful away day with a range of speakers, films, teaching and training for the whole MDT.
- The deaf inpatient unit (Bluebell ward) was the first of the three national deaf inpatient units in the UK to receive accreditation by Centre for Creative Quality Improvement (CCQI).
- At the January 2018 Quality Awards, a Forensic OT won the category for coproduction and partnership. A deaf staff member won the lifetime achievement award.
- Since its formation, the Service Line has dramatically reduced its dependence on expensive agency staff, to 12% compared to 41% in April 2017. At the same time we have reduced the staff vacancy rate across the Service Line to its lowest at 13% in January 2018 compared to 20% in March 2017.

What improvements have taken place?

- As described earlier, participation in of the SLP wave 1 NMoC pilot had 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 implemented 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 13 QI projects led by specially-trained staff across FSN teams covering areas from use of technology for court appearances, assessing risk of aggression and violence, improving shift handovers and reducing restrictive practices.
- 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 to the Service Line.
- 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 and the development of a step down facility in the community for women discharged from secure services.
- The FOS team will be expanded including recruitment of a clinical psychologist, recovery workers and discharge coordinators.
- The recent review of the adult eating disorders service will be implemented in the second quarter of the year. This includes further implementation of the Quality Eating Disorders Standards, strengthening transitions across the eating disorders pathways and to reduce length of stay on Avalon Ward, as well as full recruitment into the new posts.
- The clinical lead for OCD/BDD will publish a book titled Obsessive Compulsive Disorders: All you want to know about OCD for people living with OCD, Carers and Clinicians.
- 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

Children Adolescents Mental Health

Initially the CAMHS Service Line was created from the Community CAMHS Directorate and the CAMHS services within the Specialist Services Directorate. Following the implementation of service lines the CAMHS expertise and management of the services was consolidated in order that one leadership can

review and manage the governance of the services and relationships with stakeholders.

What we are proud of - key achievements

- The service line participated in a pilot for Healthy London Partnerships Peer review process of Crisis Care in CAMHS and was praised for the training offered to A&E and schools, and for having good structures in place, including governance and participation.
- The Neurodevelopmental Team through backlog funding has moved from having unacceptably long waits to offering the Diagnostic assessment package within 10-12 weeks on average; this team provides comprehensive assessments and high quality reports.
- Corner House went through a difficult period with low staffing and low referrals, the ward is now functioning well, gaining referrals and back to expected activity levels, while still offering high quality therapeutic work.
- During the year all three wards (Aquarius, Wisteria and Corner House) had positive praise on peer review visits by Quality Network for Inpatient CAMHS. They were impressed with therapeutic milieu provided by Corner House. However, due to challenges faced by use of bank staff in the unit it affects continuity of care. Aquarius ward – young people have access to a wide range of activities on the ward and involved in treatment plans. And parents group provided by the service supported by AOT was well utilised. The services were also reviewed by NHSE caseworker part of the annual review. The outcome was positive and was shared at Cluster Clinical Governance group. There is evidence that at the point of admission Estimated Discharge Day is routinely discussed and recorded on RIO. Action plans were developed in response to issues e.g. protocol for shared space in the garden. Further work need to be done with regards preparedness for CTR.
- Though the South London Partnership we have become a wave two site for New Care Models Tier 4 CAMHS providing the opportunity to improve care for these young people. The SLP has submitted a bid for Community Forensic CAMHS.
- Additional posts in Tier 2 have been developed across Merton, Sutton and Wandsworth to support Liaison and Diversion. This will improve our support for offenders and management to the social work teams
- There is a range newly recruited Recruit to Train and Primary Well Being staff in all five boroughs funded from NHS England

What improvements have taken place?

Service developments during this year include:

- Community CAMHS has created an Emergency Care team of Nurses to provide assessments for young people presenting to A&E with Self harm risks or in crisis, using some existing posts and by attracting CCG funding. This offers high quality services with more resilience than the previous arrangements. These services have also been extended to 22.00 hours from

Mondays to Fridays with additional CCG funding to promote expert and better access for young people

- Every Borough now has a CAMHS Single Point of Access, linked to Tier 3 providing rapid response to referrals and ensuring the family receives help from the most appropriate team or service.
- Sutton has additional posts to support the management of self-harm pathway. This includes Emergency Care work in the evenings, recognising that late afternoon is when many young people arrive at A&E and a CAMHS worker offering support and interventions around self-harm in schools. There is also a clear designated senior psychologist link between SPA and MASH to promote and strengthen robust interface
- Adolescent Outreach Team was nominated for Quality Award and has received additional funding from NHS England to expand the service to help reduce admissions.

What have been the biggest challenges?

Recruiting to the band 5 and band 6 positions has been a challenge. A range of strategies have been employed to address the problem such as offering secondment opportunities rotational post across The Park Campus. The ward manager visited Greenwich University to market the service. He is forging links with Surrey and Borders through this will be able to open up placements for students. The service is going to be holding open days at Corner House so potential applicants could visit the unit and talk to the team about the unit. This will offer the opportunity to share what it does well and what is on offer. CAMHS SLM is planning to recruit from abroad e.g Ireland.

The Deaf CAMHS team in Cambridge has had problems with lack of appropriate accommodation for a long period; this was escalated to get senior support within the Trust and has now been resolved.

What is planned to do next year 2018/19 (next steps)

Work streams within the New Care Models:

- Crisis care- a crisis line and enhancements to local services to offer support at evenings and weekends
- Consolidation of the AOT expansion
- CAMHS bed management to include tracking, reviewing and repatriating those in distant or inappropriate placements.
- Eating Disorder day care to be developed within that care pathway
- Development of DBT services across the tiers for young people in south west London
- The Trust is working closely with CCGs to develop and manage the ASD pathway with proposals for pre and post diagnostic support services. There are concrete proposals for Merton and Sutton to be implemented from 2018/19. Richmond has also a proposal which includes input from Trust.
- The development of a joint Single Point of Access from Single Point of referrals is planned from April/May 2018 for Richmond and Kingston. This will be collocated with Local Authority MASH at the Kingston Town hall.

- A proposal to expand the Learning Disabilities support and training in Merton has been discussed with Merton commissioner. This will be likely to be confirmed for implementation in 2018/19
- Sutton Local Authority has offered an investment to strengthen their social work teams with psychological support and input from the Trust. This initiative will support the overall pathway for young people and build resilience in the management of challenging cases.
- The Trust Multi System Therapy (MST) service has secured a cost and volume contract to provide for Sutton and Merton from Feb 2018 for three years. This provides stability for the Trust to build upon our expertise and support.

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 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 (early 2021)
- 839 new homes (including 168 affordable homes)
- Restoration of the Grade II listed buildings

The new Springfield Park, due in 2020/21, with 32 acres of public parkland including 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 with a £5m investment in local infrastructure, including public transport, pedestrian routes and cycle provision.

Tolworth Hospital: this will be another centre of healthcare excellence, due in 2021. The existing Acacia Unit will be refurbished and outdated and underused buildings demolished. More than £500,000 will be invested to improve local transport and access to the site.

The first stage of the development is already underway with 26 new homes to be completed by June 2018 on the Springfield site.

The Trust is completing the final stage of the procurement process for its once in a lifetime multi-million programme to build two new state-of-the-art mental health hospitals at Springfield University Hospital and Tolworth Hospital.

The Trust has appointed the Springfield and Tolworth Estate Partnership (STEP), a 50/50 partnership between Kajima Partnerships and Sir Robert McAlpine Capital

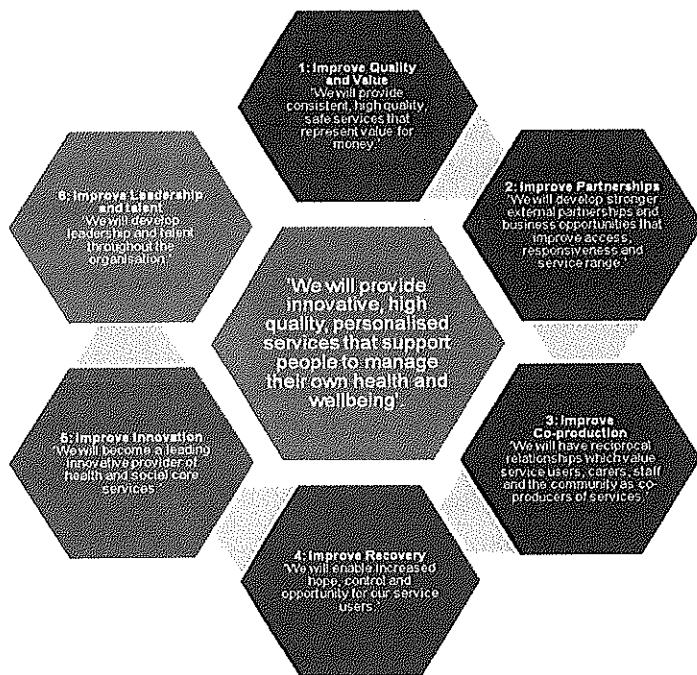
Ventures as Preferred Bidder/Master Developer and we are now in the process of obtaining central Government approval for the EMP to progress to the construction stage, which we hope to be in summer 2018.

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. As such, Richmond Royal was placed on the market in January 2017 and the sale completed for parts of the site in March 2018. 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, the Trust is currently exploring options for the site. We will continue to deliver existing services at Barnes Hospital. We are currently working with Richmond CCG to establish if other community healthcare uses could be placed on the site.

All surplus funds raised from any sales will be redirected into our frontline services across the five boroughs we serve. In addition, some of the funds raised will also be invested into the building of our two new hospitals in Springfield and Tolworth.



Research & Development

We pride ourselves on being an innovative organisation striving to explore all opportunities to provide the best care for our patients and our research and development programme is a key part of what we do.



In an environment where there are increasing constraints national research funding and organisational financial constraints we have still managed to engage in research which will benefit our service users and the wider mental health system.

The Clinical Research Network: South London (CRN: SL) reduced our annual funding allocation by 5% but, despite an overall drop in participant recruitment, our involvement in interventional studies has nevertheless increased compared to last year.

The department has also invested considerably in strengthening its infrastructure and plans are afoot to apply for additional monies via available funding streams from the CRN, along with wider funding bodies. Any financial support sourced via this route will be used to supplement local staff development and participant recruitment.

We to encourage engagement in research Trust-wide and the R&D Committee is currently undertaking a review of its terms of reference. Further, 4 Research Champions have been co-opted to support the CRU-PAD (Clinical Research Unit in Psychiatry & Allied Disciplines) in its burgeoning portfolio, namely:

- Dr Dieneke Hubbeling - Community and Social Psychiatry;
- Dr William Howie - Learning Disabilities;
- Dr Sarah Curran - CAMHS; and
- Dr Ian Petch - Psychology.

The Research Champions report to the CRU-PAD Advisory Group and the calendar of meetings for the CRU Advisory Groups for PAD and POAN (Psychiatry of Old Age & Neuropsychiatry) now convene jointly on a half-yearly basis to oversee the research units' workplans.

The CRIS (Clinical Record Interactive Search) Oversight Committee is planning the rollout across the Trust with active input from the Committee's service user representatives. This will be configured into a series of interactive roadshows at the Trust's main sites to enable Trust-wide hands-on experience of the system and its capabilities. Further bespoke sessions are also planned for service user, carer and lay audiences.

The department's continuing relationship with the PEER (Peer Expertise in Education & Research) group at SGUL is also proving to be a productive and worthwhile investment in promoting service user engagement in local research. Examples of this include: developing service user-led research protocols, peer review of locally generated projects and active participation in the Sutton Uplift Evaluation.

The Trust's research portfolio now consists of 40 current and ongoing studies, of which:

- 32 are portfolio (national multicentre) studies;
- 5 are educational studies;
- 2 are commercial funded studies; and
- 1 is locally generated, unfunded study.

Key examples of research:

- Enhancing Cognition and quality of Life in the early PSychoSEs (ECLIPSE) Study 2: Comparison of acceptability between methods of implementation.
- fMRI Neurofeedback as a novel neurotherapy for children with ADHD.
- 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.
- The SlowMo Trial: A randomised controlled trial of a digital therapy for people who fear harm from others.
- The assessment of risk and safety in mental health services.

Studies to be opened up this year include:

- DFEND: A randomised, double-blind, placebo-controlled, parallel-group trial of Vitamin D supplementation compared to placebo in people presenting with their First Episode of psychosis Neuroprotection Design.
- Feasibility randomised controlled trial of individual Cognitive Stimulation Therapy (iCST) for dementia in people with Intellectual disability.
- Social Cognition in early psychosis: Characterisation, relationship with social function and response to cognitive remediation therapy.

- CAP-MEM: The cap-mem study. Exploring the cause and prevalence of memory problems in people mental health, neurodevelopmental and neurodegenerative disorders.

The ReBIND study (Research into the Effectiveness of Biographical reminiscence films in Dementia) has performed strongly from its initiation and as a result has received an additional tranche of funding to continue the project assistant's post. To date, the study has already received two care innovation awards and is attracting intense interest from the wider research community.

The R&D entity has made significant strides towards re-establishing itself as a Trust priority by aligning more closely with the Trust's strategic objectives and has yielded impressive results by adopting a more proactive business model, successfully integrating education, training and performance management into its core functions to maintain a competitive edge over the larger acute member Trusts in south London.

Signed



Chief Executive

Date

24-05-2018

Accountability report

Directors Report

Governance Framework

Our Trust is led by our unitary Board of Directors who are accountable for setting our strategic direction, vision and values, monitoring performance against our objectives 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 were established in 1994 under the NHS Constitution as a mental health trust and more details on what we do can be found under About Us on page 9.

Our aspiration is to be an outstanding organisation and as such in 2015 we had our application to be assessed as foundation trust approved by NHS Improvement (formerly NHS Trust Development Authority). We earnestly begun our preparation to become a foundation trust and to complete the assessment process however the system is not actively progressing the foundation trust pipeline so we were forced to stand down our shadow council, as their shadow term of office had come to an end. We continue to embed strong governance practice in the event the foundation trust pipeline becomes a system priority.

We are rated as 'Good' by the Care Quality Commission (CQC) following our 2016 inspection. More information on our CQC rating and current inspection can be found on page 38.

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 it complies with the NHSI Code of Governance as far as possible in advance of being licensed.

A summary of the Trust's performance against the key metrics can be found under the performance analysis on page 23.

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 the Trust's constitution, mandatory guidance issued by the independent regulator, NHS Improvement, and with other relevant statutory requirements and contractual obligations.

The Board of Directors met regularly throughout the year. The Board also has five 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 on page 86.

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 management 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 2017-31 March 2018) can be found on page 79.

Independence of Directors

The Board considers that all of its non-executive directors (NEDs) are independent in character and judgement, including Dr Andy Kent, who was the representative from St George's University throughout the reporting period.

NEDs 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 NEDs 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 but the Chair and chief executive have worked hard to ensure that there is a strong mix of skills and knowledge to deliver the following 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 2019/20.

The Trust has a unitary Board is 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 during 2017/18:

- 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 service users 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



Chairman
Peter Molyneux

Executive Directors



Medical Director
Dr Mark Fother



Director of Nursing and Quality
Vanessa Ford



Director of Finance and Performance
Philip Murray



Director of Communications and Stakeholder Engagement
Ranjeet Kaur



Chief Operating Officer (From August 2018)
Sue McKenna



Acting Director of Strategy & Commercial Development
Arvy Scammell

Non - Executive Directors



Non - Executive Director
Jean Delnith



Non - Executive Director
Dr Ali Hasan



Non - Executive Director
Professor Andy Kent



Non - Executive Director
Bola Afoapa



Non - Executive Director
Richard Flatman



Associate Non - Executive Director
Vik Bagar

..... Non-voting member

Non-Executive Directors

Mr Peter Molyneux, Chair

Peter has been Chair since 2011. He brings a wide range of experience to the role having been Chair of NHS Kensington and Chelsea and Chair of the Audit Committee at NHS Southwark.

Peter is passionate about the importance of housing and employment to someone's recovery and has worked to promote greater integration between these and mental health services. He is a Visiting Fellow at the John Madejski Centre for Reputation Management at Henley Business School, a Board Member of Recovery Focus and a Stonewall Ambassador. He is Chair of the London Mental Health and Employment Partnership. He chairs the Remuneration Committee.

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.

Professor Andy Kent, Non-Executive Director

Andy was appointed as one of our non-executive directors in August 2012.

Andy is Executive Dean of the Faculty of Health, Social Care and Education, a joint enterprise between Kingston University and St George's, University of London, that trains nurses, including mental health nurses, occupational therapists, social workers, midwives, other allied health professionals and teachers.

Andy trained in Medicine at Guy's Hospital Medical School and then in Psychiatry at St George's, where he subsequently worked as an academic psychiatrist specialising in mental health service delivery and undergraduate medical education.

Andy has worked in every borough served by the Trust, most recently as the Trust's specialist perinatal psychiatrist. He retired from clinical practice in 2016 to focus more on his university leadership role. He has just completed an MBA at the University of Warwick.

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 & Company, then worked as Regional Medical Director at Bupa, and also undertook independent advisory work and was a board member of Parafriacta, 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 & 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.

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

Vik is a Chartered Accountant who started his career in the Corporate Finance department of Ernst & 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 & Performance Committee as well as the Audit Committee.

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 our permanent Director of Finance and Performance, in March 2017.

Philip is a Certified Accountant 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 Clinical Commissioning Groups within Buckinghamshire.

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.

The following were also members of the Board during the period:

- Jonathon Thompson
- Barbara Greenway
- Suzanne Marsello
- Alfredo Thompson
- Asha Hoque

Details of board members appointment is can be found on page 77 and in the table on page 101.

Board Committees

To support its work the Board established the following committees during the period 1 April 2017 – 31 March 2018, the roles of which have been enshrined 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 80.

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's work on a plethora of internal audit reviews including but not limited to recruitment, IAPT services, bed pressures, service line risk management, the plans for introduction of new General Data Protection Regulation requirements, appointment of internal and external auditors, and reviewing the Trust's standing orders and scheme of delegations. The committee were also pivotal in commissioning and developing the Board's risk appetite framework which underpins the Trust's board assurance framework. The committee also focused on a core set of topics (Deep Dive, External Audit, Internal Audit, Counter Fraud, Board Assurance Framework (BAF), Quality Account, Annual Governance Statement in addition to general items of business to enable the committee to gain assurance of its delegated responsibilities from the Board.

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 was formerly known as the Finance and Investment Committee but the Board extended its remit to give extended oversight and scrutiny of performance measures.

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.

During the period the Board disestablished its separate Estate Modernisation Programme sub-group which was established as a task and finish group with the main to have an in-depth oversight of the Estate Modernisation Programme (EMP) in order to provide the Board that there are robust processes in place to manage and deliver the EMP.

The sub-group delivered its key object to scrutinise the process and ensure a robust recommend for a preferred partner for EMP was made to the Board. The continued oversight of the EMP project is being jointly undertaken by the Board and the Finance and Performance Committee.

Quality Safety and Assurance Committee

The Quality Safety and Assurance Committee is the principal committee charged by 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.

Remuneration and Appointments Committee

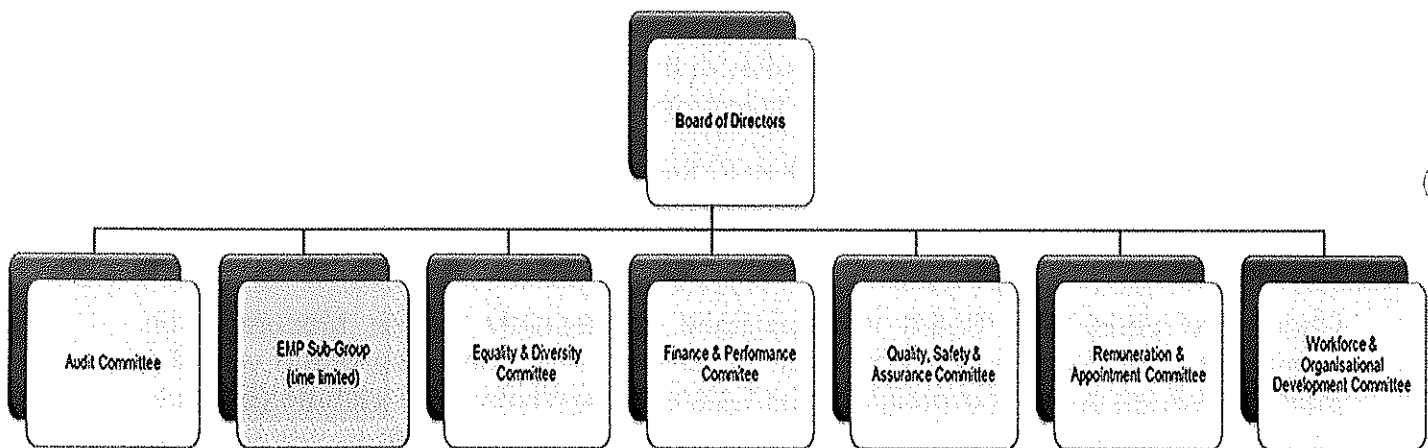
The Remuneration & Appointment Committee operates in line with the requirements of the NHS Codes of Conduct and Accountability, and the Higgs report.

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;
- arrangements for termination of employment and other contractual terms.

A detailed remuneration report is available on page 104.



	Total Number of Meetings	Board of Directors		Audit		Equality & Diversity		Estates & Modernisation Programme Sub-Group		Finance & Performance		Remuneration & Appointments		Workforce & Organisational Development		Quality & Safety Assurance		
		Membership / Actual Attendance	V Meetings	Actual Attendance / V Meetings	Membership / Actual Attendance	V Meetings	Actual Attendance / V Meetings	Membership / Actual Attendance	V Meetings	Actual Attendance / V Meetings	Membership / Actual Attendance	V Meetings	Actual Attendance / V Meetings	Membership / Actual Attendance	V Meetings	Actual Attendance / V Meetings	Membership / Actual Attendance	V Meetings
CURRENT BOARD MEMBERS (AS AT 31 March 2018)																		
Peter Molyneux	V	M*	10/11	A	0/1	M*	2/4			A	0/2	M*	5/5	M*	1/3			
Jean Dainfith	V	M	11/11			M	2/4					M	5/5	M	7/9			
Richard Flatman	V	M	8/11	M*	5/5			M	0/3			M	1/5					
Dr Andy Kent	V	M	9/11	M	2/5							M	1/5			M*	8/11	
Dr Ali Hasan	V	M	10/11							M*	2/3	M	5/5	M		M	11/11	
Sola Aduape	V	M	9/11			M	3/4					M	2/6	M	5/9	M	8/11	
David Bradley	V	M	11/11	A	4/5			M	1/3	M	9/10	M	5/5	M		M	10/11	
Vanessa Ford	V	M	10/11			M	3/4							M	9/9	M	11/11	
Philip Murray	V	M	11/11	A	5/5			M	3/3	M	10/10							
Dr Mark Potter	V	M	11/11			M	4/4			M	5/8					M	10/11	
Vik Sagar	NV	M	5/5	M	1/2					M	5/5							
Ranjeet Kailie	NV	M	11/11															
PAST BOARD MEMBERS (PRESENT BETWEEN 1 April 2017 - 31 March 2018)																		
Barbara Greenway	V	M	4/6					M	2/3	M	4/5	M	0/3	M*	7/7			
Jonathan Thompson	V	M	7/8	M	2/3			M*	2/3	M*	5/7	M	1/4					
Eileen Doyle	V	M	5/6			M	1/1			M	4/6			M	6/6	M	4/6	
Asha Hoque	NV	M	3/10			M	1/1					A	0/1	M	5/9			
Alfredo Thompson	NV	M	5/11									A	1/1	M	6/9			
Suzanne Marsello	NV	M	7/8							M	6/7							

Key:

M* Meeting Chair

M Member

V Voting Board Member

NV Non-Voting Member

A Attendee

Annual Governance Statement

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the our 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 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 & 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 South West London & St Georges Mental Health NHS Trust for the year ended 31 March 2018 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 the CQC
- Through the work of committees and groups
- Quality Impact Assessments of change programmes
- Staff and service user feedback

All identified risks are required to be assessed and recorded in the Trust risk register system. The risk register system is managed in five levels, where risks are escalated and de-escalated through the various levels, as risk scores and mitigation measures change:

1. Team level: local and routine risks are captured and managed locally by ward/department managers
2. Cluster Level: Matrons or Community Managers oversee the highest risks of each department or risks that require additional support

3. Service Line: Service Line Leadership teams oversee and monitor the highest risks across the service line, through governance groups and performance reviews
4. Corporate: The key risks from the service lines are overseen by the Quality Governance Group and the Quality Safety Assurance Committee, with a key focus on risks that could be considered to be trust wide in nature
5. Strategic: Risks that are established by the Trust Board (top-down or from the Corporate Risk Register (bottom-up) that could impact on the strategic objectives set by the Trust. These risks are captured on the Board Assurance Framework (BAF) and directly overseen by the Board

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

Key risks

- Bed Pressures and responding to capacity requirement
- Achieving recurrent saving plans
- Provision of consistent safe staffing (the right staff with the right skills at the right time)
- Ensuring that our Estate Modernisation Programme is full delivered

The risk and control framework

The Executive Director of Nursing and Quality 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 & Quality.

All 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 an update on the risk register and BAF each month following Performance Reviews.

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 corporate 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.

Like all NHS organisations we face a wide range of complex risks as a provider of mental health care services – from patient-related treatment risks to organisational issues, such as loss of income.

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 and being updated to provide further clarity in response to a number of organisational changes.

Our risk management approach recognises the need to ensure that risks are openly discussed and reported within a culture of improvement, honesty and reality; and the need to strike a balance between stability, innovation and positive risk taking to ensure that we achieve our organisational objectives and our service users can achieve theirs through a recovery models.

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

We are fully compliant with the registration requirements of the Care Quality Commission.

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 Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

The Trust risk management processes continue to be strengthened through the new governance and risk arrangements implemented as part of establishing Service Line Management (SLM).

Internal Audit (TiAA) reviewed and considered service line risk registers and how risks are identified, added to the register, managed, monitored and reported on. The review also considered how the risks were closed and escalated and the linkage to the Board Assurance Framework and considered the development of Risk Registers.

The conclusion and assessment was that there was 'reasonable assurance' and TiAA concluded that there is a consistent approach to risk management being embedded across the Trust with each Service Line having its own risk register. There some actions associated it the risk management policy reflecting practice and this is being addressed.

The Trust Board has reviewed and revised its 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 service users 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 manage within the organisation, have responsibility for the development and maintenance of specific elements of the system of internal control, also provide assurance.

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.

My review is also informed by the outcome of internal and external audits and reviews.

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 executive directors through the subcommittees of the Board.

The Trust has successfully concluded on the programme of work to develop the full utilisation of the electronic risk management system and strengthen its reporting capability. This included delivering a training programme across all teams.

The Head of Internal Audit Opinion (HoIA) for the period 2017/18 which states, satisfaction that sufficient internal audit work has been undertaken to allow them to draw reasonable conclusion as to the adequacy and effectiveness of the Trust's risk management, control and governance processes and accordingly the Trust has adequate and effective management, control and governance processes to manage the achievement of its objectives, contributes 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.

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

The above controls help provide us with assurance that we are obtaining best value for money. Our external auditors have concluded that our arrangements support economy, efficiency and effectiveness in the use of our resources, and have provided an unqualified audit opinion.

Information governance

During 2017/18 we reported one personal data incident to the Information Commissioner's Office (ICO) which was classified as level 2 in severity:

- A staff member of St George's Hospital lost a paper report in transit containing sensitive patient identifiable data about a patient who has also been treated by SWLSTG. Both Trusts reported the incident to the ICO and NHS England initially. However, the ICO judged that the incident should be owned by St George's Hospital and was withdrawn by us.

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 lead by the Director of Nursing and Quality Standards.

The Trust takes a coordinated approach to its corporate responsibilities relating to serious incident reporting, clinical audit, complaints, service user feedback, safeguarding and risk.

As part of the review of all services across the Trust, a number of changes were made to the department to support increased value. This has led to a number of staff changes and impacted on support for clinical audit due to recruitment processes.

During the year work has been undertaken to strengthen arrangements for the identification and monitoring of actions identified from serious incident investigations. These are reported through to service lines for review and to ensure that actions are progressed through their local governance arrangements

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

Performance against our Quality Account priorities are reported quarterly to the Quality Safety and Assurance committee and also shared with our commissioners. Each of our service lines have a Governance Group that reports to the Integrated Governance Group and these groups review all areas of quality in their own service lines. For 2017/18, 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 clinical directorate through a programme of monthly performance reviews.

In preparation for the 2017/18 Quality Account the Trust has undertaken an engagement programme, listening to the view of key stakeholders regarding the Quality priorities for the Trust. Key stakeholders included:

- Trust staff including senior management
- Patient Quality Forum
- Carer Forum
- Local Commissioners and South East London Commissioning Support Unit
- Local Overview and Scrutiny Committees
- HealthWatch for Wandsworth, Merton, Sutton, Kingston and Richmond

The Trust has appointed a Trust Board 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.

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, safety and assurance committee, if appropriate] 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 corporate 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 Committees 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
- Ensuring that where necessary risks are escalated for review at service line level and presentation at the service line performance review meetings

Risk Performance

Through regular Performance Review) meetings key clinical risks from each service line are reviewed monthly. This ensures the risks are being appropriately managed and additional corporate support is provided if necessary. Risks may also be escalated to the corporate risk register.

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 Estate Modernisation Programme, 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.

During the year we have continued to review and improve our risk management processes and arrangements, including:

- Revising our risk management procedures and structure of the risk registers
- Reviewing board assurance framework reporting and reviewing risks against corporate objectives
- Developing automated tracking arrangements and reporting to ensure that risk actions are undertaken
- Strengthening routine reporting of risk registers to relevant committees and groups
- Delivered a range of risk management training

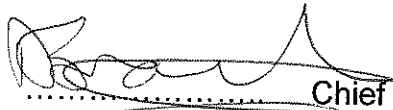
All issues and concerns arising from the CQC inspections are recorded onto the risk register to enable appropriate monitoring and tracking of actions.

An internal audit of our risk management arrangements is undertaken each year, reporting to the audit committee to provide assurance on our arrangements overall. In 2018 a view of reasonable assurance was obtained in relation to the arrangements and strength of the risk management system

Conclusion

No significant internal control issues have been identified.

Signed


..... Chief Executive

Date:

..... 24-05-2018

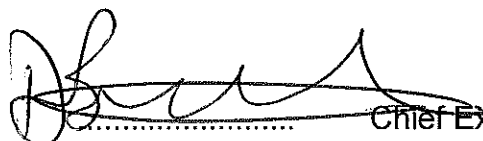
Statement of the chief executive's responsibilities as the accountable officer of the Trust

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, there is no relevant audit information of which the entity's auditors are unaware, and as Accountable Officer I have taken all the steps that have to be taken to make myself aware of the relevant audit information and to establish that the entity's auditors are aware of that information. I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Signed


..... Chief Executive

Date

...24-05-2018

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, other items of comprehensive income 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;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts;
- assess the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and
- use 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.

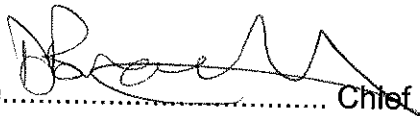
The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for 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, and 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.

By order of the Board

24.05.2018

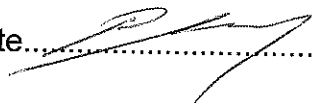
Date



Chief Executive

24.05.2018

Date



Director of Finance & Performance

Remuneration Report

Remuneration & Appointments Committee

The Committee is chaired by the Trust's Chairman, 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 HR, OD and Workforce Transformation as Secretary to the Committee attends but is not present for discussions about his/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
- meets annually as a minimum, but may meet on other occasions as may be required from time to time.

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 in April 2017. 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 6 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 in the Trust in the financial year 2017/18 was £179,662 (2016/17, £178,000). This was 5 times (2016/17, 6 times) the median remuneration of the workforce, which was £33,484 (2016/17, £31,883). In 2017/18, no employee (2016/17, 1) received remuneration in excess of the highest paid director.

Remuneration ranged from £15,515 to £179,662 (2016/17, £16,311 to £178,000).

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

Staffing Report

Senior Managers

In 2017/18, there were eight very senior managers in the Trust and seven Non-Executive Directors as reported in the remuneration report (see page 104).

Staff Numbers and Costs

As detailed in Figure 30 on page 100 overall staff costs increased by 1.8% to £122.5m compared to £120.3m in 2016/17.

The average number of wte employed rose 142 from 2,354 in 2016/17 to 2,369 in 2017/18 as shown in Figure 31 on page 100.

Staff Composition

In 2017/18, there were eight very senior managers in the Trust and seven Non-Executive Directors as reported in the remuneration report.

Further information on our workforce composition can be found under the Workforce Report on page 44.

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'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.

Staff costs

	Permanent	Other	2017/18	2016/17
	£000	£000	Total	Total
	£000	£000	£000	£000
Salaries and wages	91,389	1,339	92,728	85,776
Social security costs	10,066	-	10,066	7,599
Apprenticeship levy	443	-	443	-
Employer's contributions to NHS pensions	11,252	-	11,252	11,050
Pension cost - other	13	-	13	4
Other post employment benefits	-	-	-	-
Other employment benefits	-	-	-	-
Termination benefits	44	-	44	718
Temporary staff		7,954	7,954	15,120
Total gross staff costs	113,207	9,293	122,500	120,267
Recoveries in respect of seconded staff	-	-	-	-
Total staff costs	113,207	9,293	122,500	120,267
Of which				
Costs capitalised as part of assets	1,149	-	1,149	1,072

Figure 30: Staff Costs

Average number of employees (WTE basis)

	Permanent	Other	2017/18	2016/17
	Number	Number	Total	Total
	Number	Number	Number	Number
Medical and dental	200	13	213	224
Ambulance staff	-	-	-	-
Administration and estates	230	58	288	496
Healthcare assistants and other support staff	529	160	689	483
Nursing, midwifery and health visiting staff	590	131	721	678
Nursing, midwifery and health visiting learners	15	-	15	-
Scientific, therapeutic and technical staff	402	33	435	425
Healthcare science staff	-	-	-	-
Social care staff	-	-	-	27
Other	8	-	8	21
Total average numbers	1,974	395	2,369	2,354
Of which:				
Number of employees (WTE) engaged on capital projects	13	5	18	18

Figure 31: Average number of employees (WTE basis)

Consultancy Expenditure

In 2017/18, the Trust spent £280k on consultancy services (£213k in 2016/17).

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 2012/13. 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 an increased numbers of packages in 2017/18 compared to the previous year, overall cost has decreased.

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

Reporting of compensation schemes - exit packages 2016/17

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	2	1	3
£10,001 - £25,000	3	1	4
£25,001 - 50,000	-	-	-
£50,001 - £100,000	5	-	5
£100,001 - £150,000	2	-	2
£150,001 - £200,000	-	-	-
>£200,000	-	-	-
Total number of exit packages by type	12	2	14
Total resource cost (£)	£692,190	£13,129	£705,319

Exit packages: other (non-compulsory) departure payments

	2017/18		2016/17	
	Payments agreed Number	Total value of agreements £000	Payments agreed Number	Total value of agreements £000
<i>Directors Benefits for 2017/18</i>				
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	3	18	2	13
Exit payments following Employment Tribunals or court orders	-	-	-	-
Non-contractual payments requiring HMT approval	-	-	-	-
Total	3	18	2	13
Of which:				
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	-	-	-	-

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.

Single Total Figures Table for 2017/2018

Name and Title	2016-2017						2017-2018					
	(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)
Miss Olufunmike Adupe - Associated NED/Board Advisor (to 31.10.2017)	£000	0	£000	£000	£000	£000	0-5	0	0	0	0	£000
Miss Olufunmike Adupe - Non Executive Director Trust Board (from 01.11.2017)	0-5	0	0	0	0	0-5	0	0	0	0	0	0-5
Mr David Bradley - Chief Executive	170-175	0-5	0	0	75-80	250-255	170-175	0	0	0	0	170-175
Ms Jean Dainith - Non Executive Director Trust Board/Senior Independent Director	5-10	0	0	0	0	5-10	5-10	0	0	0	0	5-10
Mrs Eileen Doyle - Interim Director of Clinical Services (from 24.04.2017 to 01.12.2017)	0	0	0	0	0	0	0	0	0	0	0	0
Mr Richard Flatman - Non Executive Director Trust Board	5-10	0	0	0	0	5-10	5-10	0	0	0	0	130-135
Ms Vanessa Ford - Director of Nursing and Quality Standards	100-105	0	0	0	75-80	175-180	110-115	0	0	0	0	5-10
Mrs Barbara Greenway - Non Executive Director Trust Board (to 31.10.2017)	5-10	0	0	0	0	5-10	0-5	0	0	0	0	140-145
Dr Ali Hasan - Non Executive Director Trust Board	5-10	0	0	0	0	5-10	5-10	0	0	0	0	0-5
Mrs Asha Hoque - Director of HR, OD and Workforce Transformation (to 09.03.2018)	50-55	0	0	0	75-80	130-135	95-100	0	0	0	0	5-10
Mr Ranjeet Kalle - Director of Communications and Stakeholder Engagement	5-10	0	0	0	105-110	115-120	100-105	0	0	0	0	50-55
Professor Andrew Kent - Non Executive Director Trust Board	30-35	0	0	0	65-70	95-100	5-10	0	0	0	0	60-65
Ms Suzanne Marsello - Director of Strategy and Commercial Development (to 01.01.2018)	0	0	0	0	0	0	80-85	0	0	0	0	105-110
Mr Peter Molyneux - Board Chairman Trust Board	0	0	0	0	0	0	35-40	0	0	0	0	190-195
Mr Philip Murray - Director of Finance and Performance	80-85	0	0	0	105-110	185-190	115-120	0-5	0	0	0	35-40
Dr Mark Potter - Medical Director	5-10	0	0	0	0	5-10	175-180	0-5	0	0	0	205-210
Mr Vikas Sagar - Associated NED/Board Advisor (from 01.11.2017)	0	0	0	0	0	0	0-5	0	0	0	0	175-180
Ms Amy Scammell - Acting Director of Strategy and Commercial Development (from 01.01.2018)	0	0	0	0	0	0	20-25	0	0	0	0	0-5
Mr Alfredo Thompson - Director of HR, OD and Workforce Transformation (to 23.03.2018)	0	0	0	0	0	0	100-105	0	0	0	0	55-60
Mr Jonathan Thompson - Non Executive Director Trust Board (to 31.12.2017)	0	0	0	0	0	0	0-5	0	0	0	0	145-150
	0	0	0	0	0	0						0-5

Dr Mark Potter includes remuneration for Medical role of £43850k, for 2017/18

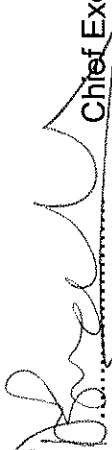
Dr Mark Potter confirmed in Medical Director post from 01.08.2017

Ms Amy Scammell Head of Commercial Development to 31.12.2017

Directors Pension Benefits for 2017/2018

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 age at 31 Mar 2018 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 Mar 2018 (bands of £5,000)	Cash Equivalent Transfer Values at 01 Apr 2017	Real increase in Cash Equivalent Transfer Values	Cash Equivalent Transfer Values at 31 Mar 2018	Employer's contribution to stakeholder pension
	£000	£000	£000	£000	£000	£000	£000	£000
Mr David Bradley	0.0-2.5	0.0-2.5	55-60	170-175	1,115	73	1,198	0
Ms Jean Daintith	0.0-2.5	0.0-2.5	0-4	0-4	0	0	0	0
Ms Vanessa Ford	0.0-2.5	0.0-2.5	20-25	45-50	227	23	252	0
Mrs Asha Hoque	2.5-5.0	2.5-5.0	15-20	40-45	198	36	238	0
Mr Ranjeet Kalle	2.5-5.0	0.0-2.5	15-20	0-4	118	36	155	0
Ms Suzanne Marsello	2.5-5.0	7.5-10.0	40-45	105-110	585	75	690	0
Mr Peter Molyneux	0.0-2.5	0.0-2.5	0-4	0-4	0	0	0	0
Mr Philip Murray	5.0-7.5	7.5-10.0	45-50	125-130	733	96	836	0
Dr Mark Potter	(2.5)-0.0	(2.5)-0.0	75-80	230-235	1,747	49	1,814	0
Ms Amy Scammell	0.0-2.5	0.0-2.5	15-20	30-35	157	6	183	0
Mr Alfredo Thompson	2.5-5.0	0.0-2.5	15-20	0-4	127	29	157	0

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 2017/18 financial statements.

Signed  Chief Executive

Date 24-05-2018

Date

Annual Accounts

South West London and St George's Mental Health NHS Trust

Annual accounts for the year ended 31 March 2018

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Statement of Comprehensive Income

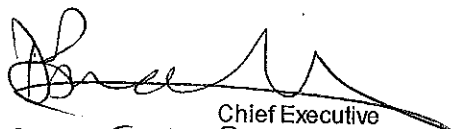
		2017/18	2016/17
	Note	£000	£000
Operating income from patient care activities	3	149,959	148,306
Other operating income	4	16,045	14,957
Operating expenses	6, 8	<u>(163,371)</u>	<u>(160,708)</u>
Operating surplus/(deficit) from continuing operations		<u>2,633</u>	<u>2,555</u>
Finance income	11	28	45
Finance expenses	12	-	-
PDC dividends payable		<u>(6,178)</u>	<u>(6,363)</u>
Net finance costs		<u>(6,150)</u>	<u>(6,318)</u>
Other gains / (losses)	13	<u>1,129</u>	<u>1,668</u>
Surplus / (deficit) for the year from continuing operations		<u>(2,388)</u>	<u>(2,095)</u>
Surplus / (deficit) on discontinued operations and the gain / (loss) on disposal of discontinued operations	14	<u>-</u>	<u>-</u>
Surplus / (deficit) for the year		<u>(2,388)</u>	<u>(2,095)</u>
 Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	7,295	(22,381)
Revaluations	18	1,161	1,018
May be reclassified to income and expenditure when certain conditions are met:			
Total comprehensive income / (expense) for the period		<u>6,068</u>	<u>(23,458)</u>

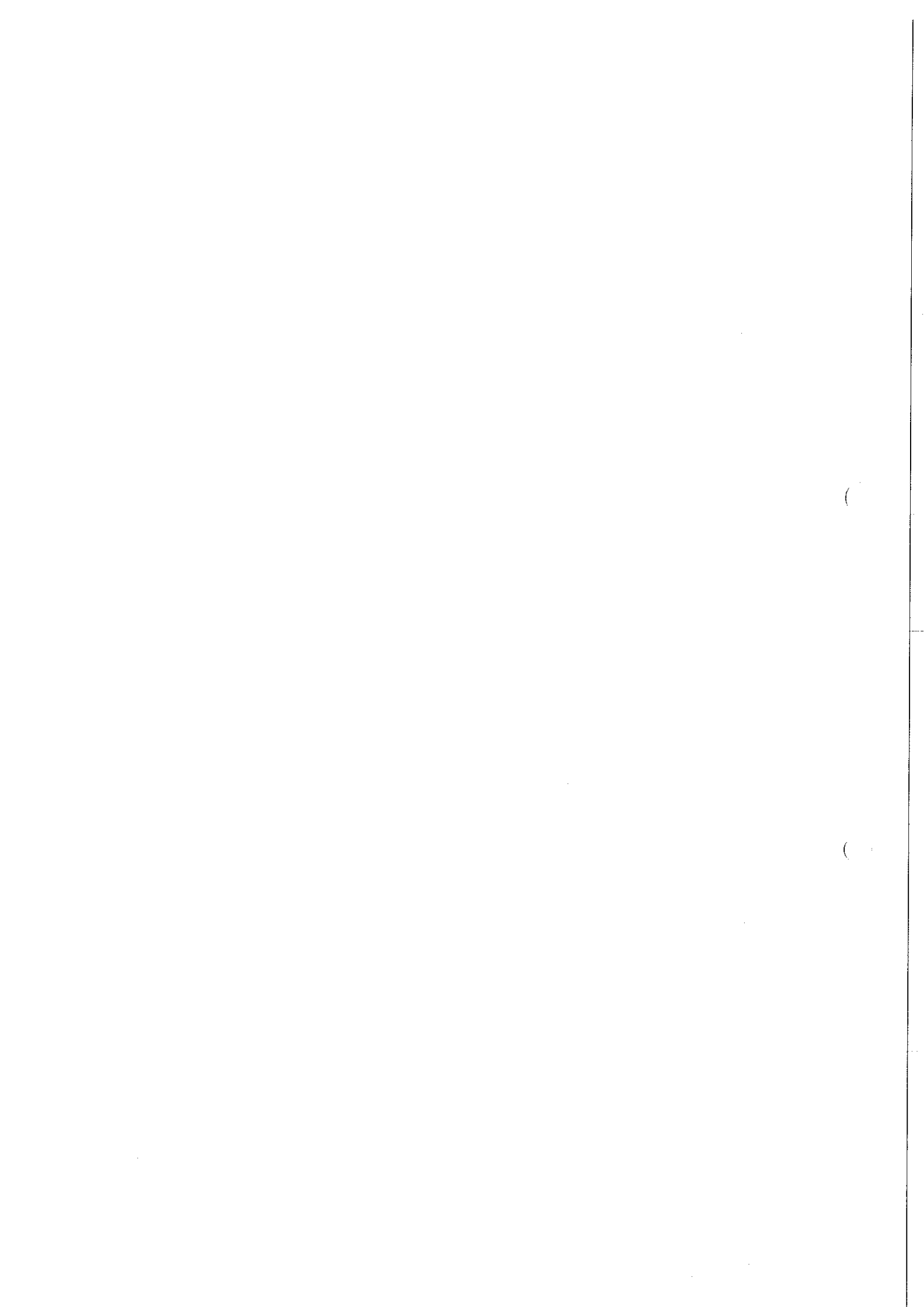
Statement of Financial Position

		31 March 2018 £000	31 March 2017 £000
Non-current assets			
Intangible assets	15	4,061	3,957
Property, plant and equipment	16	176,181	178,144
Total non-current assets		<u>180,242</u>	<u>182,101</u>
Current assets			
Inventories	23	210	187
Trade and other receivables	24	12,604	11,781
Cash and cash equivalents	27	18,424	14,135
Total current assets		<u>31,238</u>	<u>26,103</u>
Current liabilities			
Trade and other payables	28	(16,713)	(17,083)
Provisions	33	(123)	(1,246)
Other liabilities	30	(91)	(1,308)
Total current liabilities		<u>(16,927)</u>	<u>(19,637)</u>
Total assets less current liabilities		<u>194,553</u>	<u>188,567</u>
Non-current liabilities			
Provisions	33	-	(82)
Total non-current liabilities		<u>-</u>	<u>(82)</u>
Total assets employed		<u>194,553</u>	<u>188,485</u>
Financed by			
Public dividend capital		127,095	127,095
Revaluation reserve		51,142	48,729
Income and expenditure reserve		16,316	12,661
Total taxpayers' equity		<u>194,553</u>	<u>188,485</u>

The notes on the following pages form part of these accounts.

Name
Position
Date


Chief Executive
24.05.2018



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

	Public dividend capital £000	Revaluation reserve £000	Available for sale investment reserve £000	Other reserves £000	Merger 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
Surplus/(deficit) for the year	-	-	-	-	-	(2,388)	(2,388)
Transfers by absorption: transfers between reserves	-	-	-	-	-	-	-
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits	-	-	-	-	-	-	-
Other transfers between reserves	-	(6,043)	-	-	-	-	-
Impairments	-	7,295	-	-	-	6,043	-
Revaluations	-	1,161	-	-	-	-	7,295
Taxpayers' equity at 31 March 2018	127,095	51,142	-	-	-	16,316	194,553

Statement of Changes in Equity for the year ended 31 March 2017

	Public dividend capital £000	Revaluation reserve £000	Available for sale investment reserve £000	Other reserves £000	Merger reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' equity at 1 April 2016 - brought forward	127,095	73,519	-	-	-	11,329	211,943
Prior period adjustment	-	-	-	-	-	-	-
Taxpayers' equity at 1 April 2016 - restated	127,095	73,519	-	-	-	11,329	211,943
Surplus/(deficit) for the year	-	(3,427)	-	-	-	(2,095)	(2,095)
Other transfers between reserves	-	(22,381)	-	-	-	3,427	-
Impairments	-	1,018	-	-	-	-	(22,381)
Revaluations	-	48,729	-	-	-	-	1,018
Taxpayers' equity at 31 March 2017	127,095	48,729	-	-	-	12,661	188,485

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.

Available-for-sale investment reserve

This reserve comprises changes in the fair value of available-for-sale financial instruments. When these instruments are derecognised, cumulative gains or losses previously recognised as other comprehensive income or expenditure are recycled to income or expenditure. The trust does not have any reserve.

Other reserves

The trust does not have any other reserves.

Merger reserve

This reserve reflects balances formed on merger of NHS bodies and is not applicable to this trust.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the trust.

Statement of Cash Flows

	2017/18	2016/17
Note	£000	£000
Cash flows from operating activities		
Operating surplus / (deficit)	2,633	2,555
Non-cash income and expense:		
Depreciation and amortisation	6.1 4,415	5,515
Net impairments	7 6,596	4,805
Income recognised in respect of capital donations	4 -	-
(Increase) / decrease in receivables and other assets	(685)	(3,504)
(Increase) / decrease in inventories	(23)	(47)
Increase / (decrease) in payables and other liabilities	(475)	(22)
Increase / (decrease) in provisions	(1,205)	(263)
Net cash generated from / (used in) operating activities	11,256	9,039
Cash flows from investing activities		
Interest received	28	45
Purchase of intangible assets	(806)	(1,136)
Purchase of property, plant, equipment and investment property	(11,121)	(9,944)
Sales of property, plant, equipment and investment property	11,247	3,918
Net cash generated from / (used in) investing activities	(652)	(7,117)
Cash flows from financing activities		
PDC dividend (paid) / refunded	(6,316)	(6,152)
Cash flows from (used in) other financing activities	1	-
Net cash generated from / (used in) financing activities	(6,315)	(6,152)
Increase / (decrease) in cash and cash equivalents	4,289	(4,230)
Cash and cash equivalents at 1 April - brought forward	14,135	18,365
Prior period adjustments		-
Cash and cash equivalents at 1 April - restated	14,135	18,365
Cash and cash equivalents transferred under absorption accounting	44 -	-
Cash and cash equivalents at 31 March	18,424	14,135

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 2017/18 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 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 1.1.2 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 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 the trust 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, Thrle Road and Haydon House), 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. In 2016/17 and also in 2017/18 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 1.2.1 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 are assumptions about the future and other major sources of estimation uncertainty that have 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 2018. 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 2018. Plants, Machinery, Transport and Intangible Assets were not indexed.

Note 1.3 Interests in other entities

The trust has no interests in other entities

Note 1.4 Income

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the trust is contracts with commissioners in respect of health care services. At the year end, the trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete.

Where income is received for a specific activity which is to be delivered in a subsequent financial year, that income is deferred.

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.

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 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 1.5 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. The schemes are accounted for as though they are defined contribution schemes.

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 economic 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 that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus are measured at fair value where there are no restrictions preventing access to the market at the reporting date. 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.

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. 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, borrowing costs. Assets are revalued and depreciation commences when they are brought into use. IT equipment, transport, 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 economic lives or low values or both, as this is not considered to be materially different from current value in existing use. An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Income.

An item of property, plant and equipment 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.

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 economic 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

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 Derecognition

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 dropped 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 economic 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 economic lives of property, plant and equipment

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

	Min life Years	Max life Years
Land	-	-
Buildings, excluding dwellings	-	89
Dwellings	-	75
Plant & machinery	-	9
Transport equipment	-	2
Information technology	-	6
Furniture & fittings	-	4

Finance-leased assets (including land) are depreciated over the shorter of the useful economic 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.

Internally generated intangible assets***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,

Amortisation

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

Note 1.8.3 Useful economic lives of intangible assets

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

	Min life Years	Max life Years
Information technology	-	6
Development expenditure	-	-
Websites	-	-
Software licences	-	6
Licences & trademarks	-	-
Patents	-	-
Other (purchased)	-	-
Goodwill	-	-

Note 1.9 Inventories

Inventories are valued at the lower of cost and net realisable value using the first-in first-out/weighted average cost formula. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

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 entity]'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 instruments and financial liabilities**Recognition**

Financial assets and financial liabilities which arise from contracts for 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, are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described above/below.

De-recognition

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the trust has transferred substantially all of the risks and rewards of ownership.

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

Classification and measurement

Financial assets are categorised as "fair value through income and expenditure", loans and receivables or "available-for-sale financial assets".

Financial liabilities are classified as "fair value through income and expenditure" or as "other financial liabilities".

Financial assets and financial liabilities at "fair value through income and expenditure"

Financial assets and financial liabilities at "fair value through income and expenditure" are financial assets or financial liabilities held for trading. A financial asset or financial liability is classified in this category if acquired principally for the purpose of selling in the short-term. Derivatives are also categorised as held for trading unless they are designated as hedges.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market.

The trust's loans and receivables comprise: cash and cash equivalents, NHS receivables, accrued income and "other receivables".

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income.

Available-for-sale financial assets

Available-for-sale financial assets are non-derivative financial assets which are either designated in this category or not classified in any of the other categories. They are included in long-term assets unless the trust intends to dispose of them within 12 months of the Statement of Financial Position date.

Available-for-sale financial assets are recognised initially at fair value, including transaction costs, and measured subsequently at fair value, with gains or losses recognised in reserves and reported in the Statement of Comprehensive Income as an item of "other comprehensive income". When items classified as "available-for-sale" are sold or impaired, the accumulated fair value adjustments recognised are transferred from reserves and recognised in "finance costs" in the Statement of Comprehensive Income.

Other financial liabilities

All other financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability.

They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as long-term liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to finance costs. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

Determination of fair value

For financial assets and financial liabilities carried at fair value, the carrying amounts are determined from independent appraisals/discounted cash flow analysis.

Impairment of financial assets

At the Statement of Financial Position date, the trust assesses whether any financial assets, other than those held at "fair value through income and expenditure" are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced.

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

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 an item of property plant and equipment.

The annual rental 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 net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the trusts' 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 33.2 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 34 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 34, 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 of 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 27.2

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 2017/18.

Note 1.26 Standards, amendments and interpretations in issue but not yet effective or adopted

The HM Treasury FReM does not require the following Standards and Interpretations to be applied in 2016-17. These standards are still subject to HM Treasury FReM implementation, with IFRS 9 and IFRS 15 being for implementation in 2018-19, and the government implementation date for IFRS 16 still subject to HM Treasury consideration.

- IFRS 9 Financial Instruments – Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted
- IFRS 15 Revenue from Contracts with Customers - Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted
- 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.

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, 64% is from the 5 local CCGs covering the 5 local boroughs in which the Trust operates. Details of these CCGs are in note 43.

Note 3 Operating income from patient care activities

Note 3.1 Income from patient care activities (by nature)	2017/18	2016/17
	£000	£000
Mental health services		
Cost and volume contract income	35,057	32,937
Block contract income	107,293	108,666
Clinical partnerships providing mandatory services (including S75 agreements)	42	-
Other clinical income from mandatory services	7,566	6,703
Total income from activities	149,959	148,306

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2017/18	2016/17
	£000	£000
NHS England	29,420	28,118
Clinical commissioning groups	112,514	112,339
Other NHS providers	2,216	1,040
NHS other	-	209
Local authorities	4,453	4,708
Non NHS: other	1,356	1,892
Total income from activities	149,959	148,306
Of which:		
Related to continuing operations	149,959	148,306
Related to discontinued operations	-	-

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

The trust has no income relating to overseas visitors.

Note 4 Other operating income

	2017/18	2016/17
	£000	£000
Research and development	671	696
Education and training	8,454	7,692
Non-patient care services to other bodies	692	849
Sustainability and transformation fund income	2,565	1,560
Rental revenue from operating leases	332	121
Income in respect of staff costs where accounted on gross basis	1,276	2,019
Other income	2,055	2,020
Total other operating income	16,045	14,957
Of which:		
Related to continuing operations	16,045	14,957
Related to discontinued operations	-	-

Note 5 Fees and charges

The trust has no fees and charges relating to scheme that have a cost exceeding £1m.

Note 6.1 Operating expenses

	2017/18	2016/17
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	658	1,336
Purchase of healthcare from non-NHS and non-DHSC bodies	3,964	2,545
Staff and executive directors costs	121,351	119,195
Remuneration of non-executive directors	83	83
Supplies and services - clinical (excluding drugs costs)	882	1,046
Supplies and services - general	5,674	5,682
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	2,502	2,331
Consultancy costs	280	213
Establishment	1,771	2,343
Premises	4,273	6,090
Transport (including patient travel)	1,026	1,128
Depreciation on property, plant and equipment	3,713	4,582
Amortisation on intangible assets	702	933
Net impairments	6,596	4,805
Increase/(decrease) in provision for impairment of receivables	60	113
Audit fees payable to the external auditor		
audit services - statutory audit	56	69
other auditor remuneration (external auditor only)	9	12
Internal audit costs	82	57
Clinical negligence	406	297
Legal fees	387	278
Insurance	182	225
Research and development	488	4
Education and training	827	997
Rentals under operating leases	5,926	4,432
Early retirements	86	-
Car parking & security	919	560
Hospitality	90	84
Other services, eg external payroll	250	-
Other	128	1,268
Total	163,371	160,708
Of which:		
Related to continuing operations	163,371	160,708
Related to discontinued operations	-	-

Note 6.2 Other auditor remuneration

	2017/18	2016/17
	£000	£000
Audit Services - Statutory Audit		
Audit of the financial statements	47	57
Fees incurred in relation to audit of the prior year financial statements	-	-
	<u>47</u>	<u>57</u>
	2017/18	2016/17
	£000	£000
Other auditor remuneration paid to the external auditor:		
Audit-related assurance services	9	10
Total	<u>9</u>	<u>10</u>

Amounts shown in Note 6.2 are excluding VAT and consist of assurance on the Quality Report (£9k).

During the year the auditors changed from Grant Thornton to KPMG.

Note 6.3 Limitation on auditor's liability

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 7 Impairment of assets

	2017/18	2016/17
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	6,596	4,805
Other	-	-
Total net impairments charged to operating surplus / deficit	<u>6,596</u>	<u>4,805</u>
Impairments charged to the revaluation reserve	(7,295)	22,381
Total net impairments	<u>(699)</u>	<u>27,186</u>

Impairments of £6.6m arose as a result of downward revaluation of sites and application of modern equivalent asset valuation methodology.

Note 8 Employee benefits

	2017/18	2016/17
	Total	Total
	£000	£000
Salaries and wages	92,728	85,776
Social security costs	10,066	7,599
Apprenticeship levy	443	-
Employer's contributions to NHS pensions	11,252	11,050
Pension cost - other	13	4
Termination benefits	44	718
Temporary staff (including agency)	7,954	15,120
Total gross staff costs	<u>122,500</u>	<u>120,267</u>
Recoveries in respect of seconded staff	-	-
Total staff costs	<u>122,500</u>	<u>120,267</u>
Of which		
Costs capitalised as part of assets	1,149	1,072

Note 8.1 Retirements due to ill-health

During 2017/18 there was 1 early retirement from the trust agreed on the grounds of ill-health (4 in the year ended 31 March 2017). The estimated additional pension liabilities of these ill-health retirements is £101k (£378k in 2016/17).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

Note 9 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 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 2018, is based on valuation data as 31 March 2017, updated to 31 March 2018 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, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

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 last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012. The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and employee and employer representatives as deemed appropriate.

Where staff are not eligible for the NHS Pension Scheme, they are entitled to join the National Employment Savings Trust (NEST).

Note 10 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 7 organisations which are as follows: Central London Golf Centre, Richmond Borough MIND, Mayfield Gymnasium, Mayfield Nursery, GVA Limited, East London NHS Foundation Trust and St. Georges University Hospital NHS Foundation Trust. All of the operating leases relate to buildings.

	2017/18 £000	2016/17 £000
Operating lease revenue		
Minimum lease receipts	332	121
Total	332	121
	31 March 2018 £000	31 March 2017 £000
Future minimum lease receipts due:		
- not later than one year;	332	121
Total	332	121

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 £4,376k 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.

	2017/18 £000	2016/17 £000
Operating lease expense		
Minimum lease payments	5,926	4,432
Total	5,926	4,432
	31 March 2018 £000	31 March 2017 £000
Future minimum lease payments due:		
- not later than one year;	4,451	4,451
- later than one year and not later than five years;	9,216	13,541
- later than five years.	4	130
Total	13,671	18,122
Future minimum sublease payments to be received	-	-

Note 11 Finance income

Finance income represents interest received on assets and investments in the period.

	2017/18	2016/17
	£000	£000
Interest on bank accounts	25	45
Interest on other investments / financial assets	3	-
Total	28	45

Note 12.1 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money. The trust has not borrowed money in either 2017/18 or 2016/17.

Note 12.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

The trust had no commercial debts in 2017/18 or 2016/17.

Note 13 Other gains / (losses)

	2017/18	2016/17
	£000	£000
Gains on disposal of assets	1,129	1,668
Total gains / (losses) on disposal of assets	1,129	1,668
Total other gains / (losses)	1,129	1,668

Note 14 Discontinued operations

The trust had no discontinued operations in 2017/18 or 2016/17.

Note 15.1 Intangible assets - 2017/18

	Software licences £000	Internally generated information technology £000	Total £000
Valuation / gross cost at 1 April 2017 - brought forward	177	6,679	6,856
Transfers by absorption	-	-	-
Additions	806	-	806
Impairments	-	-	-
Reversals of impairments	-	-	-
Revaluations	-	-	-
Reclassifications	-	-	-
Transfers to/ from assets held for sale	-	-	-
Disposals / derecognition	-	-	-
Gross cost at 31 March 2018	983	6,679	7,662
Amortisation at 1 April 2017 - brought forward	97	2,802	2,899
Transfers by absorption	-	-	-
Provided during the year	702	-	702
Impairments	-	-	-
Reversals of impairments	-	-	-
Revaluations	-	-	-
Reclassifications	-	-	-
Transfers to / from assets held for sale	-	-	-
Disposals / derecognition	-	-	-
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 15.2 Intangible assets - 2016/17

	Software licences £000	Internally generated information technology £000	Total £000
Valuation / gross cost at 1 April 2016 - as previously stated	177	5,543	5,720
Prior period adjustments	-	-	-
Valuation / gross cost at 1 April 2016 - restated	177	5,543	5,720
Transfers by absorption	-	-	-
Additions	-	1,136	1,136
Impairments	-	-	-
Reversals of impairments	-	-	-
Revaluations	-	-	-
Reclassifications	-	-	-
Transfers to/ from assets held for sale	-	-	-
Disposals / derecognition	-	-	-
Valuation / gross cost at 31 March 2017	177	6,679	6,856
Amortisation at 1 April 2016 - as previously stated	53	1,913	1,966
Prior period adjustments	-	-	-
Amortisation at 1 April 2016 - restated	53	1,913	1,966
Transfers by absorption	-	-	-
Provided during the year	44	889	933
Impairments	-	-	-
Reversals of impairments	-	-	-
Revaluations	-	-	-
Reclassifications	-	-	-
Transfers to/ from assets held for sale	-	-	-
Disposals / derecognition	-	-	-
Amortisation at 31 March 2017	97	2,802	2,899
Net book value at 31 March 2017	80	3,877	3,957
Net book value at 1 April 2016	124	3,630	3,754

Note 16.1 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 - brought forward	56,160	119,183	3,793	18,401	991	412	10,054	752	209,746
Transfers by absorption	-	-	-	-	-	-	-	-	-
Additions	-	-	-	8,723	-	-	1,285	-	-
Impairments	(413)	(7,099)	(7)	-	-	-	-	-	10,008
Reversals of impairments	5,932	8,768	114	-	-	-	-	-	(7,519)
Revaluations	(5,815)	988	63	-	-	-	-	-	14,814
Reclassifications	-	5,770	-	(5,837)	-	-	67	-	(4,764)
Transfers to/ from assets held for sale	-	-	-	-	-	-	-	-	-
Disposals / derecognition	(3,570)	(6,782)	-	-	-	-	-	-	-
Valuation/gross cost at 31 March 2018	52,294	120,828	3,963	21,287	991	412	11,406	752	(10,352)

**Accumulated depreciation at 1 April 2017 -
brought forward**

Transfers by absorption	311	21,183	519	-	895	358	7,606	730	31,602
Provided during the year	-	-	-	-	-	-	-	-	-
Impairments	5,504	2,866	89	-	18	27	707	6	3,713
Reversals of impairments	-	4,838	-	-	-	-	-	-	10,342
Revaluations	(5,815)	(3,725)	(21)	-	-	-	-	-	(3,746)
Reclassifications	-	(114)	4	-	-	-	-	-	(5,925)
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	-
Disposals / derecognition	-	(234)	-	-	-	-	-	-	-
Accumulated depreciation at 31 March 2018	-	24,814	591	-	913	385	8,313	736	(234)

Net book value at 31 March 2018

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

Note 16.2 Property, plant and equipment - 2016/17

	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 2016 - as previously stated	76,372	118,898	3,497	9,915	980	412	9,314	752	220,140
Prior period adjustments	-	-	-	-	-	-	-	-	-
Valuation / gross cost at 1 April 2016 - restated	76,372	118,898	3,497	9,915	980	412	9,314	752	220,140
Transfers by absorption	-	-	-	-	-	-	-	-	-
Additions	-	-	-	10,913	11	-	740	-	11,664
Impairments	(19,078)	(6,805)	(112)	-	-	-	-	-	(25,995)
Reversals of impairments	-	3,614	-	-	-	-	-	-	3,614
Revaluations	(1,538)	603	408	-	-	-	-	-	(527)
Reclassifications	-	2,427	-	(2,427)	-	-	-	-	-
Transfers to / from assets held for sale	404	446	-	-	-	-	-	-	850
Disposals / derecognition	-	-	-	-	-	-	-	-	-
Valuation/gross cost at 31 March 2017	56,160	119,183	3,793	18,401	991	412	10,054	752	209,746
Accumulated depreciation at 1 April 2016 - as previously stated	311	15,367	65	-	878	326	6,839	724	24,510
Prior period adjustments	-	-	-	-	-	-	-	-	-
Accumulated depreciation at 1 April 2016 - restated	311	15,367	65	-	878	326	6,839	724	24,510
Transfers by absorption	-	-	-	-	-	-	-	-	-
Provided during the year	-	3,326	434	-	-	-	-	-	-
Impairments	1,539	3,834	20	-	17	32	767	6	4,582
Reversals of impairments	-	(1,338)	-	-	-	-	-	-	5,393
Revaluations	(1,539)	(6)	-	-	-	-	-	-	(1,338)
Reclassifications	-	-	-	-	-	-	-	-	(1,545)
Transfers to/ from assets held for sale	-	-	-	-	-	-	-	-	-
Disposals / derecognition	-	-	-	-	-	-	-	-	-
Accumulated depreciation at 31 March 2017	311	21,183	519	-	895	358	7,606	730	31,602
Net book value at 31 March 2017	55,849	98,000	3,274	18,401	96	54	2,448	22	178,144
Net book value at 1 April 2016	76,061	103,531	3,432	9,915	102	86	2,475	28	195,630

Note 16.3 Property, plant and equipment financing - 2017/18

	Land £000	Buildings excluding dwellings £000	Dwellings construction £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
Finance leased	-	-	-	-	-	-	-	-	-
On-SoFP PFI contracts and other service concession arrangements	-	-	-	-	-	-	-	-	-
PFI residual interests	-	-	-	-	-	-	-	-	-
Owned - government granted	-	-	-	-	-	-	-	-	-
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 16.4 Property, plant and equipment financing - 2016/17

	Land £000	Buildings excluding dwellings £000	Dwellings construction £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 2017									
Owned - purchased	55,324	96,755	3,274	18,401	96	54	2,448	22	176,374
Finance leased	-	-	-	-	-	-	-	-	-
On-SoFP PFI contracts and other service concession arrangements	-	-	-	-	-	-	-	-	-
PFI residual interests	-	-	-	-	-	-	-	-	-
Owned - government granted	-	-	-	-	-	-	-	-	-
Owned - donated	525	1,245	-	-	-	-	-	-	1,770
NBV total at 31 March 2017	55,849	98,000	3,274	18,401	96	54	2,448	22	178,144

Note 17 Donations of property, plant and equipment

The trust did not receive any donations of property, plant and equipment during the year

Note 18 Revaluations of property, plant and equipment

Please see notes 1.2 and 1.2.1. The Trust's depreciated replacement cost (DRC) valuation is based on the BCIS (all price) Tender Price index, published in February 2018. Please see note 16

Note 19.1 Investment Property

The trust has no investment property.

Note 20 Investments in associates and joint ventures

The trust had no investments in associates and joint ventures in 2017/18 or 2016/17.

Note 21 Other investments / financial assets (non-current)

The trust had no other investments / financial assets (non current) in 2017/18 or 2016/17.

Note 22 Disclosure of interests in other entities

The Trust has no interests in unconsolidated subsidiaries, joint ventures, associates or unconsolidated structured entities.

Note 23 Inventories

	31 March 2018 £000	31 March 2017 £000
Drugs	78	105
Consumables	132	82
Total inventories	210	187
of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £30k (2016/17: £4k). Write-down of inventories recognised as expenses for the year were £0k (2016/17: £0k).

The value of additional stock counted at year end was £53k.

Note 24.1 Trade receivables and other receivables

	31 March	31 March
	2018	2017
	£000	£000
Current		
Trade receivables	11,461	9,990
Accrued income	2	-
Provision for impaired receivables	(157)	(130)
Prepayments (non-PFI)	535	464
PDC dividend receivable	143	5
VAT receivable	160	422
Other receivables	460	1,030
Total current trade and other receivables	<u>12,604</u>	<u>11,781</u>
Non-current		
Total non-current trade and other receivables	<u>-</u>	<u>-</u>
Of which receivables from NHS and DHSC group bodies:		
Current	10,461	8,064
Non-current	-	-

Note 24.2 Provision for impairment of receivables

	2017/18	2016/17
	£000	£000
At 1 April as previously stated	130	22
Prior period adjustments	-	-
At 1 April - restated	<u>130</u>	<u>22</u>
Transfers by absorption	-	-
Increase in provision	60	113
Amounts utilised	(33)	(5)
Unused amounts reversed	-	-
At 31 March	<u>157</u>	<u>130</u>

Note 24.3 Credit quality of financial assets

	31 March 2018		31 March 2017	
	Trade and other receivables	Investments & Other financial assets	Trade and other receivables	Investments & Other financial assets
	£000	£000	£000	£000
Ageing of impaired financial assets				
0 - 30 days	-	-	-	-
30-60 Days	-	-	-	-
60-90 days	-	-	-	-
90- 180 days	-	-	-	-
Over 180 days	157	-	130	-
Total	157	-	130	-
Ageing of non-impaired financial assets past their due date				
0 - 30 days	1,258	-	123	-
30-60 Days	537	-	100	-
60-90 days	501	-	89	-
90- 180 days	373	-	427	-
Over 180 days	245	-	800	-
Total	2,914	-	1,540	-

Note 25 Other assets

The trust has no other assets.

Note 26 Non-current assets held for sale and assets in disposal groups

	2017/18	2016/17
	£000	£000
NBV of non-current assets for sale and assets in disposal groups at 1 April		
Prior period adjustment	-	3,850
NBV of non-current assets for sale and assets in disposal groups at 1 April - restated		
Transfers by absorption	-	3,850
Assets classified as available for sale in the year	-	-
Assets sold in year	-	(2,250)
Impairment of assets held for sale	-	(750)
Reversal of impairment of assets held for sale	-	-
Assets no longer classified as held for sale, for reasons other than disposal by sale	-	(850)
NBV of non-current assets for sale and assets in disposal groups at 31 March		
	-	-

Note 27.2 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 2018 £000	31 March 2017 £000
Bank balances	2,676	2,926
Monies on deposit	-	-
Total third party assets	<u>2,676</u>	<u>2,926</u>

Note 28.1 Trade and other payables

	31 March 2018 £000	31 March 2017 £000
Current		
Trade payables	3,687	5,294
Capital payables	2,668	3,781
Accruals	6,335	3,626
Receipts in advance (including payments on account)	-	-
Social security costs	1,467	1,358
VAT payables	-	-
Other taxes payable	749	1,054
PDC dividend payable	-	-
Accrued interest on loans	-	-
Other payables	1,807	1,970
Total current trade and other payables	<u>16,713</u>	<u>17,083</u>
Non-current		
Total non-current trade and other payables	<u>-</u>	<u>-</u>
Of which payables from NHS and DHSC group bodies:		
Current	2,636	2,985
Non-current	-	-

Note 28.2 Early retirements in NHS payables above

The payables note above includes amounts in relation to early retirements as set out below:

	31 March 2018 £000	31 March 2018 Number	31 March 2017 £000	31 March 2017 Number
- to buy out the liability for early retirements over 5 years	-		89	
- number of cases involved		-		2
- outstanding pension contributions	-		-	

Note 29 Other financial liabilities

The trust has no other financial liabilities.

Note 30 Other liabilities

	31 March 2018 £000	31 March 2017 £000
Current		
Deferred income	91	1,308
Total other current liabilities	<u>91</u>	<u>1,308</u>
Non-current		
Total other non-current liabilities	<u>-</u>	<u>-</u>

Note 31 Borrowings

The trust has no borrowings.

Note 32 Finance leases

The trust has no finance leases either as the lessor or the lessee.

Note 33.1 Provisions for liabilities and charges analysis

	Pensions - early departure costs	Legal claims	Redundancy	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2017	89	89	1,108	42	1,328
Arising during the year	-	-	44	-	44
Utilised during the year	(89)	(10)	(1,108)	(42)	(1,249)
At 31 March 2018	<u>-</u>	<u>79</u>	<u>44</u>	<u>-</u>	<u>123</u>
Expected timing of cash flows:					
- not later than one year;	-	79	44	-	123
Total	<u>-</u>	<u>79</u>	<u>44</u>	<u>-</u>	<u>123</u>

Legal claims: These represent 10 outstanding claims with the NHS Litigation Authority which are expected to be cleared in 2018/19.

Redundancy: The balance represents a payment to one member of staff which is expected to be paid in 2018/19.

Pensions – early departure costs: Compensation charges were inherited from Epsom & St Helier NHS Trust when staff were transferred in 1999 under TUPE and a provision has previously been included in the accounts. During 2017/18 the Trust took up an opportunity from NHS Business Services Agency to pay off historic cases rather than continuing to pay NHS Pensions on a quarterly basis.

Note 33.2 Clinical negligence liabilities

At 31 March 2018, £1,443k 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 2017: £264k).

Note 34 Contingent assets and liabilities

	31 March 2018 £000	31 March 2017 £000
Value of contingent liabilities		
NHS Resolution legal claims	-	(67)
Gross value of contingent liabilities	-	(67)
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	-	(67)
Net value of contingent assets	-	-

Note 35 Contractual capital commitments

	31 March 2018 £000	31 March 2017 £000
Property, plant and equipment	2,310	2,870
Intangible assets	-	-
Total	2,310	2,870

Note 36 Other financial commitments

The trust has no non-cancellable contracts (which are not leases, PFI contracts or other service concession arrangement), analysed by the period during which the payment is made:

Note 37 Defined benefit pension schemes

The trust is not involved in any material defined benefit pension schemes.

Note 38 On-SoFP PFI, LIFT or other service concession arrangements

The trust does not have any such arrangements.

Note 40 Financial instruments**Note 40.1 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 the 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 2018 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 40.2 Carrying values of financial assets

	Loans and receivables £000	Assets at fair value through the I&E £000	Held to maturity at £000	Available- for-sale £000	Total book value £000
Assets as per SoFP as at 31 March 2018					
Embedded derivatives	-	-	-	-	-
Trade and other receivables excluding non financial assets	12,604	-	-	-	12,604
Other investments / financial assets	-	-	-	-	-
Cash and cash equivalents at bank and in hand	18,424	-	-	-	18,424
Total at 31 March 2018	31,028	-	-	-	31,028

	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
Assets as per SoFP as at 31 March 2017					
Embedded derivatives	-	-	-	-	-
Trade and other receivables excluding non financial assets	9,470	-	-	-	9,470
Other investments / financial assets	-	-	-	-	-
Cash and cash equivalents at bank and in hand	14,135	-	-	-	14,135
Total at 31 March 2017	23,605	-	-	-	23,605

Note 40.3 Carrying value of financial liabilities

	Liabilities		
	Other financial liabilities	at fair value through the I&E	Total book value
	£000	£000	£000
Liabilities as per SoFP as at 31 March 2018			
Embedded derivatives	-	-	-
Borrowings excluding finance lease and PFI liabilities	-	-	-
Obligations under finance leases	-	-	-
Obligations under PFI, LIFT and other service concession contracts	-	-	-
Trade and other payables excluding non financial liabilities	16,713	-	16,713
Other financial liabilities	-	-	-
Provisions under contract	-	-	-
Total at 31 March 2018	16,713	-	16,713

	Liabilities		
	Other financial liabilities	at fair value through the I&E	Total book value
	£000	£000	£000
Liabilities as per SoFP as at 31 March 2017			
Embedded derivatives	-	-	-
Borrowings excluding finance lease and PFI liabilities	-	-	-
Obligations under finance leases	-	-	-
Obligations under PFI, LIFT and other service concession contracts	-	-	-
Trade and other payables excluding non financial liabilities	17,083	-	17,083
Other financial liabilities	-	-	-
Provisions under contract	-	-	-
Total at 31 March 2017	17,083	-	17,083

Note 40.4 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 40.5 Maturity of financial liabilities

	31 March 2018	31 March 2017
	£000	£000
	In one year or less	16,713
In more than one year but not more than two years	-	-
In more than two years but not more than five years	-	-
In more than five years	-	-
Total	16,713	17,083

Note 41 Losses and special payments

	2017/18		2016/17	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
Cash losses	13	2	17	13
Fruitless payments	-	-	-	-
Bad debts and claims abandoned	14	4	8	4
Stores losses and damage to property	1	2	1	2
Total losses	28	8	26	20
Special payments				
Compensation under court order or legally binding arbitration award	-	-	-	-
Extra-contractual payments	-	-	-	-
Ex-gratia payments	6	2	19	47
Special severance payments	-	-	-	-
Extra-statutory and extra-regulatory payments	-	-	-	-
Total special payments	6	2	19	47
Total losses and special payments	34	10	45	67
Compensation payments received	-	-	-	-

Note 42 Gifts

There were no gifts in either year.

Note 43 Related parties

During the year none 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. Georges 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
St Georges University NHS Foundation Trust
Kingston Hospital NHS Trust

London Ambulance NHS Trust
 NHS Litigation Authority
 NHS Business Services Authority
 NHS Property Services Ltd
 Care Quality Commission

	2017/18 (£k)	2016/17 (£k)
St Georges University of London	561	610
HM Revenue and Customs	10,509	7,559

In addition, the trust has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with the London Boroughs of Merton and Wandsworth. The income from London Borough of Merton was £2,673k (£2,653k in 2016/17) and the expenditure £207k (£300k in 2016/17). The income from London Borough of Wandsworth was £1,221k (£1,463k in 2016/17) and the expenditure £45k (£410k in 2016/17).

Note 44 Transfers by absorption

The trust has not been party to any transfers by absorption.

Note 45 Prior period adjustments

The trust is not reporting any prior year adjustments.

Note 46 Events after the reporting date

The trust board has approved the Estates Modernisation Programme Full Business Case which is currently being considered by NHS Improvement and Department of Health for approval prior to Her Majesty's Treasury and Ministerial oversight – the NHS Improvement Resources Committee approved the case on 17 April 2018; it will be considered by the NHS Improvement board and Department of Health over the coming months.

The financial impact of the Estates Modernisation Programme is incorporated into the 2018/19 financial plan which achieves the required control total for the year.

Note 47 Final period of operation as a trust of NHS healthcare

This is not applicable to the trust.

Note 48 Better Payment Practice code

	2017/18 Number	2017/18 £000	2016/17 Number	2016/17 £000
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	18,958	76,957	24,423	71,096
Total non-NHS trade invoices paid within target target	17,657	73,790	23,060	67,876
	<u>93.14%</u>	<u>95.88%</u>	<u>94.42%</u>	<u>95.47%</u>
NHS Payables				
Total NHS trade invoices paid in the year	551	26,727	540	24,991
Total NHS trade invoices paid within target target	493	26,324	499	24,432
	<u>89.47%</u>	<u>98.49%</u>	<u>92.41%</u>	<u>97.76%</u>

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 49 External financing

The trust is given an external financing limit against which it is permitted to underspend:

	2017/18	2016/17
	£000	£000
Cash flow financing	4,289	4,230
Finance leases taken out in year	0	0
Other capital receipts	0	0
External financing requirement	<u>4,289</u>	<u>4,230</u>
External financing limit (EFL)	<u>3,736</u>	<u>4,230</u>
Under / (over) spend against EFL	<u>(553)</u>	<u>0</u>

Note 50 Capital Resource Limit

	2017/18	2016/17
	£000	£000
Gross capital expenditure	10,814	12,800
Less: Disposals	(10,118)	(2,250)
Less: Donated and granted capital additions	-	-
Plus: Loss on disposal of donated/granted assets	-	-
Charge against Capital Resource Limit	<u>696</u>	<u>10,550</u>
Capital Resource Limit	850	10,750
Under / (over) spend against CRL	<u>154</u>	<u>200</u>

Note 51 Breakeven duty financial performance

	2017/18
	£000
Adjusted financial performance surplus / (deficit) (control total basis)	4,254
Remove impairments scoring to Departmental Expenditure Limit	-
Add back income for impact of 2016/17 post- accounts STF reallocation	-
Add back non-cash element of On-SoFP pension scheme charges	-
IFRIC 12 breakeven adjustment	-
Breakeven duty financial performance surplus / (deficit)	<u>4,254</u>

Note 52 Breakeven duty rolling assessment

	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	2,286	2,579	2,158	1,670	1,953	1,642	1,642	3,024	2,710	4,254
Breakeven duty cumulative position	8,057	10,343	12,922	15,080	16,750	18,703	20,345	23,369	26,079	30,333
Operating income	180,216	176,230	167,281	163,195	160,043	159,702	162,180	163,263	163,263	166,004
Cumulative breakeven position as a percentage of operating income	5.74%	7.33%	9.01%	10.26%	11.69%	12.74%	14.41%	15.97%	18.27%	

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 2017/18 the trust adjusted performance is £4.2m (2.5% against operating income), of which £2.6m relates to non recurrent Sustainability and Transformation funding (STF) earned by the trust. The trust's performance excluding STF is 1% of operating income.

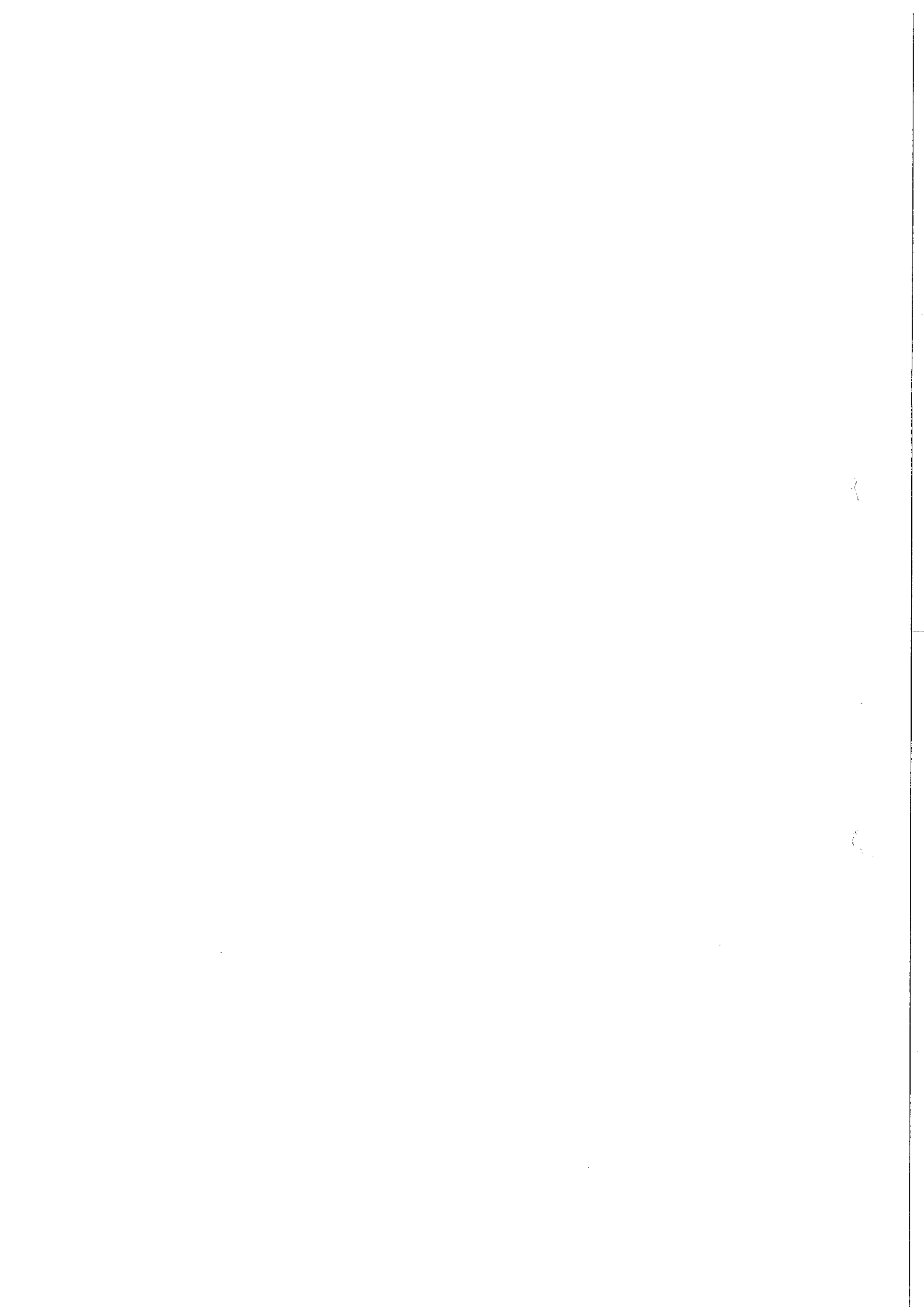
Glossary

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 CO ₂ (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 Trust
% 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
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
HSCIC	Health and Social Care Information Centre
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
IASIS: H2020	A multinational project funded by the European Commission on integration and analysis of heterogeneous big data for precision medicine and suggested treatments for different type of patients. The UK branch is dedicated to data science collection in dementia and neurodegeneration through the use of CRIS
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
Kanikul	An exercise code name
KCC	Kingston co-ordinated care
KPI	Key performance indicator
LD	Learning disabilities
Lia	Listening in action
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
Monitor	Part of NHS Improvement, the organisation responsible for overseeing foundation trusts and NHS trusts, and independent providers of NHS-funded care. Monitor assesses NHS trusts before they can become foundation trusts to ensure they are well led and can provide good quality care for patients on a sustainable basis
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
NHSLA	NHS Litigation 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
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
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)
PQF	Patient quality forum
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
Social inclusion in mental health (SinQUE)	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 & 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



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 2018 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 2018 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 Group Accounting Manual 2017/18.

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

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. We have nothing to report in these respects.

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 2017/18. 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 2017/18.

Directors' and Accountable Officer's responsibilities

As explained more fully in the statement set out on page 95, the directors are responsible for: the preparation of financial statements that give a true and fair view; 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 94 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 94, 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 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

25 May 2018

