



**Surrey and Borders
Partnership**
NHS Foundation Trust

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Annual Report and Accounts

1 April 2018 - 31 March 2019

For a better life

Surrey and Borders Partnership NHS Foundation Trust

Annual Report and Accounts

1 April 2018 – 31 March 2019

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

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Performance Report



**This section provides an overview of the Trust's performance in
2018/19**

Foreword from the Chairman and Chief Executive

It has been another 12 months of excellent progress for Surrey and Borders, improving the quality and safety of our services and the lives of the people who use our services and their carers. We have also continued to perform well against our financial targets.

We were pleased that the Care Quality Commission returned to inspect our services in December 2018 and followed up with their “Well-led” review in January. At the close of the year in review, we still awaited the announcement of our overall Trust rating but we learned, just before we went to print, that we had strengthened our ‘Good’ status, which we first achieved in 2017. It is a matter of some pride that we are now rated ‘Good’ for all five domains assessed by the CQC and for every one of our 10 services.

Partnership working is deeply embedded in the fabric of this organisation. Our formal partners include working across two Integrated Care Systems and a Sustainability and Transformation Partnership; Surrey, Hampshire and Sussex County Councils; our Clinical Commissioning Groups (CCGs) and other NHS organisations; one New Care Model for the better delivery of adult forensic inpatient services; two Limited Liability Partnerships (Children and Family Health Surrey and a collaborative procurement partnership); the wider public sector and a wide range of voluntary sector organisations, such as those with whom we run our Safe Havens.

When we wrote the welcome to the last Annual Report, unprecedented demand for our services for children and young people had unfortunately led to some lengthy waits. We are very proud of the work that has been done to address this in the last year, including strengthening system working with our partners and the return in-house of our Single Point of Access (SPA) for routine and crisis referrals for children and young people, to help manage referrals and ensure efficiency in the system, which launched the day after the year in review. We still have much work to do, but progress is being made.

We also rolled out a SPA for adults of working age this year, in a phased approach that has been very successful. This was thanks to a £1m investment from Surrey and North East Hampshire’s NHS CCGs. As a result, people can now access specialist mental health advice and support round the clock, through our new Mental Health Crisis Helpline, which we think is a huge step forward.

In terms of bricks and mortar developments, our latest community hub opened. Unither House in Chertsey is our third hub, following those in Frimley (Theta) and Redhill (Gatton Place). Different services have been brought under one roof, to enable the benefits of close working relationships and to improve accessibility to our services.

Our NHS Staff Survey results continue to be very positive overall. Staff engagement is higher than the national average and continues to improve and the proportion of staff who would recommend working at Surrey and Borders has risen from 40% to 60% in seven years. We know we can do better and, during the year in review, we began a series of conversations with staff to find out how we can further improve and will be carrying this work forward, taking full advantage of our now well embedded QI (Quality Improvement) methodology.

Working in an organisation with so many talented and selfless caring people, we have become used to our staff winning awards, but we would like to spotlight two people, in particular. Support workers play a crucial and often unsung role in ensuring people receive high quality care and five of our support workers were recognised by Health Education England in the Support Workforce Heroes Awards. Congratulations to Tamsin Ali and Rachel Jones, who won their respective categories – a welcome recognition for frontline staff.

This year has seen a number of leadership changes in our Trust Board and within our Council of Governors. We extend thanks to those who have left us and welcome new colleagues who have joined the team. In particular, we offer thanks to Professor Jonathan Warren, who took over as Interim Chief Executive while Fiona was unwell.

This is a joint message, but it seems appropriate this year to conclude this Welcome with a more personal comment from Fiona:

“My recent experience of serious illness has brought a renewed passion, perspective and commitment to our work to continuously improve what we do in partnership with colleagues across the system. The people who made a difference for me and my family include those who have supported me on every step of my journey from acute, critical illness to the ongoing support post-discharge from hospital for both my mental and physical health and continue today in my ongoing recovery”.

Thank you once again to our many partners and to all our staff, volunteers, people who use services and carers for your major contribution to our achievements throughout this year. It is your dedication and commitment that enables us to connect well with people and their communities and we look forward to continuing our work together. We all owe such a debt of gratitude to the NHS and the brilliant people who work for it. It is a privilege to be responsible for leading one part of it.



Dr Ian McPherson
Chairman



Fiona Edwards
Chief Executive

Introducing Surrey and Borders

This section gives an overview of Surrey and Borders Partnership NHS Foundation Trust, its purpose, the key risks to the achievement of its objectives and how it has performed during the year.

We are ambitious providers of mental health, drug and alcohol and learning disability services for people of all ages.

We provide a broad range of community services, integrated health and social care, early intervention and detection programmes, as well as highly specialised therapy and treatment. Our high-quality care focuses on enabling people to live well with their conditions and to work towards recovery.

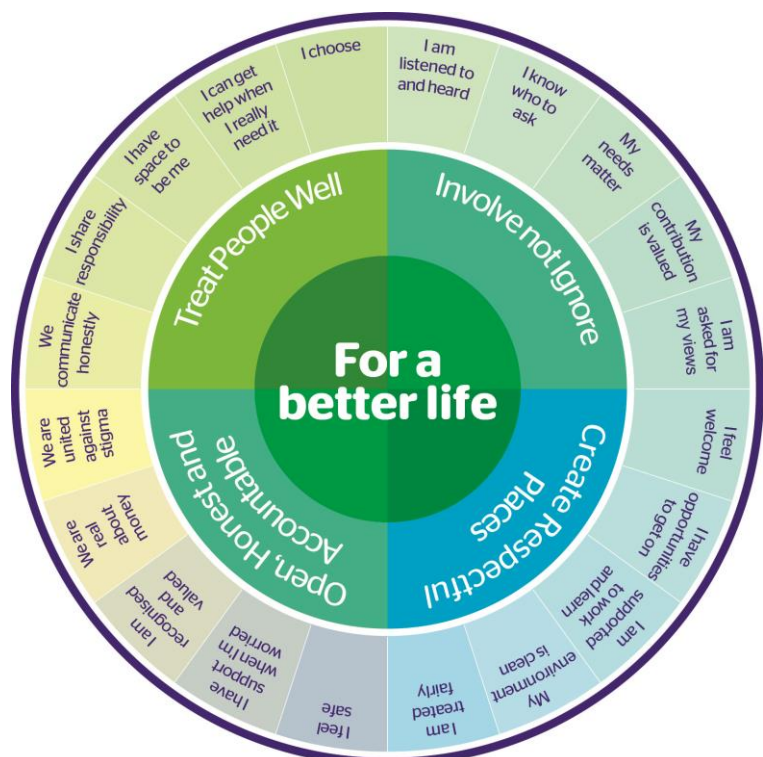
2,471 people on average work with us substantively at Surrey and Borders Partnership to provide our services, which equates to an average 2,269 whole time equivalent (WTE) staff, plus those 161 staff (146.34 WTE) employed by county councils working as part of our integrated teams. Many of these are highly-skilled professionals who work with a variety of partners in the private, public and voluntary sectors to ensure we deliver high quality care to our local population of 1.3 million. We seek to involve and engage people who use our services and their families in our community and we have around 7,100 public members of our Foundation Trust.

In April 2005 we were established as a health and social care partnership trust and, in May 2008, we became an NHS Foundation Trust; the first mental health and learning disability Trust in the South East Coast NHS region to gain this status.

Our overall Trust income for the 2018/19 financial year was £188 million, whilst the income for the group, including Children and Family Health Surrey, was £217.5 million.

Our Strategy

Our core purpose is: “To work with people and lead communities in improving their mental and physical health and wellbeing for a better life; through delivering excellent and responsive prevention, diagnosis, early intervention, treatment and care.”



The ultimate benefit we aim to deliver is to improve the health and well-being of people who use our services and carers to help them achieve a better life. Our approach is to develop a plan for each person using our services that connects mind and body, family and friends, community and the environment.

Our services will offer:

- Earlier intervention and prevention and health promotion
- Mind and body approach
- Targeted expertise
- Training and equipping others
- Consultancy and advice, as well as treatment
- Ready access to experts when needed

Our Services in Detail

We provide a wide range of health and social care and treatment through our community, hospital, rehabilitation and residential services offering:

- Early detection, assessment and diagnostic services
- Urgent and unplanned hospital and home treatment services
- Personal support and treatment programmes for health and social care
- Specialist advice and liaison services
- Integrated care pathway and system support
- Registered residential care homes

These are provided to the following communities:

Services	Surrey	Hampshire	Berkshire	Croydon	Brighton & Hove
Children and young people's learning disabilities	✓				
Adult learning disabilities	✓	✓ *		✓	
Adult autism and ADHD	✓	✓			
Improving access to psychological therapies	✓				
Children and young people's mental health	✓	✓ * ^			
Working age adult mental health	✓	✓ *	✓	✓	
Older people's mental health	✓	✓ *	✓	✓	
Forensic mental health	✓				
Eating disorders	✓	✓ *			
Drug and alcohol	✓				✓

* North East Hampshire only; ^ Early Intervention in Psychosis only

Principal Risks and Uncertainties

The Board carefully monitors our activities and ensures the following risks are mitigated to successfully deliver our plans :

- Early warning and learning – focus early enough on things that are or could be going , and act
- People’s experience – focus on what people tell us about their experiences of our services
- Outcomes - demonstrate the value and benefit of our services for people
- Quality improvement – harness the enthusiasm and energy of our staff for continuous quality improvement
- Sustainable services – deliver our financial plan to achieve a sustainable position
- Partnerships – develop effective partnerships to do things differently together
- Staff – recruit and retain excellent staff

Summary of Performance

This has been another year of strong performance for our organisation overall with improvements in the safety and quality of our services as well as sustained financial performance.

The quality of the care we provide continues to improve. The Care Quality Commission reconfirmed our Trust-wide rating of ‘Good’.

Our mental health services for children and young people, Mindsight Surrey CAMHS, have continued to be subject to unprecedented demand, leading to an interim plan during the year to address the assessment backlog. Demand has, however, continued at high levels subsequently, resulting in continuing lengthy waits for our CAMHS Community Services and the Behavioural, Emotional and Neurodevelopmental Services and we continue to work with our commissioners and system partners to address the issue whilst ensuring families are able to receive immediate appointments should these be needed.

We ended the year strongly with an operating surplus of £26.119 million, which included £1.803 million of additional Provider Sustainability Funding (PSF) from the Department of Health and which was £0.111 million better than our control total.

Going Concern Basis

After making enquiries, the Directors have a reasonable expectation that the NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts. Analysis of our financial performance can be found on page 14 and the full accounts on page 152.

Analysis of our Performance

Performance Review

At Surrey and Borders, we measure our performance against national and local quality indicators. These include our clinical priorities for improving services, which are set by the Trust Board each year and focus on those areas where we know we must succeed to deliver our strategy and realise our potential for the people we serve. We monitor progress at our Council of Governors, Executive Board and Trust Board meetings. Additionally, each of our four operational divisions report to our Operations Board monthly on their progress against each element of the Care Quality Commission's five domains: of whether the service is safe, effective, caring, responsive and well-led.

Key Performance Measures

We identified 12 clinical quality priorities for 2018/19, focusing on national quality indicators from the Single Oversight Framework and the Five Year Forward View. Highlights of our performance against these and other quality indicators in our Quality Account include:

- 90% of people would recommend our services to their friends and family.
- Our complaints rate is lower than other trusts in our peer group and well below the national average.
- 63% of people said they were satisfied with the services they received (people who gave a score of 9 or 10 out of 10 when asked as part of our Your Views Matter survey).
- 93% of people using our community services and 83% of people using our inpatient services said they had been involved in planning their care.
- 99.6% of people using our Mind Matters talking therapies services started treatment within 6 weeks of their referral and 99.96% started treatment within 18 weeks
- 51.2% of people that completed treatment with our Mind Matters service moved to recovery and 73.3% showed reliable improvement. The national targets are 50% and 62% respectively.
- 81% of people with suspected first episode psychosis or 'at risk mental state' started a NICE-recommended care package within two weeks.
- We saw a considerable reduction in delayed transfers this year. Delayed transfers accounted for 4.2% of our total occupied bed days in March 2019, compared with 12.6% in April 2018.
- We made significant improvement against our quality standard that at least 90% of routine referrals to our Adult Community Mental Health Recovery Service (CMHRS)

should have an appointment within 28 days of the referral date. We achieved the quality standard in the last four consecutive months of the year.

- Our sickness absence rate has decreased steadily. There was only one month during 2018/19 during which we did not achieve our target of 3.80% or less.
- Our staff turnover rate has also decreasing steadily, with the lowest point at 16.1% in March 2019.
- Our overall engagement score from the 2018 national staff survey is 7.13. This is slightly higher than last year and slightly higher than our sector comparators.
- Our Data Security and Protection Toolkit (DSPT) met all of the mandatory standards.

Care Quality Commission Inspections

The Care Quality Commission (CQC) undertook a full inspection of our services during 2018/19. We had held an overall Trust rating of 'Good' for the quality of our mental health and learning disability services since the CQC upgraded their rating of our Well-Led domain in July 2017. The inspectors' final report was published just after the year-end; it confirmed that we have strengthened our overall rating of 'Good'.

The Trust is now rated as 'Good' for all five domains: Safe, Effective, Caring, Responsive and Well-led. Furthermore, all ten services which the inspectors assessed were judged 'Good'.

The CQC recognised the improvements made by the Trust since our last inspection across a number of areas, operational systems and processes, and particularly noted the renewed pride and confidence in their work amongst staff in all parts of the organisation. Inspectors found colleagues spoke with energy and enthusiasm about the improvements they were delivering, supported by stronger leadership at executive, divisional and service delivery levels throughout the Trust. It was also recognised that the Trust had responded to emerging issues in service quality with considered, well-executed and in-depth supportive plans for improvement.

In addition to our overall rating, the Commission recognised several areas of 'Outstanding' practice around the Trust:

- Our internal accreditation scheme, the CARE excellence accreditation programme, which requires a robust review of team performance and values, and which has already been gained by 11 teams.
- The Technology Integrated Health Management (TIHM) for dementia project (delivered in partnership with the Alzheimer's Society, the University of Surrey and Royal Holloway University of London), which enables people with dementia to stay in their own homes for longer and avoid readmissions to hospital. The system is part of the NHS England Test Beds programme and won the Health Service Journal award 2018 for improving care through technology.
- The mobile app, My Journey, which helps young people with psychosis make informed choices to help improve their mental health.

- Four children and young people's safe havens, which provide evening and weekend support and advice service for young people with mental health issues.

Helpful and constructive feedback from the CQC has reinforced our awareness of pieces of work which will continue to be the focus of improvement and innovation. Several comments related to the physical environment of the Abraham Cowley Unit and we are pleased that plans are already well-advanced to modernise these inpatient wards with new investment and construction. We also recognise the difficulties in recruitment of staff, which have been identified by the CQC as an ongoing issue for the NHS as a whole; we continue to work towards the improvement of our recruitment and retention rates across the Trust.

We are very pleased by the findings of the report overall and are determined to use it as a baseline upon which we can build further service improvements and progress towards the outstanding care the people who use our services deserve.

The full report of our inspection can be found on the CQC website at:

<https://www.cqc.org.uk/provider/RXX>

Full details of our performance during the reporting year can be found in the Quality Accounts Report on page 86.

Financial Review

The Trust has consolidated its finances into a Group position for a second year for 2018/19, following the launch of Children and Family Health Surrey on 1 April 2017, which has seen our Trust working together with a partner organisation as a Limited Liability Partnership to run community health services for children and families across Surrey.

The Trust met its £24.205m agreed control total, recording an operational surplus of £26.119 million pre impairments, which included £1.803 million of additional Provider Sustainability Funding (PSF) from the Department of Health and which was £0.111 million better than our control total.

The 2018/19 control total of £24.205 million was significantly higher than in the previous year (£2.521 million), due to the inclusion of the gain on the sale of the land at Chertsey and related incentive Provider Sustainability Funding (PSF). Children and Family Health Surrey reported a breakeven position.

In agreeing to our control total, we became eligible for £1.287 million core PSF (Provider Sustainability Funding) plus £14.000 million of incentive PSF. In exceeding our control total by £0.111 million, we became eligible for £1.803 million additional Sustainability and Transformation Funding from the Department of Health.

The Group and Trust have reported an actual surplus for the year of £25.306 million, after impairments (2017/18: deficit of £19.594 million).

In order to offset operational cost pressures and deliver our surplus to control total, we successfully implemented cost improvement savings totalling £5.739 million.

We completed the year with a £24.359 million cash (or cash equivalent) balance, which was better than the £18.131 million cash balance at end 2017/18. Our total assets employed increased by £25.842 million to £129.260 million, largely as a result of the increase in receivables due to the sale of the plot of land at Chertsey, known as the West Site, and related incentive PSF (Provider Sustainability Funding).

Our strategy is to participate in partnerships wherever possible. This means that the role of the Trust is wider than can be recognised in the annual financial statements of the Trust alone. In 2018/19 we also recognised £32.956 million (2017/18: £26.788 million) of income and related expenditure in our consolidated Group accounts, in respect of the activities of the Surrey Healthy Children and Families Limited Liability Partnership. This service is valued at a further similar amount over the next year of the contract.

The Trust entered into a second Limited Liability Partnership, called the Collaborative Procurement Partnership LLP, incorporated on 18 January 2017, which won three 'Category Towers' under the Department of Health's Future Operating Model for NHS procurement. The partnership is made up of three other NHS trusts with an equal stake. For the year ended 31 March 2019, the Trust's financial statements include a dividend of £70k. This is expected to increase over the coming years, as the business model matures.

We have continued to participate in a number of other partnership arrangements. We were proud to co-design with Surrey County Council and our new partner, Catalyst, a replacement ambulatory detox service for our inpatient drug and alcohol service. We are also proud of Mindsight Surrey CAMHS, which is delivered with a partnership of NHS, voluntary and private sector organisations, who together provide mental health and learning disability services for children and young people living in Surrey.

In addition, we have completed phase one of a two-year project for the TIHM for dementia test bed, a project that has seen £5.2 million spent over two years between the Trust, two Universities, the Alzheimer's Society and eight private sector providers, to trial technologies to improve the wellbeing of people with dementia and their carers, involving machine learning and artificial intelligence. The Trust and its partners have been awarded another £1.1 million to conduct further research and build on the findings of the first phase of the test bed programme, including commercialisation and creating a medical device. The Test Bed programme has been funded by NHSE (NHS England) and the OLS (Office for Life Sciences).

NHS Improvement, the independent regulator, now assesses the ongoing financial viability of NHS trusts within a new Single Oversight Framework that came into force on 1 October 2016. We have been advised, as at 22 March 2019, that we are rated in segment 1, where segment 1 indicates maximum autonomy and segment 4 reflects providers that need the most support. Under this framework we ended the year with a finance use of resources

score of 1, which is exceptional. Further details are provided on our performance against the Single Oversight Framework on page 72.

Future Financial Plans

Our financial focus remains the long term financial sustainability of the organisation as a partner within the local health and social care systems. We will need to continue to transform our services with system partners to create new models best able to meet the growing demands for our services within the resources we have available. This will be challenging in 2019/20 and our capacity (time and money) will need to be prioritised to those areas where we can make the most difference to core services. Our key financial management priorities are:

- Generating sufficient income and expenditure and cash surpluses to support ongoing operations; to fund planned capital investment and business development opportunities; and to ensure we maintain liquidity.
- A planned operational deficit of £3 million - reflecting the continuing pressure and risks of agency spend, private bed usage and prescribing, to achieve a breakeven control total. This is a planned improvement on the underlying position out-turned in 2018/19 of a £5 million deficit.
- Delivering a long-term finance and use of resources rating of no less than 2 and maintaining our performance in segment 1 under the Single Oversight Framework.
- Securing investment to meet in full the Mental Health Investment Standard.
- Increasing productivity across our services through implementing new models of care in partnership, e.g. co-designing Working Age Adults' and Older People's services, to deliver the priorities of the Five Year Forward View to manage crisis well and reduce demand for our beds and on other parts of the system, typically in A&E; and working toward trajectories for improving access locally for children and young people's mental health services and for talking therapies for long term conditions.
- Continuity of investment in Children's and Young People's services to recognise previously unmet need and increased demand in our Children and Young People's services and enable implementation of review (Attain and Royal College) recommendations.
- Focussing on delivery and outcomes for services for children and families across Surrey, exploring with the commissioners and our two delivery partners the potential to form a simplified partnership arrangement in lieu of the Limited Liability Partnership.
- Continuity of investment to sustain new models successfully trialled through Transformation funding and other non-recurrent investments funds, e.g. the Perinatal Mental Health service; CORE 24 in Ashford & St Peter's and Royal Surrey County hospitals; SHIPP (the Surrey High Intensity Partnership programme); the extended HOPE service for Children; and Primary Care Homes (post successful pilot).
- Additional resources to develop services, e.g. to roll Core 24 out to further acute trusts; to implement a new care pathway for people with a Personality Disorder (to help reduce Out of Area Placements); to expand Early Intervention in Psychosis (EIIP) and services for adults with autism; and to cover the increased costs for

additional prescribing associated with the move to longer acting anti-psychotics (which improve outcomes and compliance).

- A workforce plan that consists of a full substantive workforce and budgeted agency premium.
- Improving our costing capability and our understanding of activity and staffing, to support greater understanding of the relationship between funding and expenditure.
- Developing our portfolio of courses within our Recovery College and expanding access.
- Further developing our residential social care services and practice.
- Capital planning over the next one to five years to invest in our key priorities of progressing our community hubs, improving our inpatient environments and further investment in technology: specifically to progress the business case for our second mental health hospital serving people in north west Surrey and planning our third project for the people of mid and east Surrey; to move forward with planning for new hubs in Epsom and Mole Valley; and to refresh and enhance our digital infrastructure and capability.
- Developing the Collaborative Procurement Partnership with NHS partners to deliver better procurement practices and savings.

Trust Buildings and Environmental Matters

Our vision and values confirm the importance of high-quality care environments for the wellbeing of people who use services, carers and families, visitors and staff and this is reflected in our property strategy. The delivery of this strategy focuses on three areas:

- Upgrading our inpatient facilities
- Improving the quality and reducing the cost of our estate
- A programme of workplace transformation

The Outline Design and Business Case have been completed for the redevelopment and extension of our Abraham Cowley Unit in Chertsey. This will provide 80 beds (an increase of 7) in five gender segregated wards with single en-suite rooms. Works on the first phase are planned to start in 2020. Meanwhile, we continue to work on a solution to provide inpatient facilities for the people in mid and east Surrey.

The funds required to progress these major building projects will come from the disposal of some of our underutilised assets, such as the land on the St Peter's Hospital site in Chertsey. Not only will this sale provide funding, it will also reduce the running costs of our estate, as the community services there will move to more efficient buildings.

This year we have opened a new community hub building at Unither House in Chertsey town centre. This is our largest community hub so far, bringing together the widest range of services across Runnymede, Woking, Spelthorne and Elmbridge boroughs, with satellite hubs being established to support local care for people across these areas. In the pipeline is the creation of satellite hubs in Spelthorne and Epsom, with the final community hub to be provided in Mole Valley in 2021.

In order to ensure that we make the best use of our buildings, we are undertaking a programme of transformation in the way that we use and interact with our workspaces. Following our recent experience with community hubs projects, we are developing a set of practices, behaviours and systems to enable our services to operate more effectively in shared facilities, such as community hubs, which will improve the utilisation of space, driving out duplication and waste and, therefore, reducing costs.



Therapy spaces at our new community hub: Unither House

Maintaining our buildings to an acceptable standard and keeping pace with regulations and service needs continues to be a challenge until our programme of capital investment and disposals shapes a new portfolio of modern, fit for purpose buildings. This year we have disposed of seven buildings and acquired one new leasehold building.

Sustainability Report

We recognise the importance of managing the environmental impact of our operations and we remain committed to:

- Further reducing our demand for energy and material resources and extracting greater benefit from those resources.
- Reducing the amount of work-related transport through the use of telephone and video conferencing.
- We have let a new waste management contract, with improved key performance indicators to measure performance.
- Sourcing our resources cleanly, renewably and sustainably.
- Embedding sustainability within our business through our processes and procedures for travel, procurement and our suppliers' impact.

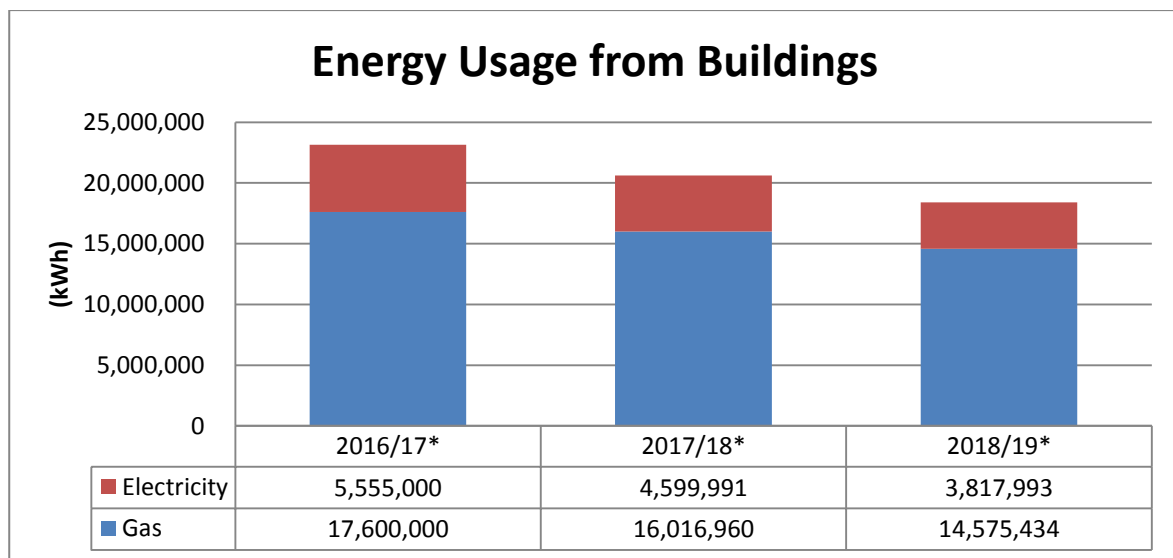
Our Sustainable Development Management Plan outlines a number of sustainability projects to help meet these aims over the period 2014 to 2019. Those projects that have been the focus to date include:

- Extending our use of LED lighting to more premises

- Centralising and updating our building energy (heating) management controls and replacing old boilers with energy efficient replacements. This has resulted in a reduction of gas usage by as much as 6% in some areas.
- Reducing our older estate footprint and replacing this with new developments and more efficient leased properties.
- Introducing electric car charging points to our major sites.

Energy Usage from Buildings

We estimate that we have spent £1.63 million on energy in 2018/19, which is an increase from 2017/18, reflecting higher utility prices. However, our consumption of all energy resources is reducing year on year as indicated in the following chart:



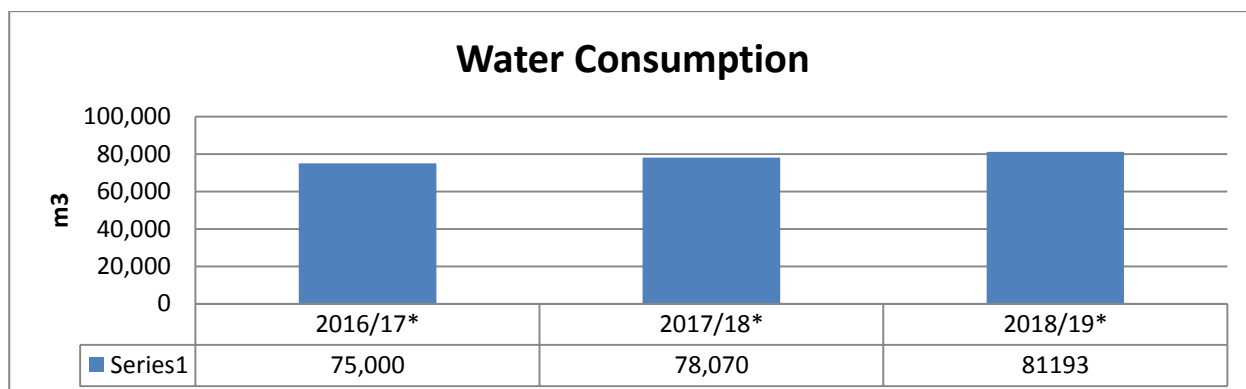
*Estimated usage

	2016/17*	2017/18*	2018/19*
Total energy spend	£1,300,000	£1,460,000	£1,635,200

*Estimated usage

Water Consumption

We have slightly increased our usage during the reporting year. We continue to fit water saving devices to our toilets and showers, ensuring new white goods procured are water efficient. We have also replaced older pipework at our hospital sites in Guildford and Chertsey.



*Estimated usage

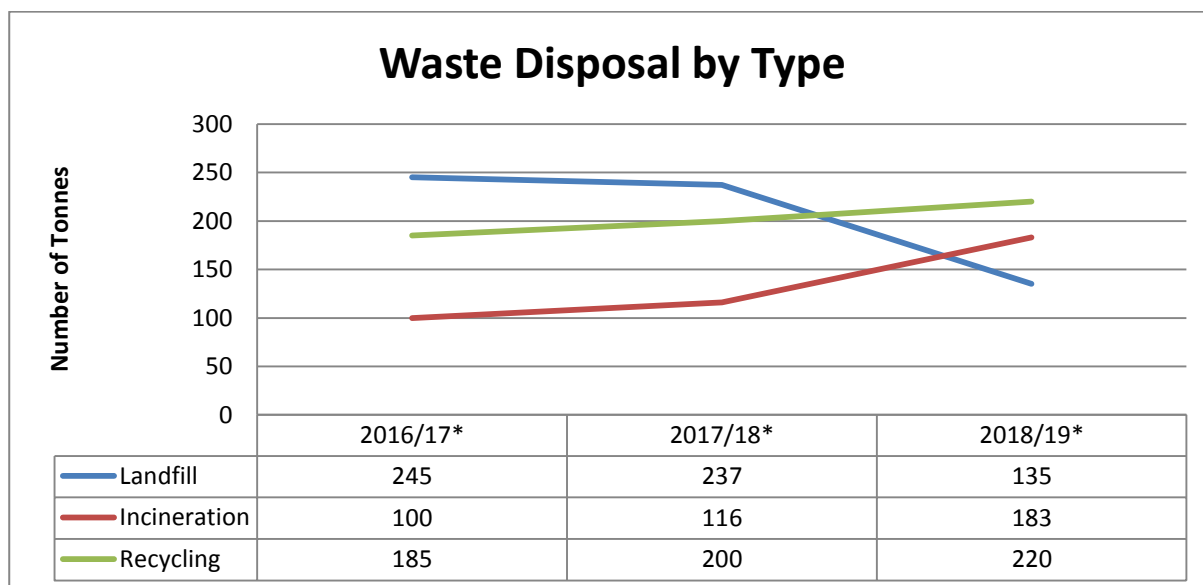
Water	Units	2016/17*	2017/18*	2018/19*
Mains	m ³	75,000	78,070	81,193
	tCO ₂ e	68	72	76
Water and sewage spend	£	£180,000	£186,000	£192,500

*Estimated usage

Waste

We have reduced our total carbon dioxide equivalent waste commensurate with the reduction in energy usage. We have seen a year on year increase in the percentage of recycled waste for the third consecutive year. All general, unrecyclable waste is high temperature incinerated (HTI) to produce energy. It is our long term aim to ensure that no waste goes to landfill.

We completed the tendering process for an improved waste management contract, which contains incentives to increase recycling. The contract commenced on 1 October 2018.

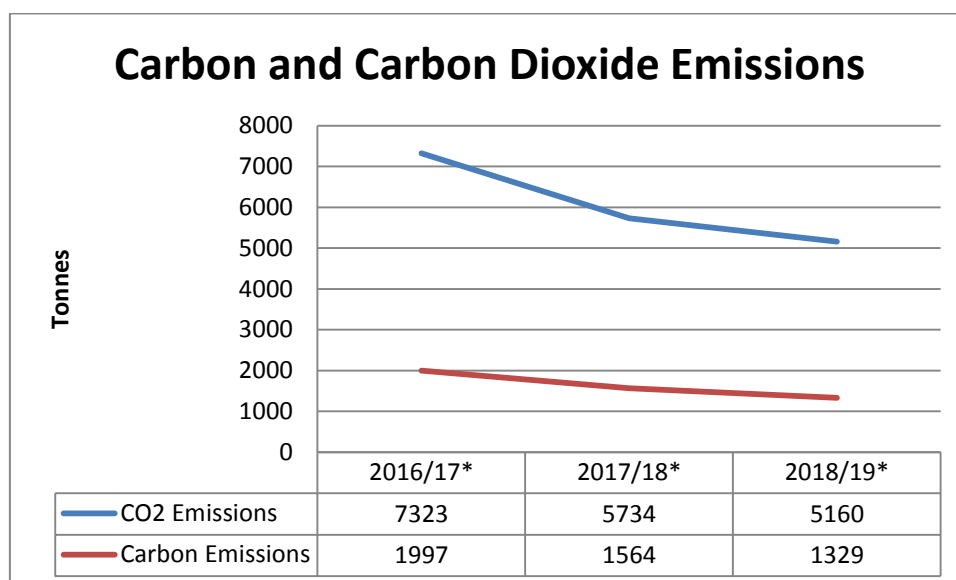


*Estimated usage

Carbon Footprint

The majority of our carbon emissions are due to energy consumption across our 140 services. We have consistently reduced our carbon emissions over the past few years.

Our Energy Management Group meets periodically to monitor the progress and actions against our Sustainable Development Management Plan.



*Estimated figures

Future Priorities and Targets

We have an ambitious aim to reduce our carbon footprint by 5% each year and to continue to reduce our total waste. We aim to achieve this by:

- Hosting additional local roadshows on energy savings at our key Trust sites and promoting the energy advice guides for staff developed last year.
- Improving the utilisation of our space and extending our use of mobile working across our clinical teams.
- Our new hub, Unither House is fitted with electric vehicle charging points, with other key Trust sites to follow.
- We have now appointed Inspired Energy as our consultant for energy to help us advance energy strategy and reduce energy consumption and our carbon footprint.
- Increasing recycling and reducing waste sent to landfill by 20% per year with a five-year target of zero landfill waste.
- Introducing composting of our food waste and recycling electronic waste.

Fiona Edwards
Chief Executive

23 May 2019

Accountability Report



Clare Ward, based at the Abraham Cowley Unit, won Team of the Year at the prestigious Nursing Times Awards, 2018

Directors' Report

Board of Directors

The Directors for the reporting period were:

Non Executive Directors

- Ian McPherson, Chairman
- Jon Bye¹
- Rahul Jaitly
- Leslie Morphy²
- Mark Perry³
- Jennifer Seeley
- Stephen Firn⁴
- Susan Scholefield⁵

¹ Stepped down on 31 May 2018

² Senior Independent Director from 01 November 2018

³ Senior Independent Director from 01 April 2018 until term of office concluded 31 October 2018

⁴ Term of office commenced 01 May 2018

⁵ Term of office commenced 01 May 2018 (voting from 01 June 2018)

Executive Directors

- Fiona Edwards, Chief Executive
- Lorna Payne, Chief Operating Officer
- Helen Rostill, Director of Innovation, Development and Therapies
- Graham Wareham, Chief Finance Officer
- Jonathan Warren, Chief Nursing Officer and Deputy Chief Executive¹
- Justin Wilson, Chief Medical Officer
- Billy Hatifani, Acting Chief Nursing Officer²

¹ Acting Chief Executive from 29 January 2018 until 30 September 2018

² Acting Chief Nursing Officer from 12 February 2018 until 30 September 2018

Register of Interests

We maintain a Register of Interests for Directors that is open to the public through our Governance Manager on 01372 216292 or via communications@sabp.nhs.uk.

Service Quality Governance

At Surrey and Borders, we have robust arrangements in place to govern service quality, to ensure the safety of people using our services, their carers and our staff. Our system of internal control is designed to manage risk to a reasonable level, with the Trust Board taking overall responsibility for strategic risks, whilst the Executive Board manages high level risks and ensures efficient and effective mitigation measures and controls are in place for all identified risks.

Weekly Safety Huddle meetings for Executive Board members - to receive progress updates against high level risks and to raise awareness of new risks or emerging issues - were introduced in 2015 and have continued throughout the reporting year with emphasis on addressing serious incidents. Our working age adult inpatient wards continue to hold weekly Datix Huddles, following a successful trial as part of our quality improvement programmes.

During the reporting year, the Care Quality Commission undertook a full inspection of our Trust, which resulted in us strengthening our existing 'Good' rating. We are now 'Good' for all five domains and across all ten services assessed.

Further details on our quality governance arrangements can be found in the Annual Governance Statement on page 76.

Quality Improvements

We have embarked on a fundamental shift in our approach to creating a more comprehensive quality system. Our Method is based on the IHI (Institute of Healthcare Improvement) principles and the work is led by our Director of Innovation, Development & Therapies. We have begun realignment of our quality planning, control, assurance and improvement approaches to reflect our new approach. We are building our Culture and our comprehensive quality system for continuous improvement through our Qi workstreams and Qi priority projects which are at the heart of our Quality Improvement plan (driver diagram), to build our capacity and capability and culture to deliver and sustain improvement.

We use wide-ranging methods of gathering evidence and data as part of our assurance processes, including national surveys, such as the mental health community survey. We also make use of local feedback questionnaires for individual services - Your Views Matter, monitoring of complaints for themes and trends and our internal auditing processes. Learning is shared through our Service Improvement Programme forums, where teams share their experiences and developments, and we also share learning from our serious incidents within divisions and at specific learning sessions for clinical staff and use SPC (Statistical Process Control) charts in our quality, risk and safety reporting, to help us spot trends and intervene early.

Service Developments

We have continued to develop our services in line with our strategic and service plans throughout the year, to improve the experiences of people who use services, their carers and staff, whilst also managing unprecedented demand on services. Notable amongst these have been:

- Extending our Mental Health Crisis Helpline to open 24 hours a day and enable people to access face to face support, where needed, following a £1 million annual funding award from our NHS Clinical Commissioning Groups. The team includes a single point of access for mental health for Community Mental Health Recovery Service referrals, which was gradually rolled-out over a six-month period.
- Working with system partners, delivered a 'CAMHS Interim Plan' in response to significant demand for services which enabled 1,800 children and young people to be assessed.
- Opening, in partnership with Surrey County Council, two further CYP Haven evening and weekend drop-in services - in Redhill and Staines - for children and young people with mental ill-health.
- Being one of only a handful of trusts nationwide to be an early adopter of the NHS Electronic Referral Service (ERS) for mental health services, which we have done in the Adult Mental Health service as part of the Single Point of Access. ERS is already mandated for acute secondary care referrals from GP practices, to move away from fax and email referrals.
- Launching a remodelled and co-designed Drug and Alcohol Service, including a new community-based ambulatory detox programme across Surrey, as an effective response to the need to close our inpatient detoxification unit Windmill House.
- Continuing our TIHM for dementia project, in partnership with the Alzheimer's Society, the University of Surrey and Royal Holloway University of London. We are working together to research how we can help people with dementia to remain in their own homes for longer with the aid of electronic devices.
- Securing funding from NHS England to expand psychiatric liaison services in partnership with Royal Surrey and Ashford and St Peter's Hospitals. The funding will be used from 2019/20 to increase staffing levels and enable the team to provide bespoke mental health training for physical health professionals.
- Working to co-design and test a new model of mental health primary care over a twelve-month period, in a bid to address unmet health needs. This was thanks to £1 million of funding from the Surrey Heartlands Integrated Care System
- Launching a new specialist perinatal mental health service. This community service for new and expectant mums covers Frimley and Surrey Heartlands.
- Opening a new community hub for North West Surrey: Unither House in Chertsey. This is the third of our community hubs to open, providing more modern, accessible and therapeutic surroundings.

- Expanding the Surrey High Intensity Partnership Programme with two further Surrey Police liaison offers working within our services to mentor people with complex mental health needs in partnership.
- Developing an ambitious programme of digital transformation, which began in 2018 and is set to continue in the next financial year. Improvement projects this year have included: the roll-out of Wi-Fi broadband across the majority of Trust sites; accreditation with NHS Digital to improve email security; and the move to web-based solutions such as Office 365 to better support mobile working.
- Mind Matters talking therapies now provided online via Skype for Business audio and video calls.



The Early Intervention in Psychosis (EIP) team's allotment project was featured in a Royal College of Psychiatrists newsletter

Health and Safety

During the reporting year the Health, Safety and Security Committee has continued to develop a more robust assurance process, under new leadership, and has allowed us to strengthen our health and safety governance and the way we collate our assurances. In addition, it allows us to focus more on achieving full compliance with the Health and Safety at Work Act 1974 and we have continued to improve our assurance in the management of asbestos, water safety, fire and medical devices.

Work continues to improve our lighting and a full light audit takes place annually to ensure aging light fittings are identified and replaced.

Following an incident recently, it has been identified that mattresses in the Trust in some areas are not to the correct standard and a full audit is underway to identify where new mattresses are required and actions undertaken to eliminate this risk.

The introduction of two-way radios has commenced across the Trust in our 24/7 wards. This will assist communications between teams in emergencies, such as when people who use our services abscond or in fire-related incidents and other emergencies; the radios will aid faster communication between wards.

New fire procedures are being developed to include the use of radios and specific roles are being introduced to aid better search and evacuation procedures. Emergency incidents will now be controlled by the Incident Controller. Assembly Officers and Fire Wardens training is under review in order to strengthen this procedure.

The Health and Safety Policy, along with the First Aid and Slips, Trips and Falls policies have also been reviewed.

Key priorities for the year ahead include the delivery of the annual Health and Safety Plan, to continue to work with our community hubs project and to ensure that all new and existing clinical environments remain safe. We will continue to work with Surrey Police on reducing the prevalence of people absconding from our inpatient facilities and will also enhance our approach to reducing unauthorised substances on our hospital sites, by the use of dog searches.

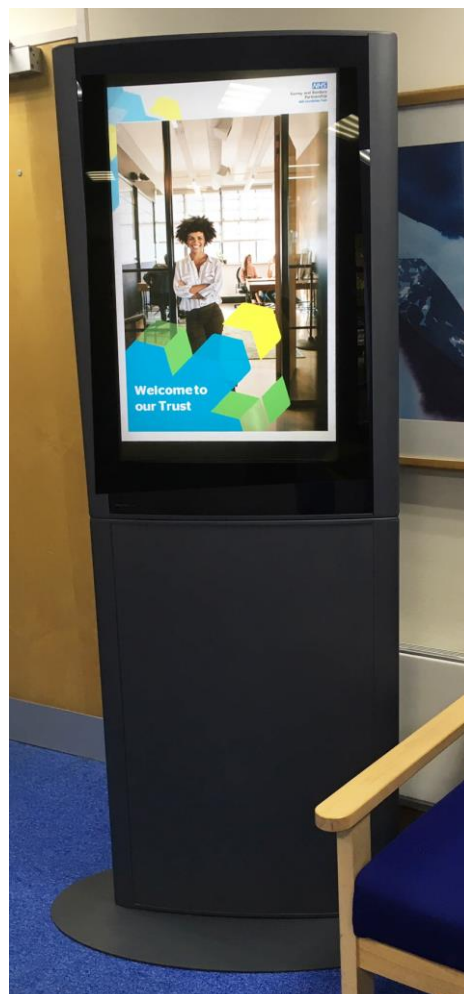
The use of Capacity Forms now assists the police in following-up aggressive behaviour and damage to property by those considered to have capacity. The Respect Programme is well embedded and proving effective against those persons who use our services but behave unacceptably with staff and others within our services.

Patient Information

Over the year we have continued to improve our Trust website to make it easier to use and to ensure it has the most up-to-date information for people who use our services, their families and carers. Some of the changes we have implemented include improvements to the search facility, updates to our pages for carers and young carers, and more information for people thinking of working for us.

We have also improved the digital display information shown to people waiting for their appointments at our main sites, and are using social media as another way of engaging with people about our services.

A large number of our leaflets have been updated over the year, both for people using our services and carers, and for other health and social care professionals. We have also created more Easy Read versions of Trust leaflets, and are investigating other ways to ensure information is accessible to everyone who needs it.



We have updated the content of the digital display boards in key waiting areas

Compliments, Complaints and PALS

Contacts

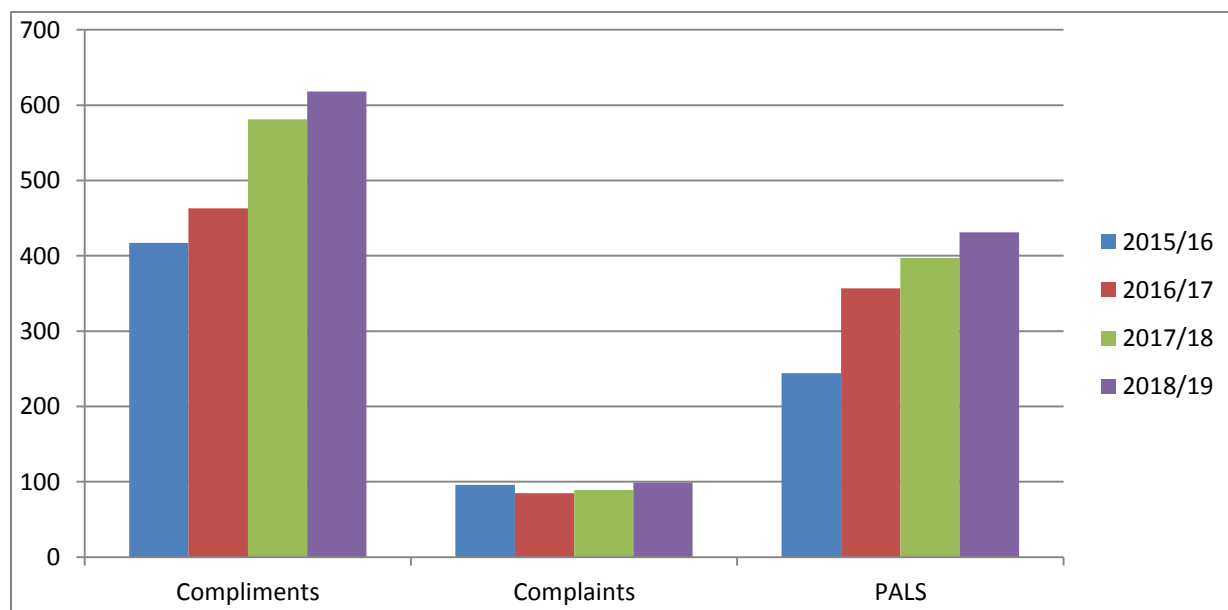
Our Complaints and PALS (Patient Advice and Liaison) team recorded 618 compliments and 99 formal complaints during 2018/19, compared with 581 compliments and 89 formal complaints in the previous year. In the investigations we undertook, we made contact with every complainant to ensure all issues of concern were identified and incorporated into an agreed complaint plan. We also ensured that the complainants' preferences regarding communication were agreed and documented. A full response detailing the outcome of the investigation and, where appropriate, changes made to service provision were provided to every complainant.

PALS contacts

Additionally, we experienced an increase in PALS contacts made during the year, with 431 PALS queries logged in 2018/19 compared with 397 in 2017/18, which we welcome.

Themes

The main themes arising from these complaints were concerns about clinical treatment, communication difficulties and the values and behaviours of our staff.



Responsiveness

Our Complaints Team introduced a process change in collaboration with colleagues in our Operational Divisions from 1 March 2018 and we now aim to respond to 80% of complaints within 25 working days. Whilst, we did not meet this standard during 2018/2019, due to a variety of reasons including staff changes within the team and the length of time waiting for responses from the service teams, we have been improving and are almost meeting the target in several cases.

We recognise that we need to improve on our response times and are actively addressing this. A significant boost should be our plan to train more staff across our services to carry out investigations: this will take place during 2019/20. We have also developed a more efficient process to enable quicker investigations of simpler complaints, and we expect that this should mean we start processing at least some cases within 25 working days by summer 2019. Achieving the overall 80% standard by year-end will be very challenging, but our aspiration is as the planned improvements trickle through, by the end of the year we will be achieving the standard in-month.

Relatively few complaints currently progress into investigations. We have some reason to believe that our early intervention style of resolving people's concerns locally through early resolution (PALS contacts) seems to provide some satisfaction and is underlying this. The turnaround for resolving these concerns is fast but not currently formally recorded. From 1 April 2019, we will implement a more efficient recording process to record these interactions, which will help us better manage and improve our performance, whilst enhancing the ability of people who use our services, and their families, to tell us what is worrying them.

Learning from Complaints

We recognise that complaints should be used to improve our services, and there can be learning on how to do things better even when a complaint has not been upheld. Changes to processes and procedures have been made during the year across all service areas as a direct result of concerns raised from complainants. Examples include:

- Psychiatric Liaison Teams ensuring that assessments and risk assessments are completed in line with NICE's guidance.
- Ensuring that all staff carrying out and administering cognitive tests in our Community Mental Health Team for Older People Mid Surrey have regular training as well as regular refresher training on the cognitive tests.
- Reviewing our local administration processes to improve communication with families within our CAMHS Community SW teams.
- Reviewing the SNAP (attention deficit hyperactivity disorder) score system for further assessment and establishing a more appropriate rating system that identifies the needs of young people on a wider spectrum within CAMHS teams.
- Feedback to doctors in our inpatient teams to reflect on poor experiences reported, and to improve on communication.
- Improving communications within the i-access team regarding medication arrangements during transfer of services.
- Community Mental Health Recovery Services making sure that the correct discharge procedures are followed.

Parliamentary and Health Service Ombudsman

During 2018/19, the Parliamentary Health Service Ombudsman confirmed it would be investigating one complaint in respect of our services. During this period we received the outcome of two complaints investigated by the Ombudsman, one of which was upheld.

Community Engagement and Involvement

At Surrey and Borders our values include involving people in our work and our involvement groups are embedded in our governance arrangements. These include our Forum of Carers and people who Use Services (FoCUS), our Child and Adolescent Mental Health Youth Advisors programme (CYA), our Carers Action Group, Recovery Colleges and Foundation Trust membership.

We particularly ensure we involve people in our service changes and developments. In the past year this has included continued involvement in our move to become smoke free, our hospitals redevelopment programme and our Single Point of Access service for people in a mental health crisis. In February 2018 we held a day-long conference, attended by over 60 people, focusing on improving access to physical health services for people with a serious mental illness. This event was co-designed with people who use our services and carers,

alongside other local health and social care providers who will continue to work together on fulfilling the recommendations from the event.

In 2017 we held a series of meetings with staff and carers to establish how we can better support carers and provide more inclusive care. As a result of these meetings, we have established a Carers' Respect Panel, which is a group of experts, including carers practice advisors, carers leads and service managers, who provide advice and guidance to carers and support to staff to help them work more closely with carers. The first session of the panel took place on 30 January 2018 and continues to meet bi-monthly.

Looking ahead, we will be continuing to involve people in the redevelopment of our inpatient services at the Abraham Cowley Unit and in the development of our Epsom and Spelthorne and Mole Valley hubs and we will continue to involve people in our transformation programmes for our adult mental health services.

Disclosures

As far as the Directors are aware, there is no relevant audit information of which the Trust's auditor is unaware. They have taken all of the steps that they ought to have taken as Directors in order to make themselves aware of any relevant audit information and to establish that the Trust's auditor is aware of that information.

During 2018/19 we met the requirements of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) that state our income from the provision of goods and services for the purposes of the health service in England is greater than our income from the provision of goods and services for any other purposes. We have a few sources of other income, as detailed in Note 4 of the accounts. This income is reinvested in our health services.

We have complied with the cost allocation and charging guidance issued by HM Treasury.

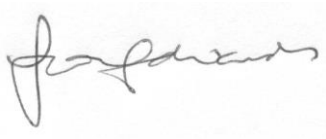
Better Payment Practice Code

The Better Payment Practice Code requires the Trust to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is the later. Performance for the year was significantly improved for non- NHS invoices paid within target, although performance in respect of payment of NHS invoices has reduced, largely due to one supplier, with whom the Trust is in protracted dispute.

	2018/19		2017/18	
	Number	£000	Number	£000
Total non-NHS trade invoices paid in the period	14,150	89,445	15,917	77,645
Total non-NHS trade invoices paid within target	12,588	87,140	13,317	68,859
Percentage of non-NHS trade invoices paid within target	89.0%	97.4%	83.7%	88.7%
Total NHS invoices paid in the period	684	11,014	557	9,388
Total NHS invoices paid within target	469	8,858	453	7,759
Percentage of NHS invoices paid within target	68.6%	80.4%	81.3%	82.6%

Directors' Opinion

The operating and financial information presented in this Annual Report covers the year from 1 April 2018 to 31 March 2019. The Directors of the Trust are responsible for ensuring that the annual report and accounts have been prepared following a direction issued by NHS Improvement, in exercising the statutory functions conferred on Monitor, under the National Health Service Act 2006. They consider the annual report and accounts, taken as a whole, to be fair, balanced and understandable and provide the information necessary for people who use services, regulators and other key stakeholders to assess the NHS Foundation Trust's performance, business model and strategy.

A handwritten signature in black ink, appearing to read 'Fiona Edwards', is positioned above the printed name and title.

Fiona Edwards
Chief Executive

23 May 2019

Remuneration Report

Annual Statement on Remuneration

A review of Executive Directors' salaries was undertaken in December 2018. This was managed by an external company, Total Rewards Solutions (TRS), at a cost for the year of £3,630. This was a follow up from their previous report undertaken in July 2017, occasioned by a change in the portfolios of our Executive Directors. It was tasked with reviewing salaries against both the labour market and our health sector, in order to ensure we remained competitive in both recruiting and retaining Directors. We undertake a full benchmarking exercise every other year, so will be undertaking this again in summer 2019. The Remuneration and Terms of Service Committee was satisfied by the independent advice it received from the company, in the form of a comprehensive report that provided the data used to conduct the comparison and the weighting given to the national data for each job description.

Senior Managers' Remuneration Policy

Senior Managers' contracts which fall within the remit of the Remuneration and Terms of Service Committee are all substantive and permanent. The committee looks at the remuneration of voting Board Directors reporting to the Chief Executive, who are, therefore, also Executive Directors, and of other directors reporting to the Chief Executive.

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

The Chief Medical Officer is on the national consultant contract and receives an additional payment for management responsibilities in recognition of the role of Chief Medical Officer.

Our Remuneration and Terms of Service Committee agrees the policy framework within which decisions on Directors' remuneration are made. Our appraisal policy includes a set of principles which are applicable to the remuneration of Executive Directors and other Senior Managers and Directors.

In 2018 we undertook an exercise offering our senior managers the opportunity to transfer from a spot salary contract to NHS terms and conditions. Twenty six out of forty individuals chose to do this.

Executive Director Remuneration

Remuneration component	Application	Comment	Strategic objective
Salary	All Directors	<p>Subject to annual review and bi-annual external benchmarking</p> <p>Appraisal process and capability process can influence uplift</p> <p>Remuneration is directly linked to performance. The appraisal process has a minimum performance threshold for entitlement to a pay uplift and the appraiser has to confirm whether an uplift would be appropriate, given performance, if the Remuneration and Terms of Service Committee agrees an uplift is applicable for Directors' pay</p>	To attract and retain outstanding leaders
Incremental threshold	Chief Medical Officer only	In line with the consultant contract, our Chief Medical Officer receives a total package of remuneration, which is in line with the consultant pay scale but also reflects Clinical Excellence Awards, geographical allowance and a responsibility payment for undertaking the Chief Medical Officer role. The Chief Medical Officer was paid for some additional PAs this year	To attract and retain outstanding leaders
Pension contribution	All Directors	13.5-14.5% employer contribution (depending on salary) made for those Directors in the NHS Pension Scheme	To attract and retain outstanding leaders
Travel expenses	All Directors	Expenses need to be claimed within three months of travel and receipts provided for parking or other work-related expenses	To ensure the appropriate use of public money and effective allocation of resources
Other	All Directors	There are no other allowances payable in line with Directors' salaries	To be open, honest and accountable in our appropriate use of public money
Loss of office payment	All Directors	If redundancy is appropriate, the Remuneration and Terms of Service Committee uses principles informed by Agenda for Change to apply to our Directors, with the cap of £160K maximum payment	To ensure we have the right capacity and capability to realise our strategy from Board to ward

As part of our formal appraisal process, all Directors are required to deliver to a set of agreed objectives, which support service delivery of our quality improvement plan and our strategic aims. Uplift to salary may not be paid to a Director, if they have not achieved a rating above two for performance against their objectives, their leadership responsibilities or their professional duties and behaviours in the execution of their role. This is assessed and provides a score, as part of their appraisal, in accordance with our appraisal policy.

Similarly, if they are being formally performance managed, they are not entitled to receive a salary uplift.

The Chief Nursing Officer/Deputy CEO received a £10k (per annum) payment whilst acting up (to cover a period of extended absence for the Chief Executive) between 29 January 2018 and 30 September 2018. The Director of QI acted up to the Chief Nursing Officer role and received a £10k (per annum) payment for this between 12 February 2018 and 30 September 2019. No other bonuses were paid.

All Board Directors are required to confirm their compliance with the Fit and Proper Person Test requirements for Directors.

Non Executive Director Remuneration

Remuneration component	Application	Comment	Strategic objective
Fee £13,000 pa Chairman fee set at £40,000 pa Chair of Audit Committee fee set at £15,000 pa	All Non Executive Directors	Subject to review as required by the Nominations Committee Annual appraisal process, over three year term for Non Executives including the Chairman, agreed by the Nominations Committee	To attract and retain outstanding leaders
Travel expenses	All Non Executive Directors	Expenses from home to place visited need to be claimed within three months of travel and receipts provided for parking or other work-related expenses	To ensure the appropriate use of public money and effective allocation of resources throughout the year
Other	All Non Executive Directors	No other payments are made to our Non Executive Directors	To be open, honest and accountable in our appropriate use of public money

Policy on Payments for Loss of Office

Our Executive Directors have three months' notice written into their contracts of employment. This would not be payable should a Director be summarily dismissed. The Chief Executive's notice period is six months. If she were to be dismissed on the grounds of capability, notice would be paid. Similarly, if there were to be a conflict of interest or a failure to meet the Fit and Proper Person Regulation, then our contract is clear that a Director would be required to resign with no payment due by our Trust in these respects.

Consideration of Employment Conditions

The Directors' salary review is undertaken once the national pay awards are announced so that there is an awareness of the fairness of any awards compared to the workforce as a whole. We also consider our Directors' salaries, including the Chief Executive's, relative to that of the median of our workforce. Directors' terms and conditions are informed by Agenda for Change terms and conditions, apart from some key elements, as stipulated in the contracts of employment. As stated above, our principle is always to benchmark

ourselves in relation to other NHS employers and public and voluntary sector employers, to ensure we remain competitive in the labour market.

We do not have a separate remuneration policy and, therefore, have not consulted with our employees in this respect. Our Remuneration and Terms of Service Committee agrees the policy framework within which decisions on Directors' remuneration are made. Our appraisal policy includes a set of principles that are applicable to the remuneration of Senior Managers and Directors. This Policy was consulted upon with our staff.

Annual Report on Remuneration

Remuneration and Terms of Service Committee

The Remuneration and Terms of Service Committee is responsible for making recommendations to the Board on the Trust's remuneration policy and, within the terms of the agreed policy, determining the total individual remuneration package of the Executive Directors and those other directors who report directly to the Chief Executive.

During the year, the Committee was chaired by Mark Perry, Non Executive Director, for its first meeting, after which his term of office concluded, and thereafter by Leslie Morphy, Non Executive Director. The membership comprised all of the Non Executive Directors. Further details of the membership and attendance of the Remuneration and Terms of Service Committee is included on page 66 of this Annual Report.

The Chief Executive attends all meetings of the Committee but is not present for discussions about her own remuneration.

The Committee reviews:

- The remuneration and terms of service of the Chief Executive and of those Board Directors and other Directors who report directly to the Chief Executive.
- The performance of those Board Directors and other 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.
- Pay data from similar organisations, in order to ensure that appropriate arrangements have been made for the salaries of the aforementioned Directors.
- Appropriate contractual arrangements for the staff, including the proper calculation and scrutiny of termination payments, taking account of such national guidance as appropriate

The Committee meets annually, as a minimum, but may meet on other occasions as required. The Chief Executive holds annual appraisal meetings with each Board Director and other direct reports to assess progress against objectives.

Nominations Committee

The Non Executive Directors' remuneration is agreed and approved by the Council of Governors, based on recommendations put before them by the Trust Board, following discussion at the Nominations Committee.

Fair Pay Multiple

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid Director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest paid Director in Surrey and Borders Partnership NHS Foundation Trust in the financial year 2018/19 was £195 - £200k (2017/18: £210k - £215k). This was 6.98 times higher at the midpoint than the median actual remuneration of the workforce, including high cost living allowance, which was £27.9k. The 2017/18 comparative has been restated from 7.99 times higher to 7.62 times higher because the median actual remuneration of the workforce, including high cost living allowance, was £27.9k in 2017/18, not £26.6k, as previously stated.

The highest paid Director's salary was lower than the previous year because a temporary pay element ended. There are no employees who received remuneration in excess of the highest-paid Director.

Three individuals were paid more than £150,000 (the threshold used in the Civil Service by the Chief Secretary to the Treasury, equating to the Prime Minister's ministerial and parliamentary salary). Analysis from TRS indicates that these salaries are broadly consistent with the market, below some of the salaries recently advertised by very similar trusts and commensurate with the level of remuneration needed for retention. They are, therefore, deemed reasonable.

Payments for Loss of Office

There were no payments for loss of office in year.

Expenses of the Governors and Board Directors

The Trust had a total of 31 Governors in office during 2018/19 (35 in 2017/18). Of these, eleven received expenses, totalling £3,515 between them (six in 2017/18: aggregate total £1,630).

The Trust had eight Non Executive Directors in office, noting that 2 left and 2 joined, so, discounting a short period of overlap, there were six in office (six in 2017/18). Of the eight individuals, seven received expenses in 2018/19 totalling £4,476 between them (six in 2017/18: aggregate total £3,734).

The Trust employed seven individuals across six Executive Director roles during the year, with Billy Hatifani covering the Chief Nursing Officer role from 01 April to 30 September, whilst Jonathan Warren acted as Chief Executive for the same period of Fiona Edward's

convalescence (eight in 2017/18 over six roles). All seven received expenses in 2018/19 totalling £13,061 between them (seven in 2017/18: aggregate total £5,417).

In line with the 2018/19 FT ARM (Foundation Trust Annual Reporting Manual), the Trust is required to disclose in its Remuneration Report the salaries and pension benefits of those persons in senior positions having authority or responsibility for directing or controlling the major activities of the Trust. This means those who influence the decisions of the Trust as a whole. It is the responsibility of the Chief Executive to confirm the senior managers to whom this relates. She has confirmed that, for Surrey and Borders NHS Foundation Trust, disclosure applies only to those senior managers who are voting members of the Board.

KPMG, our external auditors, audited the table of salaries and allowances of senior managers on page 40 and the table of pension benefits of senior managers on page 42 as part of their audit of the 2018/19 financial statements.

Signed



Fiona Edwards
Chief Executive

23 May 2019

Pension Related Benefits

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20 less the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights. This value does not represent an amount that will be received by the individual. It is a calculation that is intended to convey to the reader of the accounts an estimation of the benefit that being a member of the pension scheme could provide.

The Senior Manager Pensions Disclosure on page 42 provides further information on the pension benefits accruing to individuals.

Applicable Inflation

The inflation applied to the accrued pension, lump sum (if applicable) and CETV is the percentage by which the Consumer Prices Index (CPI) for the September before the start of the tax year (September 2017) was higher than it was for the previous September. The difference in CPI between September 2016 and September 2017 was 3%. Therefore, for benefit and CETV calculation purposes for the 2018/19 reporting period, CPI is 3%.

Lump Sum

No lump sum will be shown for senior managers who only have membership in the 2015 Scheme or 2008 Section, unless they chose to move their 1995 Section benefits to the 2008 Section under the Choice exercise.

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. However, real increases in pension, lump sum and CETV relate to the number of days that the senior manager was in post during the year.

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. The CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

No CETV will be shown for senior managers over Normal Pension Age (NPA). NPA is age 60 in the 1995 Section, age 65 in the 2008 Section or State Pension Age (SPA) or age 65, whichever is the later, in the 2015 Scheme.

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 benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

1. Senior Manager Remuneration

Name and title		Salary and fees (in bands of £5,000)	Taxable benefits (rounded to nearest £100)	Annual performance related bonuses (in bands of £5,000)	Long-term performance related bonuses (in bands of £5,000)	Pension related benefits (in bands of £2,500)	Total remuneration (in bands of £5,000)
For the Period 01 April 2018 to 31 March 2019		£000	£	£000	£000	£000	£000
Ian McPherson	Chairman	35 - 40	0	0	0	0	35 – 40
Mark Perry	Non Executive Director (to 31 Oct 2018)	5 - 10	0	0	0	0	5 – 10
Jennifer Seeley	Non Executive Director	10 - 15	0	0	0	0	10 – 15
Rahul Jaitly	Non Executive Director	10 - 15	0	0	0	0	10 – 15
Jon Bye	Non Executive Director (to 31 May 2018)	0 - 5	0	0	0	0	0 – 5
Leslie Morphy	Non Executive Director	10 - 15	0	0	0	0	10 – 15
Stephen Firn	Non Executive Director (from 01 May 2018)	10 - 15	0	0	0	0	10 – 15
Susan Scholefield	Non Executive Director (from 01 June 2018)	10 - 15	0	0	0	0	10 – 15
Fiona Edwards	Chief Executive	165 - 170	0	0	0	0	165 – 170
Jonathan Warren	Chief Nursing Officer and Deputy Chief Executive (Acting Chief Executive from 29 Jan 2018 to 30 Sept 2018)	155 - 160	0	0	0	67.5 - 70	225 – 230
Justin Wilson	Chief Medical Officer	195 - 200	0	0	0	12.5 - 15	210 – 215
Lorna Payne	Chief Operating Officer	125 - 130	100	0	0	22.5 - 25	145 – 150
Graham Wareham	Chief Finance Officer	125 - 130	0	0	0	30 - 32.5	160 – 165
Helen Rostill	Director of Innovation, Development and Therapies	110 - 115	0	0	0	7.5 - 10	120 – 125
Billy Hatifani	Acting Chief Nursing Officer (from 12 Feb 2018 to 30 Sept 2018)	45 - 50	0	0	0	17.5 - 20	65 – 70

Jonathan Warren and Billy Hatifani received a salary enhancement for their roles in acting up to Chief Executive and Chief Nursing Officer, respectively.

Justin Wilson receives a total package that reflects Clinical Excellence Awards, a geographical allowance and a responsibility payment for undertaking the Chief Medical Officer role. He was also paid for some additional PAs this year.

The 2017/18 comparator table has been restated below, due to the omission of details in relation to Billy Hatifani, who acted up to Chief Nursing Officer towards the end of the financial year, and in respect of taxable benefits.

Name and title		Salary and fees (in bands of £5,000)	Taxable benefits (rounded to nearest £100)	Annual performance related bonuses (in bands of £5,000)	Long-term performance related bonuses (in bands of £5,000)	Pension related benefits (in bands of £2,500)	Total remuneration (in bands of £5,000)
For the Period 01 April 2017 to 31 March 2018		£000	£	£000	£000	£000	£000
Ian McPherson	Chairman	35 - 40	0	0	0	0	35 - 40
Mark Perry	Non Executive Director	10 - 15	0	0	0	0	10 - 15
Jennifer Seeley	Non Executive Director (from 23 June 2017)	10 - 15	0	0	0	0	10 - 15
Rahul Jaitly	Non Executive Director (from 23 June 2017)	10 - 15	0	0	0	0	10 - 15
Jon Bye	Non Executive Director	10 - 15	0	0	0	0	10 - 15
Leslie Morphy	Non Executive Director	10 - 15	0	0	0	0	10 - 15
Andrew Field	Non Executive Director (to 30 Sept 2017)	5 - 10	0	0	0	0	5 - 10
Laurence Vine-Chatterton	Non Executive Director (to 31 May 2017)	0 - 5	0	0	0	0	0 - 5
Fiona Edwards	Chief Executive	170 - 175	0	0	0	0	170 - 175
Jonathan Warren	Chief Nursing Officer and Deputy Chief Executive (from 01 Jan 2018); Acting Chief Executive (29 Jan to 30 Sept 2018)	45 - 50	0	0	0	120 - 122.5	165 - 170
Justin Wilson	Chief Medical Officer	210 - 215	0	0	0	0	235 - 240
Lorna Payne	Chief Operating Officer	125 - 130	100	0	0	27.5 - 30	155 - 160
Graham Wareham	Chief Finance Officer	130 - 135	0	0	0	30 - 32.5	160 - 165
Helen Rostill	Director of Innovation, Development and Therapies	110 - 115	0	0	0	7.5 - 10	120 - 125
Jo Young	Chief Nursing Officer and Deputy Chief Executive to 31 Dec 2017	90 - 95	0	0	0	0	90 - 95
Billy Hatifani	Acting Chief Nursing Officer (from 12 Feb to 30 Sept 2018)	10 - 15	0	0	0	5 - 7.5	15 - 20

2. Senior Manager Pensions Disclosure

Name and title		Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2019 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2019 (bands of £5,000)	Cash equivalent transfer value at 1 April 2018	Cash equivalent transfer value at 31 March 2019	Real increase in cash equivalent transfer value	Employer's contribution to stakeholder pension
01 April 2018 to 31 March 2019		£000	£000	£000	£000	£000	£000	£000	£000
Fiona Edwards	Chief Executive	0	0	0	0	0	0	0	n/a
Jonathan Warren	Chief Nursing Officer and Deputy Chief Executive (Acting Chief Executive from 29 Jan 2018 to 30 Sept 2018)	2.5 - 5	10 – 12.5	60 - 65	190 - 195	1,114	1,363	193	n/a
Justin Wilson	Chief Medical Officer	0 - 2.5	2.5 – 5	25 - 30	10 - 15	339	396	42	n/a
Lorna Payne	Chief Operating Officer	0 - 2.5	0	10 - 15	0	167	219	30	n/a
Graham Wareham	Chief Finance Officer	2.5 – 5	0	10 - 15	0	71	117	25	n/a
Helen Rostill	Director of Innovation, Development and Therapies	0 - 2.5	0	30 - 35	95 - 100	664	766	66	n/a
Billy Hatifani	Acting Chief Nursing Officer (from 12 Feb 2018 to 30 Sept 2018)	0 – 2.5	0 – 2.5	20 - 25	40 - 45	221	291	29	n/a

Fiona Edwards opted out of the NHS pension scheme from 01 April 2016

Justin Wilson opted out of the NHS pension scheme from 01 July 2016 and opted back in from 01 February 2018. He opted back out from 01 June 2018

The 2017/18 Senior Manager Pensions Disclosure table has been restated below, due to the omission of details in relation to Billy Hatifani, who acted up to Chief Nursing Officer towards the end of the financial year.

Name and title		Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2018 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2018 (bands of £5,000)	Cash equivalent transfer value at 1 April 2017	Cash equivalent transfer value at 31 March 2018	Real increase in cash equivalent transfer value	Employer's contribution to stakeholder pension
01 April 2017 to 31 March 2018		£000	£000	£000	£000	£000	£000	£000	£000
Fiona Edwards	Chief Executive	0	0	0	0	0	0	0	n/a
Jonathan Warren	Chief Nursing Officer and Deputy Chief Executive (from 1 Jan 2018); Acting Chief Executive from 29 Jan to 30 Sept 2018)	0 - 2.5	2.5 - 5	55 - 60	170 - 175	942	1,114	39	n/a
Justin Wilson	Chief Medical Officer	0 - 2.5	0	25 - 30	5 - 10	316	339	16	n/a
Lorna Payne	Chief Operating Officer	0 - 2.5	0	10 - 15	0	126	167	22	n/a
Graham Wareham	Chief Finance Officer	0 - 2.5	0	5 - 10	0	46	71	6	n/a
Helen Rostill	Director of Innovation, Development and Therapies	0 - 2.5	2.5 - 5	30 - 35	95 - 100	600	664	41	n/a
Jo Young	Chief Nursing Officer/ Deputy Chief Executive	0	0	55 - 60	180 - 185	1,197	0	0	n/a
Billy Hatifani	Acting Chief Nursing Officer (from 12 Feb to 30 Sept 2018)	0 - 2.5	0 - 2.5	15 - 20	40 - 45	198	221	3	n/a

Fiona Edwards opted out of the NHS pension scheme from 1 April 2016; Jo Young retired from the scheme on 30 December 2017

Justin Wilson opted out of the NHS pension scheme from 1 July 2016 and opted back in from 1 February 2018

Signed



Fiona Edwards, Chief Executive, 23 May 2019

Staff Report

Our Workforce

We seek to create an environment in which our staff can develop in satisfying jobs and rewarding careers. We strive fully to consult and involve our staff in the improvement and development of our services.

2,471 people on average work with us substantively at Surrey and Borders Partnership to provide our services, which equates to an average 2,269 whole time equivalent (WTE) staff, plus those 161 staff (146.34 WTE) employed by county councils working as part of our integrated teams. The breakdown of directly-employed staff groups by professional group is provided below.

Staff group by WTE (average No of staff)	Total	Permanent	Other	Total cost £000	Total	Permanent	Other	Total cost £000
	2018/19	2018/19	2018/19	2018/19	2017/18	2017/18	2017/18	2017/18
Medical and dental	153	146	8	20,672	154	150	4	19,776
Administration and estates	573	542	31	24,948	576	532	44	23,795
Healthcare assistants and other support staff	759	530	229	18,711	661	460	201	17,928
Nursing, midwifery and health visiting staff	692	550	142	31,777	676	532	144	31,983
Scientific, therapeutic and technical staff	506	502	4	23,042	514	514	0	22,742
Total average number of staff	2,684	2,269	414	119,150	2,581	2,188	393	116,224
Of which, employed on capital projects	21	14	7	1,430	22	11	11	1,667

In line with the guidance, the above table is expressed as average whole-time equivalents. The following table, showing the breakdown of directly employed Surrey and Borders Partnership male and female staff by whole time equivalent, is expressed as at 31 March 2019.

Category by Whole Time Equivalent	Female	Male	Grand Total	Female	Male	Grand Total
Executive Director	3.00	3.00	6.00	50.0%	50.0%	100%
Senior Manager	163.76	78.09	241.85	67.7%	32.3%	100%
Employees	1495.18	480.90	1976.07	75.7%	24.3%	100%
Grand Total	1661.94	561.99	2223.92	74.7%	25.3%	100%

There has been no change to the overall percentage of permanent Executive Directors during 2018/19 but there has been an evening out in gender balance since 2017/18, as the retiring Chief Nursing Officer and Deputy Chief Executive was female and was replaced by a male in the same role. The female percentage changed from 58.3% in 2017/18 to 50% in 2018/19 and the male from 41.7% in 2017/18 to 50% in 2018/19.

In the Senior Manager category, the percentage of female staff has decreased by 2.1 percentage points over 2017/18. There was a smaller 0.6 percentage point increase in the percentage of female staff in the general employees' category.

Our sickness absence rates were 2.43% in March 2018 and 3.69% rolling average over 12 months against a target of 3.80%. This is an improvement over 2017/18 (2.68% in March and 3.78% rolling average).

Average sick days per whole time equivalent member of staff (WTE) were as follows:

Average WTE 2018	Adjusted WTE days lost to Cabinet Office definitions	Average sick days per WTE	WTE days available	WTE days recorded sickness absence
2,213	18,030	8.2	807,795	29,249

Average WTE 2017	Adjusted WTE days lost to Cabinet Office definitions	Average sick days per WTE	WTE days available	WTE days recorded sickness absence
2,209	17,244	7.8	806,228	27,974

The Government Financial Reporting Manual 2017/18 (FReM) requires the Trust to disclose the above sickness absence information, which is collected by the Department of Health centrally. The sickness absence figures are reported on a calendar year basis, rather than for the financial year, which accounts for the difference in average WTE numbers from that reported on the financial year basis in the above tables.

The average sickness days per WTE were 8.2, which is marginally higher than in 2017/18.

Staff Policies and Actions Applied During the Year

We place an equally strong emphasis on our staff complying with our Standards of Business Conduct and with our Anti-Fraud, Bribery and Corruption Policy, both of which are available on our website.

Our organisational change policy requires us, as managers, to ensure we actively engage and consult with our employees on all matters that affect their work environment or terms and conditions of employment. We hold monthly Joint Consultative Committees with our recognised trade unions, where all consultation documents are shared in advance of any consultation occurring, for discussion and debate. We invite our Staff Governors to these meetings so they can feed in the views of the workforce who do not belong to a union.

We share all our consultation documents personally with those directly affected and we also put them on our staff intranet, in order to reach the wider workforce for their comment. We usually consult for 30 days but often longer, if the implication of a change is Trust wide. We seek to avoid redundancies whenever we can and to redeploy all our employees subject to change.

In addition to our formal consultative processes, we informally communicate with staff on a weekly basis via an electronic bulletin. This provides a variety of information and topics to keep our staff engaged with the work of our Trust and its progress.

Involvement

A wide range of events to involve staff in the work of the Trust has continued this year, such as professional conferences, bi-monthly leadership fora and monthly conversation groups with our Chief Executive.

The programme of Director walk-arounds to clinical teams provides opportunities for staff to discuss topical issues with senior management in their own environments. These initiatives allow us to hear personal accounts of the issues that the teams are facing, understand the impact of Board decision-making on our teams and help monitor the environment.

We have involved staff with our key change programmes and service developments in the year. This included continuing representation on the working group for our new Unither House community hub in Runnymede, to help decide the locations of teams and inform the internal design and operating model for the hub. Staff also managed the logistics of the move locally for their services / sites and have continued to inform snagging and improvements to aid working together, following go live in December 2018.

Work to prepare for our Single Point of Access for crisis mental health service, which launched in early 2019, has involved staff in the field tests and in refining the service model.

The programme to re-provide 24/7 inpatient services at the Abraham Cowley Unit has involved a User Group that meets fortnightly in full or in targeted subgroups. Its purpose is

to help formulate the brief and to review the emerging designs. It represents clinicians, managers, people who use the services and carers.

Our CARE Awards, to recognise the achievements of individual staff members, teams and volunteers, received a record number of 250 nominations this year, reflecting the increasing appreciation of the contributions that staff and others make.

NHS Staff Survey

Overall, the results of the 2018 Staff Survey showed a mixed picture and the decline in response rate after a strong showing last year is disappointing; but there are many scores which are positive and which have shown improvement since the last survey, although there are some areas which have seen the scores decline since last time. Most of the overall theme scores are better than the sector averages; some significantly so.

Generally, despite minor movements, none of the themes have shown significant changes since 2017 (noting that there is no comparable data for Theme 4 – Morale), which is disappointing. Nevertheless, compared to the sector, we have scored significantly higher in two themes and significantly higher than our benchmarking sector on 14 individual questions. Our Trust has scored significant improvements on four questions and declined in two.

Source http://nhsstaffsurveys2018.com/sections/43	2018/19		2017/18		2016/17	
	Trust	Bench-marking Group	Trust	Bench-marking Group	Trust	Bench-marking Group
Equality, diversity and inclusion	9.2	8.8	9.1	9.0	9.4	9.0
Health and wellbeing	6.3	6.1	6.4	6.2	6.4	6.2
Immediate managers	7.4	7.2	7.4	7.2	7.4	7.1
Morale	6.2	6.2	N/A	N/A	N/A	N/A
Quality of Appraisals	5.8	5.7	5.8	5.5	5.8	5.5
Quality of care	7.4	7.3	7.5	7.3	7.6	7.4
Safe environment - bullying and harassment	8.3	7.9	8.4	8.0	8.3	8.0
Safe environment - violence	9.4	9.3	9.3	9.2	9.3	9.2
Safety culture	6.9	6.7	7.0	6.7	6.9	6.6
Staff engagement	7.1	7.0	7.1	7.0	7.1	6.9

Summary of Performance – Response Rates

	2018/19		2017/18		2016/17	
	Trust	National average (mental health)	Trust	National average (mental health)	Trust	National average (mental health)
Response rate	59%	54%	68%	52%	65%	49%

Engaging with Staff

Our Staff Survey results are very important to us and we have a dialogue with all our staff about the Trust findings and expect each team to discuss the results for their group, aided by a Trust presentation, which is tailored for local feedback. Teams discuss whether the results accurately reflect how staff feel and the team agrees a focus for change in the coming year. These action plans are monitored by Divisional Directors and reviewed by the Executive Board. In addition, our Leadership Forum of senior managers reviews the findings from a Trust perspective and agrees where we need to take action across our whole organisation.

Future Priorities and Targets

As with last year, individual Divisions and Directorates will not be asked to develop local action plans, although it is expected that managers will consider the results for their specific areas of responsibility and work with colleagues to make improvements where necessary.

Rather than seeking to develop actions to improve every specific area in the survey, we focus on improving issues most relevant to staff satisfaction. The proposal is, therefore, to focus on continuing the work on our initiative to “change the way we work” that supports staff engagement, culture, morale and fair treatment, particularly working with the disability network to improve their experience of working for our Trust. To take these forward, we will, as far as possible, link with existing workstreams and/or quality improvement projects to ensure there is no duplication of effort or additional work created and leverage existing experience and commitment.

The advantage of this approach is that it allows us to give some focused attention to key issues that have a significant impact on staff satisfaction and make changes that provide tangible improvements

Trade Union Facility Time

The tables below show the required disclosures as set out in the Trade Union (Facility Time Publication Requirements) Regulations 2017.

Table 1 - Relevant Union Officials	
Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
13	11.2

Table 2 - Percentage time spent on facility time	
Percentage of time	Number of employees
0%	0
1-50%	0
51-99%	4
100%	0

Table 3 - Percentage of pay bill spent on facility time	
	Cost
Total cost of facility time	£1,269.61
Total pay bill	£95,009.29
Percentage of the total pay bill spent on facility time (total cost of facility time divided by total pay bill) x 100	1.34%

Table 4 - Paid trade union activities	
	Hours
Time spent on paid trade union activities as a percentage of the total paid facility time (total hours spent on paid trade union activities by relevant union officials during the relevant period, divided by total paid facility time hours) x 100	<p>Hours spent on paid facility time: 179.2 Hours</p> <p>spent on paid trade union activities: 179.2</p> <p>Percentage of total paid facility time hours spend on paid TU activities: 100%</p>

Expenditure on Consultancy

We spent £0.75m on consultancy in 2018/19 (2017/18: £0.9m), a generally reducing trend.

Off-Payroll Arrangements

As of 31 March 2018, the Trust has engaged with a small number of highly paid and/or senior off-payroll staff for longer than six months. Details of these engagements are provided below.

Highly paid off-payroll engagements are only entered into on an exceptional basis and are subject to senior manager review.

1. Off-payroll engagements as of 31 March 2019, for more than £245 per day, and that last for longer than six months

No of existing engagements as of 31 March 2018	5
Of which...	
No that have existed for less than one year at time of reporting	4
No that have existed for between one and two years at time of reporting	0
No that have existed for between two and three years at time of reporting	0
No that have existed for between three and four years at time of reporting	0
No that have existed for four or more years at time of reporting	1

This is the same number of such engagements as at 31 March 2017, with all but one being new engagements. The long serving engagement is our Capital Programme Manager, who has a skill set that the Trust will not need on a permanent basis.

All existing off-payroll engagements, outlined above, have at some point been subject to a risk based assessment as to whether assurance needs to be sought that the individual is paying the right amount of tax and, where necessary, that assurance has been sought. All contractors have needed to comply with the IR35 process since April 2017.

2. New off-payroll engagements, or those that reached six months in duration, between 1 April 2018 and 31 March 2019, for more than £245 per day and that last for longer than six months

No of new engagements, or those that reached six months in duration, between 1 April 2018 and 31 March 2019 of which	4
Of which...	
Number assessed as within the scope of IR35	2
Number assessed as not within the scope of IR35	2
Number engaged directly (via PSC contracted to Trust) and are on Trust's payroll	0
Number of engagements reassessed for consistency/assurance purposes during the year	0
Number of engagements that saw a change to IR35 status following the consistency review	0

Where appointments are through an approved agency provider, we have been explicit with the agencies we use as to their duty to undertake checks of income tax and National Insurance obligations.

3. Off-payroll engagements of Board members and/or senior officials with significant financial responsibility, between 1 April 2018 and 31 March 2019

The Trust had no Board member off-payroll engagements during 2018/19. It had two senior members of staff with significant financial responsibility:

- From 30 October 2018 to 22 March 2019 in the role of Associate Director of Procurement. This role was filled substantively on 11 March 2019.

- Since July 2014 in the role of Capital Programme Manager, responsible since January 2018 for managing the 24/7 in-patient reprovion programme

The total number of individuals on or off payroll deemed to have significant financial responsibility, including those detailed above, was 35, a slight increase on 32 last year.

Off-payroll engagements	
Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year	2
Number of individuals that have been deemed 'Board members and/or senior officials with significant financial responsibility' during the financial year. This figure should include both off-payroll and on-payroll engagements	35

Exit Packages

There were a total 14 exit packages during the year. A total of 4 compulsory redundancies were made totalling £110,925 (2 in 2017/18, with a total value of £183,066). The redundancies were as a result of the closure of a service and re-provision of another. We were unable to redeploy because of restrictive working patterns.

Total Exit Packages

Exit package cost band	Number of compulsory redundancies 2018/19	Number of other departures agreed 2018/19	Total number of exit packages by cost band 2018/19
<£10,000	1	9	10
£10,001 - £25,000	2	1	3
£25,001 - £50,000	0	0	0
£50,001 - £100,000	1	0	1
£100,001 - £150,000	0	0	0
£150,001 - £200,000	0	0	0
Total number of exit packages by type	4	10	14
Total resource cost £000s	£111k	£49k	£160k

Exit Payments – Other Departures

	Agreements number	Total value of agreements £000
Voluntary redundancies including early retirement contractual costs	1	£9k
Mutually agreed resignations (MARS) contractual costs	0	0
Early retirements in the efficiency of the service contractual costs	0	0
Contractual payments in lieu of notice	9	£40k
Exit payments following employment tribunals or court orders	0	0
Non-contractual payments requiring HMT approval*	0	0
Total	10	£49k

	Agreements number	Total value of agreements £000
Of which: Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months of their annual salary	0	0

* Includes any non-contractual severance payment made following judicial mediation and amounts relating to non-contractual payments in lieu of notice, of which there were none.

As single exit packages can be made up of several components, each of which will be counted separately in the above table, the total number above will not necessarily match the total numbers in the previous table, which represents the number of individuals. The Remuneration Report on page 37 provides details of exit payments, if applicable to individuals named in that Report.



Our 2018 CARE employee of the year was Jackie Whittington, Community Mental Health Nurse, Early Intervention in Psychosis Service (West Surrey)

Equality and Human Rights Report

This year we have concentrated on the delivery of the equality actions contained in our Equality Delivery Plan for 2018/19. This plan contains annual equality commitments, actions and deliverables in place to help us fulfil our six equality objectives detailed below.

SABP Equality Objectives 2016-2020

- Staff report that they are free from discrimination and abuse in the workplace.
- Improve the representation of staff with protected characteristics across the Trust to proportionately reflect the workforce profile.
- Develop strong partnerships with groups representing people with protected characteristics at a local and national level, to inform service developments and improve access to services for everyone.
- People who use services and carers report they are involved with decisions about their care.
- Implement the Health Equality Framework across all health services to ensure the health needs for people with learning disabilities are assessed and health outcomes are improved.
- Increase numbers of older people accessing Improving Access to Psychological Therapies services, to reduce levels of mild/moderate depression and improve their health outcomes.

Key to our progress in these areas in 2018/19 has been the Staff Support Networks. Initiatives within each network in 2018/19 include:

- **Spirituality and Faith Forum:** the network continues to support the spiritual and pastoral well-being of staff. Meetings are held monthly across the Trust giving all staff the opportunity to join.

The forum delivers Introduction to Mental Health Issues and Pastoral and Spiritual Care courses to faith communities in Surrey. It also works closely with Canterbury Christchurch University on areas of spirituality, pastoral care and mental health research.

The forum offers a pastoral care room, which is a multi-faith space providing a 24-hour pastoral and spiritual place for people who use our services, their families and carers, and for our staff.

- **LGBT+ Network:** The LGBT network has rebranded as LGBT+ to ensure representation and support of those across a spectrum of sexualities and gender variance. The network is committed to offer support, advice, training and a public forum for staff who identify as LGBT+, for those who work with service users who may identify as LGBT+ and for those who wish to support staff, carers and service users.

A new leadership team took over the network in October 2018 and is working to ensure senior management engagement and to foster partnerships with other trusts. The relaunch of the network includes new webpages, logo and consultation of members and straight allies about the work of the network. Discussions are being held with digital services to ensure that our systems and forms are accessible for all, in particular in terms of self-identification and the use of pronouns.

A particular requirement for information and support in dealing with gender variance amongst users of our service was identified and Transawareness training has been organised for 2019.

- **Disability Network:** The Disability Network is making plans to relaunch as DAWN – Disability and Wellness Network – in 2019. This has resulted from a series of Big Conversations held with staff across the Trust. The exercise identified a wide range of difficulties experienced by staff across the Trust and also identified areas of good practice and positive interactions. The conversations have included representatives from across the directorates and have led to the identification of key focus areas and staff who are able to contribute to progress going forward.

The network intends to develop closer links with Trust carers and will be increasingly involved in the NHS Workforce Disability Equality Standard (WRES) strategy, as that is rolled out.

- **Black and Minority Ethnic (BME) Network:** The network hosted an inaugural Inclusion and Diversity conference in October 2018, setting out the challenge of ensuring that SABP is an organisation which welcomes diversity. The conference was well attended, including the Trust's senior leadership team and delegates from the Care Quality Commission, WRES and a number of other NHS trusts.

The network continues to work with HR to support the WRES and to ensure that personal voices and experiences of BME staff are heard and understood.

More widely, we continue to support the **NHS Workforce Race Equality Standard**. Almost one in five staff in the NHS is from a BME background and yet we know that they do not always get equal treatment and the same opportunities as non-BME staff. The WRES allows the Trust to self-assess and to understand the specific challenges that we face in ensuring all staff are treated equally and are supported to fulfil their full potential.

We improved our scores in all aspects of the survey in 2018/19. The BME network and HR have been engaged over the last year through the people before process exercise and are jointly committed to improving the employment experience of BME staff. The percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months decreased by nearly 4%.

The **NHS Workforce Disability Equality Standard (WDES)** comes into force on 1 April 2019 and is a set of specific measures (metrics) that will enable NHS organisations to compare the experiences of disabled and non-disabled staff. This information, which will be

published by 1 August 2019, will then be used by our Trust to develop a local action plan, and enable us to demonstrate progress against the indicators of disability equality.

We continue to use the Health Equality Framework (HEF) to track outcomes for people using our services who have learning disabilities. This year there has been an 11% rise in the numbers of people referred to our Community Teams for People with Learning Disabilities who have been HEF assessed within two months of referral. As at March 2019, this figure was 61% of the total 714 new referrals.

Summary of Performance for Trust Members

	2018/19		2017/18		2016/17	
Age band	Number	%	Number	%	Number	%
0 - 16	53	0.75	117	1.69	168	2.57
17 - 21	942	13.30	1023	14.76	983	15.04
22+	5102	72.01	4808	69.37	4426	67.71
Undisclosed	988	13.94	983	14.18	960	14.68
Grand Total	7085		6931		6537	
Ethnic origin			Number	%	Number	%
White	5672	80.10	5624	81.14	5409	82.74
Mixed	171	2.41	157	2.27	131	2
Asian or Asian British	620	8.75	577	8.32	505	7.73
Black or Black British	186	2.63	171	2.47	145	2.22
Other	86	1.21	81	1.17	74	1.13
Undisclosed	350	4.94	321	4.63	273	4.18
Grand Total	7085		6931		6537	
Gender			Number	%	Number	%
Female	4932	69.61	4769	68.81	4363	66.74
Male	2141	30.22	2150	31.02	2056	31.45
Undisclosed	12	0.17	12	0.17	118	1.81
Grand Total	7085		6931		6537	
Disability			Number	%	Number	%
Physical disability	128	1.81	129	1.86	125	1.91
Learning disability	231	3.26	233	3.36	227	3.47
Mental health	78	1.10	74	1.07	68	1.04
Sensory	34	0.48	31	0.45	33	0.5
Sexual orientation			Number	%	Number	%
Heterosexual	1827	25.79	1712	24.70	1426	21.81
Homosexual	46	0.65	43	0.62	34	0.52
Bisexual	82	1.16	73	1.05	49	0.752
Undisclosed	5130	72.41	5103	73.63	5028	76.92
Grand Total	7085		6931		6537	

Summary of Performance for Surrey and Borders Employed Staff

	Staff 2018/19		Staff 2017/18		Staff 2016/17	
Age Band	Average Headcount	%	Average Headcount	%	Average Headcount	%
16 – 20	11	0.4%	10.5	0.4%	7	0.3%
21 – 25	124	5.0%	104	4.3%	91	3.8%
26 – 30	289.5	11.7%	287	11.8%	293.5	12.2%
31 - 35	262.5	10.6%	275.5	11.3%	275	11.4%
36 - 40	288	11.7%	255	10.5%	241.5	10.0%
41 - 45	310.5	12.6%	321.5	13.2%	325.5	13.5%
46 - 50	355	14.4%	352	14.5%	353	14.7%
51 - 55	399	16.2%	401.5	16.5%	396	16.5%
56 - 60	268.5	10.9%	262.5	10.8%	257.5	10.7%
61 - 65	121	4.9%	114.5	4.7%	116.5	4.8%
66 - 70	33.5	1.4%	36.5	1.5%	40.5	1.7%
71 & above	8	0.3%	7.5	0.3%	7	0.3%
Grand Total	2470.5		2428		2404	
Ethnic Origin	Average Headcount	%	Average Headcount	%	Average Headcount	%
White British	1525	61.7%	1489	61.3%	1444.5	60.1%
White Irish	50.5	2.0%	52.5	2.2%	57	2.4%
White Any Other White Background	207	8.4%	207.5	8.5%	218	9.1%
Mixed White & Black Caribbean	7	0.3%	5.5	0.2%	6.5	0.3%
Mixed White & Black African	11	0.4%	11	0.5%	8.5	0.4%
Mixed White & Asian	23.5	1.0%	25	1.0%	27	1.1%
Mixed Any Other Mixed Background	28	1.1%	29.5	1.2%	28.5	1.2%
Asian or Asian British Indian	91	3.7%	83	3.4%	73.5	3.1%
Asian or Asian British Pakistani	30.5	1.2%	32	1.3%	26.5	1.1%
Asian or Asian British Bangladeshi	9	0.4%	4.5	0.2%	4.5	0.2%
Asian or Asian British Any Other Asian	123	5.0%	127.5	5.3%	137	5.7%
Black or Black British Caribbean	40.5	1.6%	43.5	1.8%	42	1.7%
Black or Black British African	193	7.8%	188.5	7.8%	198.5	8.3%
Black or Black British Any Other Black	10.5	0.4%	12.5	0.5%	18	0.7%
Chinese	12	0.5%	11.5	0.5%	12	0.5%
Any Other Ethnic Group	87.5	3.5%	84.5	3.5%	82	3.4%
Not Stated	21.5	0.9%	20.5	0.8%	20	0.8%
Grand Total	2470.5		2428		2404	

Gender	Average Headcount	%	Average Headcount	%	Average Headcount	%
Female	1883.5	76.2%	1845.5	76.0%	1796.5	74.7%
Male	587	23.8%	582.5	24.0%	607.5	25.3%
Grand Total	2470.5		2428		2404	
Disabled	Average Headcount	%	Average Headcount	%	Average Headcount	%
No	2229	90.2%	2157	88.8%	2104.5	87.5%
Yes	137	5.5%	142	5.8%	147.5	6.1%
Not Declared	103.5	4.2%	126.5	5.2%	148	6.2%
Unknown	1	0.0%	2.5	0.1%	4	0.2%
Grand Total	2470.5		2428		2404	
	Staff 2018/19		Staff 2017/18		Staff 2016/17	
Sexual Orientation	Average Headcount	%	Average Headcount	%	Average Headcount	%
Bisexual	25	1.0%	19	0.8%	15	0.6%
Gay or Lesbian	48	1.9%	40.5	1.7%	40.5	1.7%
Heterosexual or Straight	2152.5	87.1%	2087	86.0%	2044.5	85.0%
Other sexual orientation not listed	1	0.0%		0.0%		0.0%
Not Declared	244	9.9%	281	11.6%	304	12.6%
Unknown	1	0.0%	1	0.0%	0	0.0%
Grand Total	2470.5		2428		2404	

Code of Governance

Surrey and Borders Partnership NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

Board of Directors

On 31 March 2019 Surrey and Borders Partnership had six Non-Executive Directors (including the Chair) and six Executive Directors (including the Chief Executive) who are members of the Trust Board. From 1 May 2018 the Board had its full complement of seven voting Non Executive Directors following the appointment of two new Non Executives; one of the new Non Executives took up voting rights from 1 June upon the departure of an existing Non Executive on 31 May 2018. A further new Non Executive Director was appointed by the Council of Governors in March 2019, to fill the vacancy created by the departure of one Non Executive Director on 31 October 2018, and will take up their post on 1 May 2019. Two additional senior Directors attended Board meetings during the year but are non-voting.

The Board of Directors is responsible for the management of the Trust and for ensuring corporate governance, performance and operational standards are upheld. Risks to the delivery of our strategic objectives are monitored through a Board Assurance Framework that identifies the controls, the gaps in the controls, where assurances can be found and the gaps in assurances. Surrey and Borders Partnership complies with the provisions of the NHS Foundation Trust Code of Governance. The Board has conducted a review of the effectiveness of its system of internal controls.

The performance of the Executive Directors and Directors reporting to the Chief Executive is managed through our appraisal and supervision policy and is reported for discussion at the Remuneration and Terms of Service Committee. The Council of Governors appoints a Nominations Committee which undertakes the same function of performance evaluation for the Non Executive Directors, including the Chair. The Board of Directors is held to account by the Council of Governors.

The Board of Directors consults on its future strategy and develops its annual plans with the close involvement of its Council of Governors. Twice yearly, joint workshops with the Board and Governors are held to reflect on progress against plans and to discuss priorities for the coming year. The key role of the Council of Governors is to influence our strategic direction, taking into account the needs and views of the members, stakeholders and partners. Any disagreements between the Council of Governors and Board of Directors are resolved by the Chair in the first instance. If necessary, the Chair will appoint a joint special committee with a view to resolving any disagreements. If this is unsuccessful, the Chair may refer the issue back to the Board of Directors for a final decision.

The membership of the Board of Directors will continue to be regularly reviewed by the Board of Directors and members of the Nominations Committee, which includes Trust Governors, to ensure that it is well balanced and covers the full range of expertise required by a Foundation trust. Through self-assessment, the Board believes that it currently has a good mix of commercial and financial knowledge, management and clinical experience, public sector expertise and community engagement. Terms of office for Non Executive Directors may be ended by resolution of the Council of Governors, following a procedure laid down in the Foundation Trust's constitution.

The Board did not commission an independent review of our governance arrangements in 2018/19 but intends to do so in the coming year to ensure these continue to meet the needs of the organisation and our regulators.

Non Executive Directors



Dr Ian McPherson, Chairman

Appointed in March 2017, initial term of office three years. A clinical psychologist by professional background who has held senior clinical, managerial and policy implementation roles in a career working across many aspects of health and social care. Since finishing full-time employment, Ian has been involved with a number of organisations in the statutory and voluntary sectors. This includes Non Executive

Director at another mental health NHS Foundation Trust, where he was also Vice Chair, and being a Trustee of the Centre for Mental Health and of the International Initiative in Mental Health Leadership. **Qualifications:** MA in Psychology, University of Glasgow; MSc in Clinical Psychology, University of Birmingham; PhD in Psychology, University of Birmingham; Fellow of the British Psychological Society. Awarded the OBE for services to mental health in 2012.



Jon Bye, Non Executive Director

Appointed in April 2015, initial term of office three years. Jon stepped down on 31 May 2018. He currently works for Sainsbury's as Zone Manager Director for South of England, having previously held the post of Central Retail Director and further director roles in customer service, online and strategy. Prior to this, Jon had a 10-year Career in Management Consultancy with Accenture and Cap Gemini.

Qualifications: BSc (Hons) Business Studies and Public Policy Management.



Stephen Firn, Non Executive Director

Stephen was appointed in May 2018 for a term of three years. He is the Chair of the Quality Assurance Committee (from November 2018). Stephen trained as a mental health nurse and has worked in the NHS for 37 years. Most recently he was Programme Director for New Care Models in Mental Health at NHS England. Prior to this he spent 20 years

on the Board of Oxleas NHS Foundation Trust, with 14 years as CEO. **Qualifications:** BSc Sociology (First Class Honours), MSc Nursing, RMN, Honorary Doctorate (Christ Church Canterbury University). OBE for services to healthcare

**Rahul Jaitly, Non Executive Director**

Appointed in June 2017, initial term of office three years. Rahul has over 20 years' experience working across a number of industry sectors providing global IT leadership and digital transformation management. Most recently Group Chief Information Officer at L&Q Group, one of the UK's foremost developers of new homes and a leading housing association. Rahul's earlier career included technology related roles at

Kuoni Group, Universal Music Group, GlobalNetFinancial.com and the Financial Times.

Qualifications: BA Hons Electrical & Electronic Engineering, University of East London; MBA; PhD in Electronic & Electrical Engineering, King's College, University of London.

**Leslie Morphy, Non Executive Director**

Appointed in April 2015, initial term of office three years. Leslie's career is in the not-for-profit sector, including in a social enterprise, charities and a non departmental government body. She was formerly Chief Executive of homeless charity Crisis UK and Director of The Prince's Trust. Since leaving Crisis UK in 2014, she has held non executive posts in organisations involved in health, housing and education. Chair of Governors of Oxford

Brookes University; Non Executive Director for the Home Group Housing Association; and Chair of Pathway, a charity working to provide better healthcare for homeless people.

Qualifications: BSc in Economics, London School of Economics; MSc, Birkbeck University of London. Awarded an OBE for services to homelessness in 2011.

**Mark Perry, Non Executive Director**

Appointed in November 2011, renewed in November 2014, term of office three years. He served an additional year from 01 November 2017 to October 2018. He was appointed Senior Independent Director in June 2015 and continued until he stepped down 31 October 2018. Mark is Chief Executive with VIVID Homes, a locally run not-for-profit organisation supporting people in Hampshire and surrounding areas.

Previously Mark was Group Commercial Director with Affinity Sutton, leading on identifying opportunities for the group to broaden and expand its offer into new markets as well as mergers and acquisitions. Previously Mark worked in the commercial sector. **Qualifications:** MBA.

**Jennifer Seeley, Non Executive Director**

Appointed in June 2017, term of office three years. Jennifer is Chair of the Audit Committee. She has worked in senior roles across local councils in London, Kent and the Midlands. She is now a tutor in public finance.

Jennifer was a Non Executive for the South East Coast Strategic Health Authority and member of the audit committees of the Open University and General Dental Council. **Qualifications:** BA Hons in Economics and Social Policy & Administration; MBA; Fellow of the Chartered Institute of

Public Finance and Accountancy; and Member of the Chartered Institute of Procurement and Supply.



Susan Scholefield, Non Executive Director

Appointed May 2018, term of office three years. Susan was the Secretary and Chief Legal Officer at the London School of Economics and Political Science until September 2014. She had an early academic career at the University of California, then joined the Civil Service in 1981 and held senior roles in the Balkans Secretariat, Northern Ireland Office, Communities Department and the Cabinet Office as Head of the Civil

Contingencies Secretariat. Most recently, she was Director General, Human Resources and Corporate Services, at the Ministry of Defence. She is currently Chair of the Competition Appeal Tribunal and Competition Service, a magistrate and an appointed independent member of the Sussex Police and Crime Panel. **Qualifications:** BA Hons (First Class) and MA in classical literature and philosophy, respectively from the Universities of Oxford and California at Berkeley and is a Fellow of the Chartered Institute of Personnel and Development and a Chartered Public Finance Accountant. Ecole Nationale d'Administration in Paris from 1985 to 1986 and, in 1999, was awarded a CMG in the New Year's Honours for her work on Bosnia.

Executive Directors



Fiona Edwards, Chief Executive

Appointed to post in April 2005 and Chief Executive-designate since November 2004. Fiona has led the Trust through a successful merger, becoming a Foundation Trust and forging innovative partnerships to deliver our clinical strategy. Her health service career began in 1994 at West Berkshire Priority Care Services NHS Trust, where she was Executive Director responsible for human resources and major change programmes. Fiona's private sector career spanned 10 years within the

manufacturing sector as a human resources professional. **Qualifications:** MA in English, University of St Andrews. Post-graduate professional qualifications in Personnel Management. INSEAD Advanced General Management.



Billy Hatifani, Acting Chief Nursing Officer

Billy is a Registered (Children's) Nurse who has worked in risk management and governance for over 10 years after gaining extensive experience in these areas and in patient safety while working in acute provider services in London. He has also worked at a regional level at South Central Strategic Health Authority, first as patient safety manager

and then as Head of Clinical Assurance. He joined Surrey and Borders Partnership Foundation NHS Trust in 2011 where he has led the Safety, Improvement & Assurance agenda, creating the Care Excellence Accreditation process recently recognised as outstanding by the CQC. He was Acting Chief Nurse in 2018 (from 12 February 2018 to 30 September 2018) when he supported the embedding of safety and improvement systems with a focus on the successful recruitment and retention of Nursing Staff and retaining our CQC Good rating. **Qualifications:** RN Child Branch, BA in Health Care Law and Ethics; MSc in Risk Management.



Lorna Payne, Chief Operating Officer

Appointed to post in April 2017 and was previously Divisional Director at Central and North West London NHS Foundation Trust. Lorna comes from Australia with a background in health and adult social care and commenced her UK career in adult social care in 2006. Working in the Victorian Department of Health, she was responsible for policy and commissioning for mental health, older people and primary care, overseeing the review of the Mental Health Act, the implementation of

clinical outcome measures and a new clinical information system for mental health trusts.

Qualifications: Maitrise es Lettres, Paris V, Sorbonne University; Master of Arts (Honours), Melbourne University; Cycle International Court, Ecole Nationale d'Administration.



Prof Helen Rostill, Director of Innovation, Development and Therapies

Appointed to post in December 2014 after joining the Trust in October 2012 as Director of Innovation and Therapies. Helen is a consultant clinical psychologist and began her career in learning disability services, followed by roles in the National Schizophrenia Fellowship and a multi-agency child, young people and family service. She was a senior lecturer in clinical psychology at the University of Birmingham for 10 years.

Qualifications: BSc (First Class Hons) in Psychology, University of Birmingham. Awarded Clinical Doctorate (Clin PsyD) in 1997, Postgraduate Diploma in Strategic Management and Leadership.



Graham Wareham, Chief Finance Officer

Appointed to post in February 2016. Previously Chief Finance Officer at Leonard Cheshire Disability, where Graham worked closely with the Chief Executive to develop future plans and manage day to day performance. He started his career in 1995 with British Airways and then food retailer, Sainsbury's, working across a wide number of finance roles, including supply chain, retail and change management, and has played a significant role in implementing efficiency projects.

Qualifications: BA in Economics, Leeds University; MA in Transport Economics, Leeds University. Member of the Chartered Institute of Management Accountants.



Prof Jonathan Warren, Chief Nursing Officer and Deputy Chief Executive

Appointed to post in December 2017. Previously Chief Nursing Officer at East London NHS Foundation Trust, where he played a central role in developing a quality improvement programme which gained the Trust international recognition. Over 35 years' experience in both clinical and operational leadership roles in a variety of healthcare settings. National professional advisor to the Care Quality Commission, providing the regulator with expert advice and guidance on challenging issues in mental

health and learning disability nursing, and visiting professor at University of Surrey.

Jonathan was Acting Chief Executive from 29 January 2018 to 30 September 2018.

Qualifications: RMN; BA Hons in Social Policy (Health Studies), Sussex University.



Dr Justin Wilson, Chief Medical Officer

Appointed to post in November 2016. following a year with the Trust as Co-Medical Director. Previously Medical Director of Berkshire Healthcare NHS Foundation Trust, a mental health and community trust, for over six years. He has worked as a consultant psychiatrist in a variety of NHS and independent settings, particularly within learning disability services. **Qualifications:** MBBS 1996. MRCPsych 2000. Studied medicine at Charing Cross and Westminster Medical School and trained

in psychiatry in Oxford and London

Governance Committees

Our Governance Committees provide assurance and focus to key work programmes for the Board during the year. The Trust Board keeps its governance arrangements under constant review to ensure they remain fit for purpose. A formal review is undertaken at least on an annual basis.

Audit Committee

The Audit Committee, chaired by and comprising non-executive directors, is charged with making sure the Trust governs itself well by monitoring the effectiveness of the Trust's activities, controls and assurance processes. This effectiveness can be described in five main categories: integrated governance, performance, controls, value for money and probity.

These responsibilities include:

- Governance: Monitoring the effectiveness of Board committees, scrutinising external reviews and risk management and reviewing the assurance framework.
- Performance: Reviewing the financial outturn and the integrity of the financial statements of the Trust and its accounting policies
- Controls: Monitoring the Trust's internal financial controls, SFIs (Standing Financial Instructions) and Reservation of Powers and the internal control and risk management systems
- Value for Money: Monitoring the value for money of the Trust's activities and its achievement of its strategic goals
- Probity: Scrutinising the independence and effectiveness of External Audit and considerations of business ethics, public sector values and conflicts of interest

The Committee is responsible for all aspects of the Trust's operations, including charitable funds and wholly owned subsidiaries, and has delegated the majority of its clinical duties to the Quality Committee. The Committee reviews its terms of reference annually.

The Audit Committee considered the valuation of our property and land to be a decreased audit risk for the year, following the comprehensive revaluation undertaken in 2017/18, but recognised that income recognition and management override of controls remain as significant audit risks, in terms of their impact on our financial statements.

Our main source of income is the provision of healthcare services to the public under contracts with NHS commissioners – NHS clinical commissioning groups, other providers and NHS England. This income is captured through the Agreement of Balances exercises, performed at months 6, 9 and 12. The Agreement of Balances exercise identifies mismatches between income and expenditure and receivable and payable balances recognised by the Trust and its commissioners and all differences are investigated by the finance team.

The inclusion of income from local authorities, however, represents a greater risk to the year-end position, as, typically, local authorities take longer than the NHS to pay and are excluded from the Agreement of Balances exercise. Given the materiality of such contracts, the Committee identified income recognition as an ongoing risk in 2018/19.

In the public sector, auditors also consider the risk that material misstatements due to fraudulent financial reporting may arise from the manipulation of expenditure recognition (for instance by deferring expenditure to a later period). This may arise due to expenditure being manipulated to meet externally set targets. As most public bodies are net spending bodies, then the risk of material misstatement due to fraud related to expenditure recognition may in some cases be greater than the risk of material misstatements due to fraud related to revenue recognition. The Committee, therefore, identified expenditure recognition as a new audit risk in 2018/19.

In considering the Trust's Accounting Policies for the preparation of its financial statements, the Audit Committee considered the implications of the adoption of two new accounting standards: IFRS 9 Financial Instruments and IFRS 15 Revenue from Contracts with Customers and noted that the Finance team were well prepared in readiness for applying these to the financial statements.

The Committee receives a regular progress report from Counter Fraud and received updates on 8 investigations that led to 3 prosecutions and sanctions being imposed by the NMC (Nursing and Midwifery Council). For its further assurance, the committee also commissioned proactive reviews to be conducted by Counter Fraud into Procurement and a Working Whilst Sick roadshow; and it receives updates on the National Fraud Initiative.

The Committee considered the Board Assurance Framework at its meetings in May and December and highlighted any observations it had for the executive to consider before presentation at the Trust Board.

During 2016/17 the work of our internal auditors moved to a more risk based approach, which has continued throughout 2018/19. From quarter 4 of 2017/18 and going forward, it was agreed by both Internal Audit and the Audit Committee that the audit reports should now reflect the outcome of both the design of controls and the operation of these controls. Two levels of assurance are now being assigned for each audit report. There has been good progress in implementing internal audit recommendations and the Head of Internal Audit has provided a reasonable assurance opinion in his annual report, in line with the previous year.

The Council of Governors reappointed KPMG as our external auditors in 2017, following a renewed tender process, for a further three years with the option of a one or two-year extension. The annual fee will be £73,250.

The external auditors have attended the Council's Audit Panel during the year to discuss their annual audit letter and provide assurance on the action taken in response to recommendations.

Nominations Committee

The Nominations Committee advises the Trust Board about appropriate appointment and remuneration for the Non Executive Directors. In relation to the remuneration and terms of appointment for the Chairman and Non Executive Directors, recommendations are made to the Trust Board and then the Council of Governors to ensure they are in line with our reward strategy. The Committee also receives reports on behalf of the Council of Governors on the process and outcome of the appraisal of the Chairman and Non Executive Directors.

Remuneration and Terms of Service Committee

The Remuneration and Terms of Service Committee is responsible for making recommendations to the Board on the Trust's remuneration policy and, within the terms of the agreed policy, determining the total individual remuneration package of the Executive Directors and those other directors who report directly to the Chief Executive. The Committee also receives reports on their appraisals.

Quality Assurance Committee

In 2018/19 we revised our arrangements to provide a robust governance programme to assure the Board and Council of Governors that the essential standards of quality and safety are being delivered and that quality processes and learning are embedded throughout our organisation. These changes have seen our quarterly Quality Committee transition during the year to become our Quality Assurance Committee (QAC), which will meet six times a year in future. The QAC now balances its longer-term view of trends and learning, from annual reviews of specific functions and programmes, with more contemporaneous reporting on areas of variation and priority improvement.

Representation of people who use our services and carers on the Committee is now provided through the inclusion of three Governor members, with seats prioritised for those Governors with lived experience.

Attendance at Meetings 1 April 2018 - 31 March 2019

Name	Trust Board 9 meetings	Audit Committee 5 meetings	Remuneration Committee 4 meetings	Nominations Committee 6 meetings	Quality Assurance Committee 4 meetings
Non-Executive Directors					
Ian McPherson	9 of 9 (Chair)		4 of 4	6 of 6 (Chair)	
Jon Bye *	1 of 2	0 of 2	0 of 1		
Rahul Jaitly	9 of 9		4 of 4		4 of 4
Leslie Morphy ^{<}	8 of 9	5 of 5	4 of 4 (Chair for 3)	2 of 2	2 of 2 (Chair)
Mark Perry [~]	3 of 6	3 of 3	1 of 1 (Chair)	2 of 4	
Jennifer Seeley	6 of 9	5 of 5 (Chair)	2 of 4		3 of 4
Stephen Firn [^]	8 of 8		4 of 4		4 of 4 (Chair for 2)
Susan Scholefield ^{''}	6 of 8	4 of 5	4 of 4		
Executive Directors					
Fiona Edwards ⁼	5 of 9	1 of 5	3 of 4		0 of 2
Lorna Payne	7 of 9				2 of 4
Helen Rostill	9 of 9				0 of 2
Graham Wareham	9 of 9	5 of 5			
Jonathan Warren ⁺	9 of 9	3 of 5			3 of 4
Justin Wilson	8 of 9				3 of 4
Billy Hatifani [#]	5 of 5				2 of 2
Governors					
Elaine Braithwaite				3 of 3	
Sean Fernandez				4 of 6	
Sandra Dessent				4 of 6	
Penny Burnett				2 of 6	
Margaret Hicks				6 of 6	4 of 4
Janice Clark					3 of 4

* Stepped down on 31 May 2018

[<] Senior Independent Director from 01 November 2018

[~] Term of office ended 31 October 2018

[^] Commenced 01 May 2018

^{''} Commenced 01 May 2018 (voting from 01 June 2018)

⁼ Absent due to serious illness and, therefore, unable to attend meetings during the period 01 April 2018 to 30 September 2018

⁺ Acting Chief Executive Officer from 29 January 2018 to 30 September 2018

[#] Acting Chief Nursing Officer from 12 February 2018 to 30 September 2018

Council of Governors

Our Council of Governors has 31 Governors, 25 of whom are elected. These are made up from the following constituencies:



Carers and Family
3



People who live in the communities we serve
8



Nominated Partners
6



People who use learning
disability services
2



People who use other
Trust services
6



Staff
6

All Governors are elected for a three year period. They can hold office for up to nine years, subject to being re-elected after each three year period.

In Autumn 2018/19 we held elections in two public constituencies (NW Surrey and SW Surrey and in Hampshire and Rest of England) and three staff constituencies to fill vacancies created as a result of Governors standing down during and at the end of their completed terms of office. We were delighted in being successful in filling all but one seat (Social Work and Other County Council Employees) through the election. We are currently seeking new appointments to our Governor seats to represent Surrey Police and our Borough Councils, following the departure of previous postholders.

In 2019/20 we will be holding elections to fill those seats that have become vacant since these elections and those where Governors' terms of office are due to end on 30th April 2020 (17 seats).

Governors have been represented in our key development programmes this year, including our 24/7 Hospital Redevelopment, our Single Point of Access for Crisis Mental Health service and our Community Hubs.

Our Governors are able to canvass opinion of the Trust's members and the public at our regular members' events and annual members' meeting; at our quarterly Council of Governors meetings; and through the wider networks that they are part of within their local communities.

The Board of Directors attends all Council of Governor meetings and Annual Members' Meetings to develop an understanding of the views of Governors and members. Periodic surveys of members are also undertaken to seek their opinions on specific topics.

Register of Interests

We maintain a Register of Interests for Governors that is open to the public through the Governance Manager on 01372 216292.

Composition of Council of Governors for the Period 2018/19

Class	Name
Public Constituency – People who live in the communities we serve	
East & Mid Surrey	Jacqueline Clark
East & Mid Surrey	Sandra Dessent – Deputy Lead Governor
East & Mid Surrey	Margaret Hicks
NW & SW Surrey	Darren Ayres
NW & SW Surrey	Caroline Button (until September 2018)
NW & SW Surrey	Lyn Day (from December 2018)
NW & SW Surrey	Raj Chhetri (from December 2018)
Hampshire & Rest of England	Steve Forster
Hampshire & Rest of England	Mike Nolan (until June 2018)
Hampshire & Rest of England	Tikendra Dal Dewan (from December 2018)
Public Constituency – People who use services and carers	
Learning Disability	David Muir
Learning Disability	Darren Power
Other Services	Alex Farkouh
Other Services	Michele Amoah-Powponne
Other Services	Isaac Bury
Other Services	Karen Murray
Other Services	Rebecca Harris (until December 2018)
Other Services	Simon Telling (until February 2019)
Carers	Elaine Braithwaite - Lead Governor
Carers	Penny Burnett
Carers	Janice Clark
Staff Constituency	
Medical and Dental	Sean Fernandez
Qualified Nursing	Phil Boulter
Health and Care Assistants	Katharine Nurse
Therapies	Ana Brisbar (from December 2018)
Approved Social Workers	Vacant
Admin, Managerial and Facilities	Martin Clark
Appointed Governors	
Surrey County Council	Cllr Bill Chapman
	Cllr Edward Hawkins
Hampshire County Council	William Withers
Borough Councils	Isuelt Roche (until June 2018)
Action for Carers	Hasu Ramji
Surrey Police	Craig Jones (until August 2018)

Composition of Council of Governors and Attendance at Council of Governor Meetings for the Period 1 April 2018 – 31 March 2019

Class	Name	No of council meetings eligible	No of council meetings attended
Public Constituency – People who live in the communities we serve			
East & Mid Surrey	Jacqueline Clark	4	4
East & Mid Surrey	Sandra Dessent – Deputy Lead Governor	4	3
East & Mid Surrey	Margaret Hicks	4	4
NW & SW Surrey	Darren Ayres	4	1
NW & SW Surrey	Caroline Button (ended September 2018)	2	2
NW & SW Surrey	Lyn Day (from December 2018)	2	2
NW & SW Surrey	Raj Chhetri (from December 2018)	2	2
Hampshire & Rest of England	Steve Forster	4	1
Hampshire & Rest of England	Mike Nolan (ended June 2018)	2	2
Hampshire & Rest of England	Tikendra Dal Dewan (from December 2018)	2	0
Public Constituency – People who use services and carers			
Learning Disability	David Muir	4	4
Learning Disability	Darren Power	4	4
Other Services	Michele Amoah Powponne	4	3
Other Services	Alex Farkouh	2	2
Other Services	Rebecca Harris (ended December 2018)	3	1
Other Services	Karen Murray	4	4
Other Services	Simon Telling (ended February 2019)	3	2
Other Services	Isaac Bury	4	1
Carers	Elaine Braithwaite - Lead Governor	2	2
Carers	Penny Burnett	4	4
Carers	Janice Clark	4	3
Staff Constituency			
Medical and Dental	Sean Fernandez	4	3
Qualified Nursing	Phil Boulter	4	4
Health and Care Assistants	Katharine Nurse	4	2
Therapies	Ana Brisbar (from December 2018)	2	2
Approved Social Workers	Vacant		
Admin, Managerial and Facilities	Martin Clark	4	3
Appointed Governors			
Surrey County Council	Cllr Bill Chapman	4	3
	Cllr Edward Hawkins	4	3
Hampshire County Council	William Withers	4	4
Borough Councils	Isuelt Roche (ended June 2018)	1	0
Action for Carers	Hasu Ramji	4	4
Surrey Police	Craig Jones (ended August 2018)	1	1

Director Attendance at Council of Governor Meetings 2018/19

Name	No of council meetings eligible	No of council meetings attended
Non-Executive Directors		
Ian McPherson	4	4
Leslie Morphy	4	4
Mark Perry ¹	2	0
Jennifer Seeley	4	4
Rahul Jaitly	4	4
Stephen Firn	4	4
Susan Scholefield	4	3
Executive Directors		
Fiona Edwards	4	3
Lorna Payne	4	2
Helen Rostill	4	3
Graham Wareham	4	4
Justin Wilson	4	4
Jonathan Warren ²	4	2
Billy Hatifani ³	2	2

¹ Term of Office ended 31/10/18

² Acting Chief Executive from 29/01/18 - 30/09/18

³ Acting Chief Nursing Officer from 12/02/18 - 30/09/18

Membership

We offer Foundation Trust membership as an opportunity for people to understand and get involved with the work we do, particularly local people with an interest in mental health and learning disability services across Surrey, Hampshire and neighbouring counties. On 31 March 2019 the public membership total stood at 7,085. The membership is largely representative of the communities we serve; further details are available on page 55 of this report.

Constituency	Eligibility	Number of members
Public Constituency – People who live in the communities we serve		
NW & SW Surrey	Resident of NW or SW Surrey	2,889
East & Mid Surrey	Resident of East or Mid Surrey	1,466
Hampshire & Rest of England	Resident of Hampshire or residing in England	1,782
Public Constituency – People who use services and carers		
Learning Disability	Someone who uses learning disability services	208
Other Services	Someone who uses other Trust services	297
Carers	A carer or family member of someone who uses services	443

There are six classes within the staff constituency and staff are aligned to one of these classes dependent upon their role. All staff employed by the Trust continuously or on a fixed-term contract of more than 12 months automatically become members unless they

choose to opt out. When a staff member leaves the Trust they are asked if they wish to become a public member.

On 31 March 2019 the staff membership total stood at 2,456, including staff from Surrey County Council working in our services.

Our membership recruitment target of 7,000 public members has been achieved this year. An updated guide for membership recruitment for Governors was produced in April 2018 and this gives an overview of Trust membership information and can be used to support Governors in the active recruitment of new members.

Over the last 12 months, our membership has grown by 154. Work to recruit new members and retain existing ones continues to include strengthening our relationships with local community organisations and involving partners in the recruitment of new members. In 2018/19, we again attended three local freshers' fayres, to help maintain our membership numbers in the 21 and under age bracket.

Our membership events continue to be successful, with 586 people attending seven events in 2018/19. For the coming year, we have developed a new programme of members' events with topics including Perinatal and Parent Infant Mental Health Services, Eating Disorders in Children and Adults, Clinical Approaches and Therapies Explained, Community Partnership Working for Adult Mental Health Support and Community Mental Health Services for Older People.

Currently members who wish to communicate with either a Trust Governor or Director can do so by contacting the Director of Governance and Planning in the first instance.

NHS Improvement's Single Oversight Framework

NHS Improvement's Single Oversight Framework provides the framework for overseeing providers and identifying potential support needs. The framework looks at five themes:

- Quality of care
- Finance and use of resources
- Operational performance
- Strategic change
- Leadership and improvement capability (well-led)

Based on information from these themes, providers are segmented from 1 to 4, where 4 reflects providers receiving the most support and 1 reflects providers with maximum autonomy. A Foundation Trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.

The Single Oversight Framework applied from Quarter 3 of 2016/17. Prior to this, Monitor's *Risk Assessment Framework* (RAF) was in place.

Segmentation

The Trust is now rated in segment 1, reflecting the highest level of autonomy within the Single Oversight Framework.

This segmentation information is the Trust's position as at 22 March 2019. Current segmentation information for NHS Trusts and Foundation Trusts is published on the NHS Improvement website.

Finance and Use of Resources

The finance and use of resources theme is based on the scoring of five measures from 1 to 4, where 1 reflects the strongest performance. These scores are then weighted to give an overall score.

Given that finance and use of resources is only one of the five themes feeding into the Single Oversight Framework, the segmentation of the Trust disclosed above (1) might not be the same as the overall finance score shown in the following chart.

Area	Metric	2018/19 Scores				2017/18 Scores			
		Q4	Q3	Q2	Q1	Q4	Q3	Q2	Q1
Financial sustainability	Capital service capacity	1	1	1	1	1	3	4	4
	Liquidity	1	1	1	1	1	1	1	1
Financial efficiency	I&E margin	1	1	3	3	1	3	3	1
Financial controls	Distance from financial plan	1	2	1	1	2	3	3	1
	Agency spend	3	2	2	2	3	3	3	3
Overall scoring		1	1	2	2	2	3	3	3

Our financial performance gradually improved through the year, as a result of increasing confidence in our ability to achieve our plan, and we concluded the year better than last year, with a finance and use of resources score of 1, which is an excellent result.

Statement of Accounting Officer's Responsibilities

Statement of the Chief Executive's responsibilities as the Accounting Officer of Surrey and Borders Partnership NHS Foundation Trust

The National Health Service Act 2006 states that the Chief Executive is the Accounting Officer of the NHS Foundation Trust. The relevant responsibilities of the Accounting Officer, including their responsibility for the propriety and regularity of public finances, for which they are answerable, and for the keeping of proper accounts are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the National Health Service Act 2006, has given Accounts Directions that require Surrey and Borders Partnership NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Surrey and Borders Partnership NHS Foundation Trust and of its income and expenditure, items of other comprehensive income and cash flows for the financial year.


In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Department of Health Group Accounting Manual and, in particular, to:

- Observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis.
- Make judgements and estimates on a reasonable basis.
- State whether applicable accounting standards, as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health Group Accounting Manual), have been followed and disclose and explain any material departures in the financial statements.
- Ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance.
- Confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the Trust's performance, business model and strategy.
- Prepare the financial statements on a going concern basis.

The Accounting Officer is responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and enable him/her to ensure that the accounts comply with requirements outlined in the above-mentioned Act. The Accounting Officer is also responsible for safeguarding the

assets of the NHS Foundation Trust and, hence, for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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

A handwritten signature in black ink, appearing to read 'Fiona Edwards', written in a cursive style.

Fiona Edwards
Chief Executive

23 May 2019

Annual Governance Statement

Scope of Responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Foundation Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting 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 Surrey and Borders Partnership NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Surrey and Borders Partnership NHS Foundation Trust for the year ended 31 March 2019 and up to the date of approval of the annual report and accounts.

Capacity to Handle Risk

The Trust Board has overall responsibility for strategic risks. It defines risk tolerance levels, approval of the process to manage the risks and the assessment and the monitoring of the efficiency of the risks, to ensure the public interest is protected.

The Chief Executive (as Accountable Officer) chairs and leads the Executive Board, which defines the Risk Management Strategy and supporting policies and has full control of the risk management system. The Executive Board makes strategic decisions regarding possible further implementation and development, identifies and manages high level risks and ensures the existence of efficient and effective risk mitigation measures and controls.

The Quality Assurance Committee (formerly the Quality Committee) is chaired by a Non Executive Director and has delegated authority from the Board to monitor and provide assurance on the quality of our services, ensuring compliance with the regulatory bodies, and to ensure the risks to the delivery of quality services are identified, prioritised and actions taken to mitigate them within the risk appetite of the Trust.

The Audit Committee is formed of three Non Executive Directors and has delegated authority from the Board to review the establishment and maintenance of an effective system of integrated governance, risk management and internal control across the whole of the organisation's activities (both clinical and non-clinical). Additionally the Committee

reviews the work of the external auditor and considers the implications and management responses from their work.

The Risk and Control Framework

Our Risk Management Strategy and Policy are based on the principle that it is impossible to eradicate risks, so they must be identified and minimised in a manner that provides staff with the confidence that the organisation seeks to learn and not to blame when incidents occur.

The Risk Management Strategy is underpinned by policies and processes that allow all staff to proactively identify and manage risks, incidents and near misses as they occur and to ensure learning from these takes place and is embedded.

Our current Risk Management Strategy 2017 – 2020 is currently under review to reflect updates that will enable us to strengthen governance processes for the management, review and monitoring of risks from ward to Board.

The Incident Management (including serious incident) Policy is currently being revised (approval due July 2019) and is aligned to the national Serious Incident Framework. The Incident Management Policy clearly outlines the process of reporting incidents electronically through the Trust's electronic risk management system.

We have a fully paperless incident reporting and risk escalation process, which allows for tracking of outcomes from action taken following the reporting or escalation of a clinical and corporate incident or risk, including data security risks. Real-time reporting has enabled prompt resolution of risks escalated in clinical and corporate areas, including data security.

Cyber security remains a risk for us with a number of associated risks to the confidentiality, integrity and availability of both corporate and patient data. A successful cyber-attack has the potential to affect patient care and general service provision. During 2017/18 took actions to improve our security and are on track to achieve Cyber Security Essentials Plus accreditation towards the end of 2019/20.

Board Assurance

The Board Assurance Framework is developed by the Trust's Executive Board and the Trust Board. Its purpose is to ensure that the Board focuses on the risks to delivery of the strategic objectives. The Board Assurance Framework format was reviewed by the Audit Committee to ensure it remains relevant and effective for this organisation at its meeting in May 2018. The Board Assurance Framework is informed by, and linked to, the Trust's High Level Risk Register. The Framework is reviewed regularly by the Board to ensure reporting to the Board continues to provide sufficient assurance on the mitigation of risks to its strategic objectives.

During the year we made changes to our quality governance arrangements with our Quality Committee transitioning to become our Quality Assurance Committee during the year. As part of this changes we have increased the number of Governors who sit on the Committee to three and ensured that at least one of these has lived experience as a

person who uses our services and one as a carer instead of seeking separate representation from people who use our services and carers.

In addition, the Trust has a Forum of Carers and people who Use Services (FoCUS) and a Carers Action Group, both of which raise any issues of concern and have a work programme that holds the Trust to account for any improvements. We also have integrated arrangements with Surrey CAMHS Youth Advisors (CYA) who provide feedback and get involved on all aspects of our children's mental health services.

The Trust Board identifies the risks to the delivery of its strategic objectives within its Annual Plan. These are reflected in the Board Assurance Framework 2018/19.

The Trust Risk Register

We have a simplified process in place for the escalation of risks through the Trust's risk management system. This simplification and access to the risk module electronically has enhanced the ability for clinical teams to escalate risks to the Board. There is greater openness and transparency in the escalation and scrutiny of risks logged.

The high level risks are reviewed weekly at the Safety Huddle, formed of senior managers as well as members of the Executive Board, to ensure a focus on rapid mitigation of risks. The Trust Board receives a risk report on a regular basis, thus demonstrating an embedded continuous risk review process. Mitigating actions to address high-level risks are also discussed on a weekly basis at the Trust's Safety Huddle meeting, to provide regular oversight and ensure actions are delivered.

Specific actions to mitigate strategic risks were identified as part of the Annual Plan process. Progress against these in 2018/19 was monitored and reported to the Executive Board and Trust Board through the Board Assurance Framework. The Framework considers the level of risk, considering both potential likelihood and impact, and reflects this in an "alert map" which awards a Red/Amber/Green rating to each risk. Following the assessment of residual risk - after mitigating controls, assurance and action plans have been applied - one risk has been identified as 'High' or 'Red' at year-end. Despite improvements to our turnover in 2018/19 this 'Red' risk refers to staffing. We are continuing our work on a number of initiatives to improve our recruitment and retention and make our Trust a great place to work including e.g. our preceptorship programme, incentive payments, new ways of working (non-medical prescribers expansion), nurse rotation programme, NHSI Retention programme participation, nurse training and bursary scheme (under development), continued impetus on our Care Support Worker Development programme with NHSP and our Apprenticeship Strategy, and new approaches to enhancing staff's enjoyment in the workplace as part of our Qi culture and focus on "Joy At Work".

A thematic review of the Trust risk register highlights the following highest clinical risks within our major operational risk themes:

- **Recruitment and retention of staff** - We continue to work to deliver our commitment to safe staffing levels, by considering how we can continue to attract individuals to accept offers of employment in our Trust and how we can ensure staff

feel engaged and supported in their roles, so that they are more likely to choose to stay with us. There is the potential for difficulties in recruitment to impact upon quality, safety and operational delivery of our services.

- **Demand Pressures** - pressures arising in both community and acute assessment and treatment services e.g. in particular Children and Adolescent Mental Health services (CAMHS), neuro-developmental disorders (due to unmet need), and from acute admissions e.g. increased admissions under the Mental Health Act; including managing demand for beds when people need them to reduce the number of people being admitted to Out of Area Placements (OAPs).
- **High quality infrastructure support** - limitations of existing enabling infrastructure in environments and digital capability:
 - Environments (inpatient hospital facilities) - lack of privacy and dignity for people being admitted due to the out-dated dormitory environments at our Abraham Cowley Unit, Chertsey (serving North West and East & Mid Surrey).
 - Our Use of Data and Technology - immature use of data and digitally enabled practice embedded in transformation work.

EU Exit

In preparation for “Brexit”, the Trust’s Board Lead, the Chief Nursing Officer, ran a weekly meeting of key stakeholders, covering Procurement, Pharmacy, Operations and Workforce and ensured that the Trust complied with Department of Health and Social Care and NHS Improvement assurance processes.

The Trust also participates in Local Health Resilience Forum meetings and has tested its response to “Brexit” through a Trust wide readiness exercise.

The Board lead from 01 April 2019 is the Chief Operating Officer.

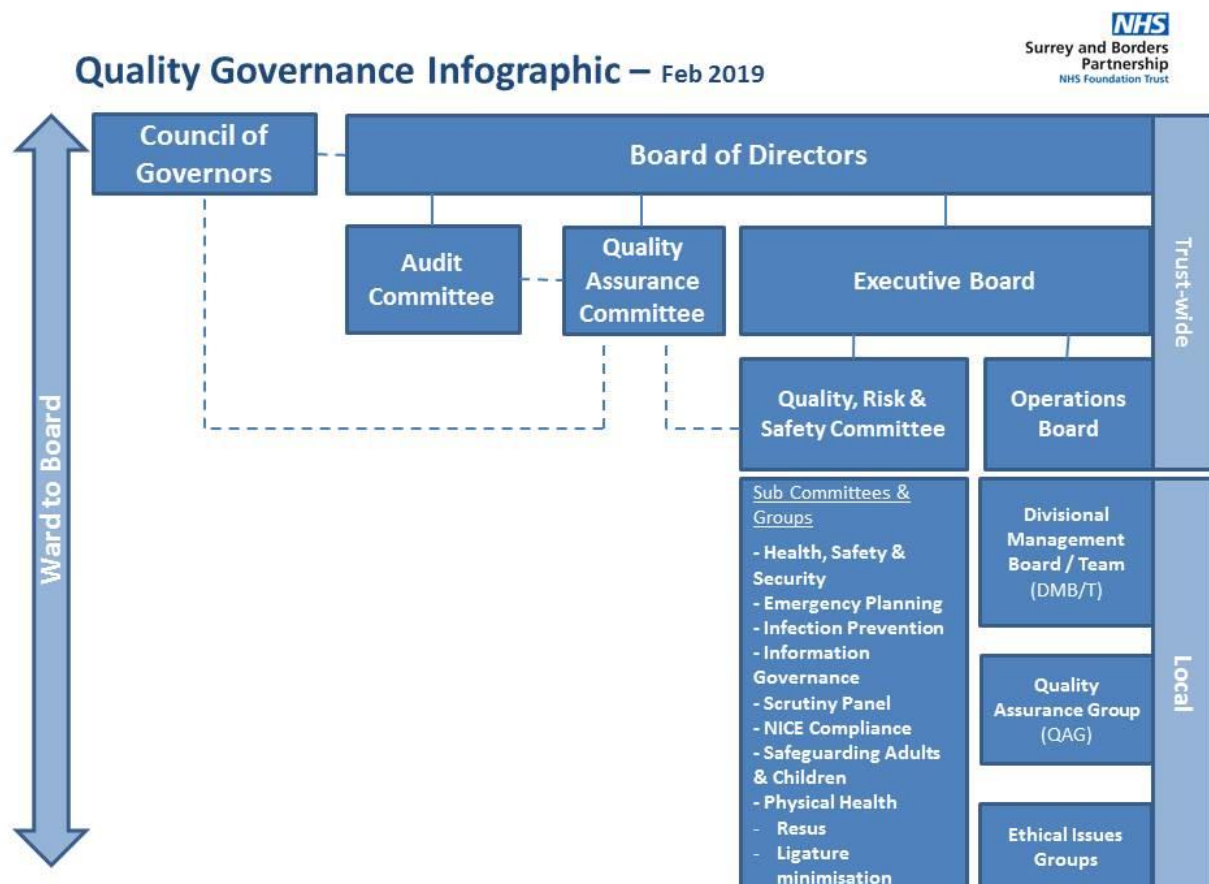
Risk Management Training

Throughout 2018/19 there was a training programme for all appropriately qualified staff. There is a comprehensive rolling three-year process to ensure a constant supply of up-to-date programmes. Clinical risk training is available at corporate induction for all new recruits and staff who are already in post who require the programme are also encouraged to attend.

The Clinical Risk and Safety Team disseminates lessons learnt from serious incident investigations to all staff through our weekly e-bulletin and by attending directorate Quality Action Groups in addition to delivering bi-monthly lessons learnt sessions for staff. Our Suicide Prevention Information Network events continue to be held quarterly, to share wider learning from inquests and suicides in Surrey and nationally.

Quality improvement and learning is sustained and protected by assurance and good governance. Our quality assurance processes operate from our Board, supported by our Quality Committee and Executive Board through our Directorate Management Teams and

Divisional Quality Assurance Groups to our front line and back. These are shown in the following infographic:



CARE Excellence Accreditation

We continue to aspire to be best in class as outlined in our Quality Plan and have now completed year-three of our CARE Excellence Accreditation process, which is our internally developed process to improve the quality of our care through challenging our services to become 'Outstanding'. Following the recent Care Quality Commission inspection they highlighted our accreditation process as being an area of outstanding practice.

Foundation Standards reviews are the first step towards accreditation. Each year the Foundation standards tool is refreshed to reflect changes in practice, ensure it is aligned to the Care Quality Commission's standards and to add focus in areas we want to improve on.

All services have undertaken a Foundation Standards self-assessment and peer review and have subsequently been given a rating which reflects the CQC rating process. The key is as follows:

Rating	Scoring
Outstanding	CARE Excellence Accreditation
Good	Score of 95% and achieved all mandatory standards
Requires Improvement	Score of below 95% and above 84% or score of 95% or above but not achieving all the mandatory standards
Requires Significant Improvement	Score of below 85%

The rationale for the ratings is to ensure that key mandatory standards are given a higher weighting. Although a service might have scored high for the other standards they can only achieve a 'Good' rating if they meet all the mandatory areas too.

All services have an action plan following their Foundation Standards reviews to help focus their attention. During the year, five services did not meet the minimum scoring of 85% for their peer review. All of these services have had follow up full reviews and all have shown significant progress.

Once a service achieves a GOOD rating in their peer review, they can move on to the next step of the accreditation process. We now have eleven services (up from eight last year) that have been successful in achieving accreditation to a rating of 'Outstanding' and we are currently working with a further four. These Exemplar Services have proved that they function well above baseline expectations and involve people well and deliver good outcomes. Other services can arrange visits to these services to see and share good practice.

Data Security (Information Governance)

Our Caldicott Guardian is our Chief Nursing Officer. The Chief Finance Officer was the Senior Information Risk Officer (SIRO) on the Trust Board in 2018/19, from 1 April 2019 our SIRO is our Chief Digital and Information Officer. The Information Governance Steering Group, which meets monthly, oversees and ensures performance in all components of Data Security. We have identified the Directorate Senior Information Risk Officers (SIROs) and asset owners. Information governance risks are managed by staff through the use of information governance policies and procedures, supported by a process of in-depth training, training on induction courses and support materials available on our intranet.

Surrey and Borders Partnership NHS Foundation Trust has complied with the Data Security and Protection Toolkit for 2018/19 with the status of 'Standards Met'. There was one reportable serious information governance incident during 2018/19.

Care Quality Commission

The Care Quality Commission (CQC) undertook a full inspection of our services during 2018/19. We had held an overall Trust rating of 'Good' for the quality of our mental health and learning disability services since the CQC upgraded their rating of our Well-Led domain in July 2017. The inspectors' final report was published just after the year-end; it confirmed that we have strengthened our overall rating of 'Good'.

The Trust is now rated as 'Good' for all five domains: Safe, Effective, Caring, Responsive and Well-led. Furthermore, all ten services which the inspectors assessed were judged 'Good' overall. This is a superb achievement and testimony to all our staff and all those associated with the Trust.

CQC reported that we have shown significant improvement in our Safe domain rating with all ten core services rated 'Good' and our overall rating in that domain rose from 'Requires Improvement' to 'Good'. We did not receive any Requirement Notices (must do's) but did receive nineteen 'should do's' which are judged as minor regulatory breaches that did not

justify regulatory actions, to prevent breaching a legal requirement, or to improve service quality.

Surrey and Borders Partnership NHS Foundation Trust is fully compliant with the registration requirements of the Care Quality Commission.

Control Measures

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

Review of Economy, Efficiency and Effectiveness of the Use of Resources

The Board ensures economy, efficiency and effectiveness through a variety of means, including:

- A robust pay and non-pay budgetary control system, including monthly meetings with budget managers across the divisions to review spend and monthly reporting to the Executive Board on finances and value for money
- A range of effective and consistently applied financial controls
- Effective tendering and waiver procedures
- Robust workforce and establishment control processes
- Continuous review of service activity and improvements, service delivery and modernisation
- A robust cost improvement programme ensuring that corporate and operational units are effectively delivering the savings required and the best allocation of resources

The Board ensures services are efficient and effective through its CARE Excellence Accreditation process and by ensuring our services maintain our registration. We have also improved the frequency of direct feedback from people using our services, to further improve care provision, through our patient experience trackers, Your Views Matter.

The Trust Board uses a walk-around programme for Directors and Governors to regularly visit our services. This programme was paused from November 2018 to allow time for its effectiveness to be reviewed jointly by members of the Board and Council of Governors

using our Quality Improvement programme methodology. Our new approach to walk-arounds was launched in April 2019 to support the development of our Qi culture.

Our capital disposal programme prioritises sites that can be sold to fund future service needs. Capital expenditure is prioritised for health and safety, ligature minimisation and environmental improvement, before strategic developments are undertaken. A proportion of our income in 2018/19 was conditional upon achieving quality improvement and innovation goals.

We agreed six CQUIN (Commissioning for Quality and Innovation) indicators with the main NHS Commissioners. Performance against these indicators is monitored at the NHS contract meetings and internally at the Executive Board. The Trust Scrutiny Panel analyses any serious incidents to ensure lessons can be learnt and appropriate remedial action plans are implemented.

Internal Audit ensures constant review of effective control processes are in place to deliver best value for money. An annual work plan is agreed with the Audit Committee to ensure areas of concern are addressed.

Annual Quality Report

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.

NHS Improvement (in exercise of the powers conferred on Monitor) has issued guidance to NHS Foundation Trust boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual.

In 2018/19 the Board and Council of Governors received quarterly exception reports highlighting our performance against the indicators set for the year.

Learning from incidents is one of the many ways of ensuring continued improvement in the quality of what the Trust does. Others include:

- Walk-arounds by members of the Trust Board and Governors to services, ensuring each one is visited to provide opportunities for staff, people who use our services and carers to tell Directors and Governors how things are from their perspective
- Adaption of 'Your Views Matters' surveys, providing people with an opportunity to feed back about their experiences in alternative accessible versions
- Implementation of our in-house quality assessment tool, CARE Excellence Accreditation, to increase the standards expected from all clinical teams

Throughout 2018/19, we have continued to develop our processes for scrutiny, investigation and reporting of people's deaths led by our Chief Nursing Officer.

This includes:

- Continued development of our mortality case note review approach
- Reviewing deaths of individuals who have been discharged from our care but who had engaged with our services within 12 months to ensure continuous learning
- Maintaining our learning disability mortality case note review approach which includes a wide range of stakeholders involved in the life and care of the person
- Our Mortality Assurance Coordinator's complete focus on our mortality surveillance approach
- Quarterly reports to the Trust Board identifying learning and themes to inform our practice development and, in some cases, those of system partners

Our approach, together with our focus on near misses, high level incidents and serious incidents, is helping to ensure we are taking every opportunity to learn what further steps we can take to prevent harm or death amongst people who use our services.

In preparing the Quality Report, Directors have taken steps to satisfy themselves that the content of the Quality Report is not inconsistent with internal and external sources of information including Board minutes and papers, feedback from the commissioners and national NHS survey data for people who use services and staff.

The Quality Accounts present a balanced picture of the Trust's performance over the period covered.

Review of Effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the Quality Report attached to 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 and the Audit Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

My review is also informed by detailed reports from both internal and external audit and feedback from NHS Improvement, the Care Quality Commission and NHS Resolution.

The Trust has maintained the registration of all its health and social care services. This is closely monitored by the Executive Board. The essential standards are monitored through our Care Excellence Accreditation process.

Maintenance and review of the effectiveness of the system of internal control has been provided by the comprehensive mechanisms already referred to in this Statement. These include:

- Regular reports to the Trust Board including our risk theme report
- Annual Quality Accounts
- Receipt of reports from key Trust forums and processes, including the Trust's Audit Committee and Quality / Quality Assurance Committee
- Monitoring of compliance against the essential standards of quality and safety
- Our internal, external and clinical audit programmes
- The ongoing development of the Assurance Framework and associated action plans including the provision of exception reports to the Trust Board

As a result, the following outcomes have been achieved:

- Regular review of the Board Assurance Framework and the High Level Risk Register to ensure appropriate action plans are identified and implemented to minimise the impact of risk across the Trust
- Embedded importance of the roles and relationships of the Quality / Quality Assurance and Audit Committees in providing assurance to the Board, to reflect the organisation's development and enhance our ability to review trends and target the internal and clinical audit plans, to review the processes and procedures to manage key risks within the Trust

Internal audit completed 12 reviews in 2018/19 as against 16 in 2017/18. 11 final reports were issued as at 1 April 2019. During 2017/18 the Audit Committee agreed that the opinions assigned to each report should reflect the outcome of the testing of both the design of the controls and the operational effectiveness of the controls. From the final assurance reports issued as at end March 2019, reasonable or substantial levels of assurance were achieved for most reviews completed.

An assurance level was not provided for three of the reviews, as they were operational reviews. None of the reviews were assessed with a 'No Assurance' opinion. Limited assurance (for the operational effectiveness of the controls) was only provided for the review of Contract management, including procurement, and the team has been working hard to respond effectively to the recommendations arising.

In addition, two reviews - GDPR Review (Post implementation compliance review) and Data Security and Protection Toolkit 2018 (previously Information Governance Toolkit) were provisionally (subject to sign-off) assigned limited assurance. The reports from the reviews had not been finalised by end March 2019 and they are being discussed with management.

Conclusion

No significant internal control issues have been identified in the Annual Governance Statement.



Fiona Edwards
Chief Executive
 23 May 2019

Quality Accounts Report



The Surrey Heath Community Mental Health Team for Older People won the Team of the Year: Older Age Adults at the Royal College of Psychiatrists awards 2018

Part One: Statement on Quality from the Chief Executive

I am immensely proud to look back over 2018/19 and reflect upon the continued hard work and dedication of all those who work for and with our Trust to help the people who depend on our services live better lives. This year it feels a particular privilege following my absence from the Trust during the first six months of the year due to serious illness, as a result of contracting sepsis.

Reflecting back over 2018/19, I feel we should be particularly proud of the transformation of our services to offer earlier interventions and improved responses for people and their families, including our:

- Success, with system partners, working with Children and Young people and their families to reduce the waiting times for those needing assessment; both for those with mental ill health and complex behavioural needs and those requiring Individual Health Assessments (IHAs).
- Launch of our Single Point of Access (SPA) for adults of working age, incorporating our Crisis Line, to improve our response to people and their families and to professionals across the system.
- Award winning TIHM (Technology Integrated Healthcare Management), following the success of its initial national Test Bed trial sponsored by NHS England and Innovate UK, offering a new way for people with dementia and their carers to remain supported well at home.
- Intensive Support Services and Deacon Unit providing acute assessment, treatment and support for people with a learning disability to live as independently as possible.

I am particularly proud of how our Trust has continued to drive forward our partnership working to improve the effectiveness and experience of care for people. Colleagues have been proactive across our two Integrated Care Systems (Frimley – which I am delighted to now lead - and Surrey Heartlands), both of which are recognised to be at the forefront of this new way of working nationally, and our one Sustainability and Transformation Partnership (STP) in Sussex and East Surrey. Of particular note in 2018/19 has been the success of our system working:

- to introduce the Primary Care Networks, now called GP Mental Health services or GPMHs, to improve access to specialist advice and support for those people being cared for by their local GPs; and
- to secure improvements to the experiences of children and young people and their families in Surrey, as a result of the investment of time, attention and resources by all of us across both health and social care; including through our Children and Families Health

Surrey collaboration with CSH (Central Surrey Health) and First Community Health and Care to bring mind and body health together.

I have also been proud of colleagues whose work has been recognised by others through national awards. Notably our:

- **Nursing Times - Team of the Year 2018** - Clare Ward, Abraham Cowley Unit (ACU).
- **Royal College of Psychiatrists 2018** - Team of the Year Older People - Surrey Heath Community Mental Health Team for Older People.
- **Health Service Journal Award for Improving Care with Technology** - Technology Integrated Healthcare Management (TIHM) for Dementia.
- **Mencap Activist of the Year** - Learning Disability Liaison and CAMHS Youth Advisors.
- **Helpforce Champions Volunteer Awards** - Recovery College and CYA (CAMHS Youth Advisors).

In 2018/19 we have continued our drive to fundamentally shift our culture and approach to Quality Improvement (Qi) based on the IHI (Institute of Healthcare Improvement) principles. Our clinical quality indicators have helped us to keep focused on our priority areas for improvement over the last 12 months. We have been particularly pleased to see improvements in some of these, for example:

- 90% of people would recommend our services to their friends and family.
- 93% of people using our community services and 83% of people using our inpatient services said they had been involved in planning their care.
- 99.6% of people using our Mind Matters talking therapies services started treatment within 6 weeks of their referral and 99.96% started treatment within 18 weeks
- 81% of people with suspected first episode psychosis or 'at risk mental state' started a NICE-recommended care package within two weeks.

We are however disappointed that we have not done better in the following two indicators:

- There were 111 inappropriate out-of-area admissions (when we have to admit someone to a hospital which is not ours due to pressures on our beds) during the period April 2018 to March 2019 and a total of 2,914 out-of-area bed days. The number of out-of-area placements peaked in November 2018 and has significantly reduced at year end.
- There were only two months, out of a possible seven, when screening questionnaires for speech and language and swallowing were completed within 24 hours of admission for the small number of people eligible admitted to our Older People's inpatient services.

We will work hard to improve our performance in these areas in 2019/20. In particular, we have identified the need to improve our processes through the creation of a "virtual ward", which will help us more accurately measure our length of stay and, therefore, manage the pressure on our beds to keep people within our own services and avoid using out-of-area placements.

We also recognise the need to improve how we measure our performance in our Early Intervention in Psychosis (EliP) work and have identified that we need more accurately to be able to calculate the time elapsed from first suspected episode of psychosis. The current process is manual, so we will be working to resolve this and the time elapsed issue during the year.

From the outset, we have sought to put people who use our services, their carers and families, at the heart of what we do. We are very grateful for all the time, dedication and focus of the many who get involved to improve the experience of others. In 2018/19 this has included their co-design of our new approach to people's participation; our continued successful implementation of the Triangle of Care; our 24/7 programme to design new hospital facilities; and our Unither House hub; as well as helping us to develop new care pathways for adults of working age. We know, however, there is more we need to do: in particular, to improve how well people feel involved in their care plans and how well carers and families feel listened to and get the support they need, to continue to fulfil their caring roles.

I was pleased that 59.1% of our staff took part in this year's national Staff Survey and that our overall score for staff engagement is 7.13. This is slightly higher than last year's score and our sector comparators. I am disappointed, however, that the numbers of staff taking part has fallen from that achieved in previous years and we will look to improve upon this next year.

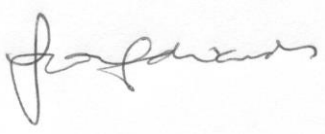
Our staff make our organisation what it is. We want them to feel able to achieve their potential and give the best of themselves, so that people who use our services, their carers and families, receive the care and support they deserve. Our staff work incredibly hard and their work ethic reflects in our very low sickness absence rate, which has decreased steadily from an already high performance and met our target of 3.80% or less in all but one month. We are delighted that more people are choosing to continue to work with us and develop their careers here, which is shown in our much improved staff turnover rate of 16.1% at its lowest in March.

We want all our staff to feel well supported and are disappointed that the survey also shows that some of our colleagues, particularly those with a disability, do not all feel they are currently. Our Disability Network for staff has hosted a series of conversations with staff about their experiences over the last few months, to understand better what will make a positive difference for them. We will be taking forward the ideas they have given us as part of our Workforce Disability Equality Standard work during 2019/20. We will be also continuing to focus on our "joy at work" and health and well-being initiatives for all staff, as part of our Qi drive over the next year.

It was fantastic to see, towards the end of the year, the progress we have made being recognised by the Care Quality Commission's (CQC) as we maintained our overall "Good" rating, following inspection of our services during 2018/19. Their report highlighted significant improvements since their last visit. This was reflected in our health services achieving "Good" ratings across many more domains, as a result of what CQC saw and heard when they visited. We are particularly proud of the fact that all our health services are rated as "Good" for Safety and also of the "Outstanding" rating for Well-Led achieved earlier in 2018 by our Deacon unit for people with a learning disability.

I am always impressed by colleagues' dedication to keep learning and getting better at what we do and how we do it. This challenge, I know, will continue to grow in the coming year but I am confident that, together with system partners, and with the support and leadership of our Board and Governors, we will take important further steps towards outstanding care and make a positive difference to help people live better lives across the communities we serve.

I am satisfied that the information in this document is accurate, recognising that there are some discrepancies identified by this year's external audit in dates used to measure operational performance targets (which do no impact on clinical decisions or service user experience) and noting that these are in the process of being addressed by further review of our controls.

A handwritten signature in black ink, appearing to read 'Fiona Edwards', written in a cursive style.

Fiona Edwards
Chief Executive

29 April 2019

Part Two: Priorities for Improvement and Statements of Assurance from the Board

Surrey and Borders Partnership NHS Foundation Trust's Quality Improvement Priorities for 2018/19 are outlined below. We identified these Quality Improvement Priorities by consulting our Trust Board, Executive Board and Council of Governors. Our Governors include members of the public, people who use our services, carers and staff. We have also taken into account previous performance monitoring; our equality objectives; feedback from our Your Views Matter experience surveys; and results from previous national surveys and mandated quality indicators.

2.1 Priorities for Improvement

The following is an outline of our progress for each of our Clinical Quality Priorities for 2018/19. We report on our progress to our Trust Board, Executive Board and Council of Governors and we publish our performance on our website.

Statistical Process Control charts

Some of the information in our Quality Account is presented in the form of Statistical Process Control (SPC) charts. They are graphical tools that enable process performance monitoring. They are used to identify which type of variation exists within the process and they highlight areas that may require further investigation.

The SPC charts include horizontal lines representing the 'upper control limit' (UCL) and 'lower control limit' (LCL) based upon statistical analysis of the data. The centreline is calculated by the mean.

There are two types of variation that we are interested in when interpreting SPC charts - 'common cause' and 'special cause' variation.

Common Cause Variation

If the process is stable and predictable, any variation is known as common cause variation. Every normal process will exhibit natural (common cause) variation.

Special Cause Variation

Special cause variation is something abnormal, the result of a specific change that has affected the process in a way beyond what would be expected under normal conditions.

Interpreting charts to identify special cause variation

The following patterns indicate that there may be special cause variation:

- **Control limits** - one or more data points fall outside the upper or lower control limits
- **Shift** - seven or more successive consecutive data points above or below the centreline
- **Trend** - seven or more successive data points heading in the same direction (either increasing or decreasing)

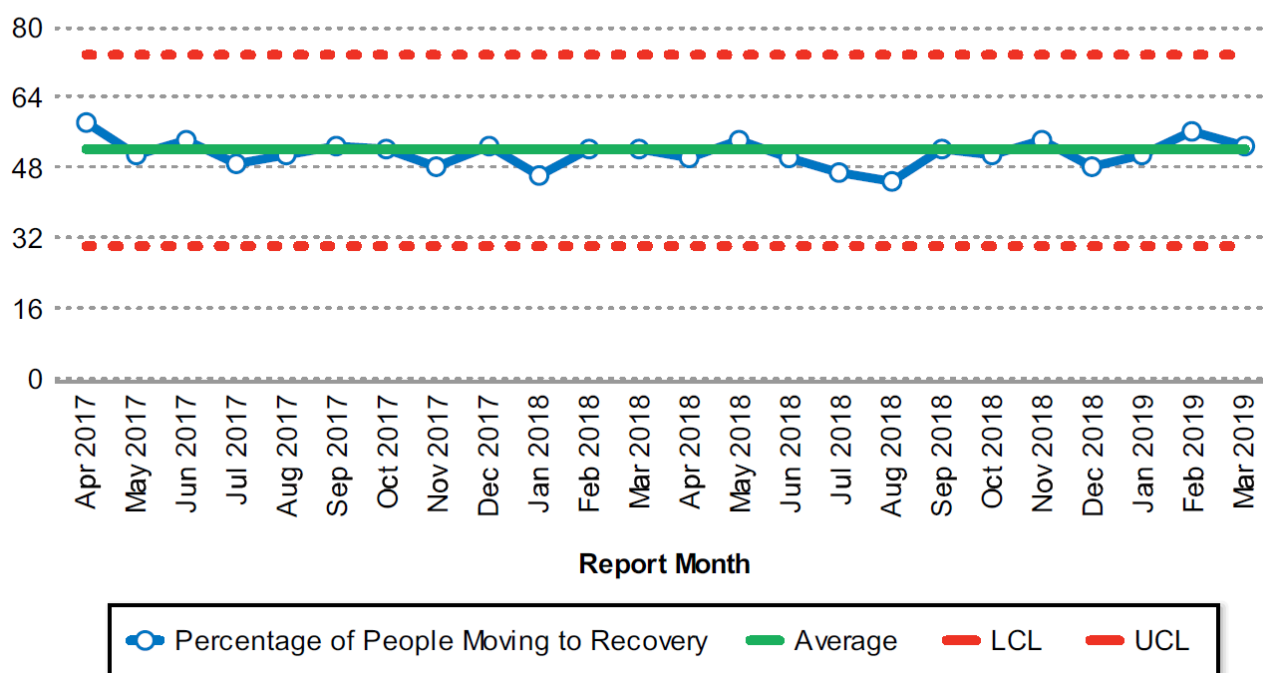
Clinical Quality Priority 1	Progress
<p>Percentage of people completing a course of Improving Access to Psychological Therapies (IAPT) treatment moving to recovery</p>	<p>Our Mind Matters Surrey service received 9,388 referrals from five Clinical Commissioning Groups during 2018/19 and 7,907 of those referrals (84.2%) were accepted into treatment. People who were assessed and found not to be suitable for IAPT treatment, due to additional needs, were referred or signposted to the relevant specialist service. Mind Matters Surrey is reaching out to groups that traditionally would not have access to psychological services, i.e. people with learning disabilities, older people and people who have co-morbid conditions such as substance misuse.</p> <p>5,319 referrals completed treatment in 2018/19 having started at caseness¹, of whom 2,722 (51.2%) moved to recovery. Our average monthly recovery rate during 2018/19 was 51%. The national target is that 50% of eligible referrals to IAPT services should move to recovery. The dips in our recovery rate in July, August and December reflect higher numbers of people with complex needs. Also, in those months, relatively high numbers of people were accepted for treatment that needed therapy input but whose clinical scores at the start of treatment were below the threshold for inclusion in the recovery rate indicator.</p> <p>3,899 of the 5,319 referrals that completed treatment, having started at caseness, showed reliable improvement² in their condition following treatment (73.3%). Our average monthly reliable improvement rate was 75.5%. We are pleased to report that we have consistently achieved the 62% target for reliable improvement for the past three years.</p> <p>We continue to monitor outcomes whilst improving access to psychological therapies for more people. Mind Matters Surrey is now working with people who have long term conditions such as diabetes, chronic obstructive pulmonary disease and medically unexplained symptoms, which have a detrimental effect on recovery rates.</p> <p>Definitions ¹ Recovery in IAPT is measured in terms of ‘caseness’ – a term which means a referral has severe enough symptoms of anxiety or</p>

depression to be regarded as a clinical case. A referral has moved to recovery if they were defined as a clinical case at the start of their treatment ('at caseness') and not as a clinical case at the end of their treatment, measured by scores from questionnaires tailored to their specific condition.

² A referral has shown reliable improvement if there is a significant improvement in their condition following a course of treatment, measured by the difference between their clinical scores at the start and end of treatment, measured through questionnaires tailored to their specific condition.

Evidence

Percentage of People Moving to Recovery

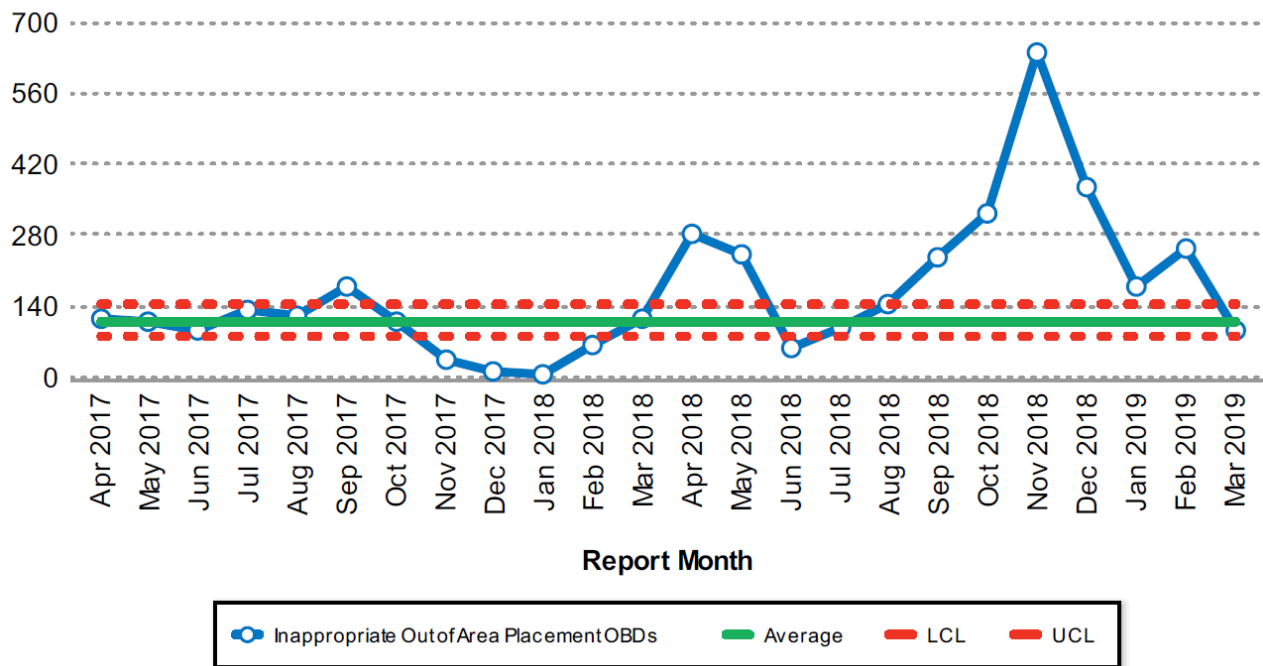


Source: Local data recorded on our clinical record system for IAPT services (IAPTUS)

Clinical Quality Priority 2	Progress
<p>Inappropriate out-of-area placements for adult mental health services</p>	<p>There were 111 inappropriate out-of-area admissions during 2018/19 and a total of 2,914 out-of-area bed days. The increase in out-of-area bed days this year reflects the following factors:</p> <ul style="list-style-type: none"> • Increased demand for both adult acute and psychiatric intensive care beds, coupled with the fact that most admissions are people detained under the Mental Health Act. • The lack of low-secure beds across country, with people waiting up to four months for a low-secure bed. • Increased demand from prison services. There are five prisons in Surrey. • The need for male-only or female-only placements. • Increase in females presenting with autism spectrum disorder (ASD) and needing placement. <p>There was a significant peak in out-of-area bed days during October 2018 to December 2018. This was caused by a pronounced increase in the above factors during that period, coupled with our Crisis Overnight beds being temporarily closed to admissions during part of that period and a ward being temporarily closed to admissions twice due to diarrhoea and vomiting outbreaks.</p> <p>Our bed management and home treatment teams review all out-of-area placements each day, with two bed management conference calls per day. We hold high-level meetings to review all people who have been in out-of-area acute beds for more than 30 days.</p> <p>We keep in contact with each out-of-area provider to update people's care records within National Institute for Health and Care Excellence (NICE) guidelines.</p> <p>We always try to place people in a local bed first in order to support their families.</p> <p>Following the winter peak in out-of-area beds, performance improved in the final quarter of the year and, our improved bed management processes have resulted in very low usage going into the new financial year.</p>

Evidence

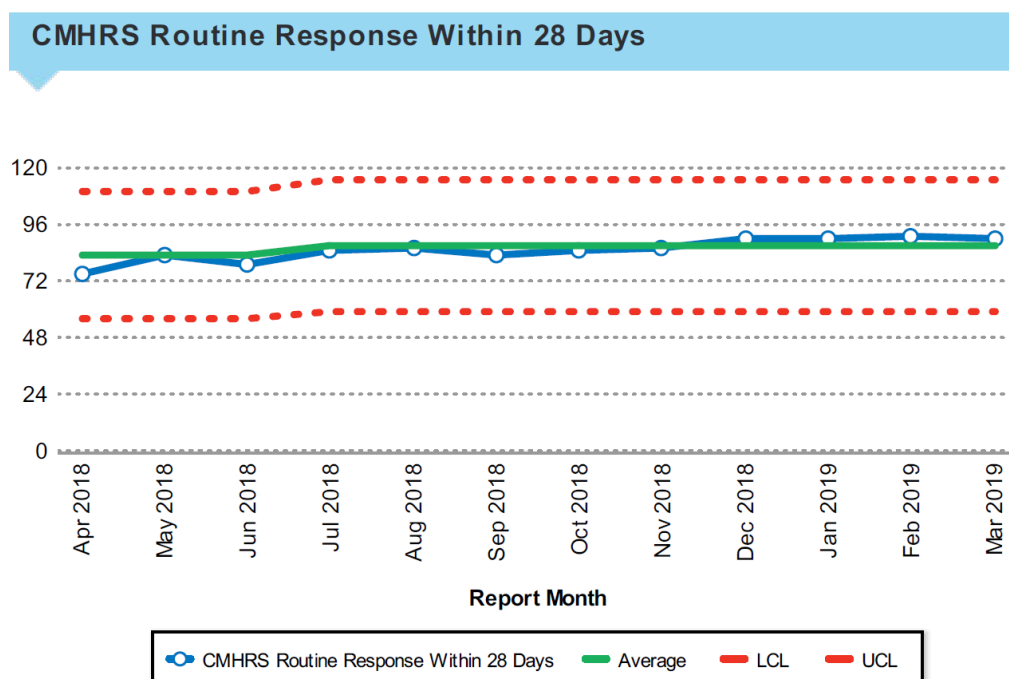
Inappropriate Out of Area Placement OBDs



Source: Local data recorded on the Clinical Audit Platform

Clinical Quality Priority 3	Progress
Collection of acute mental healthcare waiting times data	<p>Our local quality standard, set by commissioners, is that at least 90% of routine referrals to our adult community mental health recovery service (CMHRS) should have an appointment within 28 days of the referral date. We made significant progress on this quality standard, particularly in the Surrey Heartlands Sustainability and Transformation Partnership (STP) area, where our performance improved from 80% in April to 90% or above in the last four consecutive months of the year. This is largely due to the implementation of the Single Point of Access Service for our community mental health recovery service (CMHRS) teams in the East area (Mole Valley, Reigate, Epsom and Tandridge) and their effective use of the assessment clinics on our electronic patient record, to ensure that the 28 day response time standard is not breached. Our performance in the Blackwater Valley STP area improved from 48% in April 2018 to 77% in March 2019. The Single Point of Access Service is being rolled out and we expect this to have a positive impact on the management of the 28 day response rates Trust-wide.</p> <p>Staff vacancies, running at an average of 11%, have had a major impact, so we have introduced a rolling recruitment process alongside other Human Resources initiatives.</p> <p>The number of CMHRS referrals has increased by around 20% over the past five years. We are therefore doing caseload reviews to identify people who can be transferred back to primary care.</p>

Evidence



Source: Local data from SystmOne, as reported via our Data Analysis and Reporting Tool.

Clinical Quality Priority 4

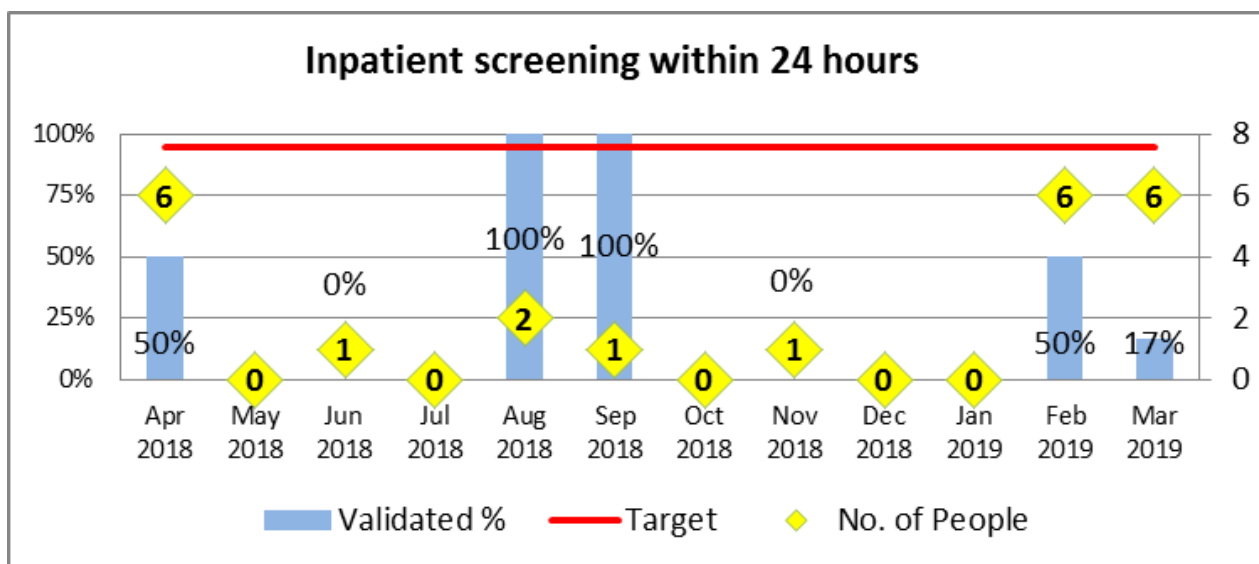
Progress

Collection of dementia care waiting times data

NHS Improvement is developing a quality indicator about the collection of dementia care waiting times data but the definitions and guidance for the national indicator have not been published yet. Our local quality standard for dementia care, set by commissioners, is that at least 95% of people admitted to our older people acute inpatient services for people with dementia or organic mental ill health should have a screening questionnaire for speech, language and swallowing completed within 24 hours of admission. The screening includes whether the person has any physical problems with eating or drinking; whether they are at risk of choking when swallowing; and whether their speech is limited.

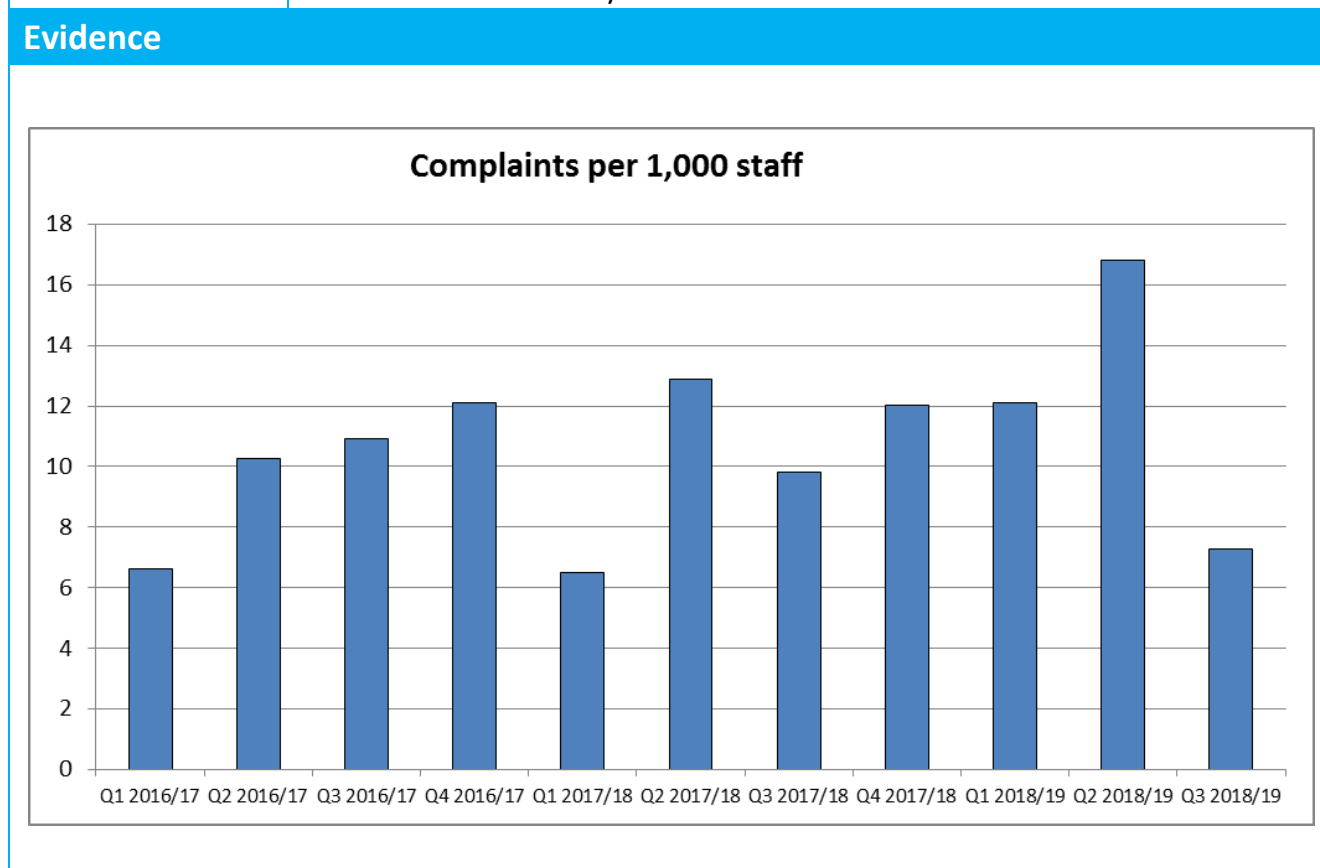
Only a small number of admissions per month meet the criteria for being included in the denominator for the dementia screening indicator, as shown in the yellow boxes on the chart below. There were five months during 2018/19 where no admissions met the reporting criteria.

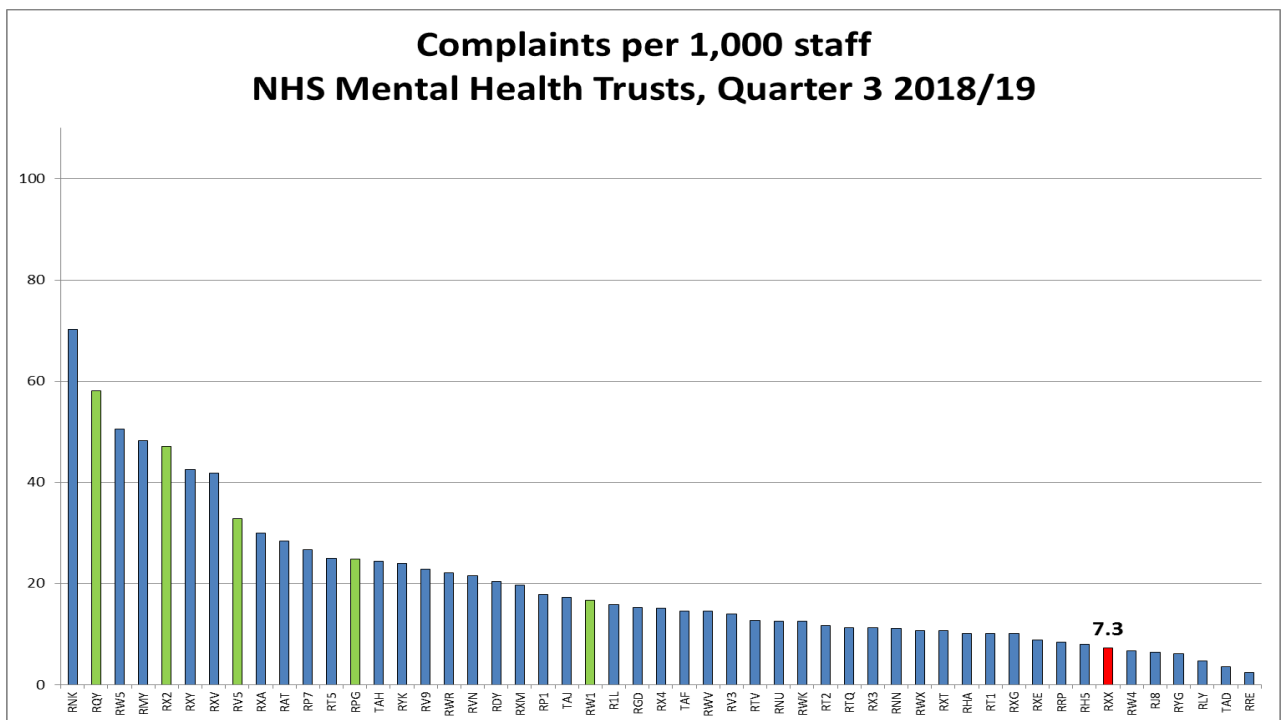
Evidence



Source: Local data from SystmOne, as reported via our Data Analysis and Reporting Tool.

Clinical Quality Priority 5	Progress
<p>Written complaints¹ rate</p>	<p>Information published by NHS Digital shows that our written complaints rate is relatively low compared with other mental health service providers. The most recent published figures are for Quarter 3 of 2018/19.</p> <p>We received 7.3 complaints per 1,000 staff in Quarter 3. This is less than the previous quarter. Our complaints rate is considerably lower than other trusts in our local peer group (see green columns on second chart below) and nearly two thirds better than the national average of 20 complaints per 1,000 staff.</p> <p>Our early intervention style of resolving people's concerns through Patient Advice and Liaison Service contacts seems to provide some satisfaction and is possibly contributing to the relatively low number of complaints going forward into investigations. Our low complaints rate is also possibly due to our services addressing some relatively straightforward concerns directly with people. We are continually seeking new ways to make it as simple as possible for people to raise concerns and complaints.</p> <p>The most common themes for the complaints we received during 2018/19 were:</p> <ul style="list-style-type: none"> • Poor co-ordination of clinical treatment • Inadequate communication and lack of clarity • Poor staff attitude/staff conduct

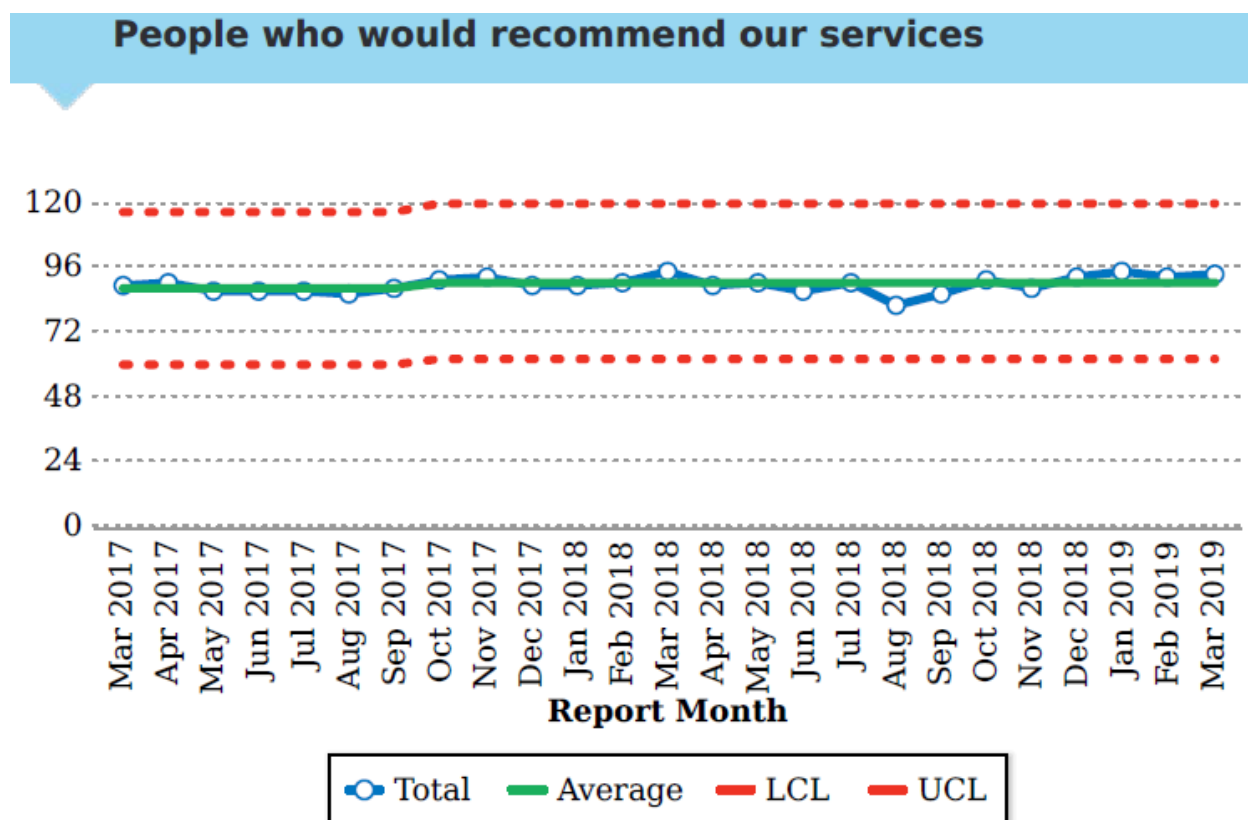




¹ A written complaint is defined as one that is made in writing to any member of NHS staff or NHS organisation, or is originally made orally and subsequently recorded in writing.
Source: Local data from our risk and safety incident reporting system (Datix).

Clinical Quality Priority 6	Progress
<p>Percentage of people who would recommend the organisation's services to their friends and family</p>	<p>We are pleased to report a consistently high level of people who would be happy to recommend our services to friends and family.</p> <p>A total of 3,739 people answered the Friends and Family Test question on our Your Views Matter real time feedback system during 2018/19, with 3,365 people (90%) telling us they would be extremely likely or likely to recommend our services. The national figure for mental health trusts overall was 89%.</p>

Evidence



Source: The figures in the chart are from our local people's experience feedback survey: Your Views Matter.

Clinical Quality Priority 7	Progress																																																																																																																																		
Staff sickness	<p>Our sickness absence rate has been steadily decreasing throughout the last 24 months. There was only one month during 2018/19 where we did not achieve our target of 3.8% or less. Our average monthly sickness absence rate for 2018/19 was 3.18%. Additional Clinical Services and Nursing and Midwifery are the two staff groups where sickness absence is highest.</p> <p>Overall, our sickness absence rate is slowly shifting downwards, as illustrated in the chart below. Our Human Resources Division continues to support our Trust in the management of absence. We continue to compare favourably with the national average sickness absence rate of 5.75% for mental health trusts.</p>																																																																																																																																		
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<div><h3>Sickness Rate</h3><table><thead><tr><th>Month</th><th>Sickness Rate (%)</th><th>Average (%)</th><th>LCL (%)</th><th>UCL (%)</th></tr></thead><tbody><tr><td>Mar 2017</td><td>3.8</td><td>3.8</td><td>8.75</td><td>9.5</td></tr><tr><td>Apr 2017</td><td>3.4</td><td>3.8</td><td>8.75</td><td>9.5</td></tr><tr><td>May 2017</td><td>3.8</td><td>3.8</td><td>8.75</td><td>9.5</td></tr><tr><td>Jun 2017</td><td>3.5</td><td>3.8</td><td>8.75</td><td>9.5</td></tr><tr><td>Jul 2017</td><td>3.8</td><td>3.8</td><td>8.75</td><td>9.5</td></tr><tr><td>Aug 2017</td><td>3.7</td><td>3.8</td><td>8.75</td><td>9.5</td></tr><tr><td>Sep 2017</td><td>3.9</td><td>3.8</td><td>8.75</td><td>9.5</td></tr><tr><td>Oct 2017</td><td>4.1</td><td>3.8</td><td>8.75</td><td>9.5</td></tr><tr><td>Nov 2017</td><td>4.0</td><td>3.8</td><td>8.75</td><td>9.5</td></tr><tr><td>Dec 2017</td><td>4.2</td><td>3.8</td><td>8.75</td><td>9.5</td></tr><tr><td>Jan 2018</td><td>4.2</td><td>3.8</td><td>8.75</td><td>9.5</td></tr><tr><td>Feb 2018</td><td>4.2</td><td>3.8</td><td>8.75</td><td>9.5</td></tr><tr><td>Mar 2018</td><td>3.6</td><td>3.3</td><td>8.75</td><td>8.75</td></tr><tr><td>Apr 2018</td><td>3.4</td><td>3.3</td><td>8.75</td><td>8.75</td></tr><tr><td>May 2018</td><td>3.5</td><td>3.3</td><td>8.75</td><td>8.75</td></tr><tr><td>Jun 2018</td><td>3.7</td><td>3.3</td><td>8.75</td><td>8.75</td></tr><tr><td>Jul 2018</td><td>3.7</td><td>3.3</td><td>8.75</td><td>8.75</td></tr><tr><td>Aug 2018</td><td>2.5</td><td>3.3</td><td>8.75</td><td>8.75</td></tr><tr><td>Sep 2018</td><td>2.7</td><td>3.3</td><td>8.75</td><td>8.75</td></tr><tr><td>Oct 2018</td><td>3.5</td><td>3.3</td><td>8.75</td><td>8.75</td></tr><tr><td>Nov 2018</td><td>3.3</td><td>3.3</td><td>8.75</td><td>8.75</td></tr><tr><td>Dec 2018</td><td>3.9</td><td>3.3</td><td>8.75</td><td>8.75</td></tr><tr><td>Jan 2019</td><td>3.1</td><td>3.3</td><td>8.75</td><td>8.75</td></tr><tr><td>Feb 2019</td><td>2.9</td><td>3.3</td><td>8.75</td><td>8.75</td></tr><tr><td>Mar 2019</td><td>2.5</td><td>3.3</td><td>8.75</td><td>8.75</td></tr></tbody></table><p>● Sickness Rate — Average - - - LCL - - - UCL</p></div> <p>Source: Local data from our Electronic Staff Record</p>		Month	Sickness Rate (%)	Average (%)	LCL (%)	UCL (%)	Mar 2017	3.8	3.8	8.75	9.5	Apr 2017	3.4	3.8	8.75	9.5	May 2017	3.8	3.8	8.75	9.5	Jun 2017	3.5	3.8	8.75	9.5	Jul 2017	3.8	3.8	8.75	9.5	Aug 2017	3.7	3.8	8.75	9.5	Sep 2017	3.9	3.8	8.75	9.5	Oct 2017	4.1	3.8	8.75	9.5	Nov 2017	4.0	3.8	8.75	9.5	Dec 2017	4.2	3.8	8.75	9.5	Jan 2018	4.2	3.8	8.75	9.5	Feb 2018	4.2	3.8	8.75	9.5	Mar 2018	3.6	3.3	8.75	8.75	Apr 2018	3.4	3.3	8.75	8.75	May 2018	3.5	3.3	8.75	8.75	Jun 2018	3.7	3.3	8.75	8.75	Jul 2018	3.7	3.3	8.75	8.75	Aug 2018	2.5	3.3	8.75	8.75	Sep 2018	2.7	3.3	8.75	8.75	Oct 2018	3.5	3.3	8.75	8.75	Nov 2018	3.3	3.3	8.75	8.75	Dec 2018	3.9	3.3	8.75	8.75	Jan 2019	3.1	3.3	8.75	8.75	Feb 2019	2.9	3.3	8.75	8.75	Mar 2019	2.5	3.3	8.75	8.75
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Clinical Quality Priority 8

Progress

Percentage of staff who would recommend the organisation as a place to work or receive treatment (annual Staff Survey)

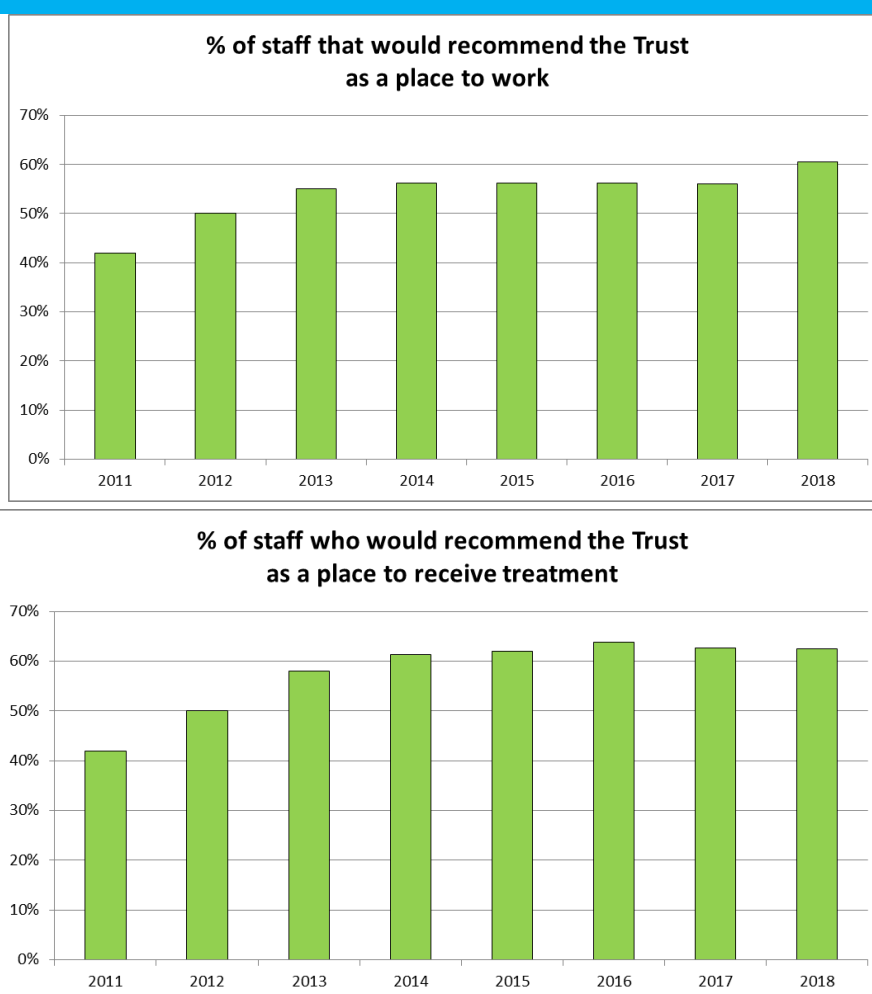
The annual NHS Staff Survey asks staff whether they think that care of people who use services is the organisation's top priority; whether they would recommend their organisation to others as a place to work; and whether they would be happy with the standard of care provided by the organisation if a friend or relative needed treatment.

The Staff Engagement theme is measured across three sub-sections of the survey: Advocacy (recommendation of the Trust as a place to work or receive treatment); Motivation and Involvement. Each organisation is given a score out of 10 with 10 being the best possible score.

Our overall engagement score was 7.13 in 2018 which is slightly higher than our 2017 score of 7.10. We performed slightly better than our sector comparators, who scored 7.09.

Our results for the 'work' and 'treatment' questions are available separately, as percentage figures, as shown in the charts below.

Evidence



Source: National Staff Survey

Clinical Quality Priority 9	Progress
Delayed bed days	<p>We are pleased to report a considerable reduction in delayed transfers of care this year. Delayed transfers accounted for 4.2% of our total occupied bed days in March, compared with 12.6% in April. We have taken the following steps to minimise delayed transfers:</p> <p>Adult Mental Health Services</p> <ul style="list-style-type: none"> • We assess each person on admission, to identify barriers to discharge, and this is recorded and discussed each day at multi-disciplinary team conference calls. • Daily monitoring of bed usage in our own and our partners' inpatient services. • Weekly Complex Case reviews to review potential delayed transfers and people with complex needs and circumstances and to manage them proactively. • Weekly meetings with the discharge team to ensure placement, funding and care packages are in place. • Weekly conference calls with our community mental health recovery services to discuss and update on delayed transfers. • Monthly conference calls with commissioners to discuss and resolve delayed transfers. • Utilisation of Winter Pressures funding. <p>Older People Mental Health Services</p> <p>Our bed management processes for older people's inpatient services have remained focused on ensuring that bed occupancy and bed-flow systems enable an availability of beds to prevent delays in admission.</p> <p>On admission:</p> <ul style="list-style-type: none"> • The ward teams complete a checklist to identify barriers to discharge and ensure notification to Social Care where aftercare support will be needed. • Where support needs are identified, the person is allocated to a dedicated Discharge Hospital Social Worker or a Care Manager working in a community mental health team, to work closely with the person in our care, family/carer and the multi-disciplinary team in planning for discharge. • The help most often needed is in completing eligibility assessments, finding suitable placements and acquiring the funding for them.

During the admission:

- Weekly bed-flow meetings discuss the caseloads on each ward to ensure that people being cared for are working towards recovery or the stabilisation of their care needs that led to the admission.
- An estimated date of discharge is agreed within the first two weeks of the admission and a confirmed actual date of discharge noted when the person has been declared medically fit or optimized for discharge.
- Delayed transfers of care are reported at weekly bed-flow meetings if the discharge has not taken place before, or on the agreed discharge date, and the relevant delay code agreed with the Local Authority and recorded.
- Our internal and external escalation process for reporting on the delayed transfers to the Local Authority and Commissioners has been established and appears to be working relatively well.
- Where gaps in the process have been identified, meetings have been convened immediately to resolve the presenting concerns.

Looking forward:

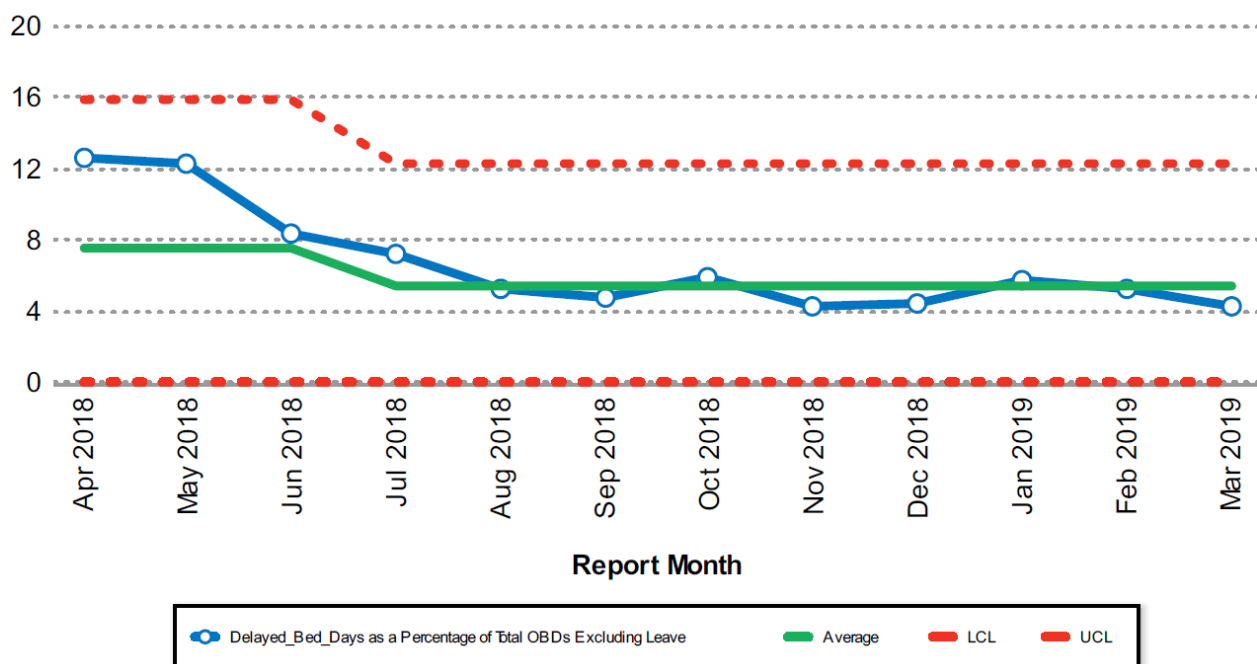
- We will progress the role of the older people community mental health teams (OP CMHTs) as the key component to reducing delayed discharges. Our OP CMHTs will ensure timely completion of the relevant after care assurance forms. They will also ensure good quality crisis contingency plans, linked to the identified community placement and detailing how the designated team will support the placement to manage the person's ongoing needs, including review dates.
- We have asked for an additional resource from the Local Authority: a dedicated Senior Social Care Assistant to support the work of the Discharge Social Care Worker, whose involvement has had a great impact on reducing delayed transfers.
- Our bed management process will be joined by clinical commissioning representation.
- With an older adult population, there are complex medical and social support needs that must be addressed to facilitate safe and efficient discharges. We recognise that it is important to work together with partners from both inside and outside the organisation including social and community care so look to focus on this work next.

Learning Disabilities Services

- We continue to discuss delayed transfers of care at the Transforming Care Response Group, which enables good progress in this area. There continue to be occasions where it is difficult to identify appropriate community placements.
- The Deacon Unit continues to proactively involve Health and Social care in Clinical Reviews, to identify issues and find resolutions for people whose discharge is delayed.

Evidence

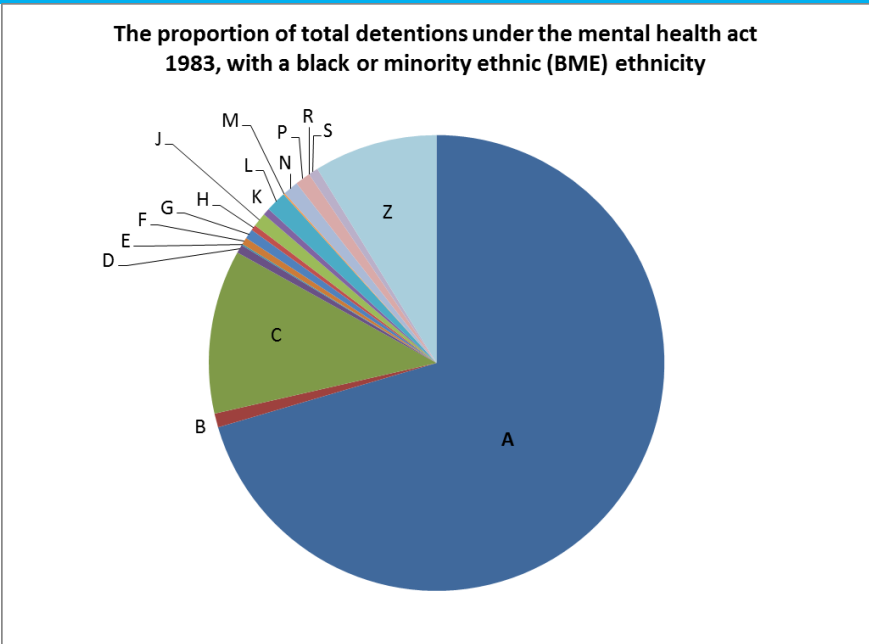
Delayed Bed Days as a Percentage of Total OBDs Excluding Leave



Source: Local data from SystmOne, as reported via our Data Analysis and Reporting Tool.

The term 'OBDs' is an abbreviation of 'occupied bed days'.

Clinical Quality Priority 10	Progress
<p>The proportion of total detentions under the Mental Health Act 1983, with a black or minority ethnic (BME) ethnicity</p>	<p>70% of the detentions under the Mental Health Act during the period April 2018 to March 2019 were people who identified as White British and 21% were people who identified as being from black, Asian and minority ethnic groups. The person's ethnicity was not stated for the other 9% of detentions. To put these figures into context: 84% of the Surrey population identify themselves as White British, 10% as being in black, Asian and minority ethnic groups; and 6% have unstated ethnicity (Office for National Statistics).</p> <p>We currently count and report the number of actual applications of the Mental Health Act rather than the number of individuals detained and some people may have been subject to more than one Section during the reporting period: e.g. a Section 136, a Section 2 and a Section 3. It is, therefore, difficult to make a direct comparison to the ethnicity data for overall admissions. Going forward, we will move to also reporting numbers of unique individuals, so we can understand the experience of people who use our inpatient services better and address any issues that are found when we have the data.</p>
Evidence	
<p>White</p> <p>A British</p> <p>B Irish</p> <p>C Any other white background</p> <p>Mixed</p> <p>D White and Black Caribbean</p> <p>E White and Black African</p> <p>F White and Asian</p> <p>G Any other mixed background</p> <p>Source: Local manually-collected Mental Health Act data</p>	



Asian or Asian British

- H Indian
 - J Pakistani
 - K Bangladeshi
 - L Any other Asian background
- Black or Black British**
- M Caribbean
 - N African
 - P Any other Black background

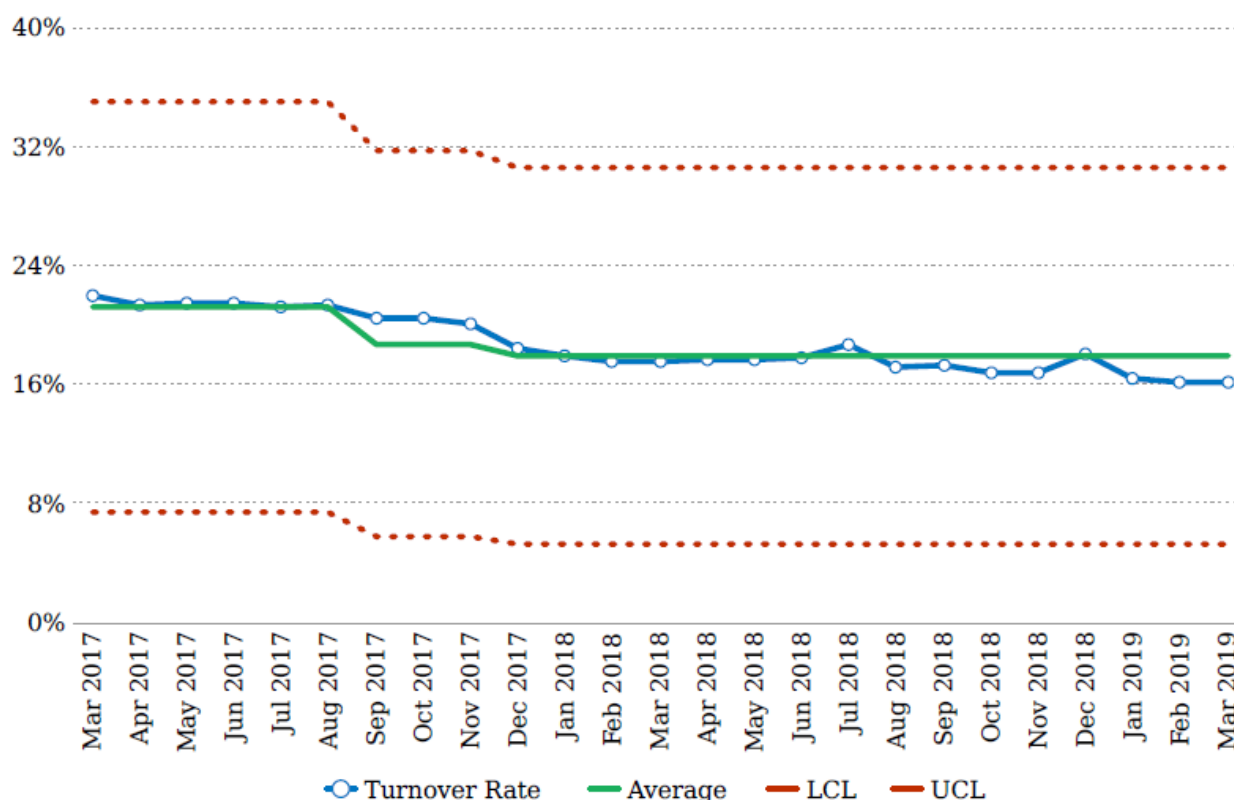
Other ethnic group

- R Chinese
- S Any other ethnic group
- Z Not stated

Clinical Quality Priority 11	Progress
Staff turnover	<p>Staff turnover rates have been steadily decreasing since March 2017, with a lowest point of 16.1% in March 2019. Our staff turnover rate has decreased by 6 percentage points overall during this period.</p> <p>There are some professional groups with higher turnover rates. Those with the highest rates are Administrative and Clerical staff (23.28%) and Healthcare Assistants (20.04%).</p> <p>We are supporting our administrative staff through the Administrative Advisory Committee, which is looking at competencies and career development for those staff. We are also exploring the induction experience for Healthcare Assistants and revising our recruitment days, so that applicants understand the role and can be sure it is the right career choice for them.</p>

Evidence

Staff Turnover Rate



Source: Local data from our Electronic Staff Record

Clinical Quality Priority 12

Progress

Proportion of temporary staff

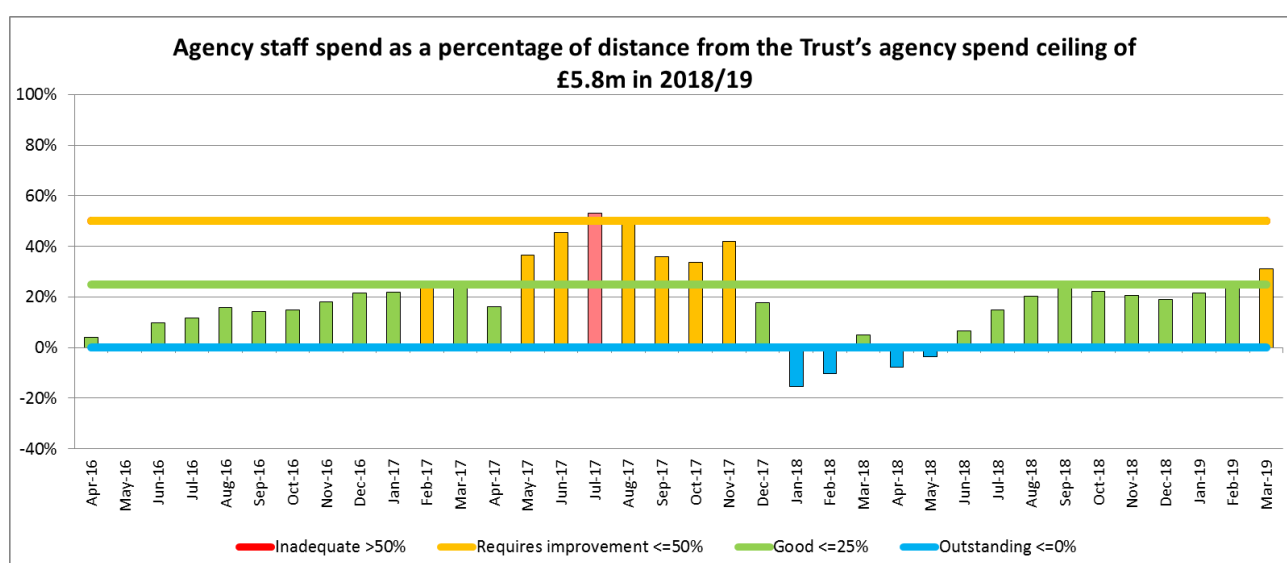
The Trust spent £7.6m on agency staff in 2018/19, which equates to 31% above the agency ceiling of £5.8m set by NHS Improvement.

We have seen an increase in our agency spend this year due to contracting Psicon to support our Child and Adolescent Mental Health Service. During the year, we also engaged Serious Incident investigators for a short period of time. These two areas of spend alone equate to 10% of the excess above our ceiling.

The chart below shows our agency staff spend as a percentage of the distance from the Trust's agency spend ceiling of £5.8m in 2018/19. The spikes during June to October were due to the contracting of Psicon. The spike in March is largely attributable to additional shifts being worked to cover both annual leave and to create additional capacity within our Child and Adolescent Mental Health Service.

Our agency controls have been strengthened during the year and we are rolling out the implementation of SafeCare, which is a tool that links our rostering system with our temporary staff booking system.

Evidence



Source: Local data from our financial ledger: Shared Business Services (SBS)

Clinical Quality Priorities for 2019/20

Our Clinical Quality Priorities for 2019/20 are outlined below. We identified these quality improvement priorities by consulting our Executive Board and Council of Governors.

This year we will focus on national quality indicators from the Single Oversight Framework. We have also taken into account our equality objectives; mandated quality indicators; our monitoring of previous performance; feedback from our Your Views Matter experience surveys; and results from national surveys.

Our Deputy Chief Executive will report our progress against these indicators to our Trust Board and Council of Governors throughout the year and we will publish our progress in our Quality Account for 2019/20 at year end.

No	Measure	Source
1	Out-of-area Placements	Single Oversight Framework
2	Delayed transfers	Single Oversight Framework
3	Staff turnover	Single Oversight Framework

In addition to the Clinical Quality Priorities above, our Quality Account for 2019/20 will also report performance against the locally selected indicators shown in the table below. Where national definitions are not available, we will develop local ones.

No	Measure	Source
	Safety	
1	Restraints	DATIX
2	Violence to staff	DATIX
3	Failure to return from leave	DATIX
4	Absence without leave (AWOLs)	DATIX
	Clinical Effectiveness	
5	Post rapid tranquilization physical health observations	DATIX
6	Risk Assessments in older adult inpatient services	SystemOne/DART
7	Crisis and contingency plans in adult community services	SystemOne/DART
8	Waiting times	TBC
	Experience	
9	Complaints response times	DATIX
10	People satisfied with our services	Your Views Matter
11	Friends and family test	Your Views Matter
12	Carers experience	TBC

2.2 Statements of Assurance from the Board

Review of Services

During 2018/19 Surrey and Borders Partnership NHS Foundation Trust provided and/or sub-contracted 176 relevant Health and Social Care Services:

Division	Services provided
Adult Mental Health	55
Children and Young People	55
Learning Disabilities	36
Older People Mental Health	15
Specialist Services	15
Total	176

Surrey and Borders Partnership NHS Foundation Trust has reviewed all the data available to them on the quality of care in all 176 of these relevant health and social care services.

The income generated by the relevant health and social care services reviewed in 2018/19 represents 100% of the total income generated from the provision of relevant health services by Surrey and Borders Partnership NHS Foundation Trust for 2018/19.

Participation in Clinical Audits and National Confidential Enquiries

During 2018/19, eight national clinical audits and three national confidential enquiries covered the relevant health services that Surrey and Borders Partnership NHS Foundation Trust provides.

During 2018/19, Surrey and Borders Partnership NHS Foundation Trust participated in 100% of national clinical audits and 100% of national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Surrey and Borders Partnership NHS Foundation Trust was eligible to participate in during 2018/19 are as follows:

- National audit of end of life care
- National audit of anxiety and depression – spot light audit
- POMH-UK - Monitoring of patients prescribed lithium
- POMH-UK - Rapid tranquillisation
- POMH-UK - Assessment of side effects of Depot and LA antipsychotic medication
- POMH-UK - Prescribing Clozapine
- Mental Health CQUIN indicator 3a - Improving Physical health care to reduce premature mortality in people with serious mental illness

- Mental Health CQUIN indicator 3b – Collaborating with GPs
- National Confidential Enquiry into Suicide And Homicide By People With Mental Illness – Suicide In Children And Young People
- National Confidential Inquiry into Suicide and Safety in Mental Health
- Suicide by Middle-Aged Men

The national clinical audits and national confidential enquiries that Surrey and Borders Partnership NHS Foundation Trust participated in during 2018/19 are as follows:

- National Confidential Enquiry into Suicide And Homicide By People With Mental Illness – Suicide In Children And Young People
- National Confidential Inquiry into Suicide and Safety in Mental Health
- Suicide by Middle-Aged Men
- National audit of end of life care
- National audit of anxiety and depression – spot light audit
- POMH-UK - Monitoring of patients prescribed lithium
- POMH-UK - Rapid tranquillisation
- POMH-UK - Assessment of side effects of Depot and LA antipsychotic medication
- POMH-UK - Prescribing Clozapine
- Mental Health CQUIN indicator 3a - Improving Physical health care to reduce premature mortality in people with serious mental illness
- Mental Health CQUIN indicator 3b – Collaborating with GPs

The national clinical audits and national confidential enquiries that Surrey and Borders Partnership NHS Foundation Trust participated in, and for which data collection was completed during 2018/19, are listed below alongside, the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National clinical audits and national confidential enquiries our Trust participated in, for which data collection was completed during 2018/19	Percentage or number of total registered cases submitted to the enquiry/audit
National audit of end of life care	100%
National audit of anxiety and depression – spot light audit	100%
Mental Health CQUIN indicator 3a - Improving Physical health care to reduce premature mortality in people with serious mental illness	100%
Mental Health CQUIN indicator 3a - Improving Physical health care to reduce premature mortality in people with serious mental illness	100%
POMH-UK - Monitoring of patients prescribed lithium ¹	Data not available yet
POMH-UK - Rapid tranquillisation ²	N = 7
POMH-UK - Assessment of side effects of Depot and LA antipsychotic medication ²	N = 208

National clinical audits and national confidential enquiries our Trust participated in, for which data collection was completed during 2018/19	Percentage or number of total registered cases submitted to the enquiry/audit
POMH-UK - Prescribing Clozapine ²	N = 116
National Confidential Enquiry into Suicide And Homicide ²	N = 29

Notes:

¹ The results of the POMH-UK - Monitoring of patients prescribed lithium audit are not available at the time of writing our Quality Account.

² We have provided the number of cases submitted, not a percentage figure, because the national organising body did not specify the number of cases required.

The reports of nine national clinical audits were reviewed by the provider in 2018/19 and Surrey and Borders Partnership NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

- Improving compliance with and raising awareness of the National Institute for Health and Care Excellence (NICE) guidelines.
- To improve the physical care of people with Severe Mental Health problems, a single integrated Health Assessment tool is now operational on SystmOne and is being embedded for Working Age Adults.
- To improve the quality of our Communication to General Practitioners we plan to develop and implement e-document formats of documents sent to General Practitioners, to enable efficient and consistent electronic communication between primary and secondary care.
- There has been a Quality Improvement project to support Health clinics to operate within our inpatient services. Health clinics are in the process of being rolled out to our Community teams. Our Early Intervention in Psychosis (EIP) teams have introduced the initiative of a 'lab in the bag', which will mean that the resources needed for physical health checks in the community will be readily available. In addition, our EIP teams will use the Community Mental Health Recovery Service (CMHRS) health clinics when they are available in all areas.

The reports of 15 local clinical audits were reviewed by the provider in 2018/19 and Surrey and Borders Partnership NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided, with all local audits expected to result in recommendations and actions. The following are examples:

- To provide a consistent community team for people with learning disabilities and representation of the Nepalese Strategy Group.

- Introduction of a text message system so people using our services are reminded the day before their appointment
- The psychology team, which now facilitates group supervision on the first Wednesday of each month for one hour to the wider multi-disciplinary team.

Participation in Clinical Research

Each financial year, the National Institute for Health Research (NIHR) sets a target for recruiting people to participate in research. Our target for 2017/18 was 825 participants and we recruited 1,003, which was 22% above the target. Due to our achievements in previous years, our target for 2018/19 was set at 1,000 participants. We recruited 1,148 participants during the year, which is nearly 15% above the target.

We chose to participate in 45 studies. This includes clinical trials of investigational medicinal products, technology projects, other innovative projects, surveys and student (academic awards) projects.

Our award winning project, which we have developed in partnership with the University of Surrey, technology provider Howz and the Alzheimer's Society, is called Technology Integrated Health Management (TIHM) for Dementia. A second phase of the study has recently begun involving up to 150 people with dementia and their carers, following positive outcomes from the first phase, which involved more than 400 participants. A network of digital devices is installed in people's homes and used with artificial intelligence to support them to stay safe and well in their own homes; to reduce hospital and care home admissions; and to relieve the stress on carers.

The National Institute for Health Research (NIHR) funded study, on the Research for Patient Benefit Programme has delivered some preliminary results. The study was a pilot trial of a group-based mindfulness programme for people with psychosis and persecutory delusions. The initial results suggest this therapy is feasible and acceptable and has potentially clinically meaningful effects on depression.

All participants receiving the intervention attended at least 50% of therapy sessions, indicating high acceptability of the intervention. The study retention rate was also high at 96% with only one study drop out (in the treatment as usual arm), attesting to overall feasibility. Small effect sizes were found on both primary outcomes - depression and delusional distress - in favour of the mindfulness intervention. The study team is now exploring the potential for a full trial.

Use of the Commissioning for Quality and Innovation (CQUIN) Payment Framework 2018/19

A proportion of Surrey and Borders Partnership NHS Foundation Trust's income in 2018/19 was conditional on achieving quality improvement and innovation goals agreed between Surrey and Borders Partnership NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2018/19 and for the following 12-month

period are available on request from email: performance@sabp.nhs.uk

The table below identifies the Trust's CQUINs for 2018/19:

Adult and Older Adult and Learning Disabilities Services

Goal No	Goal Name
National 1a Option B	Improvement of health and wellbeing initiatives
National 1b	Healthy food for NHS staff, visitors and patients
National 1c	Improving uptake of influenza vaccinations
National 3a	Cardio metabolic assessment and treatment for patients with psychosis
National 3b	Collaboration with primary care clinicians
National 4	Improving services for people with mental health needs who present at A&E
National 5	Transition of children and young people's mental health services
National 9a	Preventing ill health by risky behaviour's tobacco – smoking
National 9b	Preventing ill health by risky behaviours tobacco – brief advice
National 9c	Preventing ill health by risky behaviours tobacco – referral and medication offer
National 9d	Preventing ill health by risky behaviours alcohol – screening
National 9e	Preventing ill health by risky behaviours alcohol – brief advice of referral

Child and Adolescent Mental Health Service (CAMHS)

Goal No	Goal Name
1a	Improvement in health and wellbeing initiatives
1b	Healthy food for NHS staff visitors and patients
1c	Improving the uptake of flu vaccinations for front line staff
5	Transition of children and young people's mental health services
4	Improving services for people with mental health needs who present to A&E

Learning Disabilities Service

Goal No	Goal Name
1a	Improvement of health and wellbeing initiatives
1b	Healthy food for NHS staff visitors and patients
1c	Improving the uptake of flu vaccinations for front line staff
Local	Dementia screening for people with learning disabilities

The monetary total for the amount of income in 2018/19 conditional upon achieving quality improvement and innovation goals is not yet agreed but is against a target of £2,533k. The monetary total for the associated payment in 2017/18 was £2,463K.

Registration with Care Quality Commission

Surrey and Borders Partnership NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is registered without conditions. All of our health and social care services are appropriately registered.

The Care Quality Commission has not taken enforcement action against Surrey and Borders Partnership NHS Foundation Trust during 2018/19.

Surrey and Borders Partnership NHS Foundation Trust has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

We are pleased to report that our Deacon Unit, our inpatient service for people with learning disabilities was rating outstanding in the well-led domain.

In December 2018, we experienced our annual core services inspection and, in January 2019, our annual 'well-led' review was undertaken by the Care Quality Commission. The report of the inspections has been published and we have maintained our 'Good' rating. All of our core services are rated as 'Good'.

Hospital Episode Statistics

Surrey and Borders Partnership NHS Foundation Trust has not submitted records during 2018/19 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics. However, we intend to do so and are working to address this in 2019/20. We have submitted Mental Health Services Dataset (MHSDS) data during the year in review, which is a far more comprehensive dataset for a mental health trust.

Our data quality is 100% for the NHS Number and GP Practitioner Registration datasets.

The last three months reported by NHS Digital are shown in the tables below:

MHSDS Data Quality

		Jan-19	Feb-19
MHS - DQM01 NHS Number	Valid	30765	30695
	Other	0	0
	Default	0	0
	Invalid	0	0
	Missing	10	10
	Total	30775	30705
Derived	% Complete	100%	100%
NHS Digital	% Validity	100%	100%

		Jan-19	Feb-19
MHS-DQM06 General Medical Practice Code (Patient Registration)	Valid	31290	31145
	Other	0	0
	Default	115	120
	Invalid	0	0
	Missing	0	0
	Total	31405	31265
	% Complete	100%	100%
NHS Digital	% Validity	100%	100%

Information Governance

In April 2018, NHS Digital published a new Data Security and Protection Toolkit (DSPT), which replaced the previous Information Governance Toolkit. It incorporates the requirements of the new data protection legislation. All NHS organisations are required to comply with all the mandatory requirements by the end of March 2019. Our auditors, TIAA, carried out a DSPT audit in February/March 2019. Surrey and Borders Partnership NHS Foundation Trust submitted the DSPT with all the mandatory standards met, on 29 March 2019.

Payment by Results Clinical Coding Audit

Surrey and Borders Partnership NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2018/19 by the Audit Commission. This has been replaced by the local audit framework. During 2018/19, the Trust sub-contracted a clinical coding consultancy firm to carry out a clinical coding audit based on the methodology detailed in the NHS Digital Clinical Classifications Service publication, Clinical Coding Audit Methodology Version 12.0. The audit was completed in March 2019 and the outcome of the audit has met the Advisory level of the NHS Data and Security Toolkit (DSPT) for both primary diagnosis and secondary diagnosis.

Data Quality

Surrey and Borders Partnership NHS Foundation Trust has further improved the systems and processes to ensure that a sustainable, continuous improvement for data quality remains a top priority. The following actions are in progress to improve data quality:

- All new clinical staff are inducted and given SystmOne training based on roles and services.
- Operational managers and clinical professional leads continue to have discussions within respective divisional, team and quality action group meetings.
- Data quality leads and data co-ordinators offer ongoing training and briefing sessions to clinical services teams and visit them on a monthly basis.
- Monthly performance reports continue to be reviewed by clinical services teams to check data completeness.
- Operational managers and teams have access to the Data Analysis and Reporting Tool (DART) reports on a monthly basis to check their progress.

- Individual staff have access to My DATA through DART, where individual clinical performance can be tracked and monitored. The record keeping audit has been reviewed and updated through Meridian to make it more user-friendly. The results continue to hold teams to account in improving data quality.
- Data quality leads have given presentations to working age adult teams on the quality standards set by local commissioners.
- We have introduced a robust referral tracker to all Community Mental Health Recovery (CMHRS) teams to help monitor their referrals/new assessments better.

Learning from Deaths

Mortality Process

Surrey and Borders Partnership NHS Foundation Trust has an established mortality process in place to review reported deaths of people who our services, including those who may have been discharged but accessed our services up to six months prior to their death, to ensure learning is obtained. Therefore, the data below includes deaths of people who may not have been receiving our services at the time of their deaths.

During 2018/19 there were 1,336 people who had engaged with our services in the six months prior to their death. This is shown below in each quarter of that reporting period:

- Q1: 338
- Q2: 313
- Q3: 343
- Q4: 342

Every relevant death that we are notified of receives a 'screening' and is reviewed against the criteria advised by the NHS England Quality Board guidance 'Learning from deaths'. Screenings are reviewed and, if any potential care and / or service delivery issues have been identified, a further mortality review is undertaken.

The number of further reviews carried out in each quarter was:

- Q1: 43
- Q2: 40
- Q3: 37
- Q4: 25

Serious Incident Investigations

During 2018/19, there were 70 deaths of people registered as serious incidents, of which 20 deaths are in the final stages of investigation and sign off at the time of writing this report. The investigations into 50 people's deaths under the serious incident framework to establish a root cause have been concluded. Of these 50 deaths, for 8 people it was judged that different care may have affected the outcome (where the investigation identified a root cause) (=16%).

In 2018/19 we identified the themes listed below from our serious incident and high level incident investigations:

- Communication: Mainly in relation to timeliness of or lack of communications from working age adult teams to people who use services and their carers, as well as to primary care services following assessments or changes to care plans.
- Clinical decision making: Clinical decisions do not always reflect the outcome of assessments.
- Risk assessments: The lessons in relation to risk assessments related to the adequacy of assessments and/or lack of consideration for longitudinal risk factors.
- Record keeping: Incomplete or non-contemporaneous record keeping.
- Care plans: These were not consistently in place or reviewed and updated following changes in people's circumstances.
- Staff resources (in the children and young people's division in particular): Absence of up to date guidelines to support clinical work

The actions below have taken place or are expected to be completed in relation to what we have learnt from our investigations during 2018/19:

- Our Care Programme Approach Policy was updated and approved in June 2018 and further clarifies the need for enhanced effective planning of care, communication and risk assessment.
- To further enhance our communication with carers and families, our Carer Practice Advisors continue to work with teams across the Trust to support carers. In 2016 the Trust was accredited a second gold star from the Carers Trust after positive feedback from Triangle of Care audits. There is, however, ongoing concern from families that they are not involved enough and that their views are not often asked for in relation to the person who uses our services. This is something that is addressed with individual teams when learning arises from Serious Incident investigations.
- Ensuring our record keeping audit is adhered to by teams and that learning from these is shared through existing governance structures, including through the Acute Care Forum.
- Risk Assessments and subsequent Risk Management is a consistent theme that has been recognised and our roll out of Suicide Prevention Training will help deliver improvement in these areas as it focuses on improving awareness in the following:
 - Risk Assessment
 - Risk formulation
 - Care Crisis Contingency Planning
 - Understanding the person in the context of suicide
 - Individualised assessment including ensuring consideration of the needs of people with Autism Spectrum Disorder
- There has also been further focus on enhancing the quality of our Risk Assessment, Management and Care Planning through the following initiatives:

- Several reported incidents related to people absent without leave from our inpatient services. A second Task and Finish Group has begun meeting to address the measures that need to be in place to further mitigate identified risks, e.g. enhanced security arrangements at reception areas.
 - The Falls Review Group is focusing on target improvement work to ensure we enhance reliability of our falls risk assessment and management processes. The current quality improvement work is reviewing the suitability of current tools in place, such as the falls risk assessment, and supports the testing and implementation of new methods and processes for reducing the risk of falls.
 - Work has also been done to ensure that the searching policy is being followed correctly, by removing any items that could potentially be used to self-harm, and ensuring timely review of both care plans and risk assessment, following an adverse event on the ward.
 - Our Policy Assurance Group is responsive to learning from Serious Incidents and new guidance and requests policy review where required.
 - Our daily morning Safety meetings and afternoon hospital calls ensure ongoing support is given and assurance sought on care planning, risk assessment and access to SystmOne when a ward is staffed by temporary staff.
- Following the death of a person by suicide in our inpatient services, practical changes were made to how care is delivered to enhance the safety of people on our wards. These changes include the way we review risk, undertake observations and delivery of suicide prevention training to over 200 inpatient staff

Ways in which staff can speak up

Surrey and Borders NHS Foundation Trust employs an independent Freedom to Speak Up Guardian who undertakes a shared role for both our Trust and Sussex Partnership NHS Foundation Trust.

We have a current Whistleblowing Policy that advises all workers within Surrey and Borders, whether a substantive employee or not, of the support they can access from the Guardian. Employees are encouraged to speak up confidentially in a number of ways:

- By talking with their line manager
- By e-mailing, telephoning or meeting with the Freedom to Speak Up Guardian
- By talking with a Board Director or senior manager within our Trust
- By speaking to the Non-Executive Director with special interest in whistleblowing
- By speaking to the Chief Executive
- Employees may also call a confidential helpline hosted by the company that runs our Employee Assistance Programme, Community Interest Company (CIC). However, since the introduction of the Guardian role in April 2017, nobody has used this facility
- Whilst not encouraged, a concern could be raised anonymously over the telephone or by letter
- Employees are provided with details within the Whistleblowing Policy of how to speak up externally if they prefer

If an employee raises concerns with the Freedom to Speak up Guardian, they are provided with feedback every two to three weeks, with updates from management on the actions to resolve the particular concern. This feedback may be in writing, via e-mail or by telephone.

The Trust policy clearly states that nobody should suffer any hardship as a result of speaking up. Our Guardian points this out to all employees when they raise concerns and they are asked to get back in touch with the Guardian the minute they become uncomfortable about the way they are being treated. There have been four instances raised with the Guardian in the last financial year where employees have felt they have been treated unfairly after speaking up and all of these issues have been raised and resolved with management.

Surrey and Borders had 63 concerns raised with the Guardian during its first year of having a Freedom to Speak Up Guardian (2017/18). We are pleased that in our second year, 2018/19, this figure has risen to 71. Our Guardian reports both qualitative and quantitative data to our Trust Board on a quarterly basis and the insight provided to our senior leaders is very much welcomed.

Plans for Improvement to Reduce Rota Gaps for NHS Doctors

Surrey and Borders NHS Foundation Trust moved to a “shift system” for the junior doctor rota in each of the three localities (North West, South West and East) in August 2016.

Our middle grade doctor rota remains on a partial shift, non-resident, on call basis.

Our medical staffing team identifies rota gaps on a routine basis. Shifts are then covered by bank staff, attracting locum pay. This can have the effect of drawing some of those staff away from their regular “daytime” duties to cover the gaps. Our Guardian of Safe Working Hours is, therefore, available to monitor individual doctors’ hours, to ensure compliance with national guidelines.

During the last 12 months only a small number of rota gaps remained uncovered:

- One was filled by a person remaining for an additional 2 hours in work.
- One was filled by a person working a double shift; an incident that was exception reported.
- One further episode took place over two consecutive nights and was filled by middle grade doctors “acting down” to fill the junior doctor shift.

We are taking the following actions to reduce rota gaps:

- We are proactively recruiting for junior doctors to cover the period of induction of the new junior doctor intake (annually in April, August and December), as this has been a flashpoint for rota gaps over the last 12 to 18 months.
- We are formalising, via the junior doctors forum, the process to be followed when a rota gap is identified at short notice (such as short notice sickness), defining individual responsibilities for the on call manager, on call consultant, switchboard operator and for any doctor in an “acting down” role.

- We are clarifying the role of WhatsApp groups and social media in advertising short-term rota gaps to fill locum spots with bank junior staff and we are improving processes whereby trainees can escalate a rota gap that has been identified.
- The Medical Directorate has reviewed sickness absence management procedures for trainees on short term placements, including the use of Level 1 sickness reviews, after high levels of sickness absence were identified on the rota during 2016/17.

2.3 Reporting Against Core Indicators

1. The percentage of people supported by Care Programme Approach who were followed up within 7 days after discharge from inpatient care during the reporting period

2017/18				
	Q1	Q2	Q3	Q4
Our Trust	98.2%	98.6%	92.9%	93.7%
National	96.7%	96.7%	95.4%	95.5%
Lowest National	71.4%	87.5%	69.2%	68.8%
Highest National	100.0%	100.0%	100.0%	100.0%
2018/19				
	Q1	Q2	Q3	Q4
Our Trust	96.4%	93.0%	95.7%	97.5%
National	95.8%	95.7%	95.5%	95.8%
Lowest National	73.4%	83.0%	81.6%	83.5%
Highest National	100.0%	100.0%	100.0%	100.0%

Source: The figures for our Trust are local data from SystmOne. The national figures are from the Mental Health Community Teams Activity statistics published by NHS England.

Surrey and Borders Partnership NHS Foundation Trust considers that this data is as described for the following reasons:

- Our procedural guidance instructs staff how to record information accurately on SystmOne. The data is based on reports that have been tested to ensure they accurately reflect information recorded by clinical service teams.
- Our data quality leads investigate any breaches. The results are checked for plausibility by the Quality Assurance and Reporting team and signed off by the Divisional Director, before they are submitted to NHS Improvement and NHS England.

Surrey and Borders Partnership NHS Foundation Trust has taken the following actions to maintain and improve the percentage of people followed up within seven days and so the quality of its services:

- Daily conference calls across adult clinical service teams.
- A process map has recently been introduced to help prepare for discharge and to ensure community services are available to follow up with people.
- Weekly team meetings within community services to discuss all people discharged and ensure follow up.

- The results are shared with operational managers and professional leads and presented to the relevant teams and they are advised on areas which require improvement.

2. The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period

2017/18				
	Q1	Q2	Q3	Q4
Our Trust	94.4%	95.8%	97.7%	93.7%
National	98.7%	98.6%	98.5%	98.7%
Lowest National	88.9%	94.0%	84.3%	88.7%
Highest National	100.0%	100.0%	100.0%	100.0%
2018/19				
	Q1	Q2	Q3	Q4
Our Trust	96.8%	95.4%	96.5%	96.2%
National	98.1%	98.4%	97.8%	98.1%
Lowest National	85.1%	81.4%	78.8%	88.2%
Highest National	100.0%	100.0%	100.0%	100.0%

Source: The figures for our Trust are local data from SystmOne. The national figures are from the Mental Health Community Teams Activity statistics published by NHS England.

Note: The national data for Quarter 4 is due to be published on 10/5/2019 and we will add it to the above table then.

Surrey and Borders Partnership NHS Foundation Trust considers that this data is as described for the following reasons:

- Our procedural guidance instructs staff how to record information accurately on SystmOne. The data is based on reports that have been tested to ensure they accurately reflect information recorded by clinical service teams.
- Our data quality leads validate each record on the report. The results are checked for plausibility by the Quality Assurance and Reporting team and signed off by the Divisional Director before they are submitted to NHS Improvement and NHS England.

Surrey and Borders Partnership NHS Foundation Trust has taken the following actions to maintain and improve the percentage of admissions that are gate-kept by our home treatment team, and so the quality of its services:

- Staff in clinical services are fully aware of the protocols in place to ensure all admissions go through the home treatment team who act as gatekeepers to our acute wards.
- The results are shared with operational managers and professional leads and presented to the relevant teams on their performance and they are advised on areas which require improvement.

3. Readmissions within 28 days of discharge

Readmissions within 28 days of discharge				
	Q1	Q2	Q3	Q4
2017/18	11.3%	10.5%	12.3%	14.2%
	Q1	Q2	Q3	Q4
2018/19	11.6%	8.7%	7.8%	6.8%

Source: Local data recorded on our Electronic Patient Record

We are pleased by some significant improvements for readmissions with 28 days for people discharged from our Adult Acute, Psychiatric Intensive Care and Older People Acute inpatient services. The figures do include a number of people who were readmitted within 28 days more than once during the year. These are primarily people with a personality disorder or who need treatment for substance misuse.

National data and figures for other providers are not available. This is because NHS Digital has suspended publication of the 'Hospital Episode Statistics: Emergency readmissions to hospital within 28 days of discharge' data, pending a methodology review and results of the Health and Social Care Information Centre statistics consultation.

Surrey and Borders Partnership NHS Foundation Trust considers that this data is accurate and up to date as entered onto our Electronic Patient Record.

Surrey and Borders Partnership NHS Foundation Trust has taken the following actions to continue to improve this percentage and so the quality of its services:

- Discharge planning starts early during people's hospital stay to help them prepare better for discharge.
- Crisis and contingency plans are put in place for all people prior to discharge.
- Our community teams follow people up within seven days of discharge.
- Each day we have a multi-disciplinary team (MDT) meeting across our wards, with Home Treatment Team and Community Mental Health Recovery Service. to ensure that we are providing shared care.
- People can access their nominated care co-ordinator and the Home Treatment Team direct.
- Our Crisis Line service is available 5.00pm - 9.00am Monday to Friday, with 24 hours cover at weekends and Bank Holidays.
- Our Safe Havens provide access to face to face mental health support to people during weekends and evenings.
- In partnership with the Police, we have implemented the Surrey High Intensity Partnership Programme (SHIPPP), to support people differently that have complex needs and whose behaviours can be challenging and risky.

4. Patient experience of community mental health services indicator score with regard to patients' experience of contact with a health or social care worker during the reporting period

Health and social care workers 2017	Our Trust's score	Lowest national score	Highest national score	Surveys completed
Section score	7.8	6.4	8.1	233
Did this person listen carefully to you?	8.3	7.2	8.7	218
Were you given enough time to discuss your needs and treatment?	7.9	6.2	8.1	216
Did the person or people you saw understand how your mental health needs affect other areas of your life?	7.2	5.8	7.8	210

Health and social care workers 2018	Our Trust's score	Lowest national score	Highest national score	Surveys completed
Section score	7.1	5.9	7.7	238
Were you given enough time to discuss your needs and treatment?	7.4	6.2	8.0	229
Did the person or people you saw understand how your mental health needs affect other areas of your life?	6.9	5.7	7.5	225

Source: National data from the CQC Community Mental Health Survey

Surrey and Borders Partnership NHS Foundation Trust considers that this data is as described for the following reasons:

- NHS Surveys designed the Care Quality Commission Community Mental Health Survey and collated the results. Service teams encourage people using services to complete experience and satisfaction surveys,

Although there were no statistically significant differences between last year's and this year's results for the 16 questions, we are pleased that we did so well compared to other trusts. We are slightly disappointed that we did not do as well as last year for the following five questions:

- Have you been told who is in charge of organising your care and services?
- Were the reasons for this change explained to you at the time?
- What impact has this had on the care you receive?
- Were you involved as much as you wanted to be in decisions about which medicines you receive?
- Overall... I had a very good experience

Our People Participation group will be working with us to progress a meaningful response to these findings.

5. The number and rate of patient safety incidents reported within the Trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death

	Number of incidents reported by our Trust per 1,000 bed days	Average number of incidents reported per 1,000 bed days: Mental Health Trusts	Lowest number of incidents reported per 1,000 bed days: Mental Health Trusts	Highest number of incidents reported per 1,000 bed days: Mental Health Trusts
Apr 2016 – Sept 2016	40.03	46.23	10.28	88.97
Oct 2016 – Mar 2017	28.51	44.33	11.00	89.00
Apr 2017 – Sept 2017	24.69	51.50	16.00	126.47
Oct 2017 – Mar 2018	18.37	46.53	14.88	96.72
Apr 2018 – Sept 2018	46.15	55.35	24.9	114.3

Source: Local data recorded on our risk and safety incident reporting system, Datix

Surrey and Borders Partnership NHS Foundation Trust submits data to the National Reporting and Learning System (NRLS) on a monthly basis for all incidents that occur and are recorded on Datix, relating to people who access our services. This data is collected by the NRLS, who release data overviews twice a year for each NHS Trust in relation to occurrence of incidents per 1,000 bed days and also compares submitted data to other trusts throughout the country. The latest available NRLS data is for the period April to September 2018.

Over previous years, we have featured in the lower end of the NRLS national comparison of incidents reported per 1,000 bed days. However, the most recent NHS Improvement NRLS Report, for the period April 2018 to September 2018, shows a significant improvement in reporting (46.2 incidents per 1,000 bed days), compared to 24.69 incidents per 1,000 bed days for the same period in the previous year. Maintaining this improvement trajectory is imperative to ensure that Surrey and Borders Partnership achieves the average of other mental health trusts.

Surrey and Borders Partnership NHS Foundation Trust considers that this data is as described for the following reason:

- Incident reporting has improved year on year and we have taken a proactive approach to increasing the number of incidents being reported, to encourage an open and transparent culture to improve the services we offer to people. Historically, staff have

actively reported those incidents that result in extreme harm or death but did not always recognise occurrences resulting in a lesser degree of harm or near miss as an incident to be reported.

One of the reasons for the recent increase in reporting is due to a manual data cleansing exercise undertaken by the Clinical Risk and Safety Team and timelier reporting to NRLS. There is further ongoing working to map NRLS codes against our incident reporting system (DATIX).

Surrey and Borders Partnership NHS Foundation Trust has taken the following actions to improve these results, and so the quality of its services:

- The continued use of incident ‘huddles’ in our teams to review incidents. Thus increasing awareness of each incident, the importance of reporting incidents and the learning.
- Dedicated incident reporting training directed to our frontline teams.
- Monthly reports delivered to each service Quality Action Group, explaining what happens with the data reported and how this creates themes and trends to learn from and encourages reporting.

The latest NRLS report also includes the ratio of those incidents reported as deaths of people who use our services in relation to 1,000 bed days and comparison with other mental health trusts.

	Number of deaths reported by our Trust to NRLS	Deaths as a percentage of total number of incidents reported by our Trust to NRLS	Mental Health Trusts average: number of deaths reported to NRLS	Mental Health Trusts average: deaths as a percentage of total number of incidents reported to NRLS
Apr 2016 – Sept 2016	26	1.8%	23	1.1%
Oct 2016 – Mar 2017	19	2.0%	23	1.0%
Apr 2017 – Sept 2017	29	3.4%	23	0.9%
Oct 2017 – Mar 2018	24	3.9%	25	0.9%
Apr 2018 – Sept 2018	33	2.1%	26	0.9%

Source: Local data recorded on our risk and safety incident reporting system, Datix

At first view it appears that we have a higher than average reporting rate of deaths as a percentage of the total number of incidents relating to people who use our services. However, according to the NRLS website, not all organisations apply the national coding of deaths and other degrees of harm in a consistent way, which can make comparisons between organisations difficult. The 33 deaths of people recorded between April 2018 and September 2018 include:

- Unexpected deaths/suspected suicide of people who use our services, or who have used them in the past.
- Deaths of people that have been classified as natural causes. These deaths are not reportable to NRLS but a delay in establishing a cause of death can result in them being reported to NRLS. Our mortality work stream is now ongoing and part of its function is to confirm causes of death.

Caveats to This Declaration

Surrey and Borders Partnership NHS Foundation Trust considers that the data above is as described for the following reasons:

- We are actively driving up the numbers of incidents being reported and logged as incidents. There is an element of local clinical judgement in the reported figures, which we have tried to manage by providing training, and there are various policies and processes in place relating to incident reporting to support this process. However, this does not provide sufficient assurance that could be subject to audit to ensure that all incidents are being reported. This is in line with all other trusts.
- There is also clinical judgement needed in the classification of an incident as 'severe harm', as it requires moderation and judgement against subject criteria and processes. This can be evidenced, as classifications can change once they are reviewed

Part Three: Other Information

The following is an overview of the care offered by our Trust based on performance in 2018/19 against some of our additional local safety, people's experience and clinical effectiveness indicators. We feel that this part of the Quality Account gives us the opportunity to demonstrate our performance in other areas that are not mentioned in the Quality Account thus far. These and other indicators are reported regularly to the Board through our quality, risk and safety reporting.

Performance Against Locally-selected Indicators

The data for the quality indicators in this section is based on local definitions.

Patient Safety

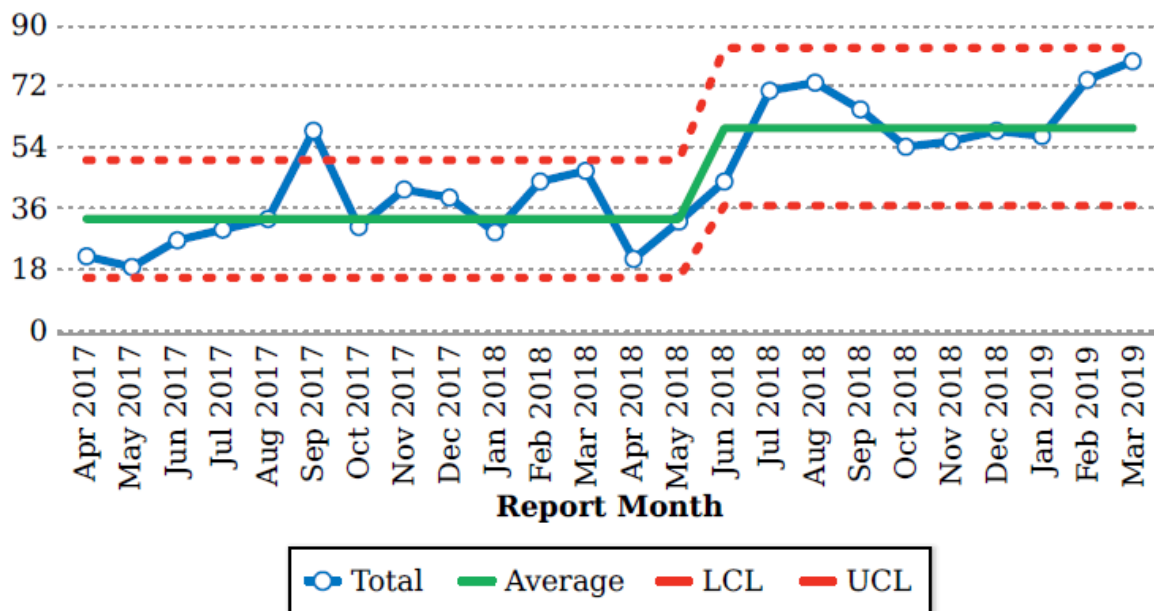
1. Restraints

We continue to monitor our reported incidents where restrictive interventions have been used and, through our Positive and Safe Group, we agree targeted pieces of work to ensure people receive positive care and that the least restrictive interventions are used in all cases. We continue to monitor our reported use of face down restraints across all of our services and the data is showing common cause variation in our data for this indicator.

We have no reported incidents of mechanical restraint and teams are currently working on updating their 'blanket approach' assessment, to ensure that all agreed blanket approaches that are used in our services are always in the best interest of the people using the services.

There was an increase in reported incidents of restraint in the three month period January to March 2019. A total of 211 restraints were reported during this period, of which 42.6% (90 restraints) were attributed to five people. The person who was involved in the highest number of restraint incidents per person for this period was an inpatient in our Deacon Unit (28 restraints). These restraint incidents occurred in the context of supporting the person to reduce risk and prevent harm to the person. The second highest number of restraints for an individual was a person on Juniper ward (20 restraints). These restraint incidents occurred in the context of administering the person's prescribed insulin injection, as part of the person's agreed care plan. The person with the third highest number of restraint incidents during this period (19 restraints) was an inpatient on Rowan ward whose care has now been transferred to a specialist personality disorder unit. The fourth highest (12 restraints) was in relation to a person on Rowan ward who had to be restrained for the safety of other people on the ward. The fifth person (11 restraints) was an inpatient on the Deacon Unit where restraint was used to keep the person safe and prevent harm to the person.

Episodes of Restraint



Source: Local data recorded on our risk and safety incident reporting system, Datix

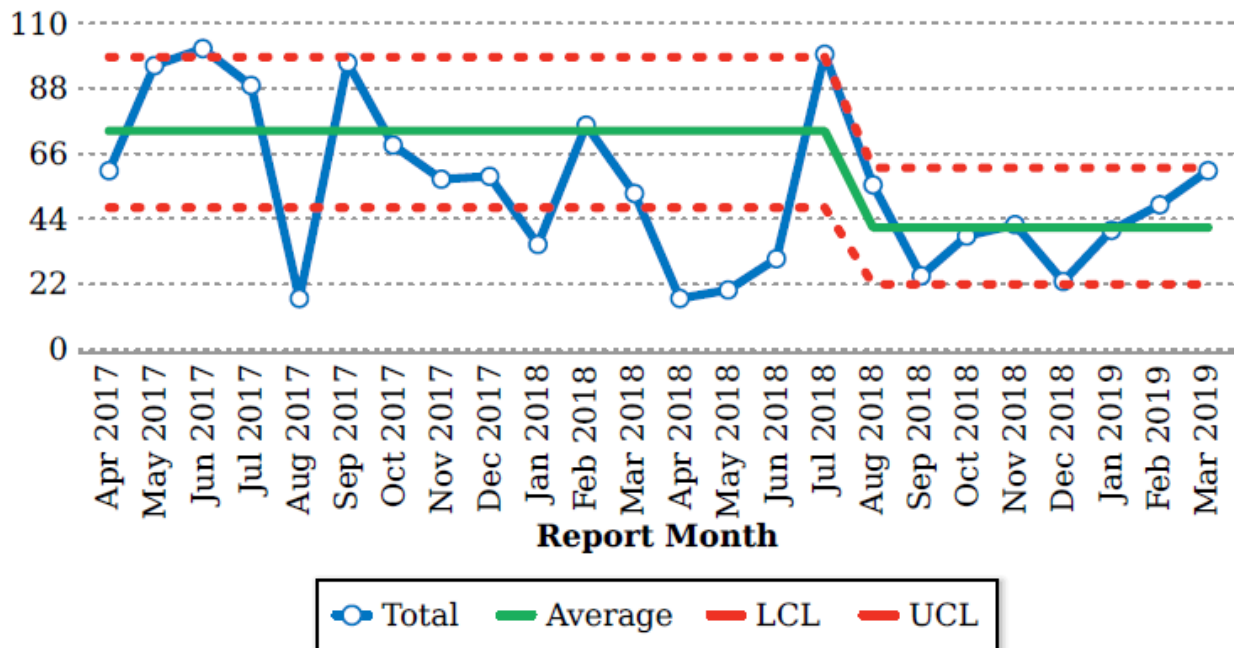
2. Violence to staff

The security and safety of our staff, people who use our services, carers and visitors continues to be a key priority for us as an organisation. We recognise that our staff working in inpatient settings are at risk of verbal and/or physical assault due, to the acute needs of the people being supported in those settings.

We encourage clinicians to provide mental capacity forms to inform police to investigate incidents of abuse where a member of staff has been assaulted by a patient or there is extensive criminal damage. The Local Security Management Specialist (LSMS) supports Police with investigations and there have been successful prosecutions. Prosecutions are publicised through communications to the media, e.g. serious investigations, such as homicide.

In addition to the work of the LSMS, specific work streams have been established to monitor and work to reduce incidents of violence towards people who work in our frontline services and ensure that people who have been affected receive appropriate support.

Violence against staff



Source: Local data recorded on our risk and safety incident reporting system, Datix

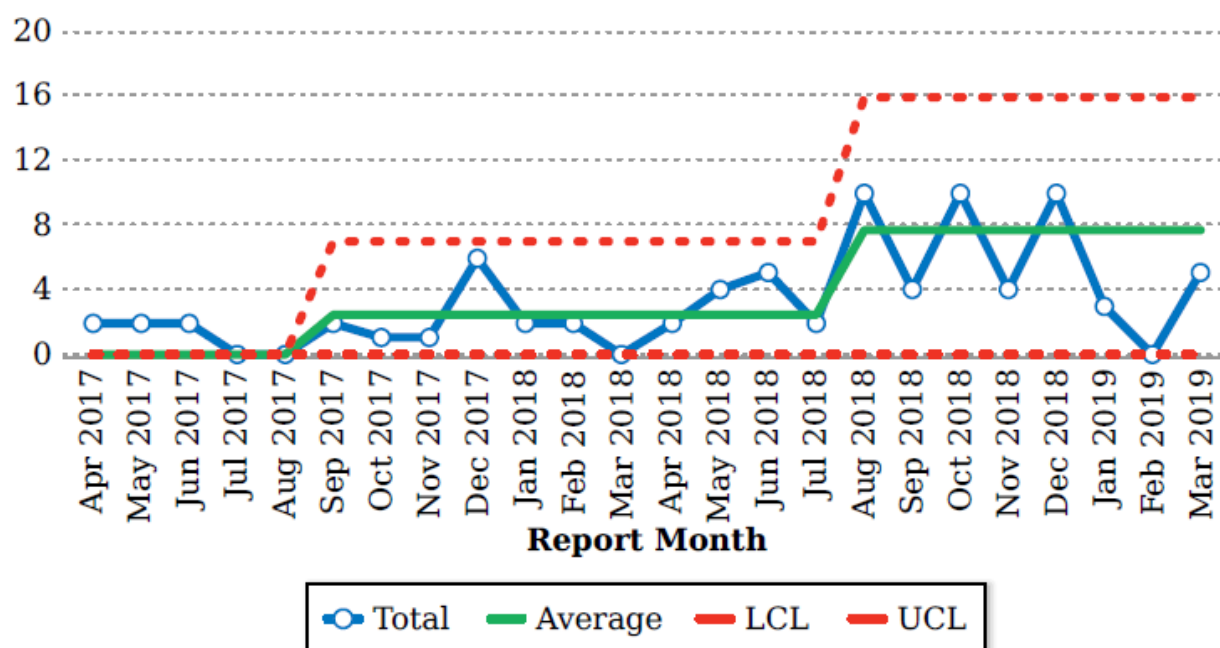
3. Failure to return from leave

More work is required to reduce the risk of people failing to return from agreed ('Section 17') leave. Nationally, we know that 50% of 'inpatient deaths by suicide' occur when people are absent from the wards on agreed leave or fail to return from leave.

Our teams have increased vigilance when people are going on leave with regard to risk assessing before the leave takes place and we have trained over 100 of our inpatient services staff in suicide prevention in response to incidents occurring whilst people are on leave at Farnham Road Hospital.

We have set up a Task and Finish group to give focus to and improve our Section 17 leave practice across our inpatient units.

Failure to return from leave



Source: Local data recorded on our risk and safety incident reporting system, Datix

Clinical Effectiveness

1. Post rapid tranquillisation physical health observations

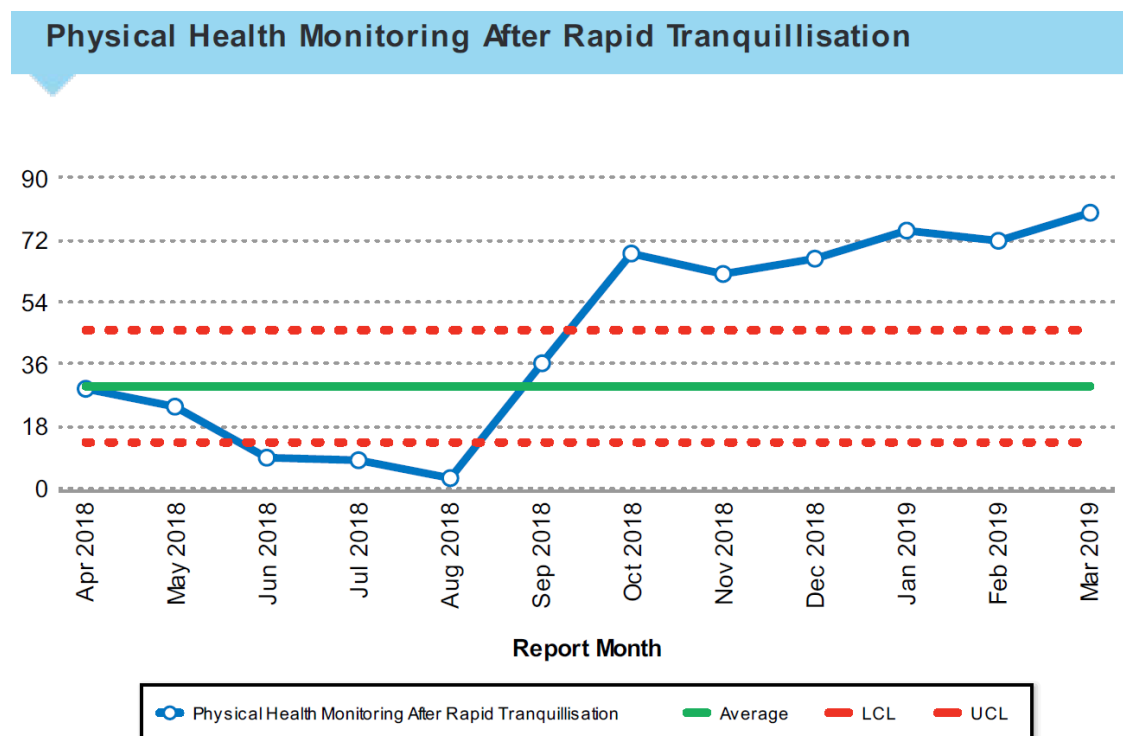
The Prescribing Observatory for Mental Health (POMH-UK) audit on episodes of rapid tranquillisation (RT) was undertaken during March 2018 to May 2018. This audit highlighted a low level of physical health monitoring after episodes of rapid tranquillisation. However, the findings for our Trust should be interpreted in the context of a low level of engagement with the audit and that the audit was undertaken prior to an update to our RT policy.

A recent key change to our RT policy is that a member of staff, designated by the nurse in charge, should monitor the person who has been restrained and received intramuscular injection medication for Rapid Tranquilisation purposes for side effects and record their physical health observations on a Modified Early Warning System (MEWS) chart, if the person consents to physical monitoring. A clear non-contact observation protocol and recording form has been developed for those who do not consent. Observations should be conducted every 15 minutes for the first two hours after administration, regardless of whether the person is ambulatory or not.

Recording of episodes of RT on our risk and safety incident reporting system (Datix) has been adjusted during the year and, in late August, the requirement to document whether physical health monitoring was carried out became a mandatory question. This has contributed to an improvement in the data and its analysis. The multidisciplinary quality improvement group of staff within the Trust are continuing to work to make improvements around the safety of people who may be exposed to RT and restraint interventions. The key

aim of the group is to improve our physical health monitoring and debriefing of staff and people who use services post restraint or RT. In addition to the work described above, we have developed a training module, which covers the principles of the rapid tranquillisation policy and procedure. This is currently delivered within the conflict resolution and physical restraint training our staff receive and an e-learning module is in development. The working group has noted significant improvement in monitoring of people after RT at Farnham Road Hospital and is working to develop a similar improvement in monitoring at the Abraham Cowley Unit.

The working group is testing a series of improvement ideas across clinical services, as Quality Improvement projects, so the impact of these ideas can be evaluated and further resources developed, to reduce variability and improve safety in this area. Some of the current projects include implementing the restrictive physical intervention tool (RPIT); a new form designed to help make it easier for staff to accurately record such incidents, to help make sure we capture all the relevant information during a restraint episode; and developing better and more consistent ways to support the debrief process for teams and the person using our services who has experienced restraint or RT. It is planned to re-use the audit tool from the POMH-UK audit as a locally-managed audit, to determine improvements since the changes described above.

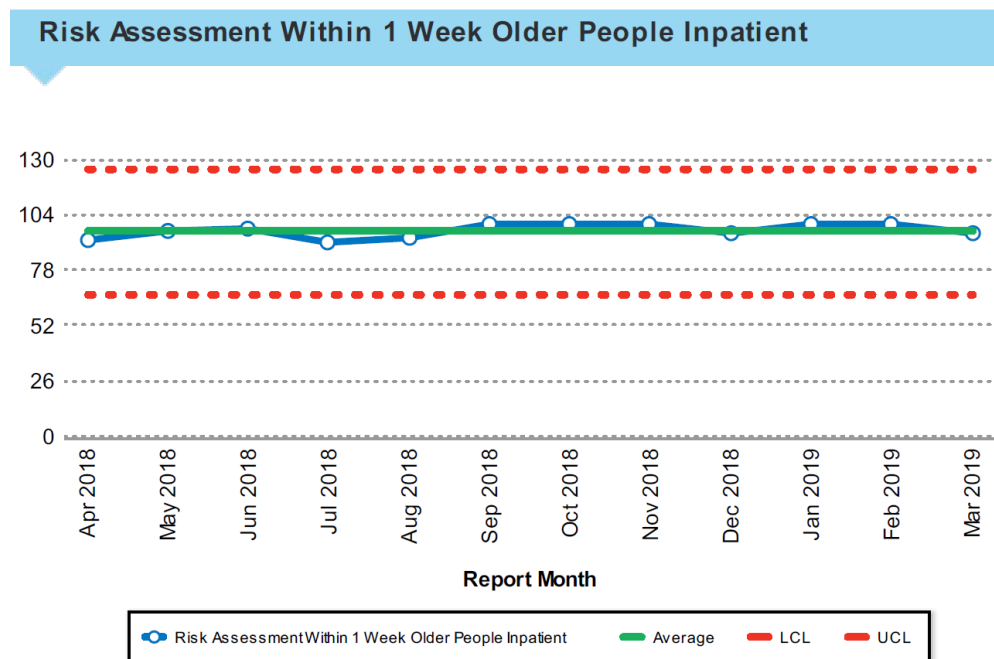


2. Risk Assessments in older adult inpatients

Our local Quality Standard, set by Commissioners is that at least 90% of people admitted to our Older People's acute inpatient wards should have their assessment of presenting risks undertaken within a week of the admission and care plans documented within the same time frame.

We are consistently achieving 100% for the care plan standard and identify the need for improvement for the risk assessment, which ranges between 75% - 90%.

We have reviewed that the standard for the risk assessment will be within 24 hours of the admission.



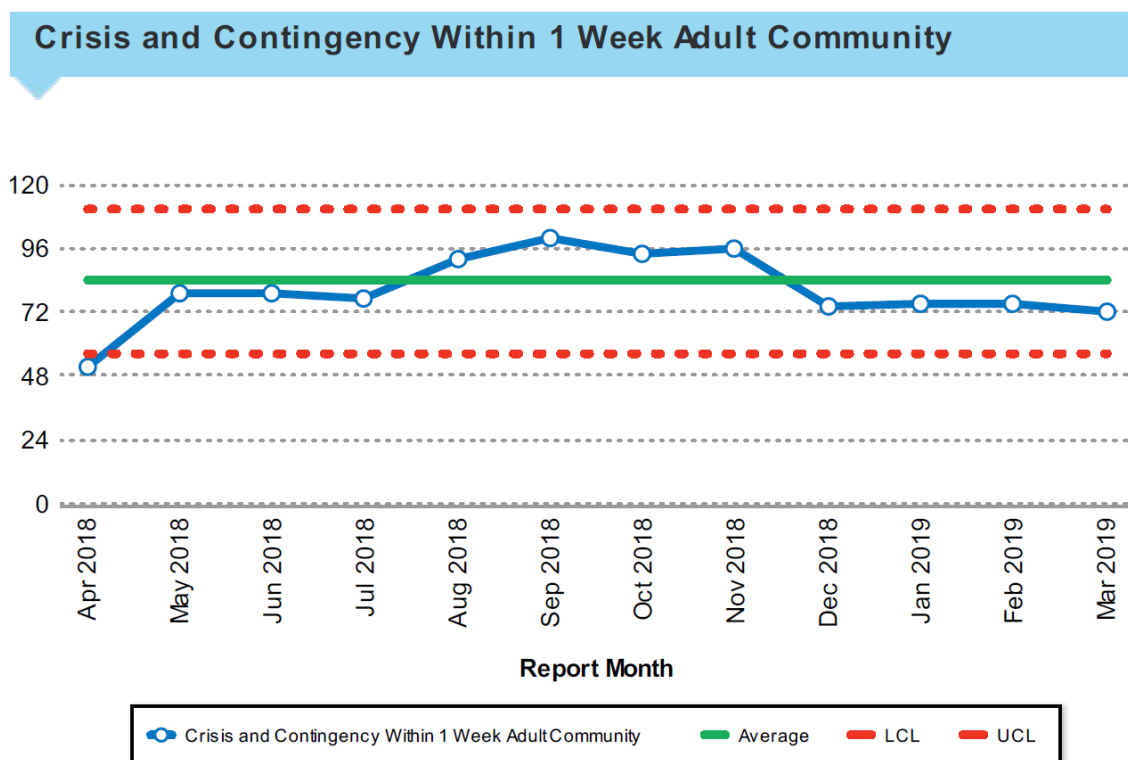
Source: Local data from SystmOne, as reported via our Data Analysis and Reporting Tool.

3. Crisis and contingency plans in adult community services

We have made significant improvement for this local quality standard this year. In April 2018, 51% of people using our Adult Community services had a Crisis and Contingency Plan within one week. This improved to an average of 83% over the rest of the year. We have taken the following steps to achieve this:

- Further training on this aspect of care has taken place and is now be included in the new Clinical Care Pathway.
- Teams have introduced additional data quality days per month. This allows them to ensure health records are comprehensive.
- The crisis and contingency plan has been updated on our electronic clinical record system (SystmOne) to be more user-friendly.
- Data quality leads and data co-ordinators offer ongoing training and briefing sessions as required to clinical team.
- Monthly performance reports continue to be reviewed by clinical service teams to check data completeness.
- Operational managers and teams have access to reports from our Data Analysis and Reporting Tool (DART) on a monthly basis, to check progress.
- Individual staff have access to 'My DATA' reports through DART, where individual clinical performance can be tracked and monitored.
- The record keeping audit has been reviewed and updated through our people's experience feedback reporting tool (Meridian,) to make it more user-friendly. The results continue to hold teams to account in improving data quality.
- Data Quality Leads have given presentations to working-age adult teams on the quality standards.

We have introduced a robust Referral Tracker to all community mental health recovery service teams, to help monitor their referrals/new assessments better.



Source: Local data from SystmOne, as reported via our Data Analysis and Reporting Tool.

People's Experience

1. Complaints response times

Our Complaints Team introduced a process change in collaboration with colleagues in our Operational Divisions from 1 March 2018. We now aim to respond to 80% of formal complaints within 25 working days. We have not yet met this standard for a variety of reasons, including staff changes and the length of time for receiving responses from the service teams. However, our ambition for early intervention in addressing people's concerns is possibly contributing to the relatively low number of complaints going forward into investigations.

This will be monitored monthly, along with analysis of themes and lessons learned.

The complaints that went through the formal complaints process were generally quite complex and multi-stranded and sometimes further issues were added at later stages, all of which can add to the time it takes to resolve a complaint.

In addition to the formal complaints we investigated, we dealt with over 400 Patient Advice and Liaison (PALS) queries during 2018/19. These issues were resolved locally and more quickly and did not go through the formal complaints process.

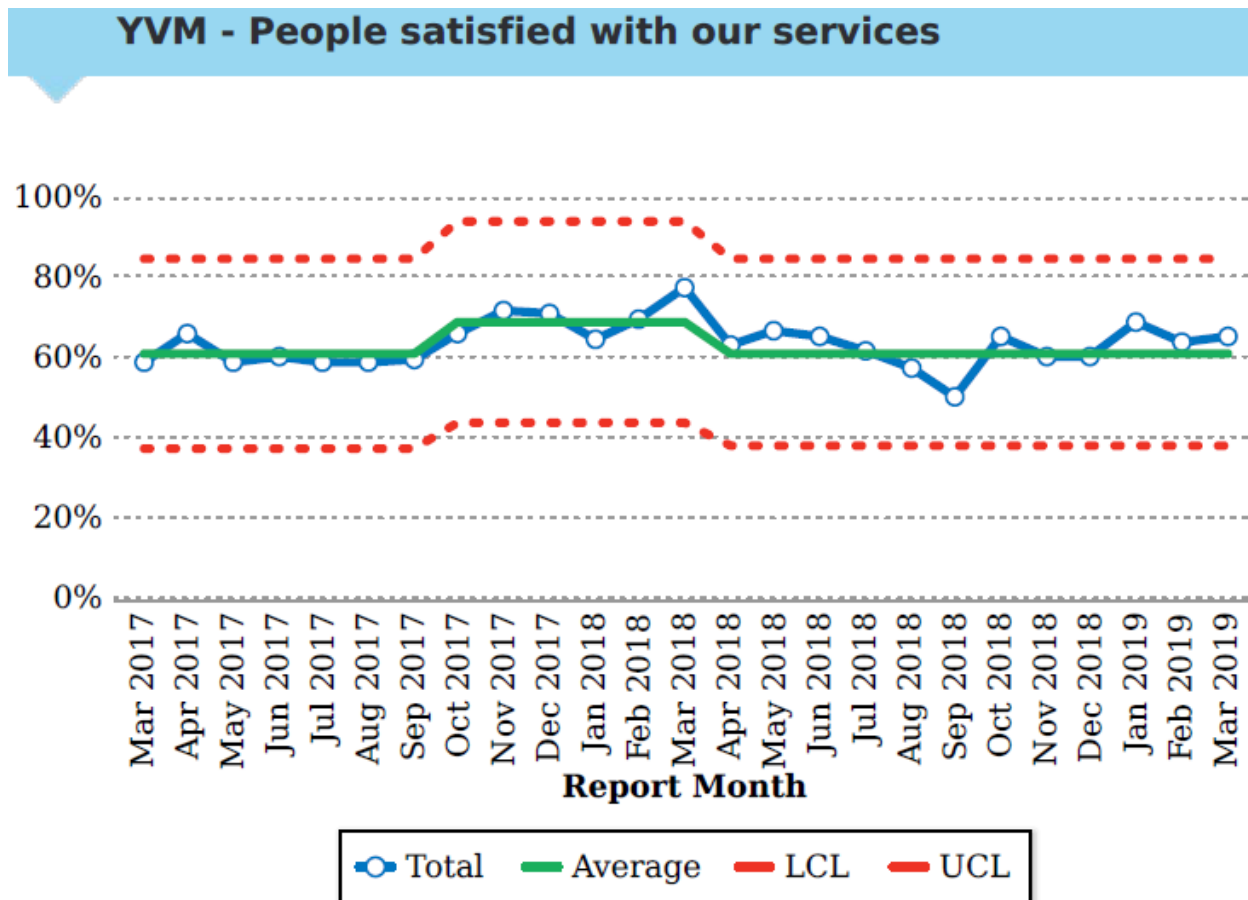
In order to further improve on our response times, we will train more staff across all our services to carry out investigations. This will take place in the early months of 2019/20. We have also developed a more efficient process to enable quicker investigations of simpler complaints.

From 1 April 2019, we are implementing a more efficient recording process to manage and improve our performance, whilst enhancing the ability of people who use our services and their families, to tell us what is worrying them.

2. People satisfied with our services

To support people's satisfaction with our services, we launched our 'Experience to Participation' plan in conjunction with our Forum of Carers and People Who Use Services (FoCUS) members. We held a workshop in the summer of 2018 with our staff, people who use our services and their families, friends and carers (largely those through our FoCUS network), where we discussed what our aim should be and the areas that we needed to focus on, in order to help us achieve our aim.

Our current aim for participation is to be able to demonstrate an increase in the number of participation opportunities available in the Trust by at least 50% by September 2019. We will then evaluate and set our ongoing aim on a 6 monthly basis, based on progression and learning. It is also really important for us to ensure that, when we are creating such opportunities, they are meaningful and valuable, both for the service that is offering the opportunity and for the person undertaking the opportunity.



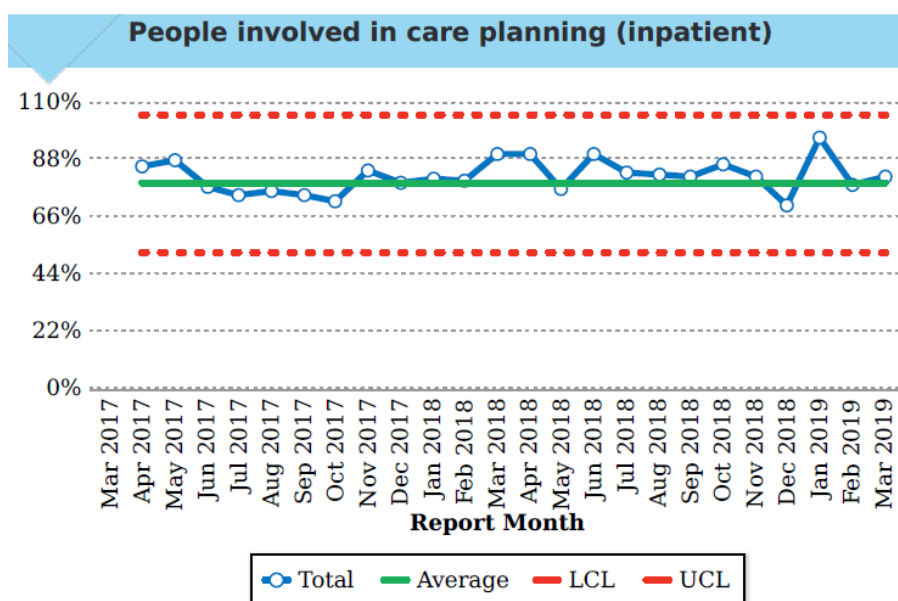
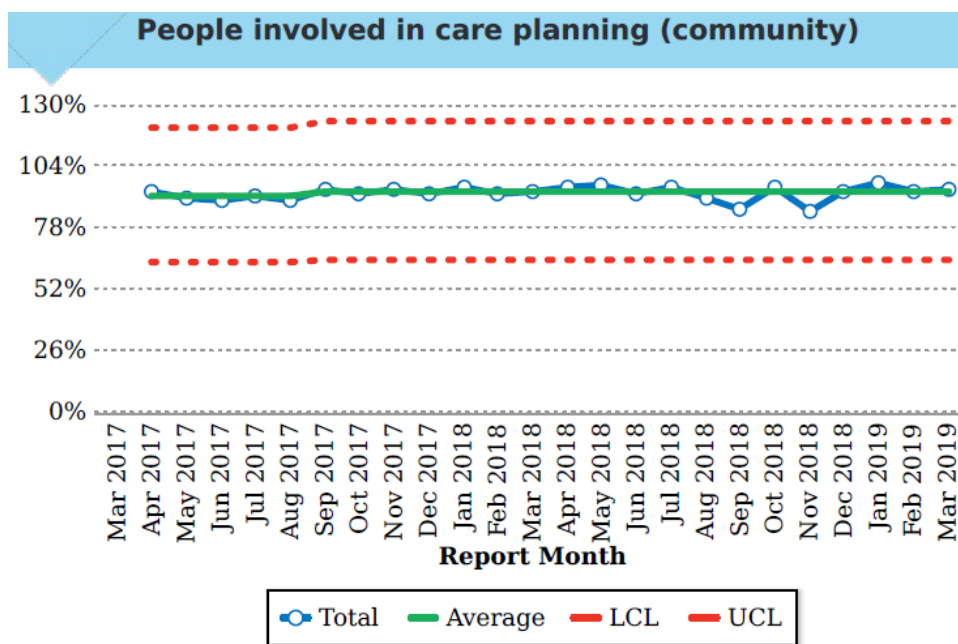
Source: Our local people's experience feedback survey, Your Views Matter

Note: 'YVM' in the chart title is an abbreviation of 'Your Views Matter'

3. Involvement in care planning

People continue to feel well involved in their plans of care in our community services. To make further improvements, this year, we have rolled out our new “My Recovery Care Plan”, which was co-produced with people using services and focuses on what really matters to people in their recovery. We are currently undertaking training of our community and inpatient teams, to support the roll out, and we look forward to receiving further feedback from people who use service, their families and carers.

In our inpatient services, 2018/19 has shown a significant improvement in the quality of our care plans in terms of the plans reflecting the care delivery and a person’s involvement.



Source: Our local people’s experience feedback survey, Your Views Matter

Performance Against Key National Priorities

The following gives an overview of performance against the key national priorities from the Department of Health's Operating Framework. This includes performance against the relevant indicators and performance thresholds, which appear in NHS Improvement's Single Oversight Framework.

Early Intervention in Psychosis (EIP)

Definition/notes	Target	2018/19			
		Q1	Q2	Q3	Q4
<p>EIP: first experience treated with a NICE-approved package within two weeks</p> <p>Numerator: The number of referrals to and within the Trust with suspected first episode of psychosis or at 'risk mental state' that start a NICE-recommended package care package in the reporting period within two weeks of referral</p> <p>Denominator: The number of referrals to and within the Trust with suspected first episode psychosis or at 'risk mental state' that start a NICE-recommended care package in the reporting period</p>	53%	69.4%	74.0%	90.9%	88.1%

Source: Our local EIP waiting times figures are calculated from manually-collated information provided by the service

Improving Access to Psychological Therapies (IAPT)

Definition/notes	Target	2018/19			
		Q1	Q2	Q3	Q4
People with common mental health conditions referred to the IAPT programme will be treated within six weeks of referral	75%	99.6%	99.6%	99.7%	99.6%
People with common mental health conditions referred to the IAPT programme will be treated within 18 weeks of referral	95%	100.0%	100.0%	99.9%	99.9%

Source: Local data recorded on IAPTUS, the electronic record system used for IAPT

Cardio-metabolic Assessments

Definition/notes	
<p>Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas:</p> <ul style="list-style-type: none"> a) inpatient wards b) early intervention in psychosis services c) community mental health services (people on Care Programme Approach) 	<p>Our work on delivering improvements on cardio-metabolic assessment is co-ordinated mainly through our plans for CQUIN 3a, for which the indicator is improving physical healthcare to reduce premature mortality in people with severe mental illness, through cardio-metabolic assessment and treatment for people with psychoses.</p> <p>The aim of this CQUIN is delivered through the following objectives, which are to ensure that patients with Severe Mental Illness have:</p> <ul style="list-style-type: none"> • comprehensive cardio metabolic risk assessments • access to necessary interventions • results that are documented in the record • Information is shared with the appropriate clinical teams. <p>In 2018/19 we have again participated in the national audit programme that supports this CQUIN (the National Clinical Audit of Psychosis), which is a three-year audit programme, commissioned by the Healthcare Quality Improvement Partnership on behalf of NHS England and organised through the Royal College of Psychiatrists (College Centre for Quality Improvement). Our data for this audit was collected at the start of 2019 and has now been submitted for analysis. Our data submission has again included data from a related but separate audit exercise for Early Intervention in Psychosis services, also being undertaken as usual by the Royal College of Psychiatry's College Centre for Quality Improvement (CCQI). This involved a self- assessment by EIP teams across a range of measures including physical health.</p> <p>In line with the national reporting timeline for these audits, our results are expected to be available from the end of June 2019 and are not, therefore, available for reporting in this Quality Account but will be made available after publication.</p> <p>For reference, however, our previous Trust National Clinical Audits Programme (NCAP) local report executive summary (for 2017/18 audit) identified the following notable findings for our Trust:</p>

Definition/notes	
	<ul style="list-style-type: none"> • The performance of the Trust was good and above the national average on many indicators. • Most aspects of prescribing were above average, as was provision of psychological therapies. • Some aspects of monitoring of physical health risk factors were below average and would merit closer local audit. <p>We have, therefore, continued initiatives to further improve our performance in this area which includes:</p> <ul style="list-style-type: none"> • The increasing use of a single integrated physical health assessment tool (for Working Age Adult services), which has been operational on our Electronic Patient Record from the end of 2017. • Implementation of a regular cardio-metabolic assessment tool report has also been made available to teams and individuals through DART (Data Analytic Report Tool). • Publication of a specific e-learning module (000 325 Cardio Metabolic Health Assessment eLearning module), which was developed and launched in May 2018. <p>There is also ongoing collaborative work with primary care colleagues and Clinical Commissioning Groups (CCGs), to support the new requirements for the primary care delivery of full annual physical health assessments, as described in the Five Year Forward View for Mental Health.</p>

Under 16 Admissions to Adult Inpatient Services

Definition/notes	2018/19			
	Q1	Q2	Q3	Q4
Admissions to adult facilities of patients under 16 years old	0	0	0	0

Source: Local data recorded on SystmOne

Annex 1: Statements from Commissioners, local Healthwatch Organisations and Overview and Scrutiny Committees

Response by Council of Governors

We are pleased to have this opportunity to comment on the Trust's work over the last year to improve the quality of its services to the people who use them, their carers and families. We met with the Chief Nursing Officer and Deputy Chief Executive (Prof Jonathan Warren) to discuss the draft Quality Accounts in preparation for making our comments. A number of Governors have provided comments and this statement has been based on these with the opportunity for other Governors to comment further prior to its submission to these Quality Accounts.

Governors have identified the following areas where they are pleased to have seen improvement and good performance by the Trust over the last year:

- The considerable improvement to 90% achievement of the acute Mental Health waiting time target and the positive impact of the introduction of the Single Point of Access on this
- The reduction in spend on agency staffing
- The increase in the numbers of people using the Trust's talking therapies (IAPT - Improving Access to Psychological Therapies) services who are completing their course of treatment, including those with long-term illness
- The reduction in the numbers of people staying in hospital when they are medically fit to go home (as seen through the reduction in delayed transfers of care)
- The actions being taken to communicate better with families
- The increase in staff seeing that there is potential for their professional development with the Trust and that others would benefit from working here

However Governors are concerned about the following areas of performance within the report:

- Mental Health Act

We are concerned by the higher number of people with a Black and Minority Ethnic (BME) background who have been detained under the Mental Health Act. This is higher than the number we would expect when compared with the BME population within the Trust's area (which has been previously reported by the Trust as 10.9%).

We have noted also that currently the Trust collects information about the number of uses of the Act by an individual's ethnic background but does not report on the number of applications experienced by an individual. We note the Trust is considering changing to reporting by individuals. We would like to be able to see the data report in both ways to give a more accurate understanding of people's experiences so that the Trust can act to improve this where needed.

- Delayed Transfers of Care

We know that it is important for people who use services, their carers and families as well as the finances and performance of the Trust, that individuals do not experience delays to their discharge once they are medically fit to leave hospital. It is positive to see that these have improved but we know it continues to be a challenge that needs continued focus.

- Dementia Screening within 24 hours

We are concerned that dementia screening is not being completed within 24 hours for all eligible people admitted to the Trust's older people's wards. It is important for the Trust to work through how best to address this e.g. do staff need further training on why these are important and / or feel confident about how to record these properly on the electronic patient record system.

- Complaints

Governors recognise that early resolution of concerns through the Patient Advice and Liaison Service (PALS) is a good thing. However Governors hear from some people e.g. through FoCUS (the Trust's Forum of Carers and People who Use Services), that they do not complain because the process appears daunting and some who are dissatisfied but do not believe writing a complaint will get them anywhere. Governors are looking forward to working with the team to develop improved templates e.g. letters to help people feel more supported.

- Services for People with Learning Disabilities

Governors are concerned that the Quality Account includes little information concerning the Trust's services for people with Learning Disabilities e.g. there is no information about how people with learning disabilities are being supported to move to more independent living options. More information needs to be included next year to provide a fuller and fairer picture of all the Trust's services not just its mental health services.

- Targets

In some cases whilst the Trust is meeting targets some of these targets are as low as 50%. Governors are concerned that achieving these may not therefore signal success.

Looking ahead Governors would like to encourage the Trust to consider the following areas of focus in the coming year which are of particular interest and importance:

- More detailed information on the Trust's IAPT services e.g. in particular the numbers of people recovering, how they differ from other services available locally and also

what barriers may be impacting on the service and what is being done to overcome these.

- The care pathway from prison services into the Trust's community services
- The Trust's support for its staff members' emotional health and well-being and what support is available to them when they suffer emotional and physical abuse
- Real action to achieve a reduction in the high level of violence and aggression towards Trust staff which impacts on retention and staff health
- Continuing work to improve the involvement of carers, including carers from a BME background, e.g. in discharge planning and the ability of the electronic patient record system, SystmOne, to record information about carers e.g. to record essential information, evidence and outcomes for carers in a carers plan building on the successful My Recovery Care Plan work
- Progress on the Trust's Quality Improvement (Qi) programmes e.g. building on from the success of the safety pods in the Deacon Unit for people with learning disabilities
- Developing practice in the implementation of the new My Recovery Care Plan e.g. the templates and training to improve people's experience of care planning
- Learning from deaths including understanding better what support is available for family members, and staff
- More information on the Recovery College and what preventative services link with the Trust's services

Governors would like to thank staff for their efforts and diligence in providing the data presented in these Accounts. This assists Governors greatly in fulfilling their role in understanding and questioning Trust performance in these important areas.

Response by Clinical Commissioning Group (CCG)

Commissioner Statement from NHS Guildford and Waverley Clinical Commissioning Group, on behalf of the Surrey Heartlands CCGs, and NE Hants and Farnham CCG, on behalf of the Blackwater Commissioning Alliance

Guildford and Waverley Clinical Commissioning Group (G&W CCG), with commissioning partners in Surrey, welcomes the opportunity to comment on the Surrey and Borders Partnership NHS Foundation Trust (SABP) Quality Account for 2018/19.

Having reviewed the draft Quality Account document for 2018/19, the CCG is satisfied that it gives an overall accurate account and analysis of the quality of services provided with an appropriate level of evidence included of the Trust's progress in their quality improvement journey. The detail is in line with the data supplied by SABP during the year 1st April 2018 – 31st March 2019 and reviewed as part of their performance under the contract with G&W CCG, as the lead commissioner.

Following our review, we are assured that the Trust's Quality Account is clearly set out and meets the mandated requirements. Performance on last year's priorities is clearly summarised. Where performance has not been met, explanation has been given for this and further actions for improvement have been outlined in the report.

Quality improvement priorities for 2018/19

The Trust is to be commended for their continued good work and focus on the quality of patient care. The CCG is satisfied that the priorities that were identified by the Trust comply with the Quality Account requirements in relation to Patient Safety, Clinical Effectiveness and Patient Experience.

The Quality Account provides a summary of progress made against the 2018/19 Quality and Safety priorities. Despite a challenging year, SABP have continued to work collaboratively with commissioners to address issues that have been identified throughout the year and have plans for 2019/20 to work on quality improvements throughout their services. In particular, the CCG would like to note the following areas of achievement and ongoing development:

The Management of Serious Incidents Requiring Investigation (SIRI)

The Trust has continued to make improvements in both the reporting of and the investigation of Serious Incidents Requiring Investigation. Both the reporting and the investigation of SIRIs are now undertaken in a timely and robust manner, with a focus on understanding the Root Causes and learning from these, so improving safety for patients.

Learning from Deaths

As described in the Quality Account, the Trust has established a robust mortality process that reviews all deaths of people who have used its services in the 6 months prior to their death. This has ensured that understanding and learning is identified and embedded in daily

practice. In addition, the Trust has fully engaged with the LeDeR Mortality Review Programme, feeding in initial reviews of any death of a person with a Learning Disability into the programme for further review. SABP also now has a number of trained reviewers within their staffing body, which will support Surrey's progress in the LeDeR Programme.
Workforce

Despite a number of challenges with recruitment to particular service areas and increasing demand, SABP are continuing to work on new initiatives that support recruitment. Staff absences are low, particularly when compared to similar organisations, and this is a testament to the dedication of the staff and the focus of SABP on improving staff wellbeing.

CQC Healthcare Services Ratings

The Trust is to be congratulated on its recent CQC inspections, with all core services and their overall rating good. This demonstrates the commitment that the Trust has shown to improving the safety and experience of their patients.

Priorities for 2019/20

We would like to have seen more reference to the services that the Trust provides for Children and Young People. Commissioners have focussed over the past year on understanding the lived experience of CYP as they are supported through services. It would have been helpful to have seen these experiences and the outcomes for CYP captured in Part Three of the Quality Account and we would like to see more reference to these services in 2019/20.

Ongoing issues with the Trust's data reporting system has continued to cause some problems in the reporting of Key Quality and Performance Indicators and so further work to improve this in the coming year will be required.

We would, however, agree with the Priorities that have been agreed for 2019/20, as these reflect the areas that we have been working on with the Trust. However, as referenced above, we would have expected to see a priority that related to the provision of services for Children and Young People, building on the work that has been completed to date.

In conclusion, G&W CCG would like to thank SABP for sharing the draft Quality Account document and is satisfied that it accurately reflects the priority work undertaken by the Trust in Quality and Patient Safety. As a Commissioner, we continue to have a positive relationship with the Trust and will continue to work together to ensure continuous improvement in the delivery of safe and effective services for our patients.

Eileen Clark
Deputy Director for Quality and Nursing
Guildford and Waverley CCG, North West Surrey CCG and Surrey Downs CCG

May 2019

Response by Health Integration and Commissioning Select Committee

Surrey County Council's Health, Integration and Commissioning Select Committee is the democratic body responsible for overview and scrutiny of health services in the county, taking its role from the Department of Health's 2014 Local Authority Health Scrutiny Guidance, to strengthen the voice of local people, ensuring that their needs and experiences are considered as an integral part of the commissioning and delivery of health services and that those services are effective and safe.

In 2018/19 the Select Committee called representatives from Surrey and Borders Partnership NHS Foundation Trust to give evidence on the experiences recorded by Healthwatch Surrey, regarding the operation of its Abraham Cowley Unit. The Committee has found the Trust to be willing partners in attempts to improve mental health services in Surrey and has been encouraged by their contribution at the 7 November 2018 meeting and to a Task and Finish Group, set up to further investigate patient journeys through mental health services.

The Health, Integration and Commissioning Select Committee hopes to continue working with the Trust in the remainder of 2019, to ensure that residents have the best mental health services possible and, in particular, awaits details on improvements to the Abraham Cowley Unit.

Dr Zully Grant-Duff
Chairman, Health, Integration and Commissioning Select Committee

May 2019

Response by Healthwatch Surrey

As the independent consumer champion for health and social care, Healthwatch Surrey is committed to ensuring the people of Surrey have a voice to improve, shape and get the best from their health and social care services, by empowering individuals and communities.

This year we have decided that we will not get involved in commenting on the Quality Accounts. With limited resources we do not believe this is the best way to use our time to make a difference for the people of Surrey. We have chosen to concentrate this year on ensuring we feed back what we've heard on NHS and social care services to commissioners on a regular basis; and that we have the processes and relationships in place to escalate any cases of particular concern to the providers involved and seek outcomes.

Kate Scribbins.

Kate Scribbins
Chief Executive
Healthwatch Surrey, March 2019

healthwatch
Surrey

Annex 2: Statement of Directors' Responsibilities in Respect of the Quality Account

The Directors are required under the Health Act 2009, National Health Service (Quality Account) Regulations to prepare a Quality Account for each financial year.

NHS Improvement has issued guidance to NHS Foundation Trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that Foundation Trust boards should put in place to support the data quality for the preparation of the Quality Account.

In preparing the Quality Account, Directors are required to take steps to satisfy themselves that:

- The content of the Quality Account meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2018/19 and supporting guidance.
- The content of the Quality Account is not inconsistent with internal and external sources of information including:
 - Board minutes and papers from the period April 2018 to March 2019
 - Papers relating to quality reported to the Board over the period April 2018 to March 2019
 - Feedback from the Commissioners dated 03/05/2019
 - Feedback from local Healthwatch dated 26/03/2019
 - Feedback from our Council of Governors dated DD/MM/YYYY
 - Feedback from the Health Integration and Commissioning Select Committee dated 07/05/2019
 - The Trust's complaints report published under regulation 18 of the local authority social services and NHS Complaints Regulations 2009, dated 12/12/2018.
 - The 2018 national patient survey dated 22/11/2018
 - The 2017 national staff survey dated 26/02/2019
 - The Head of Internal Audit's annual opinion over the Trust's control environment dated 24 June 2019.
 - Care Quality Commission inspection report dated 18/01/2019.
 - The Quality Account presents a balanced picture of the Trust's performance over the period covered

- The national performance information reported in the Quality Account is materially reliable and accurate. We are developing our quality assurance processes for the local information presented in this report.
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account and these controls are subject to review to confirm that they are working effectively in practice.
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specific data quality standards and prescribed definitions and is subject to appropriate scrutiny and review
- The Quality Account has been prepared in accordance with NHS Improvement's annual reporting guidance (which incorporates Quality Account regulations), as well as the standards to support data quality for the preparation of the Quality Account.

The Directors confirm to the best of their knowledge and belief that they have complied with the above requirements in preparing the Quality Account, with the exception of being able to satisfy themselves that local information presented in the report is materially reliable and accurate; we are developing our quality assurance processes to improve on this reporting.

By order of the Board



Dr Ian McPherson
Chairman



Fiona Edwards
Chief Executive

23 May 2019

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF SURREY AND BORDERS PARTNERSHIP NHS FOUNDATION TRUST ON THE QUALITY REPORT

We have been engaged by the Council of Governors of Surrey and Borders Partnership NHS Foundation Trust to perform an independent assurance engagement in respect of Surrey and Borders Partnership NHS Foundation Trust's Quality Report for the year ended 31 March 2019 (the 'Quality Report') and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2019 subject to limited assurance procedures consist of the following two national priority indicators:

- early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a National Institute for Health and Care Excellence (NICE)-approved care package within two weeks of referral
- inappropriate out-of-area placements for adult mental health services

We refer to these national priority indicators collectively as the 'indicators'.

Respective responsibilities of the directors and auditors

The directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in the *Detailed requirements for quality reports for foundation trusts 2018/19* ('the Guidance'); and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Guidance.

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

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

- Board minutes and papers for the period April 2018 to May 2019;
- papers relating to quality reported to the board over the period April 2018 to May 2019;
- feedback from commissioners, dated 3 May 2019;
- feedback from governors, dated 16 May 2019;
- feedback from local Healthwatch organisations, dated 26 March 2019;
- feedback from Health Integration and Commissioning Select Committee, dated 7 May 2019;
- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009;
- the 2018 national patient survey, dated 22 November 2018;

- the 2019 national staff survey, dated 26 February 2019;
- Care Quality Commission Inspection, dated 18 January 2019;
- the 2018/19 Head of Internal Audit's annual opinion over the trust's control environment, dated 20 May 2019; and
- any other information included in our review.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the 'documents'). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of Surrey and Borders Partnership NHS Foundation Trust as a body, to assist the Council of Governors in reporting the NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2019, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicator. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Surrey and Borders Partnership NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

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

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicator;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report; and
- reading the documents.

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

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change

over time. It is important to read the quality report in the context of the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* and supporting guidance.

The scope of our assurance work has not included governance over quality or the non-mandated indicator, which was determined locally by Surrey and Borders Partnership NHS Foundation Trust.

Basis for qualified conclusion

As set out in the Statement on Quality from the Chief Executive of the Foundation Trust on pages 87 to 90 of the Trust's Quality Report, the Trust currently has concerns with accuracy of data for early intervention in psychosis and out of area placements indicators due to the accuracy of clock start and stop dates. In particular we found:

Early intervention in psychosis

- Of 25 sampled patients classed as non-breaches, four cases were identified where the incorrect start or stop date had been used to calculate performance. This resulted in the identification of one non-breach which should have been classed as a breach. The remaining three exceptions identified were still correct to be classed as non-breaches.
- Of 10 sampled patients classed as breaches, four cases were identified where the incorrect start or stop date had been used to calculate performance, however, were still correct to be classified as breaches.

Out of area placements

- Of 25 sampled patients, three could not be located on SystmOne. These were replaced with a further three sampled items. Testing of 25 patients sampled identified five cases where the discharge dates differed between SystmOne and available evidence. This resulted in a net impact of one additional day which should have been recorded.

Qualified conclusion

Based on the results of our procedures, except for the effects of the matters described in the 'Basis for qualified conclusion' section above, nothing have come to our attention that causes us to believe that, for the year ended 31 March 2019:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual*;
- the Quality Report is not consistent in all material respects with the sources specified in the Guidance; and
- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the *NHS Foundation Trust Annual Reporting Manual* and the six dimensions of data quality set out in the Guidance.



KPMG LLP
Chartered Accountants
15 Canada Square, London, E14 5GL

28 May 2019

Annual Accounts for the year ended 31 March 2019



Matt Sargeant, a Home Treatment practitioner, was presented with the 5,000th CARE brick by Chief Executive Fiona Edwards. The brick was a thank you from colleagues for helping the team support someone overnight.



Independent auditor's report

to the Council of Governors of Surrey and Borders Partnership NHS Foundation Trust

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

1. Our opinion is unmodified

We have audited the financial statements of Surrey and Borders Partnership NHS Foundation Trust ("the Trust") for the year ended 31 March 2019 which comprise the Group and Trust Statements of Comprehensive Income, Group and Trust Statements of Financial Position, Group and Trust Statements of Changes in Equity and Group and Trust Statements 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 Group and the Trust's affairs as at 31 March 2019 and of the Group and Trust's income and expenditure for the year then ended; and
- the Group and the Trust's financial statements have been properly prepared in accordance with the Accounts Direction issued under paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006, the NHS Foundation Trust Annual Reporting Manual 2018/19 and the Department of Health and Social Care Group Accounting Manual 2018/19.

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 Group and 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.

Overview

Materiality: £3.8m (2017/18: £3.6m)
Group financial statements as a whole 2% (2017/18: 2%) of operating income

Coverage 86.5% (2017/18: 87.5%) of operating income

Risks of material misstatement vs 2017/18

Recurring risks	Revenue recognition	◀▶
	Valuation of land and buildings	▼
	New Expenditure recognition	▲

2. Key audit matters: our assessment of risks of material misstatement

Key audit matters are those matters that, in our professional judgment, were of most significance in the audit of the financial statements and include the most significant assessed risks of material misstatement (whether or not due to fraud) identified by us, including those which had the greatest effect on: the overall audit strategy; the allocation of resources in the audit; and directing the efforts of the engagement team. We summarise below the key audit matters, in decreasing order of audit significance, in arriving at our audit opinion above, together with our key audit procedures to address those matters and our findings ("our results") from those procedures in order that the Group's members as a body may better understand the process by which we arrived at our audit opinion. These matters were addressed, and our results are based on procedures undertaken, in the context of, and solely for the purpose of, our audit of the financial statements as a whole, and in forming our opinion thereon, and consequently are incidental to that opinion, and we do not provide a separate opinion on these matters.

All of these key audit matters relate to the Group and the parent Trust.

	The risk	Our response
Revenue recognition (£217.5 million; 2017/18: £193.5 million) <i>Refer to page 64 (Audit Committee Report), page 169-170 (accounting policy) and page 182-183 (financial disclosures)</i>	Accounting treatment: The Group largely receives income on a block contract basis so there is certainty in the future forecasts at the start of the financial year but variation can occur. For the Trust income from NHS England and CCGs is captured through the Agreement of Balances (AOB) exercises performed at months 6, 9 and 12 to confirm amounts received and owed. Mismatches in income and expenditure, and receivables and payables are recognised by the Trust and its counterparties to be resolved. Where mismatches cannot be resolved they can be reclassified as formal disputes. Income from local authorities presents a greater risk to the Trust as this income can take longer to collect, meaning there is more judgement regarding the level of income to recognise at the year end. The Trust is eligible to receive Provider Sustainability Funding (PSF) based on meeting the control total set by NHS Improvement. The final income from PSF may be notified late in the financial year.	Our procedures included: Control operation: We undertook the following tests to assess whether controls had operated during the period: <ul style="list-style-type: none"> — For the Group and Trust's six largest commissioners we inspected documentation to confirm that contracts had been agreed for the delivery of services; — For the Group and Trust's six largest commissioners we considered whether contract activity had been agreed with the commissioners and there were no significant contract variations; and — We considered the extent to which the Group and Trust had agreed the income it was entitled to for 2018/19 through its participation in the Agreement of Balances exercise. Tests of detail: We undertook the following tests of detail: <ul style="list-style-type: none"> — We inspected supporting documentation for variances over £300,000 arising from the Agreement of Balances exercise to critically assess the Group and Trust's accounting for disputed income; — For income not included within the agreement of balances exercise we inspected supporting evidence, including invoices and receipt of cash on bank statements, for a sample of transactions recorded during the year; — We inspected a sample of income receipts made at the end of the financial year to assess whether they had been recorded within the correct period; and — We inspected bank statements and the year-end confirmation received from NHS Improvement of the Group and Trust's entitlement to Provider Sustainability Funding for 2018/19. Our results <ul style="list-style-type: none"> — We found the revenue recognition related to revenue from patient care activities to be acceptable (2017/18 result: acceptable).

	The risk	Our response
<p>Valuation of land and buildings</p> <p>(£80.1 million; 2017/18: £87.6 million)</p> <p><i>Refer to page 63 (Audit Committee Report), page 171-174 (accounting policy) and page 192 (financial disclosures)</i></p>	<p>Subjective valuation</p> <p>Land and buildings are required to be held at fair value. As hospital buildings are specialised assets and there is not an active market for them they are valued on the basis of the cost to replace them with an equivalent asset.</p> <p>When considering the cost to build a replacement asset the Trust may consider whether the asset would be built to the same specification or in the same location. Assumptions about changes to the asset must be realistic.</p> <p>The Group and Trust engaged a professional valuer to carry out provide indices to support its valuation of its land and buildings as at 31 March 2019. The valuation figures included in the Group accounts are estimates. The effect of these matters is that, as part of our risk assessment, we determined that the valuation of land and buildings has a high degree of estimation uncertainty, with a potential range of reasonable outcomes greater than our materiality for the financial statements as a whole.</p>	<p>Our procedures included:</p> <ul style="list-style-type: none"> — Substantive analytical procedure: We carried out a substantive analytical procedure in order to review the depreciation charge at an individual asset category level; and — Benchmarking assumptions: We assessed the assumptions used in preparing the valuation of the Group and Trust's land and buildings to understand whether these were appropriate. <p>Tests of detail: we undertook the following tests of detail:</p> <ul style="list-style-type: none"> — We verified how management and the valuer employed assessed the need for an impairment across the asset base either due to loss of value or reduction in future benefits; — We confirmed for a sample of assets added to the portfolio during 2018/19 that an appropriate valuation basis was adopted when they became operational and confirmed that it was reasonable to expect that the Group and Trust would receive future benefits; — We confirmed for assets sold during the year that an appropriate valuation basis was adopted. The gain on sale had been calculated and accounted for appropriately; <p>Our results</p> <ul style="list-style-type: none"> — We found the valuation of land and buildings to be acceptable (2017/18 result: acceptable).

The risk	Our response
<p>Expenditure recognition (£204 million; 2017/18: £212.4 million)</p> <p><i>Refer to page 64 (Audit Committee Report), page 167 (accounting policy) and pages 185 and 200 (financial disclosures)</i></p>	<p>Accounting treatment</p> <p>In the public sector, auditors also consider the risk that material misstatements due to fraudulent financial reporting may arise from the manipulation of expenditure recognition (for instance by deferring expenditure to a later period). This may arise due to the audited body manipulating expenditure to meet externally set targets.</p> <p>As the Foundation Trust fulfils some of the characteristics of a governmental body there is as much focus on the expenditure being incurred as the generation of revenue. The risk of material misstatement due to fraud related to expenditure recognition may therefore be as significant as the risk of material misstatements due to fraud related to revenue recognition and so we have had regard to this when planning and performing audit procedures. We consider this risk to relate to the completeness of the expenditure recorded as there may be an incentive to seek to defer expenditure in order to achieve financial targets.</p> <p>The Group and Trust agreed a target for its financial performance with NHS Improvement for 2018/19, achievement of which entitled it to Provider Sustainability Funding. There may therefore be an incentive to defer expenditure or recognise commitments at a reduced value in order to achieve the control total agreed with NHS Improvement.</p> <p>Our procedures included:</p> <ul style="list-style-type: none"> — Historical comparison: We considered the trend in accruals compared to prior periods to assess the accuracy of accruals made in previous years. Where accruals had not been included we critically assessed the reason for an accrual not being made at 31 March 2019. — Assessing transparency: We observed whether senior staff were remunerated based upon financial results. Two staff were paid an 'acting up' allowance but this does not constitute performance related pay. <p>Tests of detail: We undertook the following tests of detail:</p> <ul style="list-style-type: none"> — We tested the design and operation of process level controls over expenditure cut off; — We inspected transactions incurred around the end of the financial year to critically assess whether they had been included within the correct accounting period; — We inspected a sample of accruals made at 31 March 2019 for expenditure but not yet invoiced to assess whether the valuation of the accrual was consistent with the value billed after the year end; — We tested a sample of expenditure transactions through to supporting documentation and cash payments; and — We assessed the outcome of the agreement of balances exercise with CCGs and other NHS providers and compared the values reported to the value of expenditure captured in the financial statements. <p>Our results</p> <ul style="list-style-type: none"> — We found the expenditure recognition to be acceptable (2018: acceptable).

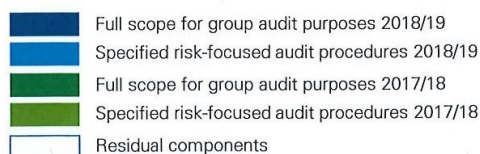
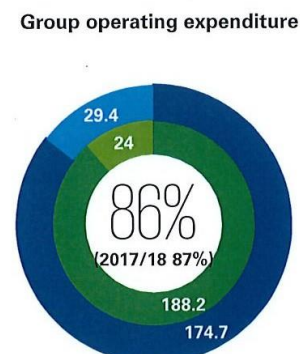
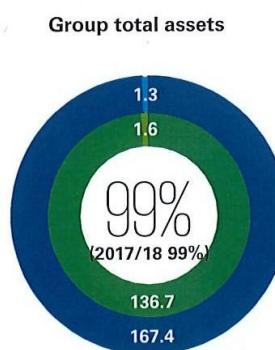
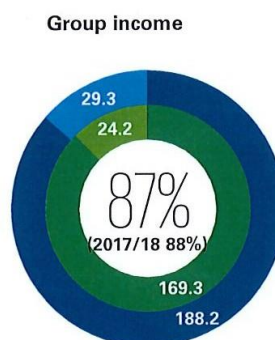
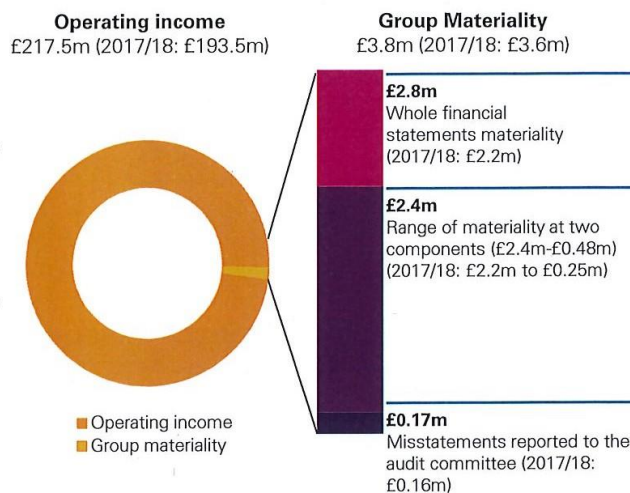
3. Our application of materiality and an overview of the scope of our audit

Materiality for the Group financial statements as a whole was set at £3.8 million (2018: £3.6 million), determined with reference to a benchmark of operating income (of which it represents approximately 2%). We consider operating income to be more stable than a surplus- or deficit-related benchmark.

Materiality for the parent Trust's financial statements as a whole was set at £3.3 million (2018: £3.2 million), determined with reference to a benchmark of operating income (of which it represents approximately 2%).

We agreed to report to the Audit Committee any corrected and uncorrected identified misstatements exceeding £0.17 million (2018: (£0.16 million), in addition to other identified misstatements that warranted reporting on qualitative grounds.

Of the group's two (2018: two) reporting components, we subjected one (2018: one) to full scope audits for group purposes and one (2018: one) to specified risk-focused audit procedures. The components within the scope of our work accounted for the percentages illustrated opposite.



4. We have nothing to report on going concern

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

Our responsibility is to conclude on the appropriateness of the Accounting Officer's conclusions and, had there been a material uncertainty related to going concern, to make reference to that in this audit report. However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the absence of reference to a material uncertainty in this auditor's report is not a guarantee that the Group or the Trust will continue in operation.

In our evaluation of the Accounting Officer's conclusions, we considered the inherent risks to the Group's and Trust's business model, including the impact of Brexit, and analysed how those risks might affect the Group's and Trust's financial resources or ability to continue operations over the going concern period. We evaluated those risks and concluded that they were not significant enough to require us to perform additional audit procedures.

Based on this work, we are required to report to you if we have anything material to add or draw attention to in relation to the Accounting Officers statement in Note 1 to the financial statements on the use of the going concern basis of accounting with no material uncertainties that may cast significant doubt over the Group and Trust's 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, and we did not identify going concern as a key audit matter.

5. We have nothing to report on the other information in the Annual Report

The directors are 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.

Remuneration report

In our opinion the part of the remuneration report to be audited has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2018/19.

Corporate governance disclosures

We are required to report to you if:

- we have identified material inconsistencies between the knowledge we acquired during our financial statements audit and the directors' statement that they consider that the annual report and financial statements taken as a whole is fair, balanced and understandable and provides the information necessary for stakeholders to assess the Group's position and performance, business model and strategy; or
- the section of the annual report describing the work of the Audit Committee does not appropriately address matters communicated by us to the Audit Committee; or
- the Annual Governance Statement does not reflect the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2018/19, is misleading or is not consistent with our knowledge of the Group and other information of which we are aware from our audit of the financial statements.

We have nothing to report in these respects.

6. Respective responsibilities

Accounting Officer's responsibilities

As explained more fully in the statement set out on pages 74-75, the Accounting Officer is responsible for the preparation of financial statements that give a true and fair view. They are also responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Group and parent 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 Group and parent Trust without the transfer of their services to another public sector entity.

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

We have nothing to report on the 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:

- any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006.
- any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit.

We have nothing to report in these respects.

We have nothing to report in respect of our work on the Trust's arrangements for securing economy, efficiency and effectiveness in the 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 the 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

The Trust is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of resources.

Under Section 62(1) and Schedule 10 paragraph 1(d), of the National Health Service Act 2006 we have a duty to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in the 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.

Report on our review of the adequacy of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required by guidance issued by the C&AG under Paragraph 9 of Schedule 6 to the Local Audit and Accountability Act 2014 to report on how our work addressed any identified significant risks to our conclusion on the adequacy of the Trust's arrangements to secure economy, efficiency and effectiveness in the use of resources. The 'risk' in this case is the risk that we could come to an incorrect conclusion in respect of the Trust's arrangements, rather than the risk of the arrangements themselves being inadequate.

We carry out a risk assessment to determine the nature and extent of further work that may be required. Our risk assessment includes consideration of the significance of business and operational risks facing the Trust, insofar as they relate to 'proper arrangements'. This includes sector and organisation level risks and draws on relevant cost and performance information as appropriate, as well as the results of reviews by inspectorates, review agencies and other relevant bodies.

Our risk assessment did not identify any significant risks.

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

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006 and the terms of our engagement by the Trust. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust, as a body, those matters we are required to state to them in an auditor's report, and the further matters we are required to state to them in accordance with the terms agreed with the Trust, and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors 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 Surrey and Borders Partnership NHS Foundation Trust in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice issued by the National Audit Office.



Neil Thomas
for and on behalf of KPMG LLP (Statutory Auditor)

Chartered Accountants
15 Canada Square
London
E14 5GL

28 May 2019



Foreword to the Accounts

Surrey and Borders Partnership NHS Foundation Trust

These accounts, for the year ended 31 March 2019, have been prepared by Surrey and Borders Partnership NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

A handwritten signature in black ink, appearing to read 'Fiona Edwards', is positioned above the printed name and title.

Fiona Edwards
Chief Executive

23 May 2019

Statement of Comprehensive Income for the year ended 31 March 2019

		Group		Trust	
		2018/19	2017/18	2018/19	2017/18
	Note	£000	£000	£000	£000
Operating income from patient care activities	3	183,320	173,447	153,869	149,245
Other operating income	4	34,184	20,027	34,287	20,027
Operating expenses	7, 8, 9	(204,017)	(212,428)	(174,669)	(188,226)
Operating surplus/(deficit)		13,487	(18,954)	13,487	(18,954)
Finance income	12	125	37	125	37
Finance expenses	13	(9)	(24)	(9)	(24)
PDC dividends payable		(2,964)	(3,371)	(2,964)	(3,371)
Net finance costs		(2,848)	(3,358)	(2,848)	(3,358)
Other gains/(losses)	14	14,597	2,718	14,597	2,718
Share of profit/(losses) of associates/joint arrangements	24	70	-	70	-
Surplus / (deficit) for the year		25,306	(19,594)	25,306	(19,594)
Other comprehensive income					
Will not be reclassified to income and expenditure:					
Impairments	8	-	(14,110)	-	(14,110)
Revaluations	22	384	8,679	384	8,679
Share of comprehensive income from associates and joint ventures	24	-	-	-	-
Total comprehensive income/(expense) for the period		25,690	(25,025)	25,690	(25,025)
Surplus/(deficit) for the period attributable to:					
Non-controlling interest, and		-	-	-	-
SABP NHS FT		25,306	(19,594)	25,306	(19,594)
TOTAL		25,306	(19,594)	25,306	(19,594)
Total comprehensive income/ (expense) for the period attributable to:					
Non-controlling interest, and		-	-	-	-
SABP NHS FT		25,690	(25,025)	25,690	(25,025)
TOTAL		25,690	(25,025)	25,690	(25,025)

The comprehensive income/(expense) includes non-recurring expenditure items. When these are excluded from the operating position - in line with NHS accounting practice - the Trust achieved its control total, as shown below:

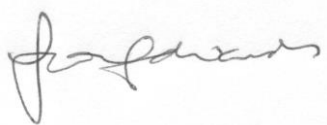
Surplus / (deficit) for the year	25,306	(19,594)	25,306	(19,594)
Net impairments (shown in operating expenses)	813	24,176	813	24,176
Prior year Sustainability and Transformation Funding	-	(697)	-	(697)
Operating surplus/(deficit)	26,119	3,885	26,119	3,885
Control total	24,205	2,521	24,205	2,521
Provider sustainability funding not included in control total	1,803	1,294	1,803	1,294
Surplus/(deficit) for the year against control total	111	70	111	70

The Group position recorded in these financial statements reflects the consolidation of Surrey Healthy Children and Families Limited Liability Partnership, as the sole subsidiary. All income and expenditure is derived from continuing operations. The notes on pages 167 to 209 form part of these accounts.

Statement of Financial Position as at 31 March 2019

		Group		Trust	
		31 March 2019 £000	31 March 2018 £000	31 March 2019 £000	31 March 2018 £000
	Note				
Non-current assets					
Intangible assets	17	7,782	6,144	7,782	6,144
Property, plant and equipment	19	87,883	93,386	87,883	93,386
Receivables	29	13,183	-	13,183	-
Total non-current assets		108,848	99,530	108,848	99,530
Current assets					
Inventories	28	71	77	71	77
Receivables	29	35,126	19,647	33,852	18,001
Non-current assets for sale and assets in disposal groups	31	308	951	308	951
Cash and cash equivalents	32	24,359	18,131	24,359	18,131
Total current assets		59,864	38,806	58,590	37,160
Current liabilities					
Trade and other payables	33	(26,001)	(22,629)	(24,727)	(20,983)
Borrowings	35	-	-	-	-
Provisions	38	(3,169)	(2,030)	(3,169)	(2,030)
Other liabilities	34	(1,919)	(1,302)	(1,919)	(1,302)
Total current liabilities		(31,089)	(25,961)	(29,815)	(24,315)
Total assets less current liabilities		137,623	112,375	137,623	112,375
Non-current liabilities					
Borrowings	35	-	-	-	-
Provisions	38	(8,363)	(8,957)	(8,363)	(8,957)
Total non-current liabilities		(8,363)	(8,957)	(8,363)	(8,957)
Total assets employed		129,260	103,418	129,260	103,418
Financed by					
Public dividend capital		191,646	191,494	191,646	191,494
Revaluation reserve		19,081	25,222	19,081	25,222
Other reserves		(13,391)	(13,391)	(13,391)	(13,391)
Income and expenditure reserve		(68,076)	(99,907)	(68,076)	(99,907)
Non-controlling Interest		-	-	-	-
Total taxpayers' equity		129,260	103,418	129,260	103,418

The financial statements on pages 161 to 166 were approved by the Board and signed on its behalf by:



Fiona Edwards
Chief Executive
23 May 2019

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

Group	Public dividend capital £000	Revaluation reserve £000	Other reserves £000	Income and expenditure reserve £000	Non-controlling interest £000	Total £000
Taxpayers' and others' equity at 1 April 2018 - brought forward	191,494	25,222	(13,391)	(99,907)	-	103,418
Impact of implementing IFRS 15 on 1 April 2018	-	-	-	-	-	-
Impact of implementing IFRS 9 on 1 April 2018	-	-	-	-	-	-
Surplus/(deficit) for the year	-	-	-	25,306	-	25,306
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits	-	(3)	-	3	-	-
Other transfers between reserves	-	(685)	-	685	-	-
Impairments	-	-	-	-	-	-
Revaluations	-	384	-	-	-	384
Transfer to retained earnings on disposal of assets	-	(5,837)	-	5,837	-	-
Share of comprehensive income from associates and joint ventures	-	-	-	-	-	-
Public dividend capital received	152	-	-	-	-	152
Taxpayers' and others' equity at 31 March 2019	191,646	19,081	(13,391)	(68,076)	-	129,260

The Surrey Healthy Children and Families LLP was capitalised with £10 share capital from each partner. Therefore, on the basis of materiality, the above Group Statement of Changes in Equity relates solely to the Trust.

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

Group	Public dividend capital £000	Revaluation reserve £000	Other reserves £000	Income and expenditure reserve £000	Non- controlling interest £000	Total £000
Taxpayers' and others' equity at 1 April 2017 - brought forward	191,124	31,294	(13,391)	(80,954)	-	128,073
Surplus/(deficit) for the year	-	-	-	(19,594)	-	(19,594)
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits	-	-	-	-	-	-
Other transfers between reserves	-	(632)	-	632	-	-
Impairments	-	(14,110)	-	-	-	(14,110)
Revaluations	-	8,679	-	-	-	8,679
Transfer to retained earnings on disposal of assets	-	(9)	-	9	-	-
Share of comprehensive income from associates and joint ventures	-	-	-	-	-	-
Public dividend capital received	370	-	-	-	-	370
Taxpayers' and others' equity at 31 March 2018	191,494	25,222	(13,391)	(99,907)	-	103,418

Information on Reserves

Public Dividend Capital

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

Revaluation Reserve

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

Financial Assets Reserve / Available-for-Sale Investment Reserve

This reserve comprises changes in the fair value of financial assets measured at fair value through other comprehensive income. When these instruments are derecognised, cumulative gains or losses previously recognised as other comprehensive income or expenditure are recycled to income or expenditure, unless the assets are equity instruments measured at fair value through other comprehensive income as a result of irrevivable election at recognition.

Other Reserves

A negative other reserve was created in 2007/08, which related to the 2004/05 revaluation of property, plant and equipment.

Income and Expenditure Reserve

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

Non-Controlling Interest Reserve

The Children and Family Health Surrey reserve for the year ended 31 March 2019 is nil.

Statement of Cash Flows for the year ended 31 March 2019

	Note	Group		Trust	
		2018/19 £000	2017/18 £000	2018/19 £000	2017/18 £000
Cash flows from operating activities					
Operating surplus / (deficit)		13,487	(18,954)	13,487	(18,954)
Non-cash income and expense:				-	-
Depreciation and amortisation	7.1	6,676	6,247	6,676	6,247
Net impairments	8	1,042	24,176	1,042	24,176
(Increase) / decrease in receivables and other assets		(9,174)	(2,560)	(7,900)	(914)
(Increase) / decrease in inventories	6	22	22	6	22
Increase / (decrease) in payables and other liabilities		3,049	5,303	1,775	3,657
Increase / (decrease) in provisions		536	(2,045)	536	(2,045)
Net cash flows from / (used in) operating activities		15,622	12,189	15,622	12,189
Cash flows from investing activities					
Interest received		125	37	125	37
Purchase of intangible assets		(2,663)	(1,577)	(2,663)	(1,577)
Sales of intangible assets		-	-	-	-
Purchase of PPE and investment property		(8,286)	(5,740)	(8,286)	(5,740)
Sales of PPE and investment property		3,885	3,444	3,885	3,444
Net cash flows from / (used in) investing activities		(6,939)	(3,836)	(6,939)	(3,836)
Cash flows from financing activities					
Public dividend capital received		152	370	152	370
Public dividend capital repaid		-	-	-	-
PDC dividend (paid) / refunded		(2,677)	(3,648)	(2,677)	(3,648)
Cash flows from (used in) other financing activities		70	-	70	-
Net cash flows from / (used in) financing activities		(2,455)	(3,278)	(2,455)	(3,278)
Increase / (decrease) in cash and cash equivalents		6,228	5,075	6,228	5,075
Cash and cash equivalents at 1 April – brought forward		18,131	13,056	18,131	13,056
Cash and cash equivalents at 31 March	32	24,359	18,131	24,359	18,131

Notes to the Accounts

Note 1 Accounting Policies and Other Information

Note 1.1 Basis of Preparation

NHS Improvement, in exercising the statutory functions conferred on Monitor, 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. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Note 1.1.1 Accounting Convention

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

Note 1.1.2 Going Concern

Surrey and Borders Partnership NHS Foundation Trust Annual Report and Accounts have been prepared on a going concern basis. Non-trading entities in the public sector are assumed to be going concerns where the continued provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

Note 1.2 Critical Judgements in Applying Accounting Policies

There are no material judgements, apart from those involving estimations (which are disclosed below). Management has made two judgements in the process of applying the Trust's accounting policies (as required by IAS 1.122), which are not material to the financial statements:

- Provision for expected credit losses: For all financial assets measured at amortised cost, the Trust recognises an allowance (provision) for expected credit losses, measuring expected losses as at an amount equal to lifetime expected losses. Refer to Note 29.2.
- Annual leave accrual: The Trust does not allow staff to carry over any unused leave, so no accrual for the estimated cost has been made.

Note 1.2.1 Sources of Estimation Uncertainty

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, as required by IAS 1.125:

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.

- Valuation of land and buildings: The Trust considers the value of its non-current assets each year. Asset valuations are provided by independent, qualified valuers. Valuations are subject to general price changes in property values across the UK. Asset values might vary from their real market value when assets are disposed of. The Trust's non-current assets were revalued at 31 December 2017; as appropriate, therefore, as an interim exercise, the value of the Trust's land and property portfolio

was determined through an indexation based assessment as at 31 March 2019. Refer to Note 1.7.2. Estimated useful lives for the Trust's assets are based on common, widely used assumptions for each asset type, except where specialist information is available from professional bodies. The Trust reviews these lives on a regular basis as part of the process to assess whether assets have been impaired, which would impact on the value of the assets. Refer to Note 1.7.6.

- Valuation of receivables: the valuation of receivables (including accruals) is based on estimates and judgements of historical trends and anticipated outcomes. At the end of each accounting period, management review items that are outstanding and estimates the amount to be accrued in the closing financial statements. Any variation between the estimate and the actual is recorded under the relevant heading within the accounts in the subsequent financial period.

Other Considerations which do not have a Material Effect on the Financial Statements

The Trust has also considered economic certainty in making provisions but it has been deemed that there is no material effect on the financial statements. Provisions for pension and legal liabilities are based on the information provided from NHS Pension Agency, NHS Resolution and the Trust's own sources. The Trust's early retirement provision is based on the life expectancy of the individual pensioner, as stated in the ONS (Office of National Statistics) life expectancy tables, which change annually. All provisions are estimates of the actual costs of future cash flows and are dependent on future events. Any differences between expectations and the actual future liability will be accounted for in the period when such determination is made. Refer to Note 38.

Note 1.3 Consolidation

Note 1.3.1 Subsidiaries

Entities over which Surrey and Borders Partnership NHS Foundation Trust has the power to exercise control are classified as subsidiaries and are consolidated. Surrey and Borders Partnership NHS Foundation Trust has control when it has the ability to affect the variable returns from the other entity through its power to direct relevant activities. The income, expenses, assets, liabilities, equity and reserves of the subsidiary are consolidated in full into the appropriate financial statement lines. The capital and reserves attributable to non-controlling interests are included as a separate item in the Statement of Financial Position. Appropriate adjustments are made on consolidation where the subsidiary's accounting policies are not aligned with the Trust or where the subsidiary's accounting date is not coterminous.

The Trust entered into a Limited Liability Partnership (LLP) called Surrey Healthy Children and Families, incorporated on 19 December 2016 (partnership number OC415159), in which Surrey and Borders Partnership NHS Foundation Trust and Central Surrey Health CIC are partners, each holding a 50% interest. Under clause 17.1 of the Partnership Agreement that governs the LLP, the Trust will provide a guarantee on demand to commissioners that the Trust will guarantee the provision of services to be provided by the LLP under the service contract. The Trust has assessed its relationship with the LLP in the light of this guarantee and judged that the materiality of losses incurred by LLP partners means that, whilst the Trust has not triggered its additional rights, it would be justified in doing so and, on that basis, the Trust is accounting for its relationship with the LLP as a subsidiary consolidated into Group accounts with a 50% non-controlling interest. The accounts of the LLP are coterminous with those of the Trust. The LLP's period end is 31 March 2019.

The Trust also owns SABP Care Ltd, incorporated on 9 May 2014, a dormant company.

Subsidiaries that are classified as 'held for sale' are measured at the lower of their carrying amount or 'fair value less costs to sell'.

Note 1.3.2 NHS Charitable Funds

The charitable fund's statutory accounts are prepared to 31 March in accordance with the UK Charities Statement of Recommended Practice (SORP), which is based on UK Financial Reporting Standard (FRS)102.

The NHS Foundation Trust is the corporate Trustee to Surrey and Borders Partnership NHS Foundation Trust General Purposes Charity and Related Charities (Charity number 1126477). The Trust had previously assessed

its relationship to the charitable fund and, determining it to be a subsidiary, had consolidated the charitable fund's statutory accounts into a Group position with the Trust. However, in 2016/17, the Trust considered the definition in IAS 1, which requires materiality to be judged 'in the surrounding circumstances', and determined that, from the viewpoint of both the Trust and the charitable fund, consolidation no longer aids the users of the accounts. The value of the funds at 31 March 2018 was £0.957m.

DH Group bodies are required to disclose as a related party all linked charities (unless formally consolidated), including the nature of the relationship and details of material transactions between the Trust and the linked charity. Refer to Note 47.

Note 1.3.3 Associates

Associate entities are those over which the Trust has the power to exercise a significant influence. Associate entities are recognised in the Trust's financial statements using the equity method of accounting. The investment is initially recognised at cost. It is increased or decreased subsequently to reflect the Trust's share of the entity's profit or loss or other gains and losses (e.g. revaluation gains on the entity's property, plant and equipment) following acquisition. It is also reduced when any distribution, e.g. share dividends, are received by the Trust from the associate.

Surrey and Borders Partnership NHS Foundation Trust is a 25% partner in the Collaborative Procurement Partnership LLP (CPP LLP), with three other NHS foundation trusts. The partnership was registered at Companies House on 18 January 2017 and began implementation on 8 November 2017, following a successful tender process to deliver services to the Department of Health from 8 May 2018. For the year ended 31 March 2019, the Trust has received a £70k dividend.

The Trust is accounting for its relationship with CPP as an investment in an associate. Movement in the value of the investment is recognised in the Statement of Comprehensive Income.

Associates which are classified as held for sale are measured at the lower of their carrying amount and "fair value less costs to sell".

Note 1.4 Revenue from Contracts with Customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations, which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS). As directed by the GAM, the transition to IFRS 15 in 2018/19 has been completed in accordance with paragraph C3 (b) of the Standard: applying the Standard retrospectively but recognising the cumulative effects at the date of initial application (1 April 2018).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional, a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

In respect of the Trust's principle NHS healthcare commissioner block contracts, revenue is recognised on a regular monthly basis - a one twelfth invoice is raised at the beginning of each month and payment (i.e. credit terms) is made on or before the 15th of the month. Other healthcare commissioner contracts that behave as a block outside the main block are invoiced and paid in advance or in arrears, as specified within each contract, and recognised each month as an equal twelfth. Non contracted income is invoiced and recognised on a cost and volume basis in arrears on satisfaction of the performance. Payment from Local Authorities is received in arrears on a 4-weekly basis and the revenue recognised in the month of the performance.

Note 1.4.1 Revenue from NHS Contracts

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

Revenue is recognised to the extent that collection of consideration is probable. Where contract challenges from commissioners are expected to be upheld, the Trust reflects this in the transaction price and derecognises the relevant portion of income, such as in the case of CQUIN (Commissioning for Quality and Innovation) payments, which are treated as distinct performance obligations in their own right.

Where the Trust is aware of a penalty based on contractual performance, the Trust reflects this in the transaction price for its recognition of revenue. Revenue is reduced by the value of the penalty.

The Trust does not receive income where a patient is readmitted or re-referred within 30 days of discharge from a previous intervention because revenue is part of the block.

The GAM has mandated the exercise of the practical expedient offered in C7A of the Standard that requires the Trust to reflect the aggregate effect of all contracts modified before the date of initial application.

Note 1.4.2 Revenue from Research Contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust and the Trust has an enforceable right to payment for the performance completed to date. It is, therefore, considered that the performance obligation is satisfied over time and the Trust recognises revenue each year over the course of the contract.

Note 1.4.3 Revenue from Health Education England (HEE)

The Trust receives funding for the salaries of trainee junior doctors, student nurses, occupational therapists, clinical psychologists and clinical placements. This revenue is recognised monthly in line with salary payments to the individuals concerned. Other funding for medical and non-medical education is recognised only to the extent that a performance obligation is satisfied. HEE has specified that such income may not be deferred.

Note 1.4.4 Revenue Grants and other Contributions to Expenditure

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

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

Note 1.4.5 Other Income

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

Note 1.5 Expenditure on Employee Benefits

Note 1.5.1 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. The cost of annual leave entitlement earned but not taken by employees at the end of the period would be recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period. The

Trust does not permit employees to carry over unused leave, so no accrual for the estimated cost of unused leave has been included in the accounts.

Note 1.5.2 Pension Costs

NHS Pension Scheme

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 scheme that covers NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health in England and Wales. They are not designed to be run in a way that would enable employers 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 Surrey and Borders Partnership NHS Foundation Trust of participating in a scheme is taken as equal to the contributions payable to the scheme for the accounting period.

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 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 a 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
- form part of the initial setting-up cost of a new building or refurbishment of a ward or unit, irrespective of the individual or collective cost

Where a large asset, for example a building, includes a number of components with significantly different asset lives, e.g. 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 which are held for their service potential and are in use (i.e. operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus, with no plan to bring them back into use, are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost, modern equivalent asset basis

Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements of the service being provided.

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

A full revaluation was carried out as at 31 December 2017. The valuation was carried out by Montagu Evans, professionally qualified valuers, in accordance with the Royal Institution of Chartered Surveyors (RICS) Appraisal and Valuation Manual. For 2018/19, Montagu Evans carried out an interim indexation based exercise, with indexation adjustments provided as at 31 March 2019. Their approach considered three key elements to the portfolio: specialised buildings, land and key worker accommodation. For the specialised assets they considered movements in build costs, using the BCIS All In Tender Price Index, which is an industry accepted index in assessing changes in construction costs over the year; for land, they undertook a review of land price indices but placed more reliance on a review of comparable land transactions, to determine any movement in the geographical location of the Trust's assets; and for key worker accommodation, they assessed overall rental movements in the affordable housing sector over the period. The resulting movements in value have been applied separately to each class of asset in the financial statements.

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 are reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised. Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

Note 1.7.3 De-recognition

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

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

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met. The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the Statement of Comprehensive Income. On disposal, the balance for the assets on the revaluation reserve is transferred to Income and Expenditure reserve.

There was one asset held for sale at 31st March 2019, the former Dene Street Clinic in Dorking. Refer to Note 31.

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. The Trust has no donated or grant funded assets.

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

PFI and LIFT transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as 'on-Statement of Financial Position' by the Trust. In accordance with IAS 17, the underlying assets are recognised as property, plant and equipment, together with an equivalent finance lease liability. Subsequently, the assets are accounted for as property, plant and equipment and/or intangible assets, as appropriate.

The annual contract payments are apportioned between the repayment of the liability, a finance cost, the charges for services and lifecycle replacement of components of the asset. The element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expensed as incurred.

The service charge is recognised in operating expenses and the finance cost is charged to finance costs in the Statement of Comprehensive Income.

Surrey and Borders NHS Foundation Trust has no PFI or LIFT arrangements.

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 is shown in the table below:

	Min life	Max life
	Years	Years
Land	-	-
Buildings, excluding dwellings	15	80
Dwellings	3	38
Plant & machinery	5	15
Transport equipment	2	7
Information technology	2	8
Furniture & fittings	2	25

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; and where the cost is at least £5000.

Internally Generated Intangible Assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised only where all of the following can be demonstrated:

- The project is technically feasible to the point of completion and will result in an intangible asset for sale or use

- The Trust intends to complete the asset and sell or use it
- The Trust has the ability to sell or use the asset
- How the intangible asset will generate probable future economic or service delivery benefits, e.g. the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset
- Adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset and
- The Trust can measure reliably the expenses attributable to the asset during development

Software

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

Note 1.8.2 Measurement

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

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

Intangible assets held for sale are measured at the lower of their carrying amount or “fair value less costs to sell”.

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 Life 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 is shown in the table below:

	Min life Years	Max life Years
Information technology	2	5
Development expenditure	2	5
Websites	2	5
Software licences	2	8
Licences & trademarks	2	5
Patents	2	5
Other (purchased)	2	5
Goodwill	2	10

Note 1.9 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method.

Note 1.10 Investment Properties

Investment properties are measured at fair value. Changes in fair value are recognised as gains or losses in income/expenditure.

Only those assets which are held solely to generate a commercial return are considered to be investment properties. Where an asset is held, in part, to support service delivery objectives, then it is considered to be an item of property, plant and equipment. Properties occupied by employees, whether or not they pay rent at market rates, are not classified as investment properties. The Trust has no investment properties.

Note 1.11 Cash and Cash Equivalents

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

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

Note 1.12 Carbon Reduction Commitment Scheme (CRC)

The CRC scheme is a mandatory cap and trade scheme for non-transport CO₂ emissions. The Trust is registered with the CRC scheme and is, therefore, required to surrender to the Government an allowance for every tonne of CO₂ it emits during the financial year. A liability and related expense is recognised in respect of this obligation as CO₂ emissions are made.

The carrying amount of the liability at the financial year end will, therefore, reflect the CO₂ emissions that have been made during that financial year, less the allowances (if any) surrendered voluntarily during the financial year in respect of that financial year.

The liability will be measured at the amount expected to be incurred in settling the obligation. This will be the cost of the number of allowances required to settle the obligation.

Allowances acquired under the scheme are recognised as intangible assets.

Note 1.13 Financial Assets and Financial Liabilities

Note 1.13.1 Recognition

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

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

Note 1.13.2 Classification and Measurement

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

Financial assets 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 below.

Financial assets are classified as subsequently measured at amortised cost. Financial liabilities are classified as subsequently measured at amortised cost.

Financial Assets and Financial Liabilities at Amortised Cost

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

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

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income as a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Impairment of Financial Assets

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

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

Financial assets held in the Trust books are to collect contractual cashflows and are, therefore, measured at amortised cost. The Trust does not have any financial assets for the purpose of selling these assets. A detailed review of financial assets is carried out by the Trust on an annual basis for expected credit losses. Local knowledge and intelligence from the Contracts team is used to establish the probability of the non-recovery of any of the balances included in financial assets. This probability then forms the basis for calculating credit losses allowance or provisions, in relation to the risk of non collection. For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

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

Note 1.13.3 De-Recognition

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

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

Note 1.14 Leases

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

Note 1.14.1 The Trust as Lessee

Finance Leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both

are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease.

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

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

Operating Leases

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

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

Leases of Land and Buildings

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

Note 1.14.2 The Trust as Lessor

Finance Leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating Leases

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.15 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

Clinical Negligence Costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at Note 38.2 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 Trust's control) are not recognised as assets but are disclosed in Note 39 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised but are disclosed in Note 39, 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 Trust'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:

- donated assets (including lottery funded assets)
- 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
- 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

Section 148 of the Finance Act 2004 amended S519A of the Income and Corporation Taxes Act 1988, to provide power to the Treasury to make certain non-core activities of Foundation Trusts potentially subject to corporation tax. This legislation became effective in the 2005/06 financial year.

In determining whether or not an activity is likely to be taxable, a three-stage test may be employed:

- The provision of goods and services for purposes related to the provision of healthcare authorised under Section 14(1) of the Health and Social Care Act 2003 (HSCA) is not treated as a commercial activity and is, therefore, tax exempt

- Trading activities undertaken in house which are ancillary to core healthcare activities are not entrepreneurial in nature and not subject to tax. A trading activity that is capable of being in competition with the wider private sector will be subject to tax
- Only significant trading activity is subject to tax. Significant is defined as annual taxable profits of £50,000 per trading activity

The majority of the Group's activities are related to core healthcare and are not subject to 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. Where the Trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

- monetary items are translated at the spot exchange rate on 31 March
- non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction and
- non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise. Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

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. Refer to Note 32.2.

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 45 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

For functions that have been transferred to the Trust from another NHS or local government body, the assets and liabilities transferred are recognised in the accounts as at the date of transfer. The assets and liabilities are not adjusted to fair value prior to recognition. The net gain / loss corresponding to the net assets / liabilities transferred is recognised within income / expenses but not within operating activities.

For property plant and equipment assets and intangible assets, the cost and accumulated depreciation / amortisation balances from the transferring entity's accounts are preserved on recognition in the Trust's

accounts. Where the transferring body recognised revaluation reserve balances attributable to the assets, the Trust makes a transfer from its income and expenditure reserve to its revaluation reserve to maintain transparency within public sector accounts.

For functions that the Trust has transferred to another NHS / local government body, the assets and liabilities transferred are de-recognised from the accounts as at the date of transfer. The net loss / gain corresponding to the net assets / liabilities transferred is recognised within expenses / income but not within operating activities. Any revaluation reserve balances attributable to assets de-recognised are transferred to the income and expenditure reserve. Adjustments to align the acquired function to the Trust's accounting policies are applied after initial recognition and are adjusted directly in taxpayers' equity.

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

As required by IAS 8, trusts should disclose any standards, amendments and interpretations that have been issued but are not yet effective or adopted for the public sector and an assessment subsequent application will have on the financial statements.

The following is a list of recently issued IFRS Standards and amendments that have not yet been adopted within the FReM and are, therefore, not applicable for implementation in 2018/19.

- IFRS 14 Regulatory Deferral Accounts - Not EU-endorsed. Applies to first time adopters of IFRS after 01 January 2016. Therefore, not applicable to DHSC group bodies.
- IFRS 16 Leases - Application required for accounting periods beginning on or after 01 January 2019 but not yet adopted by the FReM: early adoption is not, therefore, permitted.
- IFRS 17 Insurance Contracts - Application required for accounting periods beginning on or after 01 January 2021 but not yet adopted by the FReM: early adoption is not, therefore, permitted.
- IFRIC 23 Uncertainty over Income Tax Treatments - Application required for accounting periods beginning on or after 01 January 2019. The European Financial Reporting Advisory Group recommended in October 2015 that the Standard should not be endorsed, as it is unlikely to be adopted by many EU countries.

Note 2 Operating Segments

The group financial statements recognise four segments as shown below. This is consistent with internal reporting within the Trust to the chief operating decision maker, which is the Board of Directors.

2018/19					
	Healthcare £000	Delegated Commissioning £000	NHS Commercial Solutions £000	Children & Family Health Surrey £000	Total £000
Income	176,071	5,662	2,814	32,956	217,504
Surplus / (deficit)	23,145	1,763	398	0	25,306
Net assets	129,263				129,263
2017/18					
	Healthcare £000	Delegated Commissioning £000	NHS Commercial Solutions £000	Children & Family Health Surrey £000	Total £000
Income	158,856	5,654	2,176	26,788	193,474
Surplus / (deficit)	(20,282)	442	246	-	(19,594)
Net assets	103,418	0	0	0	103,418

Note 3 Operating Income from Patient Care Activities (Group)

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4.

Note 3.1 Income from Patient Care Activities (by Nature)

	Group		Trust	
	2018/19 £000	2017/18 £000	2018/19 £000	2017/18 £000
Cost and volume contract income	2,569	2,379	2,569	2,379
Block contract income	118,126	116,453	121,631	118,950
Clinical partnerships providing mandatory services (including S75 agreements)	16,559	18,094	16,559	16,299
Other clinical income from mandatory services	42,510	34,881	9,554	9,976
Private patient income	-	-	-	-
Agenda for Change pay award central funding	1,656	-	1,656	-
Other clinical income	1,900	1,640	1,900	1,640
Total income from activities	183,320	173,447	153,869	149,244

The variance between Group and Trust income is wholly related to the activities of Children and Family Health Surrey.

Note 3.2 Income from Patient Care Activities (by Source)

	Group		Trust	
	2018/19	2017/18	2018/19	2017/18
	£000	£000	£000	£000
Income from Patient Care Activities Received from:				
NHS England	4,438	3,594	1,940	3,594
Clinical commissioning groups	140,717	135,992	124,681	120,537
Department of Health and Social Care	1,656	-	1,656	-
Other NHS providers	1,284	906	1,284	906
NHS other	26	-	26	-
Local authorities	32,649	29,590	18,226	18,302
Non-NHS: private patients	-	-	-	-
Non-NHS: overseas patients (chargeable to patient)	-	-	-	-
Non NHS: other	2,550	3,365	6,056	5,906
Total income from activities	183,320	173,447	153,869	149,245

The variance between Group and Trust income is wholly related to the activities of Children and Family Health Surrey.

Note 3.3 Overseas Visitors (Relating to Patients Charged Directly by the Provider)

The group has not received income from overseas visitors (where the patient is charged directly by the Trust) in excess of £100,000 during 2018/19.

Note 4 Other Operating Income

	Group		Trust	
	2018/19	2017/18	2018/19	2017/18
	£000	£000	£000	£000
Other operating income from contracts with customers:				
Research and development (contract)	804	1,235	804	1,235
Education and training (excluding notional apprenticeship levy income)	3,345	3,805	3,345	3,805
Non-patient care services to other bodies	363	370	363	370
Provider sustainability / sustainability and transformation fund income (PSF / STF)	17,090	2,906	17,090	2,906
Income in respect of employee benefits accounted on a gross basis	7,164	7,011	7,164	7,011
Other contract income	5,353	4,700	5,456	4,700
Other non-contract operating income:			-	-
Research and development (non-contract)	-	-	-	-
Education and training - notional income from Apprenticeship fund	-	-	-	-
Rental revenue from operating leases	65	-	65	-
Total other operating income	34,184	20,027	34,287	20,027

Other operating income largely relates to Trust business. Other contract income includes £2.815m of income relating to NHS Commercial Solutions; £0.601m of income from Appletree Nursery; £0.340m of income relating to staff recharges to Surrey County Council; £0.194m day services income from our Learning Disability services; £0.300m relates to staff and procurement recharges to Sussex Partnership NHS FT; £0.182 relates to Soft FM recharges to Epsom & St Helier University NHS Trust; and £0.305 relates to recharges to NHS North West Surrey CCG, largely for operating the CoiN (Community of Interest Network).

There was a 0.103m internal recharge from the Trust to the CFHS LLP, accounting for the difference between the Trust and the Group.

Provider Sustainability Funding (PSF), formerly Sustainability Transformation Funding (STF), includes £1.803m of incentive and bonus funding awarded at year end as well as £14m of incentive PSF awarded during the financial year.

Note 5 Additional Information on Income

Note 5.1 Additional Information on Contract Revenue (IFRS 15) Recognised in the Period

	2018/19 £000
Revenue recognised in the reporting period that was included within contract liabilities at the previous period end	1,302
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	-

Note 5.2 Transaction Price Allocated to Remaining Performance Obligations

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

Note 5.3 Income from Activities arising from Commissioner Requested Services

Under the terms of its provider licence, the Trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider licence and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	Group		Trust	
	2018/19 £000	2017/18 £000	2018/19 £000	2017/18 £000
Income from services designated as commissioner requested services	145,243	154,004	126,709	129,446
Income from services not designated as commissioner requested services	55,240	39,470	44,426	39,826
Total	200,483	193,474	171,135	169,272

Note 5.4 Profits and Losses on Disposal of Property, Plant and Equipment

In 2018/19 the Trust completed the sale of a number of properties. Shaws Corner, which had been used by Adult Mental Health community services, had a net book value of £951,234 and was sold for £1,000,000. Teams relocated to Gatton Place. Crisis House had a net book value of £356,531 and was sold for £1,306,000. This service was decommissioned by commissioners in favour of funding a Crisis Overnight Support Service, which is delivered by non NHS providers but administered and gate kept by the Trust.

Land and buildings referred to as the West Site at Chertsey were sold for £21,375,000. These were Hayworth House, Lake House, the Base and Windmill House, which collectively had a net book value of £7,564,084. The Trust ceased to use Hayworth House for commissioner requested dementia assessment and treatment services in 2015/16; these were consolidated into the Meadows at West Park. Surrey County Council decommissioned the in-patient drug and alcohol service based in Windmill House in early 2018/19, in favour of a co-designed ambulatory service that operates from Farnham Road Hospital and Wingfield Road. All community service teams that had been located in these properties were relocated in December 2018 to new leased premises in Chertsey called Unither House.

Note 6 Fees and Charges (Group)

HM Treasury requires disclosure of fees and charges income. The following disclosure is of income from charges to service users where income from that service exceeds £1 million and is presented as the aggregate of such income. The cost associated with the service that generated the income is also disclosed.

The Group had no fees and charges in this category.

Note 7 Operating Expenses

Note 7.1 Operating Expenses (Group)

	Group		Trust	
	2018/19	2017/18	2018/19	2017/18
	£000	£000	£000	£000
Purchase of healthcare from NHS and DHSC bodies	2,213	3,071	2,213	3,071
Purchase of healthcare from non-NHS and non-DHSC bodies	34,948	28,705	5,612	4,503
Staff and executive directors costs	119,554	116,720	119,554	116,720
Remuneration of non-executive directors	123	74	123	74
Supplies and services - clinical (excluding drugs costs)	2,763	3,158	2,763	3,158
Supplies and services - general	3,372	3,797	3,372	3,797
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	4,467	3,678	4,467	3,678
Inventories written down	-	-	-	-
Consultancy costs	753	894	753	894
Establishment	2,117	2,028	2,117	2,028
Premises	13,002	11,458	13,002	11,458
Transport (including patient travel)	2,441	2,314	2,441	2,314
Depreciation on property, plant and equipment	5,545	5,371	5,545	5,371
Amortisation on intangible assets	1,131	876	1,131	876
Net impairments	1,042	24,176	1,042	24,176
Movement in credit loss allowance: contract receivables / contract assets	494	-	494	-
Movement in credit loss allowance: all other receivables and investments	-	(667)	-	(667)
Increase/(decrease) in other provisions	598	(550)	598	(550)
Change in provisions discount rate(s)	(117)	95	(117)	95
Audit fees payable to the external auditor				
audit services- statutory audit	80	63	68	63
other auditor remuneration (external auditor only)	14	14	14	14
Internal audit costs	162	120	162	120
Clinical negligence	924	1,077	924	1,077
Legal fees	162	374	162	374
Insurance	51	40	51	40
Research and development	64	97	64	97
Education and training	1,553	1,164	1,553	1,164
Rentals under operating leases	4,772	3,236	4,772	3,236
Early retirements	-	-	-	-
Redundancy	108	-	108	-
Losses, ex gratia & special payments	10	307	10	307
Other services, e.g. external payroll	114	113	114	113
Other	1,557	625	1,557	625
Total	204,017	212,428	174,669	188,226

All expenditure relates to continuing operations. The variance between Group and Trust expenditure is wholly related to the activities of Children and Family Health Surrey.

Other expenditure includes a provision for £937,000 for infrastructure works to be undertaken in Chertsey, as part of the land sale agreement that was concluded in March 2019.

Note 7.2 External Auditor Remuneration (Group)

	Group		Trust	
	2018/19 £000	2017/18 £000	2018/19 £000	2017/18 £000
Audit Services - Statutory Audit				
Audit of the financial statements	67	53	57	53
Total	67	53	57	53

	Group		Trust	
	2018/19 £000	2017/18 £000	2018/19 £000	2017/18 £000
Other auditor remuneration paid to the external auditor:				
Audit-related assurance services	11	11	11	11
Total	11	11	11	11

Amounts shown in Note 7.2 are exclusive of VAT. Audit related assurance services consist of assurance on the Quality Report (£11,000).

Note 7.3 Limitation on Auditor's Liability (Group)

The limitation on auditor's liability for external audit work is £0.5m (2017/18: £0.5m).

Note 8 Impairment of Assets (Group)

	2018/19 £000	2017/18 £000
Net impairments charged to operating surplus / deficit resulting from:		
Loss or damage from normal operations	200	-
Abandonment of assets in course of construction	29	-
Changes in market price	813	24,176
Total net impairments charged to operating surplus / deficit	1,042	24,176
Impairments charged to the revaluation reserve	-	14,110
Total net impairments	1,042	38,286

Of the above impairments, £0.200m relates to leased properties that the Trust has or will shortly vacate; £0.029m relates to reclassification of a project to revenue; and £1.342m relates to a VAT adjustment at Farnham Road. The year-end indexation of the Trust's assets produced a £0.529m offsetting impairment reversal.

All of the impairments relate to assets used in the provision of healthcare that belong to the Trust and have been recognised in operating expenses.

Note 9 Employee Benefits (Group)

	2018/19	2017/18
	Total	Total
	£000	£000
Salaries and wages	84,289	81,892
Social security costs	8,552	8,298
Apprenticeship levy	401	385
Employer's contributions to NHS pensions	10,769	10,539
Pension cost - other	14	6
Temporary staff (including agency)	17,067	17,267
Total gross staff costs	121,092	118,387
Recoveries in respect of seconded staff	-	-
Total staff costs	121,092	
Of which		
Costs capitalised as part of assets	1,430	1,667

Employee benefits all relate to the Trust. Children and Family Health Surrey does not employ any staff.

Note 9.1 Retirements due to Ill-Health (Group)

During 2018/19 there was 1 early retirement from the Trust agreed on the grounds of ill-health (1 in the year ended 31 March 2018). The estimated additional pension liabilities of these ill-health retirements is £30k (£32k in 2017/18). The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

Note 10 Pension Costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting Valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2019 is based on valuation data at 31 March 2018, updated to 31 March 2019 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, 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 latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018, Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

Note 11 Operating Leases (Group)

Note 11.1 Surrey and Borders Partnership NHS Foundation Trust as a Lessor

This note discloses income generated in operating lease agreements where Surrey and Borders Partnership NHS Foundation Trust is the lessor.

The Trust leases premises at the Wingfield Day centre to the Richmond Fellowship.

	2018/19	2017/18
	£000	£000
Operating lease revenue		
Minimum lease receipts	65	-
Contingent rent	-	-
Other	-	-
Total	65	-
	31 March	31 March
	2019	2018
	£000	£000
Future minimum lease receipts due:		
- not later than one year;	20	-
- later than one year and not later than five years;	61	-
- later than five years.	-	-
Total	81	-

Note 11.2 Surrey and Borders Partnership NHS Foundation Trust as a Lessee

This note discloses costs and commitments incurred in operating lease arrangements where Surrey and Borders Partnership NHS Foundation Trust is the lessee.

	2018/19	2017/18
	£000	£000
Operating lease expense		
Minimum lease payments	4,772	3,236
Contingent rents	-	-
Less sublease payments received	-	-
Total	4,772	3,236
	31 March	31 March
	2019	2018
	£000	£000
Future minimum lease payments due:		
- not later than one year;	3,805	3,632
- later than one year and not later than five years;	11,203	12,120
- later than five years.	21,993	23,502
Total	37,001	39,254
Future minimum sublease payments to be received	-	-

All leases relate to Trust business. Of the total operating lease payments, £4.350m (2017/18: £2.520m) relates to leases on property, from which the Trust provides its healthcare and corporate services. Property leases are for differing lease terms but the latest expiry date is May 2038.

Equipment leases are for 3 years from date of agreement. Vehicle leases are for between 3 and 5 years from date of agreement.

Note 12 Finance Income (Group)

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

	2018/19	2017/18
	£000	£000
Interest on bank accounts	125	37
Total finance income	125	37

All finance income relates to Trust business.

Note 13 Finance Expenditure

Note 13.1 Finance Expenditure (Group)

Finance expenditure represents interest and other charges involved in the borrowing of money.

	2018/19	2017/18
	£000	£000
Interest expense:		
Loans from the Department of Health and Social Care	-	-
Overdrafts	-	-
Total interest expense	-	-
Unwinding of discount on provisions	9	24
Other finance costs	-	-
Total finance costs	9	24

This item of expenditure relates to the unwinding of discount on the Trust's provisions. The Trust has no borrowing or overdraft expenses.

Note 13.2 The Late Payment of Commercial Debts (Interest) Act 1998 / Public Contract Regulations 2015 (Group)

Neither the Trust nor Children and Family Health Surrey had any interest or costs payable under this legislation.

Note 14 Other Gains / (Losses) (Group)

	2018/19	2017/18
	£000	£000
Gains on disposal of assets	14,597	2,718
Losses on disposal of assets	-	-
Total other gains / (losses)	14,597	2,718

Gains on disposal of assets relates to the sale of three Trust assets. Shaws Corner and the Crisis House generated £38,827 and £922,565 respectively, after sales costs. The sale of land and buildings referred to as the West Site at Chertsey generated £13,638,843 after sales costs.

Note 15 Trust Income Statement and Statement of Comprehensive Income

In accordance with Section 408 of the Companies Act 2006, the Trust is exempt from the requirement to present its own Income Statement and Statement of Comprehensive Income. However, it has elected to do so and has provided full disclosure in its primary income statements.

Note 16 Discontinued Operations (Group)

The Group had no discontinued operations in 2018/19.

Note 17 Intangible Assets

Note 17.1 Intangible Assets - 2018/19

Group	Software licences £000	Internally generated information technology £000	Intangible assets under construction £000	Total £000
Valuation / gross cost at 1 April 2018 - brought forward	65	8,492	29	8,586
Valuation / gross cost at start of period for new FTs	-	-	-	-
Additions	11	2,700	87	2,798
Impairments	29	-	(29)	-
Reversals of impairments	-	-	-	-
Reclassifications	-	-	-	-
Valuation / gross cost at 31 March 2019	105	11,192	87	11,384
Amortisation at 1 April 2018 - brought forward	65	2,377	-	2,442
Amortisation at start of period for new FTs	-	-	-	-
Provided during the year	-	1,131	-	1,131
Impairments	29	-	-	29
Reversals of impairments	-	-	-	-
Reclassifications	-	-	-	-
Amortisation at 31 March 2019	94	3,508	-	3,602
Net book value at 31 March 2019	11	7,684	87	7,782
Net book value at 1 April 2018	-	6,115	29	6,144

As at 31 March 2019, all intangible assets carried on the balance sheet belonged solely to the Trust.

Note 17.2 Intangible Assets - 2017/18

Group	Software licences £000	Internally generated information technology £000	Intangible assets under construction £000	Total £000
Valuation / gross cost at 1 April 2017 - brought forward	65	6,926	-	6,991
Gross cost at start of period for new FTs	-	-	-	-
Additions	-	1,427	170	1,597
Impairments	-	-	-	-
Reversals of impairments	-	-	-	-
Reclassifications	-	139	(141)	(2)
Valuation / gross cost at 31 March 2018	65	8,492	29	8,586
Amortisation at 1 April 2017 - brought forward	65	1,501	-	1,566
Amortisation at start of period for new FTs	-	-	-	-
Provided during the year	-	876	-	876
Impairments	-	-	-	-
Reversals of impairments	-	-	-	-
Reclassifications	-	-	-	-
Amortisation at 31 March 2018	65	2,377	-	2,442
Net book value at 31 March 2018	-	6,115	29	6,144
Net book value at 1 April 2017	-	5,425	-	5,425

Note 18 Intangible Assets

Note 18.1 Intangible Assets - 2018/19

The Trust has no intangible assets distinct from the Group.

Note 18.2 Intangible Assets - 2017/18

The Trust had no intangible assets distinct from the Group

Note 19 Property, Plant and Equipment (Group)

Note 19.1 Property, Plant and Equipment - 2018/19

Group	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2018 - brought forward	36,911	57,627	-	1,042	436	27	6,188	2,136	104,367
Additions	-	2,000	-	6,249	113	-	729	-	9,091
Impairments	-	(200)	-	(1,342)	-	-	-	-	(1,542)
Reversals of impairments	-	529	-	-	-	-	-	-	529
Revaluations	-	(438)	-	-	-	-	-	-	(438)
Reclassifications	-	2,375	-	(4,783)	-	-	2,408	-	-
Transfers to / from assets held for sale	(350)	(325)	-	-	-	-	-	-	(675)
Disposals / derecognition	(5,215)	(4,208)	-	(192)	(11)	-	-	-	(9,626)
Valuation/gross cost at 31 March 2019	31,346	57,360	-	974	538	27	9,325	2,136	101,706
Accumulated depreciation at 1 April 2018 - brought forward	-	6,965	-	-	70	27	3,257	662	10,981
Provided during the year	-	4,309	-	-	46	-	973	217	5,545
Impairments	-	-	-	-	-	-	-	-	-
Reversals of impairments	-	-	-	-	-	-	-	-	-
Revaluations	-	(822)	-	-	-	-	-	-	(822)
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers to / from assets held for sale	-	(11)	-	-	-	-	-	-	(11)
Disposals / derecognition	-	(1,869)	-	-	(1)	-	-	-	(1,870)
Accumulated depreciation at 31 March 2019	-	8,572	-	-	115	27	4,230	879	13,823
Net book value at 31 March 2019	31,346	48,788	-	974	423	-	5,095	1,257	87,883
Net book value at 1 April 2018	36,911	50,662	-	1,042	366	-	2,931	1,474	93,386

At 31 March 2019, all property, plant and equipment carried on the balance sheet belonged solely to the Trust. The assets under Dwellings were fully impaired in 2017/18 as part of the revaluation carried out in December 2017 and related to West Site Park – Bymoor and the Gardener House.

Note 19.2 Property, Plant and Equipment - 2017/18

Group	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	40,640	83,324	223	296	347	27	4,500	2,130	131,487
Additions	-	3,065	-	1,135	79	-	1,745	6	6,030
Impairments	(11,171)	(32,578)	(216)	-	-	-	-	-	(43,965)
Reversals of impairments	2,659	3,020	-	-	-	-	-	-	5,679
Revaluations	5,455	922	(10)	-	-	-	-	-	6,367
Reclassifications	-	335	3	(349)	10	-	-	-	(1)
Transfers to / from assets held for sale	(672)	(289)	-	-	-	-	-	-	(961)
Disposals / derecognition	-	(172)	-	(40)	-	-	(57)	-	(269)
Valuation/gross cost at 31 March 2018	36,911	57,627	-	1,042	436	27	6,188	2,136	104,367
Accumulated depreciation at 1 April 2017 - brought forward	-	5,093	-	-	33	24	2,387	445	7,982
Provided during the year	-	4,200	10	-	37	3	904	217	5,371
Impairments	-	-	-	-	-	-	-	-	-
Reversals of impairments	-	-	-	-	-	-	-	-	-
Revaluations	-	(2,302)	(10)	-	-	-	-	-	(2,312)
Reclassifications	-	(3)	-	-	-	-	-	-	(3)
Transfers to / from assets held for sale	-	(10)	-	-	-	-	-	-	(10)
Disposals / derecognition	-	(13)	-	-	-	-	(34)	-	(47)
Accumulated depreciation at 31 March 2018	-	6,965	-	-	70	27	3,257	662	10,981
Net book value at 31 March 2018	36,911	50,662	-	1,042	366	-	2,931	1,474	93,386
Net book value at 1 April 2017	40,640	78,231	223	296	314	3	2,113	1,685	123,505

At 31 March 2018, all property, plant and equipment carried on the balance sheet belonged solely to the Trust.

Note 19.3 Property, Plant and Equipment Financing - 2018/19

Group	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2019									
Owned - purchased	31,346	48,788	-	974	423	-	5,095	1,257	87,883
Finance leased	-	-	-	-	-	-	-	-	-
NBV total at 31 March 2019	31,346	48,788	-	974	423	-	5,095	1,257	87,883

Note 19.4 Property, Plant and Equipment Financing - 2017/18

Group	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2018									
Owned - purchased	36,911	50,662	-	1,042	366	-	2,931	1,474	93,386
Finance leased	-	-	-	-	-	-	-	-	-
NBV total at 31 March 2018	36,911	50,662	-	1,042	366	-	2,931	1,474	93,386

Note 20 Property, Plant and Equipment (Trust)

Children and Family Health Surrey has no property, plant and equipment. The Trust table of property, plant and equipment is exactly the same as for the Group for 2018/19 and in the prior year (2017/18) and has, therefore, been omitted. Likewise, the tables relating to the financing of property, plant and equipment for the Trust have also been omitted.

Note 21 Donations of Property, Plant and Equipment

Neither the Trust nor Children and Family Health Surrey had any donated assets at 31 March 2019.

Note 22 Revaluations of Property, Plant and Equipment (Group)

The Trust instructed Montagu Evans, independent valuers, to revalue its land and buildings as at 31 December 2017. This valuation was prepared in accordance with the Royal Institution of Chartered Surveyors (RICS) Red Book - the RICS Valuation, Global Standards 2017, which came into effect on 1st July 2017 - and in compliance with the following Standards:

- International Financial Reporting Standards published by the International Accounting Standards Board;
- International Valuation Standards 2017 published by the International Valuation Standards Committee;
- RICS Valuation – Professional Standards UK January 2014 (revised April 2015);
- HM Treasury Financial Reporting Manual; and,
- Department of Health Group Accounting Manual.

The standard requires the statement of assets at Fair Value. Assets have been valued at Market Value (MV), Existing Use Value (EUV) or, if no market exists for a property, which may be rarely sold or it is a specialised asset, an income or depreciated replacement cost (DRC) approach has been adopted.

The operational buildings owned by the Trust are specialised assets which were valued on a DRC approach assuming modern equivalent assets, with replacement buildings extending to the same operational floor area as those existing and offering the same service potential. Land was valued on an Existing Use Value (comparative) basis, with the Trust's residential staff accommodation assessed in line with the principles of Existing Use Value for Social Housing (EUV-SH). Assets which were declared as surplus to the Trust's requirements or had a third party agreement were valued using the Market Value basis.

For 2018/19, Montagu Evans carried out an interim indexation based exercise, with indexation adjustments provided as at 31 March 2019. Their approach considered three key elements to the portfolio: specialised buildings, land and key worker accommodation. For the specialised assets they considered movements in build costs, using the BCIS All In Tender Price Index, which is an industry accepted index in assessing changes in construction costs over the year; for land, they undertook a review of land price indices but placed more reliance on a review of comparable land transactions to determine any movement in the geographical location of the Trust's assets; and for key worker accommodation, they assessed overall rental movements in the affordable housing sector over the period. The resulting movements in value have been applied separately to each class of asset in the financial statements.

Note 23 Investment Property

Note 23.1 Investment Property

Neither the Group nor the Trust has any investment property.

Note 23.2 Investment Property Income and Expenses

Neither the Group nor the Trust has any investment property income or expenditure.

Note 24 Investments in Associates and Joint Ventures

	Group	
	2018/19	2017/18
	£000	£000
Carrying value at 1 April - brought forward	-	-
Share of profit / (loss)	70	-
Disbursements / dividends received	(70)	-
Carrying value at 31 March	-	-

The Trust has a 25% interest in the Collaborative Procurement Partnership (CCP) LLP (see Note 1.3.3). The CCP LLP is a Joint Venture. There was no initial equity investment. In addition to the Trust, the other partners are Guys and St Thomas' NHS Foundation Trust, Leeds and York Partnership NHS Foundation Trust and West Suffolk NHS Foundation Trust. The LLP commenced buying goods on behalf of the NHS in May 2018. The Trust received a disbursement of £70k in respect of its interest in the CCP LLP for the year.

Note 25 Other Investments / Financial Assets

Neither the Trust nor Children and Family Health Surrey has any other investments or financial assets, current or non-current.

Note 26 Disclosure of Interests in Other Entities

The Trust's principal subsidiary undertaking included in the consolidation at 31 March 2018 is the Surrey Healthy Children and Families Limited Liability Partnership (LLP) - trading as Children and Family Health Surrey (CFHS), which the Trust is consolidating as a subsidiary with 50% non-controlling interest (see Note 1.3.1). The CFHS LLP's turnover for the period ended 31 March 2019 was £32.956m, inclusive of £3.608m sales to the Trust.

In addition to its interest in Children and Family Health Surrey and its 25% interest in the Collaborative Procurement Partnership (CCP) LLP (see Note 24), the Trust also owns SABP Care Ltd, incorporated on 9 May 2014, a dormant company.

At the end of the financial year (2018/19), the CFHS LLP changed ownership, with SABP Care replacing Central Surrey Health as the second 50% partner, alongside Surrey and Borders Partnership NHS Foundation Trust.

The Trust no longer consolidates its Charitable Fund into its Group position. Refer to Notes 1.3.2 and 27.

Note 27 Analysis of Charitable Fund Reserves

The Trust has an interest in its unconsolidated Charitable Fund for which the Trust is the corporate trustee. The Trust had, prior to 2016/17, previously assessed its relationship to the charitable fund and determined it to be a subsidiary because of the Trust's exposure or rights to variable returns and other benefits for itself, its staff or the people who use its services, from its involvement with the charitable fund, and its ability to affect those returns and other benefits through its power over the fund. It had, therefore, previously (prior to 2016/17) consolidated the charitable fund's statutory accounts into a Group position with the Trust. However, the Trust considered the definition in IAS 1, which requires materiality to be judged 'in the surrounding circumstances', and determined that, from the viewpoint of both the Trust and the charitable fund, consolidation no longer aids the users of the accounts. Refer to Note 47 Related Parties.

	31 March 2019 £000	31 March 2018 £000
Unrestricted funds:		
Unrestricted income funds	506	533
Restricted funds:		
Endowment funds	2	2
Other restricted income funds	448	257
	956	792

Unrestricted income funds are accumulated income funds that are expendable at the discretion of the trustees in furtherance of the charity's objects. Unrestricted funds may be earmarked or designated for specific future purposes, which reduces the amount that is readily available to the charity.

Restricted funds may be accumulated income funds which are expendable at the trustee's discretion only in furtherance of the specified conditions of the donor and the objects of the charity. They may also be capital

funds (e.g. endowments) where the assets are required to be invested or retained for use rather than expended.

Note 28 Inventories (Group)

	Group	
	31 March 2019 £000	31 March 2018 £000
Drugs	70	76
Other	1	1
Charitable fund inventory	-	-
Total inventories	71	77

Inventories recognised in expenses for the year were £77k (2017/18: £22k). Write-down of inventories recognised as expenses for the year were £0k (2017/18: £0k).

All inventories relate to Trust business.

Note 29 Receivables

Note 29.1 Receivables

	Group		Trust	
	31 March 2019 £000	31 March 2018 £000	31 March 2019 £000	31 March 2018 £000
Current				
Contract receivables*	28,345	-	27,071	-
Contract assets*	-	-	-	-
Trade receivables*	-	11,433	-	11,214
Capital receivables	6,592	-	6,592	-
Accrued income*	-	7,071	-	4,746
Allowance for impaired contract receivables / assets*	(1,583)	-	(1,583)	-
Allowance for other impaired receivables	-	(1,090)	-	(1,090)
Prepayments (non-PFI)	1,171	841	1,171	841
PDC dividend receivable	72	359	72	359
VAT receivable	450	167	450	167
Other receivables	79	866	79	1,764
Total current receivables	35,126	19,647	33,852	18,001
Non-current				
Contract receivables*	-	-	-	-
Contract assets*	-	-	-	-
Trade receivables*	-	-	-	-
Capital receivables	13,183	-	13,183	-
Accrued income*	-	-	-	-
Allowance for impaired contract receivables / assets*	-	-	-	-
Allowance for other impaired receivables	-	-	-	-
Total non-current receivables	13,183	-	13,183	-
Of which receivable from NHS and DHSC group bodies:				
Current	23,819	13,253	22,270	10,575
Non-current	-	-	-	-

*Following the application of IFRS 15 from 1 April 2018, the Trust's entitlements to consideration for work performed under contracts with customers are shown separately as contract receivables and contract assets. This replaces the previous analysis into trade receivables and accrued income. IFRS 15 is applied without restatement; therefore, the comparative analysis of receivables has not been restated under IFRS 15.

The Group has a non current receivable related to the Chertsey land sale agreement.

The Group's current receivables are significantly higher than last year, due to a deferred payment related to the Chertsey land sale due in March 2020 and to £15.803 of incentive and bonus PSF (Provider Sustainability Funding) relating to the land sale, compared to £1.294 in 2017/18.

The Group has no non-current trade and other receivables.

Note 29.2 Allowances for Credit Losses - 2018/19 (Group)

	Group		
	Contract receivables and contract assets £000	All other receivables £000	Total £000
Allowances as at 1 Apr 2018 - brought forward	-	1,090	1,090
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018	1,090	(1,090)	-
New allowances arising	1,380	-	1,380
Changes in existing allowances	-	-	-
Reversals of allowances	(886)	-	(886)
Utilisation of allowances (write offs)	(1)	-	(1)
Allowances as at 31 Mar 2019	1,583	-	1,583

All allowances for credit losses relate to Trust receivables.

Note 29.3 Allowances for Credit Losses - 2017/18

IFRS 9 and IFRS 15 are adopted without restatement; therefore, this analysis is prepared in line with the requirements of IFRS 7 prior to IFRS 9 adoption. As a result, it differs in format to the current period disclosure above.

	Group All receivables £000
Allowances as at 1 Apr 2017 - brought forward	1,787
Increase in provision	898
Amounts utilised	(30)
Unused amounts reversed	(1,565)
Allowances as at 31 Mar 2018	1,090

Note 29.4 Exposure to Credit Risk

A detailed review of financial assets is carried out by the Trust on an annual basis for expected credit losses. Local knowledge and intelligence from the Contracts team is used to establish the probability of the non-

recovery of any of the balances included in Financial Assets. This probability then forms the basis for calculating credit losses according to the risk of non collection.

Note 30 Other Assets

The Group has no other assets.

Note 31 Non-Current Assets Held for Sale and Assets in Disposal Groups (Group)

	Group	
	2018/19	2017/18
	£000	£000
NBV of non-current assets for sale and assets in disposal groups at 1 April - brought forward	951	504
Assets classified as available for sale in the year	664	951
Assets sold in year	(1,307)	(504)
NBV of non-current assets for sale and assets in disposal groups at 31 March	308	951

Assets held for sale belong solely to the Trust, which had one property held for sale at 31 March 2019 - the former Dene Street Clinic, Dorking, with a net book value of £307,600. The asset held for sale at 31 March 2018 was Shaws Corner at Redhill and was sold during 2018/19.

Note 31.1 Liabilities in Disposal Groups

The Group has no liabilities in disposal groups.

Note 32 Cash and Cash Equivalents

Note 32.1 Cash and Cash Equivalents Movements (Group)

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value that are subject to an insignificant risk of change in value.

	Group	
	2018/19	2017/18
	£000	£000
At 1 April	18,131	13,056
Net change in year	6,228	5,075
At 31 March	24,359	18,131
Broken down into:		
Cash at commercial banks and in hand	1,643	955
Cash with the Government Banking Service	22,716	17,176
Deposits with the National Loan Fund	-	-
Total cash and cash equivalents as in SoFP	24,359	18,131
Bank overdrafts (GBS and commercial banks)	-	-
Drawdown in committed facility	-	-
Total cash and cash equivalents as in SoCF	24,359	18,131

Children and Family Health Surrey had no cash holdings at 31 March 2019.

Note 32.2 Third Party Assets held by the Trust

Surrey and Borders Partnership NHS Foundation Trust held cash and cash equivalents that 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.

Group and Trust

	31 March 2019 £000	31 March 2018 £000
Bank balances	353	349
Monies on deposit	687	754
Total third party assets	1,040	1,103

Note 33 Payables

Note 33.1 Trade and other Payables

	Group		Trust	
	31 March 2019 £000	31 March 2018 £000	31 March 2019 £000	31 March 2018 £000
Current				
Trade payables	8,483	8,554	7,647	8,409
Capital payables	1,841	901	1,841	901
Accruals	9,988	9,299	9,237	7,798
Receipts in advance and payments on account	-	-	-	-
Social security costs	1,251	1,200	1,251	1,200
VAT payables	1,342	-	1,342	-
Other taxes payable	1,023	957	1,023	957
PDC dividend payable	-	-	-	-
Other payables	2,073	1,718	2,386	1,718
Total current trade and other payables	26,001	22,629	24,727	20,983
Of which payables from NHS and DHSC group bodies:				
Current	4,921	5,403	4,921	5,403
Non-current	-	-	-	-

The Group has no non-current trade and other payables.

The VAT payable relates to over recovered VAT on the new build at Farnham Road Hospital.

Standard trading terms are 30 days from date of invoice, with the exception of tax and social security, which are paid within 18 days of the month end. The Group has no non-current trade and other payables.

Note 33.2 Early Retirements in NHS Payables Above

The Group has not bought out any early retirements.

Note 34 Other Liabilities (Group)

	Group	
	31 March 2019 £000	31 March 2018 £000
Current		
Deferred income: contract liabilities	1,919	1,302
Total other current liabilities	1,919	1,302

All deferred income relates to Trust business. The Group has no non-current liabilities.

Note 35 Borrowings

The Group has no current or non-current borrowings.

Note 35.1 Reconciliation of Liabilities arising from Financing Activities

The Group has no liabilities arising from financing activity.

Note 36 Other Financial Liabilities

The Group has no other financial liabilities.

Note 37 Finance Leases**Note 37.1 Surrey and Borders Partnership NHS Foundation Trust as a Lessor (Group)**

The Group has no future lease receipts due under finance lease agreements where either the Trust or Children and Family Health Surrey is the lessor.

Note 37.2 Surrey and Borders Partnership NHS Foundation Trust as a Lessee (Group)

The Group has no obligations under finance leases where either the Trust or Children and Family Health Surrey is the lessee.

Note 38 Provisions**Note 38.1 Provisions for Liabilities and Charges Analysis (Group)**

Group	Pensions:		Legal claims	Redundancy	Other	Total
	early departure costs	Pensions: injury benefits*				
	£000	£000	£000	£000	£000	£000
At 1 April 2018	9,338	389	510	-	750	10,987
Change in the discount rate	(117)	-	-	-	-	(117)
Arising during the year	508	-	99	-	1,472	2,079
Utilised during the year	(680)	(75)	(61)	-	-	(816)
Reclassified to liabilities held in disposal groups	-	-	-	-	-	-
Reversed unused	(256)	-	(354)	-	-	(610)
Unwinding of discount	9	-	-	-	-	9
At 31 March 2019	8,802	314	194	-	2,222	11,532
Expected timing of cash flows:						
- not later than one year;	684	69	194	-	2,222	3,169
- later than one year and not later than five years;	2,734	245	-	-	-	2,979
- later than five years.	5,384	-	-	-	-	5,384
Total	8,802	314	194	-	2,222	11,532

All provisions relate to the business of the Trust.

Early departure costs include the Trust's historic liability to former staff in respect of early retirement. This liability ceases on demise of the beneficiary.

Provisions of £0.168m relating to a potential breach of claim and £0.146m relating to a claim for damages following the sale of Trust property in 2010 were released in year on successful resolution of these matters at no loss to the Trust.

Other includes provisions for dilapidations and for carrying out infrastructure works that form part of the agreement relating to the land sale at Chertsey.

* In 2018/19 the analysis of provisions has been revised to separately identify provisions for injury benefit liabilities. In previous periods, these provisions were included within other provisions / early departure costs.

The following material provisions were released during 2018/19:

	Utilised	Reversed Unused
	£000	£000
Potential breach of contract claim	-	168
Claim for damages	21	146
NHS Resolution LTPS and PES	40	40
Post-employment benefits - Pensions	680	256
Post-employment benefits - Injury Benefits	75	-
	<u>816</u>	<u>610</u>

The following provisions arose during 2018/19:

	£000
Dilapidations	535
Infrastructure works forming part of the Chertsey land sale agreement	937
NHS Resolution LTPS and PES	99
Post-employment benefits - Pensions	508
	<u>2,079</u>

In 2018/19 the discount rate for Post-Employment Benefits recommended by HM Treasury was changed from 0.10% to 0.29%.

Note 38.2 Clinical Negligence Liabilities

At 31 March 2019, £6.202m was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Surrey and Borders Partnership NHS Foundation Trust (31 March 2018: £1.608m).

Note 39 Contingent Assets and Liabilities

The Group had no contingent assets or liabilities for the year.

Note 40 Contractual Capital Commitments (Group)

	Group	
	31 March 2019	31 March 2018
	£000	£000
Property, plant and equipment	1,373	188
Intangible assets	500	18
Total	<u>1,873</u>	<u>206</u>

Contractual capital commitments relate to Trust business.

Note 41 Other Financial Commitments

The Group is committed to making payments under non-cancellable contracts (which are not leases, PFI contracts or other service concession arrangements), analysed by the period during which the payment is made, where these are in place.

For the year ended 31 March 2019, there were no other financial commitments.

Note 41 Defined Benefit Pension Schemes

Past and present employees are covered by the provisions of the NHS Pension Scheme. The Group does not operate a defined benefit pension scheme.

Note 42 On-SOFP PFI, LIFT or other Service Concession Arrangements

The Trust has no on-SOFP PFI, LIFT or other service concession arrangements.

Note 43 On-SOFP PFI, LIFT or other Service Concession Arrangements

The Group has incurred no charges in respect of off-Statement of Financial Position PFI and LIFT obligations.

Note 44 Financial Instruments**Note 44.1 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 Group has with commissioners and the way those commissioners are financed, the Group 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 Group 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 Group in undertaking its activities.

The Group's treasury management operations are carried out by the finance department, within parameters defined formally within Surrey and Borders NHS Foundation 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 Group is a wholly domestic organisation with all its transactions, assets and liabilities being in the UK and sterling based. The Group has no overseas operations and, therefore, has low exposure to currency rate fluctuations.

Interest Rate Risk

The Group has no external borrowing and so is not exposed to any significant interest rate risk. However, the Trust could borrow from government for capital expenditure, subject to affordability, as confirmed by NHS Improvement.

Credit Risk

Because the majority of the Group's income comes from contracts with other public sector bodies, the Group has low exposure to credit risk. The maximum exposures as at 31 March 2019 are in receivables from customers, as disclosed in the receivables Note 29.

Liquidity Risk

The Group's operating costs are incurred under contracts with commissioners, which are financed from resources voted annually by Parliament. The Group funds its capital expenditure from funds obtained from government. The Group is not, therefore, exposed to significant liquidity risks and tracks its cashflow daily.

Note 44.2 Carrying Values of Financial Assets

IFRS 9 Financial Instruments is applied retrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

	Loans and receivable s	Held at amortised cost	Held at fair value through	Held at fair value through OCI	Total book value
Group					

		I&E			
Carrying values of financial assets as at 31 March 2019 under IFRS 9	£000	£000	£000	£000	£000
Trade and other receivables excluding non financial assets		46,616	-	-	46,616
Cash and cash equivalents		24,359	-	-	24,359
Total at 31 March 2019		70,975	-	-	70,975

Group	Loans and receivables	Assets at fair value through the I&E	Held to maturity	Available-for-sale	Total book value
Carrying values of financial assets as at 31 March 2018 under IAS 39	£000	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	18,280	-	-	-	18,280
Cash and cash equivalents	18,131	-	-	-	18,131
Total at 31 March 2018	36,411	-	-	-	36,411

Group	Loans and receivables	Assets at fair value through the I&E	Held to maturity	Available-for-sale	Total book value
Carrying values of financial assets as at 31 March 2018 under IAS 39	£000	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	18,280	-	-	-	18,280
Cash and cash equivalents	18,131	-	-	-	18,131
Total at 31 March 2018	36,411	-	-	-	36,411

Trust	Loans and receivables	Assets at fair value through the I&E	Held to maturity	Available-for-sale	Total book value
Carrying values of financial assets as at 31 March 2018 under IAS 39	£000	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	16,634				16,634
Other investments / financial assets					-
Cash and cash equivalents	18,131				18,131
Total at 31 March 2018	34,765	-	-	-	34,765

Note 44.3 Carrying Values of Financial Liabilities

IFRS 9 Financial Instruments is applied retrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

Group	Held at amortise d cost £000	Held at fair value through I&E £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2019 under IFRS 9			
Trade and other payables excluding non financial liabilities	22,385	-	22,385
Other financial liabilities	-	-	-
Provisions under contract	2,416	-	2,416
Total at 31 March 2019	24,801	-	24,801

Group	Held at amortise d cost £000	Held at fair value through I&E £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2018 under IAS 39			
Trade and other payables excluding non financial liabilities	20,472	-	20,472
Other financial liabilities	-	-	-
Provisions under contract	1,260	-	1,260
Total at 31 March 2018	21,732	-	21,732

Trust	Held at amortise d cost £000	Held at fair value through I&E £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2019 under IFRS 9			
Trade and other payables excluding non financial liabilities	21,111	-	21,111
Other financial liabilities	-	-	-
Provisions under contract	2,416	-	2,416
Total at 31 March 2019	23,527	-	23,527

Trust	Held at amortise d cost £000	Held at fair value through I&E £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2018 under IAS 39			
Trade and other payables excluding non financial liabilities	18,826		18,826
Other financial liabilities			-
Provisions under contract	1,260		1,260

Total at 31 March 2018

<u>20,086</u>	<u>-</u>	<u>20,086</u>
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Note 44.4 Fair Values of Financial Assets and Liabilities

The book value (carrying value) stated for Financial Assets and Liabilities above is a reasonable approximation of fair value. The Trust holds these Financial Assets in order to collect contractual cash flows and not for the purpose of selling these assets. All these Financial Assets are, therefore, measured at amortised costs. Financial Liabilities are also measured at amortised cost.

Note 44.5 Maturity of Financial Liabilities

	Group		Trust	
	31	31	31	31
	March	March	March	March
	2019	2018	2019	2018
	£000	£000	£000	£000
In one year or less	24,801	21,732	23,527	20,086
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	24,801	21,732	23,527	20,086

Note 45 Losses and Special Payments (Group)

	2018/19		2017/18	
	Total	Total	Total	Total
	number	value of	number	value of
	of cases	cases	of cases	cases
	Number	£000	Number	£000
Losses				
Cash losses	9	-	4	2
Fruitless payments	-	-	-	-
Bad debts and claims abandoned	3	1	25	30
Stores losses and damage to property	-	-	-	-
Total losses	12	1	29	32
Special payments				
Compensation under court order or legally binding arbitration award	-	-	1	316
Extra-contractual payments	-	-	-	-
Ex-gratia payments	12	13	14	14
Special severance payments	-	-	1	3
Extra-statutory and extra-regulatory payments	-	-	-	-
Total special payments	12	13	16	333
Total losses and special payments	24	14	45	365
Compensation payments received		2		1

Losses and special payments returned to a low level, in contrast to 2017/18, when there was an unusually large payment of £316k in respect of a fine from an action taken by the Health and Safety Executive.

Note 46 Gifts

Disclosure of gifts is only required if the total value of gifts made exceeds £300,000. There were no gifts recorded of significant value.

Note 47 Initial Application of New Standards

Note 47.1 Initial Application of IFRS 9

IFRS 9 Financial Instruments as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to reserves on 1 April 2018.

IFRS 9 replaces IAS 39 and introduces a revised approach to classification and measurement of financial assets and financial liabilities, a new forward-looking 'expected loss' impairment model and a revised approach to hedge accounting.

Under IFRS 9, borrowings from the Department of Health and Social Care, which were previously held at historic cost, are measured on an amortised cost basis. The Trust had no borrowings in 2017/18 and none in 2018/19.

Allowances for credit losses under the expected loss model were reassessed, which resulted in no change to the carrying value of receivables as at 01 April 2018.

The GAM expands the definition of a contract in the context of financial instruments to include legislation and regulations, except where this gives rise to a tax. Implementation of this adaptation on 1 April 2018 has led to the classification of receivables relating to Injury Cost Recovery as a financial asset measured at amortised cost.

Note 47.1 Initial Application of IFRS 15

IFRS 15 Revenue from Contracts with Customers as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised, as required by paragraph C8 of the standard, as an adjustment to the income and expenditure reserve on 1 April 2018. The standard has had no impact for the Trust.

IFRS 15 introduces a new model for the recognition of revenue from contracts with customers replacing the previous standards IAS 11, IAS 18 and related Interpretations. The core principle of IFRS 15 is that an entity recognises revenue when it satisfies performance obligations through the transfer of promised goods or services to customers at an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services.

As directed by the GAM, the Trust has applied the practical expedient offered in C7A of the standard, removing the need to retrospectively restate any contract modifications that occurred before the date of implementation (1 April 2018).

Note 47 Related Parties (Group and Trust)

This related parties note has been prepared in accordance with IAS 24 and paragraphs 5.184 - 5.188 of the GAM.

During the year 2018/19, with the exception of the instances listed below, there have been no material transactions or outstanding balances, including commitments, with any other parties related to Surrey and Borders Partnership NHS Foundation Trust.

A payment of £2,500 (2017/18: £0) made to the 'Centre for Mental Health', for which the Trust Chairman, Ian McPherson, is a Trustee.

Expenditure of £0.541m (2017/18: £0.600m) was incurred with and income of £29.844m (2017/18: £26.773m) received from Surrey County Council (SCC), a party related to both the Director of Effectiveness, Innovation and Social Work and the Deputy Medical Director, who are key management staff members but not voting members of the Trust Board. In addition, the accounts include a debtor of £0.362m and a creditor of £2.757m relating to SCC.

Expenditure of £0.115m (2017/18 £0.202m) was incurred with and income of £0.035m received from the Care Quality Commission (CQC), a body for whom a number of our senior staff are National Professional Advisors, as detailed in the below table.

Income of £21.573m (2017/18 £6.518m) was received from NHS England, a party related to a Non-Executive Director, who is a voting member of the Trust Board. In addition, the accounts include a debtor of £16.964m relating to NHS England.

	Expenditure to related party £	Income from related party £	Amounts owed to related party £	Amounts due from related party £
Care Quality Commission - Chief Executive	115,331	35,288	-	-
Care Quality Commission - Chief Nursing Office & Deputy Chief Executive	115,331	35,288	-	-
Care Quality Commission - Director of CYPS	115,331	35,288	-	-
Royal College of Psychiatrists - Chief Nursing Office & Deputy Chief Executive	67,957	8,622	-	-
Royal College of Psychiatrists - Non-Executive Director	67,957	8,622	-	-
Institute for Healthcare Improvement - Chief Nursing Office & Deputy Chief Executive	12,395	12,193	-	7,997
Surrey University - Chief Nursing Office & Deputy Chief Executive	42,081	97,699	-	-
University of Surrey - Director of Innovation, Development and Therapies	42,081	97,699	-	-
NHS Providers - Non-Executive Director	21,556	-	-	-
NHS England - Non-Executive Director	-	21,573,000	-	16,964,000
Surrey County Council - Director of Effectiveness, Innovation and Social Work	541,000	29,844,000	362,000	2,757,000
Surrey County Council - Deputy Medical Director	541,000	29,844,000	362,000	2,757,000

The Department of Health and Social Care is regarded as the Trust's parent department but the Trust is an independent body not controlled by the Secretary of State. It is, therefore, considered that Government departments and agencies are not related parties. However, the main entities within the public sector that the Trust has had dealings with are listed below:

- NHS England
- NHS Barnet CCG
- NHS Croydon CCG
- NHS East Surrey CCG

- NHS Guildford and Waverley CCG
- NHS Horsham and Mid Sussex CCG
- NHS North East Hampshire and Farnham CCG
- NHS North West Surrey CCG
- NHS Pension Scheme
- NHS Professionals
- NHS Property Services
- NHS Surrey Downs CCG
- NHS Surrey Heath CCG
- Ashford and St Peter's Hospitals NHS Foundation Trust
- Royal Surrey County Hospital NHS Foundation Trust
- Frimley Park Hospital NHS Foundation Trust
- Sussex Partnership NHS Foundation Trust
- Epsom and St Helier University Hospitals NHS Trust
- South West London and St George's Mental Health NHS Trust
- South London and Maudsley NHS Foundation Trust
- Surrey And Sussex Healthcare NHS Trust
- Health Education England
- NHS Business Services Authority
- NHS Litigation Authority
- Croydon London Borough Council
- Surrey County Council

None of the Trust Board members or members of the key management staff received any form of short-term employee benefits; post-employment benefits; other long term benefits; termination benefits or share-based payments.

The Trust is the corporate trustee to Surrey and Borders Partnership NHS Foundation Trust General Purposes Charity and Related Charities (Charity number 1126477). The Charitable Fund has not been consolidated, on the basis of materiality, as described in Accounting Policies Note 1.3.2. During the period, the funds produced a deficit of £18,000 (2016/17: deficit of £46,000) and the value of the funds as at 31 March 2018 was £0.792m (2016/17: £0.810m).

The Trust holds a 50% interest in the Surrey Healthy Children and Families Limited Liability Partnership (LLP). The Trust is accounting for its relationship with the LLP as a subsidiary consolidated into Group accounts with a 50% non-controlling interest. Refer to Note 1.3.1 and to the financial statements.

The Trust is a 25% partner in the Collaborative Procurement Partnership LLP (CPP LLP), with three other NHS foundation trusts. For the year ended 31 March 2019, the Trust received a £70k dividend. Refer to Note 1.3.3.

Note 47 Transfers by Absorption

There have been no transfers by absorption in the year where the Trust has been either the receiving or divesting party.

Note 48 Prior Period Adjustments

There have been no prior period adjustments.

Note 49 Events after the Reporting Date

There have been no non-adjusting events after the reporting date.

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