



South London and Maudsley
NHS Foundation Trust

Annual Report and Accounts 2019/2020

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NHS Foundation Trust

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Chapter 1.

Performance Report



Chapter 1. Performance report

1.1 Overview of performance

Joint foreword from the Chair and Chief Executive

This is our first annual report as new appointees to the roles of Chair and Chief Executive at South London and Maudsley NHS Foundation Trust. We have been hugely impressed with how staff at SLaM are striving to improve the lives of the people and the communities we serve – and this has never been more evident than now with the outbreak of Covid-19.

We recognise there is still much more for us to do and you can read about our plans within the report. The Performance Report includes an overview of the Trust and our vision and values. We tell you about our services, where we provide them, the population we serve and how many staff care for our patients and service users. We also highlight our performance, achievements and key risks for the past year.

We are pleased with our internal patient experience survey results, where 96% of respondents said they found staff kind and caring and 87% of respondents to the NHS Friends and Families Test said that they would recommend the Trust to their friends and families based on their experience of the services provided. This year over 70% of our frontline staff had a flu jab - the highest vaccination rate we have ever achieved, showing how committed our staff are to protecting themselves, patients, service users, carers and their families from getting the flu.

Staff are meeting challenges, enduring and adapting to service changes brought on by the Coronavirus pandemic. A huge thank you must go to all SLaM staff for their incredible resilience providing consistent, high quality care and support not only to our patients, service users, carers and their families, but also to each other.

Staff are managing infection control across our services, moving to digital appointments for community patients and enabling agile working for almost 90% of our workforce, with remote working where possible our default position. With these new ways of working, the Trust is increasing staff support resources, including a 24/7 advice support line.

Improving the quality of our care for patients and service users

We are now in the second year of our three-year community redesign and investment programme, working hard to meet the needs of existing service users in our communities. The pandemic has also led us to reach out with our prevention agenda, recognising the impact of Covid-19 on the mental health of our population.

To deliver innovation and improved outcomes for all children and young people who need support, we are increasing our focus on services accessed by children and young people to support delivery of the right care at the right time, including proposals to develop the Pears Maudsley Centre for Children and Young People with support from Kings' College London, the Maudsley Charity, the Rayne Foundation and the Pears Foundation.

The Trust is committed to delivering a step change in its engagement with our BAME communities, and in June 2019 the Board approved the organisation to move forward with developing and implementing a Patient and Carer Race Equality Framework (PCREF).

There is an urgent need to redevelop our mental health hospital facilities. To ensure the safety and quality of our mental health services for the people and communities we serve, as well as staff, we are proposing to

modernise our inpatient facilities and create buildings, fit to deliver world class mental health care in the 21st century. We need to release value from some of the land we own, and invest this funding back our services because there is little money available to make the improvements needed across our hospital estate.

Changing Lives strategy; Listening into Action (LiA)

While our vision remains the same – to improve the lives of the people and communities we serve and to promote mental health and wellbeing for all – during 2019-20 we have been further embedding our five-year strategy ‘Changing Lives’. The strategy is an evolution of our previous strategy, refreshed through feedback via a Quality Priorities development process, consultation with staff and a programme of engagement with our service users, carers, and community road shows.

As part of Changing Lives, this year the Trust has launched a Listening into Action (LiA) campaign, because staff have said the Trust should be a great place to work. Over 60% of staff responded to a LiA Pulse Check survey, sharing how they feel about working at the Trust and suggesting ideas for action and ways to make positive changes.

Supporting and engaging our workforce

Our NHS 2019 Staff Survey results show our response rate (52 per cent) is a significant nine per cent increase from last year. We hope we will see continued Staff Survey improvements as we progress with Listening into Action (LiA). This information has provided us with insight and detailed information into areas that we need to improve such as performance, organisational culture, and supporting staff health and wellbeing. We have already launched a new ‘Beyond Bullying’ campaign.

We recognise there is still more to work on. There is acknowledgement that for some groups their experience at work can be different to that of others. At SLaM we value all of our staff and we take a stand against any acts of racism and discrimination. We are committed to treating people fairly with compassion, respect and dignity. We have developed and are supporting our various staff networks. More Diversity in Recruitment (DiR) champions have been trained to ensure more people from minority backgrounds are involved in recruitment and selection for senior positions. We have also launched and developed a mentoring scheme and a number of mentors and mentees are already matched and working together.

A new Digital Strategy is being embedded to ensure that all staff, from floor to Board, can use data in a way that enables a review of performance trends to support improvements in the quality of services delivered to patients and their carers; as well as establishing SLaM as an organisation with positive employee support, recruitment and retention. The strategy includes a ‘Perfect Ward’ audit system, offering a simple, digital solution to replace local paper audits.

Our financial and operational performance

The impact of Covid-19 has meant that all financial, savings and investment plans are subject to significant change and uncertainty as we progress through 2020/21. The normal annual financial planning process has been suspended until at least October 2020 with the normal payment system replaced with lump sums and the ability to reclaim additional costs centrally. The intent set out in previous SLaM contracts around mental health investment remain the same, but current priorities are to maintain normal services as much as possible while dealing with a pandemic.

Working with our partners and local communities

Recognising the importance of engagement and collaborative working between acute and mental health trusts for the benefit of local communities, working with our Council of Governors, the Trust has promoted some 190 mental health-related events in boroughs we serve, ranging from workshops, seminars and screenings to NHS consultations and other local partnership events.

We are an active member of a South London Mental Health Partnership (SLP), bringing together our Trust with Oxleas NHS Foundation Trust and South West London and St George's Mental Health NHS Trust, enabling us to deliver forensic mental health services so that patients who had previously been treated outside the local area can be supported closer to home.

As part of this Partnership, we are focusing on delivery of ambitious IAPT, Dementia, Children and Young People (CYP) and Early intervention in Psychosis (EIP) targets across South London, with standardised governance arrangements and common pathways based on learning from our Trust's Quality Improvement programme.

Many are projects being co-produced and co-delivered in partnership with people who use services and their friends, families and carers. PPI (public and patient involvement leads) work with service users and carers in operational directorates is helping to increase representation and involvement.

As a response to Covid-19, we have worked with local authorities to convene a virtual summit to start to address the wider impact on our communities' mental wellbeing. Together with local stakeholders, we will set out key principles as a starting point for a 12-month programme of mental ill health prevention.

Research and innovation

Research and Development is at the core of SLaM's identity of quality and excellence. One main aim is that all of our service users are offered the opportunity to participate in research appropriate to their interests and that all our staff feel pride and ownership of the research which takes place here.

Trust researchers continue to Influence health policy and international clinical practice. Our research-based interventions are listed as first-line treatment in NICE Eating Disorder Guidelines and the Trust publishes more journal papers than any other single centre in the world on the use of clozapine, the only effective medication for treatment-resistant psychosis. We have a campaign to bring about societal change in mental health with the ambition for every child to enter adulthood with robust mental health.

Trust Leadership

The Council of Governors continues to support the organisation to meet the needs of patients and provides constructive challenge to the Board in line with its statutory duties.

There have been a number of changes to the Trust leadership in the last financial year. We would like to thank our former colleagues for their commitment to SLaM; and thank our current colleagues who have carried additional responsibilities during a period of change and, not least, the Covid-19 pandemic.

Over the year ahead, we are confident that our formidable workforce, supported by a solid Executive Leadership Team, Non-Executive Directors and Governors, will continue being at the forefront of mental health care, support and research; improving the lives of people living with mental illness, as well as the experiences of staff working in the organisation.

Signed



Sir Norman Lamb

Chair

South London and Maudsley
NHS Foundation Trust

Date: 24 June 2020



David Bradley

Chief Executive

South London and Maudsley
NHS Foundation Trust

Date: 24 June 2020



Who we are

We provide NHS care and treatment for people with mental health problems. We also provide services for people who are addicted to drugs or alcohol.

Our aim is to be a leader in improving population health and wellbeing- locally, nationally and globally.

At South London and Maudsley NHS Foundation Trust we provide the widest range of NHS mental health services in the UK. We also provide substance misuse services for people who are addicted to drugs and alcohol.

Our 4,600 staff serve a local population of 1.3 million people. We have more than 230 services including inpatient wards, outpatient and community services.

We provide inpatient care for approximately 5,300 people each year and we treat more than 45,000 patients in the community in Lambeth, Southwark, Lewisham and Croydon.

In partnership with the Institute of Psychiatry, Psychology and Neuroscience, King's College London, we host the UK's only specialist National Institute for Health Research (NIHR) Biomedical Research Centre for mental health and a Biomedical Research Unit for Dementia.

We are part of one of England's eight Academic Health Sciences Centres, King's Health Partners, alongside King's College London, Guy's and St Thomas' and King's College Hospital NHS Foundation Trusts.

We work with Oxleas NHS Foundation Trust and South West London and St George's NHS Trust to collaborate to provide more sustainable healthcare in South London through the South London Mental Health and Community Partnership (SLP).

A summary of highlights 2019/2020

- **In our Friends and Families Test**, on average for 2019/20, 87% of respondents said that they would recommend the Trust to their friends and families based on their experience of care.
- **In our internal patient experience survey results**, 96% said they found staff kind and caring.
- **Launched a suicide prevention, learning and support strategy** to improve patient safety by

learning from incidents, reduce suicide and improve the experience of patients, carers and staff. The strategy is supported by a short film featuring senior leaders, service users and carers, speaking about their personal and professional experiences to encourage more people to talk about suicide

- **Over 70% of our frontline staff had a flu jab** - the highest vaccination rate we have ever achieved, showing how committed our staff are to protecting themselves, patients, service users, carers and their families from getting the flu.
- **Screened our 'Changing Lives' film**, depicting the stories of five inspirational SLaM service users and their clinicians. The film brought our strategy to life by demonstrating the ways in which our staff are transforming the lives of so many people through kindness, treatment and support. Film screenings were held at various locations across all the boroughs we serve, on and off site, including at the Ritzy Cinema, Brixton and the world-famous Rivoli Ballroom. Events were attended by staff, patients, carers, governors, families and their friends sharing their experiences of caring for service users and helping them to realise their potential.
- **Marked SLaM's 20th anniversary** with senior Trust leaders hosting 'SLaM20' tea parties with colleagues who have worked at the Trust since it was formed 20 years ago. At a range of hospital and community sites, colleagues swapped memories, celebrating this significant milestone and receiving trophies and certificates in recognition of their dedication and commitment to the Trust.

Trust Awards and recognition 2019/2020

- **Our Alcohol Assertive Outreach team** won [Mental Health Team of the Year](#) at the prestigious BMJ Awards. The team offers something different from many addiction services by meeting people in their homes or local communities rather than at clinic appointments, improving outcomes for alcohol-dependent patients.
- **Consultant psychiatrist Dr Shubulade Smith was awarded a CBE** in the Queen's Birthday Honours 2019 for services to forensic psychiatric intensive care.
- **Dr Shubulade Smith also won the Royal College of Psychiatrists [Psychiatrist of the Year Award](#)**. Consultant Psychiatrist and Clinical Director (CAMHS), Dr Bruce Clark, also made their shortlist.
- **Professor James MacCabe, Consultant Psychiatrist, and Professor Andrea Danese** were shortlisted for the Royal College of Psychiatrists' Rukaman Devi Jajoo Memorial Academic Researcher of the Year award.
- **SLaM was a joint winner of Partnership of the Year** at the [Health Innovation Network South London's Recognition Awards](#) for implementing [Serenity Integrated Mentoring \(SIM\)](#) with Oxleas NHS Foundation Trust, South West London and St George's Mental Health NHS Trust and the Metropolitan Police. SIM is a new way of working with mental health service users who experience a high number of mental health crisis events. A police officer and a mental health professional work together to provide intensive support to service users to help reduce high frequency and high-risk crisis behaviours.
- **Two SLaM teams were regional winners in the NHS Parliamentary Awards** - the FREED eating disorders team in the Excellence in Mental Healthcare category and, in the Care and Compassion category, Greenvale Specialist Care Unit. The Unit provides 24-hour nursing care for people aged over 65 who have dementia and challenging behaviour.
- **Service Manager at Lambeth Vocational Services, Mark Bertram won an Emerald Literati Award** for being an 'outstanding reviewer' for the Mental Health Review Journal.
- **Voted top mental health trust in England** for both the number of people taking part in research and the number of studies, according to National Institute for Health Research (NIHR) statistics.
- **A unique partnership of south London's three NHS mental health trusts to improve care and outcomes for patients and opportunities for staff**, was recognised in the prestigious Health

Service Journal (HSJ) Awards where the Trust was shortlisted for a System Leadership award.

- **Facilitated a BBC2 documentary by Louis Theroux at our Mother and Baby Unit**, helping the public understand how mental illness can affect inpatient mothers and their families, and how people discover immense challenges when recovering back at home. The documentary was shortlisted in Mind's Media Awards 2019.
- **The Trust has received Living Wage Accreditation from The Living Wage Foundation**, meaning we pay all our staff the real Living Wage, which is higher than the minimum wage set by the government. It also means the Trust pays all London-based employees the London Living wage. The rates are independently –calculated based on what people need to get by.

Improving patient and service user care

- **Improved the ward environment at Chelsham House, Bethlem Royal Hospital, for patients with dementia.** There are new themed designs for different areas, such as a countryside theme for a women's ward corridor and a beach theme for a men's ward corridor, helping patients to find their way around and creating more opportunities for interaction.
- **Transformed Croydon Psychiatric Intensive Care Unit (PICU)** with world-class art installations, co-produced with service users, to improve communal spaces.
- **Introduced a Perfect Ward audit system** app, offering a simple, digital solution to replace local paper audits. Rolled out across SLaM, the app is freely available to all staff (following a centrally managed sign-up process) and also supports peer to peer auditing. The app is intuitive and easy to use, making inspections quicker and results are immediately available to view.

Listening into Action (LiA) - helping to continue making SLaM a great place to work

- This year, the Trust has launched its Listening into Action campaign, aiming to continue making SLaM a great place to work. LiA is about engaging all colleagues, unblocking the way for staff to get on and do their jobs. This is not a project or programme; it is about permanently changing our Trust for the better. In line with [Quality Improvement](#) and [Changing Lives](#) strategy aims, the more colleagues that are engaged, the better they work as a team, providing better care for service users and patients. More than 60% of staff responded to a LiA Pulse Check survey, sharing how they feel about working at the Trust and suggesting ideas for action and ways to make positive changes. Changes so far include funding Bright Ideas to improve services, replacing old IT devices, improving our estate and facilities and a remarkable SLaM's Got Talent event in lieu of a Christmas party.

Improving how the Trust delivers services

- **Implementing new borough-based structures to improve community services**, within the context of Alliances and local partnerships, such as an active alliance in Lambeth, and engaging local health and social care partners in Croydon.
- **Improving and remodelling our community services**, working in partnership with our local boroughs, and ensuring that each supports a core, evidence-based model for community mental health teams.
- **Increasing access to mental health support**, including easier early access and a rapid crisis response, integrated and coordinated care and support for people who experience mental health problems, and managing demand and resources effectively. We continue to be a key stakeholder in the Lambeth Living Well Network Alliance which brings together people working in the local Authority, Thames Reach, and Certitude.
- **Recognising the importance of engagement and collaborative working between acute and mental health trusts** For the benefit of local communities, working with our Council of Governors, we promoted 190 mental health-related events in boroughs we serve, ranging from workshops, seminars and screenings to NHS consultations and other local partnership events.

- **Our Clinical Academic Groups continue to focus on research**, new care pathways and new models of care. This work has initially focussed on the acute care pathway and the Right Care, Right Time programme which has delivered zero out of area placements in line with NHS Long Term Plan objectives.
- **The Trust is committed to improving the experience of Black, Asian and minority ethnic (BAME) patients, service users and carers.** Trust staff are members of the Croydon BME Partnership Group, which brings together statutory bodies and voluntary groups to improve the experience of BAME service users and carers in Croydon, and Lambeth Black Thrive which has been set up as a partnership-based, cross-sector approach to deliver system change. In addition, a partnership which was initiated in Lambeth a few years ago, where Trust staff work closely with Lambeth Independent Advisory Group (IAG) who connect back to BAME communities, is now being replicated across the other boroughs we serve.
- **SLaM is continuing to support staff networks** for BAME, LGBTQ staff and launched a network for staff with lived experience of mental health issues.
- **Promoting partnership working with faith communities** through ON TRAC, a new collaboration between SLaM and King's College London's Institute of Psychiatry, Psychology and Neuroscience. Many people in faith communities use their faith leader as a first port of call for support if they have concerns about mental health. The project aims to create a dialogue between black faith communities and mental health services. It is about reducing stigma, improving our services and supporting the work that faith leaders do to help people with mental health issues. ON TRAC builds on the work of Community Development Service manager, Juney Muhammad in SLaM's Mental Health Promotion team who has created a mental health awareness course, run with our local black faith communities.
- **Embedding a new Digital Strategy for staff from floor to Board**, using data in a way that enables a review of performance trends to support improvements in both (1) the quality of services delivered to patients and their carers and (2) the offer SLaM as an organisation makes to its employees to support recruitment and retention.
- **Selected by NHS England to be one of three sites to pilot the development of a Patient and Carer Race Equality Framework (PCREF)** using joint working methodology with local BAME communities, service users and their carers, families and friends. This is a recommendation from a national Mental Health Act Review, aimed at reducing race inequalities in mental health access, experience and outcomes.
- **Developing a Trust-wide integrated equalities action plan with an outcomes framework**, to show what differences and improvements should be made in relation to service users, carers and staff who identify as LGBTQ, disabled or from BAME backgrounds.
- **Active members of a South London Mental Health Partnership (SLP), bringing together our Trust with Oxleas NHS Foundation Trust and South West London and St George's Mental Health NHS Trust**, enabling the Trust to deliver forensic mental health services so that patients who had previously been treated outside their local area can be supported closer to home. Tier 4 Child and Adolescent Mental Health Services (CAMHS) for young people with the most complex problems, and embedding a Nursing Development Programme to improve training and career opportunities for nurses across the Trusts, are being embedded.
- **Developing a primary care Recovery College pilot programme for Lewisham, enabling more outreach into local communities.** We are increasing Recovery College staffing thanks to a small Health Innovation Network Grant.

Sustainable environmental improvements

- We are reducing utility costs and carbon emissions. The Trust is also part of a Re:Fit framework, a procurement initiative for public bodies to implement energy efficiency measures.
- The Trust has signed NHSI's plastic reduction pledge, phasing out single-use plastic items used in Trust

catering services.

- A local beekeeper has installed six beehives on our Bethlem site and sells honey locally in the community.
- The Trust's Sustainable Champions collaborated with Estates colleagues for a NHS Sustainability day showcasing junior doctors' quality improvement work.
- We are working with Non-governmental organisations (NGOs), NHS bodies and the local community to implement sustainable development activities. The Trust set up a local sustainable forum with King's Health Partners and Guy's and St Thomas' (GSTT) to share best practice and, with Network Rail and the London Borough of Southwark, are working to support the development of a new entrance for Denmark Hill station, to reduce congestion at the station and improve public transport accessibility to the Maudsley Hospital site.

Improving mental health services based on SLaM research evidence

- The Trust's Cognitive Behaviour Therapy (CBT) for psychosis, which is a NICE-recommended intervention, is now part of routine NHS treatment, mandated in a national Early Intervention in Psychosis NHS England standard. An estimated 25,000 patients in England and Wales receive CBT annually.
- We continue to influence health policy. Our research-based interventions are listed as a first-line treatment in the NICE Eating Disorder Guideline (2017), including cognitive behavioural guided self-care, MANTRA (Maudsley Model of anorexia treatment for adults) and carer interventions.
- We also continue to Influence clinical practice internationally. The Trust publishes more journal papers than any other single centre in the world on the use of clozapine, the only effective medication for treatment-resistant psychosis.
- The Trust is building collaborations and partnerships with industry through our Centre for Innovative Therapeutics, while our new Centre for Translational Informatics (CTI) introduces a fresh perspective on commercial research, focusing on digital innovations.
- We have launched a campaign to bring about societal change in mental health with the ambition for every child to enter adulthood with robust mental health. This will include the Pears Maudsley Centre for Children and Young People's Mental Health, which will bring together scientists, clinicians and educators from SLaM and King's College London.

National standards performance 2019-2020

- Our performance data is publicly available and published as part of the papers for Trust Board. The papers can be accessed [here](#). Performance indicators are reviewed at a service level and aggregated to produce overarching dashboards for performance and quality across the Trust.

During the year, the Trust's performance and quality reporting was integrated using the STEEEP Quality Indicator Framework (Safe, Timely, Effective, Efficient, Equitable and Patient-centred) to enable robust and patient-focused mitigations of risks and issues in patient care. This system ensures information is communicated consistently and accurately between front line services and the Board.

The Trust has been working with our South London Partnership (SLP) providers, Oxleas NHS Foundation Trust and South West London and St George's NHS Trust, to implement three new Provider Collaborative contracts for 2020/21. This has now been paused until October 2020, following the Covid-19 pandemic and NHSE/I directives for this emergency response. The Trust's focus for 2020/21 is to mitigate the challenges from 2019/20 around access targets for children and young people, and maintain the number of people admitted to services outside their area at zero.

National standards performance 2019/20

The Trust consistently achieved all national standards for Improving Access to Psychological Therapies (IAPT) in 2019/20. Waiting time targets for 6 weeks and 18 weeks were achieved at 93.5% and 99.1% respectively, a significant increase from the previous year. The IAPT recovery target was also exceeded in 2019/20. The Trust exceeded the national standard in 2019/20 for Early Intervention in Psychosis.

The national Dementia standard is that all services achieve a minimum of 67% of the expected population having access to the right diagnosis of dementia. The Trust's performance in 2019/20 exceeded the national ambition across all four boroughs. The below table details the Trust's Constitutional standards performance in 2019/20.

Operational performance metrics	Target	18/19	19/20
People with a first episode of psychosis begin treatment with a NICE-recommended package of care within 2 weeks of referral	56%	76%	70%
Improving access to psychological therapies (IAPT): proportion of people completing treatment who move to recovery	50%	50.43%	52.2%
Improving access to psychological therapies (IAPT): patients seen within 6 weeks of referral	75%	92.47%	93.5%
Improving access to psychological therapies (IAPT): patients seen within 18 weeks of referral	95%	98.96%	99.1%
Dementia Diagnosis Rate	67%	71.25%	75.3%
Access to Crisis Resolution Home Treatment (Home Treatment Team Gatekeeping)	95%	97.13%	97.99%

Bed Management

The Trust reported continued improvement relating to the management of admissions and discharges to inpatient services. Although total number of beds utilised in 2019/20 was above the contracted number throughout the financial year, the number of people in out of area acute placements reduced from a high of 58 beds in July 2019 to 0 at the end of March 2020 and remains ahead of the reduction target set by NHSE/I. There has also been a significant reduction in Mental Health Act assessment cancellations per month since November 2019 from 25 to 15 in March 2020 and significant reduction in A&E breaches per month from 135 in November 2019 to 91 in March 2020.

The continued delivery on the Flow plan has helped to achieve a reduction in Length of Stay (LoS) from an average peak of 52 days to 39 days. This is planned as an area of sustained focused in 2020/21. Weekly discharges have conversely increased from an average of 49 to 58. Directorates continue to work on various initiatives in all boroughs to reduce unnecessary bed occupancy including focused work on reviewing barriers to discharge, delayed transfers of care and length of stay.

Overall, the number of patients waiting for more than 52 weeks for their first community appointment



continued to improve across all directorates, with some reporting no patients waiting beyond 52 weeks at the end of March 2020. Directorates continued to monitor closely and improve on data quality.

Child and Adolescent Mental Health Services (CAMHS)

The Trust commenced planning and development work on the Pears Maudsley Centre for Children and Young People's Mental Health in partnership with King's College London and the Maudsley Charities. This programme of work is expected to be completed in the next few years.

A new SLP crisis care line was opened following investments from Clinical Commissioning Groups. This is to address the fragmentation and variance in Models for Crisis Care across South London and to address issues of complexity around Crisis Care. Although there was an initial increase in CAMHS occupied bed days in-year following the SLP investment, the long-term benefit is expected to include an overall reduction in bed days. The number of CAMHS patients waiting longer than 52 weeks continued to reduce from November 2019, following the recruitment to the new Saturday clinics, from a peak of about 52 in October 2019 to less than 20 at the end of March 2020. The impact of Covid-19 has been felt on the waiting list for children and young people.

Quality Priorities

The quality priorities set for 2019/2020 below incorporated the broader quality domains of patient safety, clinical effectiveness, and both patient and staff experience. Progress against these priorities is outlined below and will be included in the Quality Report for 2019/2020, which will be published later in 2020. The quality priorities were envisaged as three-year targets covering 2018/2019 to 2020/2021. These areas will continue to be priorities for 2020/2021.

Reducing restrictive practice

We will reduce violence by 50% over three years with the aim of reducing all types of restrictive practices

The past 12 months have seen progress in how we use data to support our understanding and focus improvement work. Key areas have been in seeking to refine data at the individual patient level on both ethnicity and diagnosis; expanding our knowledge of how protected characteristics relate to violence and use of force; developing dashboards that are accessible to all in the organisation with information that is clinically useful.

The total number of reported violence and aggression incidents has decreased in 2019/20. Whilst there has been an increase in overall restraint, there has been a decrease in incidents of prone restraint across the organisation over the past three years since 2017/18. Incidents of prone restraint have particularly reduced since February 2019. Whilst there has been an overall increase in incidents of rapid tranquilisation over the past three years, there are localised areas of positive change, and we expect to see this to continue to improve. Areas of good performance are demonstrated in the directorate level data monitored at Performance and Quality meetings.

Right care, right time

All patients will have access to the right care at the right time in the appropriate setting

The Trust continues to implement its agreed Flow Plan to deliver on length of stay targets and other key metrics for inpatient wards in addition to new plans for investing in community services to build capacity and prevent admissions. The Trust continues to see a reduction in patients placed in beds elsewhere, reducing this number to zero beds in March 2020 and remains ahead of the NHS England/Improvement (NHSE/I) trajectory target.

Service user and carer involvement

Within three years we will routinely involve service users and carers in: service design, improvement, governance and the planning and delivery of their loved one's care

Metric	17/18	18/19	19/20
Increase the proportion of service users under the care of SLaM services who have at least one carer, partner, relative or friend identified, with their contact details recorded on the Core Info section of EPJ.	50.3%	51.1%	61.20%
Increase in the number of care plans over the next three years that have been co-produced with the service user and the contents shared with them. Target: 100%	54.3%	78%	86%
Increase the number of positive responses to 90% over the next three years regarding patients recommending the service to friends and family if they needed similar care or treatment	85%	85.36%	87%

Staff experience

Over the next three years we will enable staff to experience improved satisfaction and joy at work

In 2019, a total of 2,408 staff members across the Trust took part in this survey. This is a response rate of 52%, an increase of 9% on 2018. This is slightly below the average for mental health/learning disability trusts in England (n=23; 54%).

Theme	2017		2018		2019	
	Score	n	Score	n	Score	n
Equality, diversity & inclusion	8.6	1786	8.3	1853	8.4	2333
Health & wellbeing	6.0	1825	5.7	1875	5.8	2359
Immediate managers	7.1	1824	7.1	1886	7.2	2352
Morale			5.9	1843	6.0	2295
Quality of appraisals	5.7	1653	5.5	1717	5.6	2122
Quality of care	7.3	1603	7.3	1625	7.4	2076
Safe environment - Bullying & harassment	7.8	1758	7.7	1831	7.7	2307
Safe environment - Violence	9.0	1753	9.1	1818	9.2	2319
Safety culture	6.7	1801	6.6	1862	6.6	2323
Staff engagement	7.0	1872	7.0	1919	6.9	2388
Team working					6.9	2367

Brief history of the Trust

Our history dates back to the foundation of the Bethlem Royal Hospital in 1247, the oldest psychiatric institution in the world.

1247

The Priory of St Mary of Bethlehem, Bishopsgate, is founded on land given by Alderman Simon Fitzmary. It later becomes a place of refuge for the sick and infirm. The names 'Bethlem' and 'Bedlam', by which it came to be known, are early variants of 'Bethlehem'. It is first referred to as a hospital for 'insane' patients in 1403, after which it has a continuous history of caring for people experiencing mental distress.

1676

In its first move, the Bethlem is re-sited at Moorfields, the first purpose-built hospital for the 'insane' in the country.

1815

The Bethlem moves to St George's Fields, Southwark. Following a parliamentary inquiry into the treatment of patients, blocks for the 'criminally insane' are built in 1815-1816.

1863

The newly-built Broadmoor Hospital in Berkshire admits Bethlem's 'criminal patients'.

1867

The Southern Districts Hospital (or Stockwell Fever Hospital as it became known) opens on the site which is today known as Lambeth Hospital.

1908

Henry Maudsley writes to the London County Council offering to contribute £30,000 towards the costs of establishing a 'fitly equipped hospital for mental diseases'. The Maudsley initially opens as a military hospital in 1915 to treat cases of 'shell shock' and becomes a psychiatric hospital for the people of London in 1923.

1948

With the introduction of the National Health Service (NHS) in 1948, the Bethlem Royal Hospital and Maudsley Hospital are merged to create a postgraduate psychiatric teaching hospital. The Maudsley's medical school becomes the Institute of Psychiatry.

1954

Sister Lena Peat and Reginald Bowen become the first community psychiatric nurses, caring for patients at home who had been discharged from Warlingham Park Hospital in Croydon.

1997

The Ladywell Unit, at University Hospital Lewisham, is refurbished for use by adult inpatient mental health services. The development brings together inpatient services which had previously been spread across other hospital sites (Hither Green, Guy's and Bexley).

1999

South London and Maudsley NHS Foundation Trust (SLaM) is formed - providing mental health and substance misuse services across Croydon, Lambeth, Lewisham and Southwark; substance misuse services in Bexley, Greenwich and Bromley; and national specialist services for people from across the UK.

2006

South London and Maudsley becomes the 50th NHS Foundation Trust in the UK under the Health and Social Care (Community Health and Standards) Act 2003.

2007

South London and Maudsley and the Institute of Psychiatry, King's College London establish a Biomedical Research Centre, funded by the National Institute for Health Research (NIHR), one of only 12 in the UK and the only one devoted to mental health.

2009

South London and Maudsley becomes part of one of the five Academic Health Sciences Centres (AHSCs) in the UK to be accredited by the Department of Health. King's Health Partners AHSC also involves King's College London, Guy's and St Thomas' and King's College Hospital NHS Foundation Trusts.

2010

SLaM introduces mental health Clinical Academic Groups (CAGs) in partnership with the Institute of Psychiatry, King's College London. This is a new way of bringing clinical services, research and education together to improve patient care.

2011

SLaM opens a new 24-bed, state-of-the-art centre for children and teenagers with mental health problems living in Kent and Medway.

2012

Discussions underway about the idea of creating a new academic healthcare organisation, involving Guy's and St Thomas', King's College Hospital, and South London and Maudsley NHS Foundation Trusts and our University partner King's College London.

2014

As part of King's Health Partners, received formal accreditation for a further five years as one of just six Academic Health Science Centres in the country.

2015

Achieved an overall 'Good' and 'Outstanding' ratings from the CQC for our learning disability and autism services. The Department of Health awarded £4 million investment to our Clinical Research Facility and £66m to our NIHR Maudsley Biomedical Research Centre, to continue our research into ground-breaking treatments and care for mental health and dementia and expand research into new areas.

2016

The Bethlem Museum was a finalist for the prestigious Art Fund's Museum of the Year. South London and Maudsley NHS Foundation Trust, started joining together with South-West London and St George's NHS Trust and Oxleas NHS FT, to form the South London Mental Health and Community Partnership to spearhead a better mental health service across South London.

2017

The first out of seven mental health trusts in England to be awarded Global Digital Exemplar (GDE) status for the NHS in London, by NHS England, to help drive digital innovation for the rest of the NHS to learn from.

SLaM uses £5million funding to help ensure care is more personalised and responsive to patient needs and supporting the digital transformation of our services. For example, electronic observations, electronic prescribing, a Trust data Dashboard 'Deming' and an online Personal Health Record (PHR), Healthlocker.

2018

SLaM achieved an overall 'Good' rating from the Care Quality Commission (CQC) including for well-led and the Maudsley Charity became independent of the Trust.

2019

SLaM celebrated its 20th birthday.

Strategic overview of the Trust

This section sets out a summary of the Trust’s vision, strategic direction and priorities.

Our vision

Everything we do is to improve the lives of the people and communities we serve and to promote mental health and wellbeing for all.

Our five commitments

Our staff work in ways that build mutual, respectful relationships with each other, with people when they use our services, and their families, friends and carers, in accordance with our five commitments:

1. **be caring, kind and polite**
2. **be prompt and value your time**
3. **take time to listen to you**
4. **be honest and direct with you**
5. **do what I say I am going to do**

Our strategy

Our vision remains that everything we do is to improve the lives of the people and communities we serve, and to promote mental health and wellbeing for all. This is what matters to the people who use our services, their carers and families, governors, local communities and our passionate staff. To achieve this we must deliver outstanding services, but we cannot do this sustainably without also attending to other priorities. We need to work in partnership with people and communities, make the Trust a great place to work to attract and retain the best people, maximise our ability to innovate, and deliver best value from all of our assets and resources. Our strategic aims are:



Our strategic aims





Quality
We will get the basics right in every contact and keep improving what matters to service users



Partnership
We will work together with service users, their support networks and whole populations to realise their potential



A great place to work
We will value, support and develop our managers and staff



Innovation
We will strive to be at the forefront of what is possible, exploiting our unique strengths in research and development, with everyone involved and learning



Value
We will make the best use of our assets, resources, relationships and reputation to support the best quality outcomes

Strategic priorities

We believe that it is fundamentally important that our staff, service users, carers, communities and partners contribute to the planning for how we turn our strategy into practice, and that we have a shared understanding from data and feedback if the strategy is achieving its aims.

Over the past year, the Trust has undertaken a programme of engagement with staff, service users, carers and communities to prioritise the areas for action outlined in the strategy. This important feedback has been used – along with key priorities and requirements from our regulators, the NHS Long Term Plan, stakeholders and key areas of work within the Trust – to develop a Strategic Plan for the Trust.

While in 2019/20 we retained a Good overall rating by the Care Quality Commission (CQC), under the leadership of our new Chief Executive we are committed to taking SLaM to the position of the nation's premier mental health organisation: rated outstanding by the Care Quality Commission (CQC) for quality, providing the best care locally, nationally (and increasingly internationally) working in close cooperation with the Institute of Psychiatry, Psychology and Neuroscience, King's College London (IoPPN) and King's Health Partners (KHP). A key part of achieving this will require us to maximise the opportunity presented by our unique strengths in research and development and translating these strengths into our services. Our key priorities are:

Improving our core acute services	To optimise our core adult acute care pathway, with focus switch to Community Redesign as soon as Out of Area bed usage cessation is on course To deliver planned care and swiftly respond to anyone that presents in crisis The development and roll-out of a high value, high productivity, integrated care model in all boroughs, which has a firm evidence base
Transformation	Deliver milestones on capital estates projects including the Douglas Bennett House redevelopment as part of the campaign Future Spaces: improving our estate for mental health
People	To be an employer of choice measured by staff survey and core fill rates
Research & Development (R&D) and Quality Improvement (QI)	To offer a Quality Centre (Integrated R&D, commissioning and QI model with a clear R&D proposition)
Financial stability	To be a sustainable business - clarity of margin contribution, productivity and value for money

Key risks that could affect the organisation in delivering its objectives and/or its future success and sustainability

We face a number of key challenges in the year(s) ahead. These include:

- Covid-19 Impact: The impact of Covid-19 has meant that all financial, savings and investment plans are subject to significant change and uncertainty as we progress through 2020/21. The normal annual financial planning process has been suspended until at least October 2020 with contractual settlements replaced with block payments, top up payments and specific Covid-19 related costs. Whilst the intent set out in previous SLaM contracts around Mental Health Investment remain the same (as set out in our 2020/21 Heads of Terms with commissioners) delivery of these commitments is largely contingent of the wider financial regime which is being dictated to by Covid-19 and maintain business as usual as far as possible.
- We are now in the second year of our three-year community redesign and investment programme. In line with our plan to achieve a 17% uplift in contract values to support this programme, we have (via

the Mental Health Investment Standard) delivered a 6.6% uplift in 2019/20 and 6.1% in 2020/21; with a further 4.3% planned for 2021/22. We are on track to meet our 17% target.

- All four Borough leads are actively engaged with partners to improve community services, ranging from an active Alliance in Lambeth to engagement in Croydon.
- Alongside all public services, the NHS has been set challenging savings targets over the past few years. Although, at 1.1%, the annual NHS efficiency target in 2020/21 is lower than in previous years, the South East London Integrated Care System (SELICS) requires delivery of a 4% Cost Improvement Programme (CIP) to deliver its control total and this has led to a potential CIP requirement of more than 6% for SLaM. The cumulative efficiency target over the last nine years is over 25%. Such levels of savings are an increasing challenge at a time when pressures on services continue to mount.
- An additional 1.25% of the Trust's contractual income in 2019/20 is available to incentivise achieving quality and innovation targets under the contractual Commissioning for Quality and Innovation (CQUIN) scheme negotiated with commissioners. The Trust will continue to seek to maximise its performance in this area and achieve the total of £2m available.
- Our Addictions services will continue to operate in a competitive market, with Local Authority budgets under enormous pressure and services subject to regular review and tender processes. Noting the impact of Covid-19 on addiction services with increased demand, we will need to consolidate and grow our offer.
- The Trust is leading developments as part of the South London Partnership to put in place a delivery framework to meet objectives of the NHS Ten Year Plan. This includes a focus on delivery of ambitious IAPT, Dementia, Children and Young People (CYP) and Early Intervention in Psychosis (EIP) targets across south London with standardised governance arrangements and common pathways based on learning from the SLaM Quality Centre.
- The Trust continues the focus on implementing its new borough-based structures within the context of Alliances and local partnerships. Clinical Academic Groups continue to focus on research, new care pathways and new models of care. This work has initially focussed on the acute care pathway and the Right Care, Right Time programme which has delivered zero out of area placements in line with NHS LTP objectives.
- A new Digital Strategy was developed in 2018/19 and rolled out in 2019/20. This will ensure that all staff from floor to Board will use data in a way that enables a review of performance trends to support improvements in both (1) the quality of services delivered to patients and their carers; and (2) the offer SLaM as an organisation makes to its employees to support recruitment and retention.
- 2020/21 and future years will see an increasing focus on the services accessed by children and young people to support delivery of the right care at the right time. Increased funding has been allocated to CAMHS services across the four boroughs where SLaM provides mental health services, and via NHSE to support increased capacity levels for regional and national services the Trust delivers. With the potential development of the Pears Maudsley Centre for Children and Young People and the increased capacity this can bring, the Trust is well placed to deliver innovation and improved outcomes for all children and young people who need support.

Going concern disclosure

After making enquiries, the directors have a reasonable expectation that the 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.

Overseas operations

This year the Trust saw further growth of Maudsley Health, its footprint in the United Arab Emirates (UAE) which is a collaboration between our organisation and the Macani Medical Centre.

An outpatient service is managed by the Trust, with a core team based in Abu Dhabi, supplemented by visiting consultant staff from the Maudsley Hospital who provide specialist clinics. The clinic grew in activity and staffing numbers over the year, and launched a new treatment programme specifically designed for patients experiencing mood swings, relationship difficulties and impulsive or unstable behaviours.

Maudsley Health's work in Al Amal Hospital in Dubai continues to grow from strength to strength. Following the hospital successfully attaining Joint Commission International accreditation in March 2019, the Maudsley Health Team continue to focus on increasing the hospital's operating capacity and introducing best practice to build the capacity of the local team.

Equality information and objectives

The Trust continues to publish annual equality information to demonstrate how it complies with its equality obligations. This includes the following:

- [2018/19 Workforce equality information](#): This provides equality data for staff with different protected characteristics on a range of workforce metrics.
- [2018/19 Trust-wide equality information](#): This provides information on the demographic profile of the Trust's service users and the experience of service users from all protected characteristics during the previous three years.
- [2018/19 ethnicity reports](#) for Croydon, Lambeth, Lewisham and Southwark: These provide ethnicity access and experience ethnicity data on key services in each borough. This year's report also includes outcome data for Improving.
- [2018/19 Workforce Race Equality Standard \(WRES\) and Disability Equality Standard \(WDES\) information](#)
- [2018 Gender pay gap report](#)
- [2018/19 Equality Delivery System \(EDS 2\) assessment](#)

The Trust's equality objectives are set out in our [Integrated Equalities Action Plan \(IEAP\) 2018-21](#). This brings together commitments for improving equality in the Trust's services and workforce.

An IEAP outcome framework has been developed to demonstrate what difference delivery of the IEAP makes. This will be submitted to the Board in July 2020 with a progress report on year two of the IEAP and the 2019/20 equality information. This will then be published on the Trust's website.

The Trust has been selected by NHSE to be one of three sites to pilot the development of Patient and Carer Race Equality Framework (PCREF) joint working methodology with local BAME communities, service users and their carers, families and friends. This is a recommendation from the national Mental Health Act Review aimed at reducing race inequalities in mental health access, experience and outcomes.

Environmental matters

The Trust has nominated Michael Holland, Medical Director, as the Board lead for sustainability to assist in working towards the Trust's sustainable vision:

“To lead in sustainability within the mental health sector and to reduce our carbon footprint and wider environmental impact, while providing exemplar care to the patients and the local community”

The Capital, Estates and Facilities directorate (CE&F) is responsible for the coordination of the Sustainable Development Management Plan (SDMP) and is supported by the Trust Sustainable Forum, which is chaired by Michael Holland and departmental leads. The Sustainable Forum was formed in the latter part of the financial year to discuss responsibility and objectives in relation to sustainability, for the forthcoming financial year. The Sustainable Champions group was formed this year and is made up of a group of professionals working within the Trust and Kings College London (KCL). Together the Sustainable Forum and Sustainable Champions are responsible for SLaM's sustainable work within the Trust and the wider community.

The Sustainable Champions collaborated with Estates for NHS Sustainability day on the 19 March 2020. The event was held at Lambeth Hospital and involved Estates contractors and showcased the junior doctors' quality improvement work (integrated with sustainability).

The Trust continues to work with NGOs, NHS bodies and the local community to implement sustainable development activities. The Trust set up a local sustainable forum with King's Health Partners and Guy's and St Thomas' NHS Foundation Trust to share best practice in relation to sustainability. The Trust has been working closely during the past year with Network Rail and LB of Southwark to support the development of a new entrance for Denmark Hill station, which will reduce congestion at the station and improve public transport accessibility to the Maudsley Hospital site.

The Estates and Facilities department continue to operate an Environmental Management System (EMS) and were recertified for the ISO: 14001 and ISO: 50001 accreditations, as monitored by the British Standards Institute (BSI).

The Trust continues with rolling LED replacement, particularly on the Bethlem and Lambeth hospital sites. A Building Management System (BMS) was installed to control gas usage at five community properties based in Lewisham.

CE&F has joined the Re:Fit framework, which is procurement initiative for public bodies to implement energy efficiency measures, for the purpose of reducing utility costs and carbon emissions. CE&F has awarded the Re:Fit bid to Ameresco, who are experienced in delivering energy solutions for public bodies. Ameresco are currently undertaking an energy survey on three Trust sites (Bethlem, Maudsley and Jeanette Wallace House). The Trust will explore funding energy efficiency measures by interest-free and low interest loans e.g. Salix and MEEF.

Scope data is still subject to review but the headline Trust figure for scope 1 (fuel combustion and CE&F owned transport) and scope 2 (purchased electric) is 7,762 (tCO₂e) for 19/20 which is a 15% reduction on the revised figure 8060 (tCO₂e) for 18/19. Gas usage increased 3% to 26,325,562 (kWh) and electric fell 5% 10,954,067.2 (kWh) on the previous reporting year. Notably the Trust may update historic data depending on a recent bill audit.

CE&F mobilised a new waste contract with SUEZ Recycling and Recovery UK in August 2019. SUEZ are contracted to dispose of the Trust's general waste by Energy for Waste (EfW) and is debarred from disposing of waste in landfills. CE&F has carried out compliance assurance visits at SUEZ's main disposal locations.

The Trust for the first time is being providing with true weight data from the community sites, which will increase the transparency on waste data but will lower the Trust's recycling rate in 20/21. The recycling rate in

the last year for buildings controlled and maintained by the Trust was 39% in 19/20 a 2% increase from the previous year. Energy for waste tonnes decreased by 4% in 19/20 from the previous year.

Table 1: Tonnage figures per waste type

Waste Type	Year		
	17/18	18/19	19/20
Clinical waste (incineration/autoclave)	47.08	66.80	59.12
Energy for Waste	729.26	735.40	709.20
Recycling	399.92	471.29	485.34
Landfill	1.94	2.14	1.99

Nb: Tonnage figures for previous years have been slightly altered to reflect new data obtained by the Trust but reported recycling rates over the last three years remain unchanged.

The Trust has installed four electric vehicle charging points at the Bethlem Royal Hospital and purchased an electric vehicle for use by its facility staff. In addition three new electric tugs have been brought to ensure onsite facility and hotel services can be provided without using diesel and petrol vehicles.

The Trust has installed a new car park management system using Automatic Number Plate Recognition (ANPR) technology. This allows staff to be charged for only parking on the days they park on site encouraging commuters to use alternative methods of travel.

The following examples show the practical work the Trust has undertaken in 2019/20

- The Trust has signed the NHSi plastic pledge which requires NHS trusts which sign up to phase out single-use plastic items which are used in catering services
- A local beekeeper has installed 6 beehives on the Bethlem sites and sells the honey locally in the community
- Axiom Utilities are working with the Trust to carry out a bill recovery exercise and improve data

Signed



David Bradley

Chief Executive

South London and Maudsley NHS Foundation Trust

24 June 2020

Chapter 2.

Accountability Report



2.1 Directors' report

How the Board operates

Board of Directors

The Board of Directors is collectively responsible for the Trust's strategic direction, its day-to-day operations and performance. Their powers, duties, roles and responsibilities are set out in the Trust's Constitution.

The role of the Board includes:

- Providing active leadership of the Trust within a framework of prudent and effective controls which enable risk to be assessed and managed.
- Setting the Trust's strategic aims, taking into consideration the views of the Council of Governors, ensuring that the necessary financial and human resources are in place for the Trust to meet its objectives and review management performance.
- Ensuring the quality and safety of healthcare services, education, training and research delivered by the Trust and applying the principles and standards of clinical governance set out by the Department of Health, the Care Quality Commission and other relevant NHS bodies.
- Ensuring compliance by the Trust with its terms of authorisation, its Constitution, mandatory guidance issued by NHS Improvement, relevant statutory requirements and contractual obligations.
- Ensuring that the Trust exercises its functions effectively, efficiently and economically and sets the Trust's values and standards of conduct and ensures that its obligations to its members, services users, carers and other stakeholders are understood and met.

As a unitary Board, all Executive Directors and Non-Executive Directors have joint responsibility for every decision of the Board of Directors and share the same liability. This does not impact on the responsibilities of the Chief Executive as the Accounting Officer. Non-Executive Directors are responsible for determining appropriate levels of remuneration of Executive Directors and have a key role in appointing and, where necessary removing, Executive Directors and in succession planning.

The Board of Directors meets in public and actively encourages Governors, members and the public to attend. The Board also holds private sessions when these are required. There is also a regular programme of Board development and self-assessment. There are meetings between the Governors and the Non-Executive Directors before every public Board, to provide an additional opportunity for Governors to ask questions of the Non-Executive Directors.

Responsibilities of Directors for Preparing the Annual Report and Accounts

The Directors are required under the NHS Act 2006, and as directed by NHS England and NHS Improvement, to prepare accounts for each financial year; that these accounts shall show, and give a true and fair view of the Foundation Trust's gains and losses, cash flow and financial state at the end of the financial year.

The accounts must meet the accounting requirements of the NHS Foundation Trust Annual Reporting Manual that is in force for the relevant financial year, which shall be agreed with HM Treasury. In preparing these accounts, the Directors are required to:

- Apply on a consistent basis, for all items considered material in relation to the accounts, accounting policies contained in the NHS Foundation Trust Annual Reporting Manual issued by NHS Improvement
- Make judgements and estimates which are reasonable and prudent; and ensure the application of all relevant accounting standards, and adherence to UK generally accepted accounting practice for companies, to the extent that they are meaningful and appropriate to the NHS, subject to any material departures being disclosed and explained in the accounts.

The Directors are responsible for keeping proper accounting records which disclose, with reasonable accuracy, at any time the financial position of the Trust. This is to ensure proper financial procedures are followed, and that accounting records are maintained in a form suited to the requirements of effective management, as well as in the form prescribed for published accounts.

The Directors are responsible for safeguarding all the assets of the Trust, including taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Directors are required to confirm that:

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

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

The Directors consider 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.

Compliance with fit and proper persons test

The Trust regularly reviews the fitness of directors to ensure that they remain fit for their role. We require all persons in relevant roles to complete an annual self-declaration form confirming that they continue to be a fit and proper person. The Chief Executive is responsible for appraising the Executive Directors and ensuring that all other relevant roles are appraised. The Chair is responsible for appraising the Non-Executive Directors, and the Council of Governors receive an annual statement about compliance. The Chief Executive is appraised by the Chair. The Chair is appraised through processes agreed with the Nominations Committee, and includes feedback from Governors, Non-Executive Directors and Executive Directors.

Individuals are required to make the Trust aware as soon as practicable of any incident or circumstances which may mean they are no longer to be regarded as a fit and proper person, and provide details of the issue, so that this can be considered by the Trust. Any issues of non-compliance are notified to the Chair and they are responsible for making an informed decision regarding the course of action to be followed.

Meet the Board

The descriptions below of the expertise and experience of the Trust's Directors demonstrates their breadth of skills, knowledge and expertise. The current Non-Executive and Executive Directors are as follows:

Sir Norman Lamb - Non-Executive Director (Chair)

Appointed March 2020 – March 2023.

A long-standing and active campaigner for mental health, Sir Norman Lamb has worked to challenge stigma around mental health and to ensure people with mental health issues are treated with the same priority as patients with physical health needs. A former Health Minister from 2012-2015, Sir Norman introduced the first access and waiting time standards in mental health care for the treatment of mental health problems like depression and anxiety, and for patients experiencing a first episode of psychosis. Prior to this he was also a Minister in the Department for Business, Innovation and Skills.

In 2019, Sir Norman Lamb received a knighthood in the Queen's Birthday Honours for his public and political service, notably his contribution to mental health.

Béatrice Butsana-Sita - Non-Executive Director

Appointed July 2018 – June 2021.

Béatrice Butsana-Sita brings a wealth of experience in commercial strategy and leadership from a series of high-profile senior roles. She was Managing Director at Capita IT & Networks until late 2018. She is currently CEO of Greenhouse Sports, a London-based charity that uses sport to engage young people and improve their life chances.

She began her career at KPMG in Belgium, then moved to New York to pursue her career in consultancy. Her roles have also included running her own software business and working as a managing director at British Telecom (BT).

Béatrice has previous experience as a Non-Executive Director in the NHS, at Newham Primary Care Trust in London. She represented BT at the World Economic Forum in Davos in 2014 and appeared on the list of the 100 women to watch published by Cranfield University.

Helen Edwards CB CBE - Non-Executive Director

Appointed March 2020 – March 2023.

Helen Edwards is Chair at Recovery Focus, a national partnership of charities operating nationwide to provide mental health and substance misuse, and is also a board member and trustee of Peabody Housing Trust and Social Finance. Helen was a Non-Executive Director at Central and North West London NHS Foundation Trust and a Trustee of Lloyds Bank Foundation.

From 2013 to 2016 Helen held the position of Deputy Permanent Secretary/Director General of Local Government and Public Services, and was previously Acting Permanent Secretary at the Ministry of Justice and the CEO of National Offender Manager Management Services at the Home Office.

Helen was also Chief Executive at NACRO, the national crime reduction agency where she received a CBE for her services to offenders, and was awarded the honour of Companion of the Order of the Bath for her contribution in the field of Justice and Offender Management in 2012.



Professor Ian Everall – Non-Executive Director

Appointed September 2017 – July 2020.

Professor Ian Everall was appointed Executive Dean of the Institute of Psychiatry, Psychology and Neuroscience (IoPPN) in September 2017. He has been the forefront of research into cellular, molecular and genetic changes in the brain in major psychiatric disorders for more than 20 years.

Professor Everall trained in psychiatry at the Bethlem Royal and Maudsley Hospitals. Previously Cato Chair of Psychiatry and Head of the Department of Psychiatry at the University of Melbourne, he obtained his MBChB at Leicester University School of Medicine.

In 1989 he obtained Membership of the Royal College of Psychiatrists and a MRC Clinical Research Training Fellowship, followed in 1992 by an advanced MRC Clinician Scientist Fellowship in the Department of Neuropathology, Institute of Psychiatry.

Professor Everall gained his PhD in 1992 and in 1993 was appointed Senior Lecturer at the Institute of Psychiatry and Honorary Consultant Psychiatrist at The Maudsley Hospital. He was appointed Professor of Experimental Neuropathology at the Institute of Psychiatry in 1999 and in 2004 became Professor of Psychiatry at the University of California, San Diego. In 2009 he was appointed Cato Professor and Head of the Department of Psychiatry, University of Melbourne.

Mike Franklin – Non-Executive Director

Appointed May 2016 – May 2019, reappointed May 2019 – May 2022.

Mike Franklin is a former Commissioner with the Independent Police Complaints Commission. He was also HM Assistant Inspector of Constabulary and has acted as a Specialist Assistant Inspector, Race and Diversity across 43 police forces in England and Wales. Mike was Chair of the Community Policy Consultative Group for Lambeth and also served on the TUC race relations Committee. Having grown up in Lambeth and Southwark, Mike is passionate about engaging with diverse local communities. He was also a Non-Executive Director at Guy's and St Thomas' NHS Foundation Trust.

Duncan Hames - Non-Executive Director

Appointed May 2016 – May 2019, reappointed May 2019 – May 2022.

Duncan Hames is a Director of Policy at Transparency International UK, a charity which seeks to reduce corruption in the UK and around the world.

He was previously a Member of Parliament for five years from 2010, during which time he served as the parliamentary aide to the Deputy Prime Minister, attending the Government's weekly Cabinet. He was also a board member of the Great Britain China Centre and a member of the Policy Advisory Board of the Social Market Foundation.

He is a Chartered Management Accountant and has over 10 years of prior experience as a management consultant. For six years, he also served on the board of the South West of England Regional Development Agency, chairing its Audit Committee.

Duncan took up the role of Senior Independent Director in January 2018 and chairs the Audit Committee.

June Mulroy MBE - Non-Executive Director

Appointed January 2015 – January 2018, reappointed January 2018 – January 2021.

Appointed Interim Chair from 1 May 2019 to 29 February 2020.

June is a chartered accountant with over 35 years' experience including at main board level in both the private and public sectors in the UK and overseas. For over 15 years, June has also served as a non-executive governor/director in higher and further education, and in restorative justice and has been audit chair for most of that time.

June's working experience has been principally in financial services in the UK, Switzerland, Ireland and France. There have also been substantial projects in the NHS and in UNESCO (Paris). Her sevenyear appointment as an executive director in the Pensions Regulator, where she was tasked with changing UK Pensions Policy and Regulation, resulted in her being awarded an MBE.

June took up the role of Deputy Chair from January 2018. She was appointed Interim Chair from 1 May 2019 to 29 February 2020.

Roger Paffard - Non-Executive Director (Chair)

Appointed January 2015 – January 2018, reappointed January 2018 – January 2021.

Resigned 30 April 2019.

Roger Paffard was appointed Chair in January 2015. He has broad experience at Chair, Non-Executive and Chief Executive level across the business, public and voluntary sectors.

Roger's career started in marketing with Lever Bros and Bristol-Myers and he subsequently held Chief Executive posts with Alberto Toiletries, Sharps Bedrooms (part of ADT), Staples Office Superstores and Thorntons Chocolates. In 2000, he switched to the public sector with chief executive roles at Remploy (a non-departmental public body helping to train and find employment for disabled people) and United Lincolnshire Hospitals NHS Trust. Over the last 13 years he has also held Trustee roles with three national charities (Marie Curie, Royal Voluntary Services and Sue Ryder) and some smaller educational or grant-making charities.

He was Vice-Chair of Newark and Sherwood NHS Clinical Commissioning Group until end of 2016. He was Chair of the Charity Sue Ryder until July 2017.

Dr Geraldine Strathdee – Non-Executive Director

Appointed January 2018 – January 2021.

Geraldine's roles have included NHS England's National Clinical Director for Mental Health and consultant psychiatrist at Oxleas NHS Foundation Trust from 2013-2016. For over 20 years Geraldine has held senior roles in mental health policy, regulation and clinical management, at national and London regional levels, and advises internationally on mental health service design and quality improvement, while working as a practising clinician.

Clinically, Geraldine has worked in a wide range of primary care, inpatient and community services, and latterly with people with complex and multiple needs, as a Consultant Psychiatrist for the Bromley Assertive Community Treatment team in Oxleas. Geraldine's research interests have included the fields of primary care mental health, evaluation of community services and dual diagnosis.

Anna Walker CB – Non-Executive Director

Appointed July 2016 – June 2019. Re-appointed June 2019-June 2022.

Anna Walker brings extensive expertise in user involvement and regulation and governance relevant to quality and safety in the public, private and charity sectors. She is currently a Non-Executive on the Board of Dwr Cymru Welsh Water and Chair of the St George's Hospital Charity. She joins the Nursing and Midwifery Council as a lay member in October 2020.

Anna was Chair of the Office of Rail Regulation until December 2015, Chair of Young Epilepsy (2009- 2015) and Chief Executive of the Healthcare Commission (2004-2009). She was a Deputy Chair of the Council of Trustees of Which?, Director General, Energy, at the Department of Trade and Industry and Director General, Rural Policy, at the Department for Environment, Food and Rural Affairs. She was also Deputy Director General of the Office of Telecommunications.

David Bradley – Chief Executive

From August 2019.

David Bradley has over 30 years' experience working within the NHS and is a highly experienced Chief Executive. Up until his appointment at SLaM, he was Chief Executive at South West London and St. George's Mental Health NHS Trust (SWLStG) for seven years.

Since 2012 David has led major transformations in mental health to improve patient care and the quality of services across south west London. This includes securing support for two new state of the art £180m mental health hospitals, improving clinical pathways and creating award-winning alternative services to inpatient admissions like the Lotus Assessment Suite.

David was appointed following the retirement of Dr Matthew Patrick.

Kristin Dominy – Chief Operating Officer

From August 2019.

Appointed in 2015, Kris was previously Executive Director of Operations for Avon and Wiltshire Mental Health Partnership NHS Trust. Kris has previously worked for the Trust as a mental health nurse having first trained as a general nurse, the Healthcare Commission and the National Treatment Agency.

Gus Heafield – Chief Financial Officer

Michael was appointed as Medical Director in 2016, having previously been the Trust's Deputy Medical Director and Chief Clinical Information Officer. He has many years of clinical leadership experience having been appointed as a consultant psychiatrist in the Trust in 2003.

Altaf Kara – Director of Strategy and Commercial

Altaf Kara joined South London and Maudsley NHS Foundation Trust in June 2016 and was appointed as an Executive Director on the Trust's board from November 2017.

Prior to joining the Trust, he was a partner in corporate finance at Deloitte where he specialised in hospital turnarounds, operational impact and health economy restructuring within the NHS.

With over 20 years' experience in professional services covering a range of issues in the public and private sector, including retail, consumer products, media and entertainment and healthcare, Altaf brings a depth of commercial and strategic experience and skills to the Trust both in the UK and overseas.

Apart from responsibility for commercial and strategic activities, he has Board responsibility for estates, and external partnerships.

Beverley Murphy - Director of Nursing (to August 2019); Interim Chief Operating Officer

Beverley Murphy joined the Trust as Director of Nursing in April 2017, taking up the role of interim Chief Operating Officer July 2019. She was previously Director of Nursing at West London Mental Health Trust and before that Chief Nurse at Leeds & York Partnership NHS Foundation Trust. Beverley has worked as a mental health nurse for 36 years and has led significant improvements in quality of care in the NHS.

Dr Matthew Patrick – Chief Executive

Until July 2019.

Dr Matthew Patrick took up the role of Chief Executive of the Trust in October 2013. Prior to this, he was Chief Executive of the Tavistock and Portman NHS Foundation Trust in north London, a specialist mental health trust of international standing. Originally trained as a psychiatrist at the Maudsley and Bethlem Royal Hospitals, for many years' Dr Patrick combined clinical work and developmental research.

Vanessa Smith – Interim Director of Nursing

From September 2019.

Vanessa Smith was appointed as Interim Director of Nursing in August 2019. She has worked at the Trust for 28 years and began her career here as a student nurse. As Service Director for the Psychological Medicine and Older Adults directorate she oversaw significant achievements in patient safety, experience and involvement, and strengthened quality governance and assurance. In March 2019 Vanessa was appointed as Deputy Director of Nursing.

Attendance at boards and committees

(Numbers given show attendance at meetings as a member. Board members attended several other Committee meetings as attendees)

	Trust Board	Audit Committee	Nominations Committee	Remuneration Committee
	10 meetings held	5 meeting held	5 meetings held	2 meetings held
Norman Lamb Trust Chair Chair of Nominations Committee	1/1		0/0	0/0
Duncan Hames Senior Independent Director Chair of Audit Committee Chair of Remuneration Committee	8/10	5/5	5/5	2/2
David Bradley Chief Executive	5/6			
Beatrice Butsana-Sita	9/10			2/2
Helen Edwards	1/1			0/0
Ian Everall	4/10	4/5		
Mike Franklin	7/10			2/2
June Mulroy Trust Chair 1 May 19 – 2 March 20	10/10		4/5	2/2
Roger Paffard Trust Chair to 30 April 19	0/1			0/0
Geraldine Strathdee	8/10			2/2
Anna Walker	9/10	5/5		2/2
Kristin Dominy	4/4			
Gus Heafield	7/10			
Michael Holland	8/10			

Altaf Kara	9/10			
Beverley Murphy	10/10			
Matthew Patrick	4/4			
Vanessa Smith	4/6			

*Attendance refers only to core members

There is a register of Directors interests on the Trust website. This is also available by contacting the Trust Secretary, Charlotte Hudson, on telephone 0203 228 2341.

Committee structures

Audit Committee

The overall role of the Committee is to promote the efficient and effective management of risk and excellent financial management and governance within the Trust. It does this by putting in place arrangements: (a) generally to review and periodically report to the Board on the adequacy of the Assurance Framework and the associated systems and procedures which support it; and (b) specifically to monitor, review and periodically report to the Board on the adequacy of the financial systems and procedures used within the Trust.

At its meetings for 2019/20, the Committee considered reports that it had requested from Trust management, external audit, internal audit and counter-fraud specialists. These reports were requested in accordance with a work programme specified and regularly updated by the Committee.

An observer from the Council of Governors attends the meetings

The Chair of the Audit Committee is Duncan Hames. Other NED members are Anna Walker and Ian Everall.

Business Development and Investment Committee

The Business Development and Investment Committee scrutinises the development and implementation of the Trust's commercial strategy, approves major investment decisions including proposals for new business and scrutinises the strategy for the improvement of efficiency and productivity in order to enable delivery of the Trust's strategic and operational objectives. An observer from the Council of Governors attends the meetings.

Finance and Performance Committee

The main role of the Finance and Performance Committee is to provide assurance to the Board about the delivery and sustainability of performance and delivery against operational and financial plans and the delivery of the Trust's financial strategy. An observer from the Council of Governors attends the meetings.

Quality Committee

The overall purpose of the Quality Committee is to monitor improvement and provide assurance to the Board on quality across the Trust. This includes having clear oversight on the implementation of Quality Improvement Trust-wide. It does this primarily by:

- Ensuring there is a shared and communicated understanding of quality, monitoring the delivery the national mandatory requirements and professional regulators' standards, and its annual national and local quality priorities, incentives and targets

- Maintaining oversight of the Trust's four Quality Priorities, which are:
 - o Reducing restrictive practice
 - o Right care, right time
 - o Service user and carer involvement
 - o Staff experience
- Focusing on the Trust's overarching system of quality, patient and staff safety and risk governance ensuring this covers the Trust as a whole, its organisational and clinical units, patient pathways and arrangements / partnerships / contractual arrangements with the local healthcare economy
- Having oversight of the Trust's mechanisms for involving service users and carers in all aspects of their care and at all levels of decision-making
- Examining service failures and ensuring action plans are in place and lessons learned
- Reviewing the information which underpins the monitoring of the Trust's quality approach and ensuring it is fit for purpose
- An observer from the Council of Governors attends the meetings, and it has both Service User and Carer members.

Remuneration Committee

Information about the Remuneration Committee is provided in the Remuneration report.

Equalities and Workforce Committee

The Board established the Equalities and Workforce Committee to provide assurance to the Board on the recruitment, retention, management and development of the Trust's workforce and the development of an equalities strategy addressing both workforce and service provision.

An observer from the Council of Governors attends the meetings.

Regard to NHS Improvement's well-led framework

The Trust has taken regard to NHSI's quality governance framework in arriving at its overall evaluation of the organisation's performance, internal control and board assurance framework. See the annual governance statement for our plans to improve the governance supporting the improvement of service quality.

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 the South London and Maudsley 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 the South London and Maudsley NHS Foundation Trust for the year ended 31 March 2020 and up to the date of approval of the annual report and accounts.

Board assurance framework 2019/20

Below is a summary review of risk areas and our Trust's system of internal controls

<p>Risk: If the Trust cannot attract, recruit and retain enough highly skilled staff, in the right settings with the ability to respond to organisational change the risk is that the quality of care may not be acceptable or consistent across services.</p>					
Risk Area	Workforce	Responsible Committee	Equalities & Workforce Committee	Trust Lead(s)	Director of Human Resources
Source of Assurance		Key Actions			Progress
<ul style="list-style-type: none"> Quarterly workforce & equalities action plan progress report. Recruitment & retention KPIs, annual national staff survey, quarterly staff friends & family test. Deep dive reports eg to CCG. Monthly workforce reports (Nursing Reports). Performance & Quality report. Safer Care Steering Group. Trust Board reports. Deming Dashboard 		<ul style="list-style-type: none"> An updated Workforce and Organisational Development strategy has been developed to reflect the strategic aims and the HR Review recommendations. The priorities include reducing the time to hire and targeted actions to improve staff engagement and the career development opportunities, develop a diverse leadership and Enhance oversight to Borough and directorate engagement plans. Continue to grow our own through the full utilisation of the apprenticeship levy. New approach introduced to succession planning and talent management and we are embedding the actions from the culture week (values-based recruitment and beyond bullying) and Listening into Action (LIA). Targeted recruitment programmes to address hard to fill vacancies and working with the nursing and medical directorates to redesign roles as part of workforce planning process. Continue with South London Partnership nurse development and workforce programme. Increase the number of student nurses through the recently re-introduce guaranteed job offers for student nurses. Improve the lives of our BAME workforce by focusing on fair recruitment practices review of the disciplinary process and achieve our aspirational targets. Workforce Race Equalities Standard and Workforce Disability Equality Standard plus Action Plan in place 			<p>The risk is being mitigated but the external recruitment and retention factors remains highly challenging.</p>

Risk: Failure to develop Trust informatics systems could adversely impact the quality of care, staff experience and our ability to meet contract requirements.

Risk Area **Informatics** **Responsible Committee** **Quality Committee** **Trust Lead(s)** **Chief Financial Officer**

Source of Assurance	Key Actions	Progress
<ul style="list-style-type: none"> • A quarterly BI assurance report has been developed between the Head of Business Intelligence and the Head of Information Governance. This will be extended to all systems and include data assurance and system support and management. • QC oversight of IT developments & impacts on quality data collection. • Quality Centre oversight of Data Strategy progress and milestones. • The Global Digital Exemplar / QI Committee is now operating and can be part of any changes to oversight. 	<ul style="list-style-type: none"> • Data strategy 2019-21. • Power BI continues to be developed as the single point of access for information across the Trust. • SPC charts have been developed to enable the Trust to identify variation in service. • “Data Summits” involving all the relevant system owners will be re-convened. A central record of systems, their owners and inter-connections has been compiled and will kept under review for changes or new systems. • Deming Design Authority meetings led by the Deputy Medical Director for Informatics and Quality Improvement. • A Global Digital Exemplar / QI Programme Board formed to oversee the GDE and QI programmes and delivery of benefits. • The Digital Me programme to ensure staff have access to the necessary hardware. • Quality Centre oversight of the governance of the programme and sign off for the prioritisation of dashboard development work. • Increased engagement with CCGs around population health information is managing the concerns around data sources for this. • Data requirement prioritisation process now takes place through the Deming Design Authority and can be escalated to the Executive Leadership Team should it be necessary. 	<p>Good progress with implementation of data strategy in mitigating but further work is required to further develop BI assurance reporting.</p>

Risk: If the Trust fails to actively engage with or listen to the experience of service users and carers there is a risk that we will not learn and improve the safety and experience for people that use our services.

Risk Area	Partnership working with service users	Responsible Committee	Quality Committee	Trust Lead(s)	Director of Nursing
Source of Assurance	Key Actions				Progress
<ul style="list-style-type: none"> • Reports on PPI strategy by Operational Directorates into the Trust wide involvement committee and annual update report to QC and Board. • Quality Committee. • Quality Portfolio Board • Service User Committee. • Family and Carers Committee. • Involvement register. • PPI Strategy implementation plan now linked to Changing Lives strategy implementation. 	<ul style="list-style-type: none"> • Implementation of Patient and Public Involvement policy and plans with measurable outcomes across Trust services. • Significant Involvement of service users and carers in Operational Directorate governance via PPI Service User and Carer Groups meetings. • Monthly Operational Directorate Performance & Quality Governance Compliance meeting embedded and includes PPI Quality priorities that have been developed in consultation with service user and carers. • Patient voice at Board (patient story). • Service user and carer appointed as full members of the Quality Committee. • Service user and a carer recruited to QI team. • Service users and carers Quality improvement methodology training established as routine. • Peer Worker development role recruited to work with Services to create internal jobs for peers. • Annual verbal report to Quality Committee by co-chairs of Service User Committee and Family and Carers Committee. • Family and Carer Listening event. • Service users and carers involved in Trust estates and facilities consultations. • Teams receive and review monthly Patient Experience Data Intelligence Centre (PEDIC) reports. Annual PEDIC themes feedback reports presented to both service user and family and carer committees on an annual basis. • Patient experience audits included in Perfect ward. You said we did boards 				<p>Involvement well embedded in Operational Services. Notable improvement in identified carer's priorities and subsequent offering of the carer's engagement and support plan. Clear escalation framework for all incidents reported and closure of complaints offers reasonable assurance.</p>

Risk: There is a significant risk that the quality and safety of care provided to people across inpatient and community services varies or is not adequately monitored or addressed and at times falls below acceptable standards. This variance in standards could adversely impact the experience and safety of patients and staff and risk breaching regulatory, legal and statutory duties as set by the CQC, HSE and other regulators.

Risk Area **Finance (contracts)** **Responsible Committee** **Quality Committee** **Trust Lead(s)** **Chief Financial Officer**

Source of Assurance	Key Actions	Progress
<ul style="list-style-type: none"> • Performance & Quality report. • Learning lessons reports. • Compliance reports. • CQUINN reports. • Progress reports of delivery of CQC inspection improvement actions. • QUEST scores, safer staffing reviews. • QI progress reports. • Reported progress on delivery of strategy. • Monthly performance & quality compliance committees with Operational Directorates embedded and Quality matters governance meetings embedded. • Quality Portfolio Board with oversight of CQC implementation plan and Community redesign programme. • E-roster and Safe Care. • Perfect Ward 	<p><u>Internal:</u></p> <ul style="list-style-type: none"> • Established, well led Board of Directors experienced Service and Clinical Directors, clear operational and professional structure, quality governance, operational performance management, and recruitment of sufficient high-quality staff. • Good knowledge of regulatory standards and best practice. • CQC improvement plan 2019 to enable people to have improved access to parts of service they need and good engagement, in place with mechanisms for tracking delivery incorporated into Perfect Ward. • Bi-monthly Quality Committee meetings and regular Board discussions with clear agreement as to the governance structure on quality and the flow of information from Board to floor to allow challenge/ exploration of variances and an appropriate level of Board assurance. • Risk assessed Operational Directorate Performance & Quality Governance Compliance meeting embedded. • Risk management strategy and incident reporting structure in place. • Established health safety and fire management procedures and governance arrangements. • Ligature anchor point audit and management procedures and annual risk reduction programme. • CQC preparation meetings. • ELT weekly safety huddles and quality visits. • Mitigations in place to address issues accessing beds - multi-agency discharge events (MADE) events, waiting lists etc. Standardised Directorate governance structures and arrangements. • Increase in the number of Matron positions. E-roster and Safe Care implemented to enable right resources in right place where needed. • Community re-design plans in place for each operational Directorate monitored by Community Programme Board (links to BAF 15) <p><u>External:</u></p> <ul style="list-style-type: none"> • Established relationships with commissioners, full engagement with alliance boards, engagement / leadership of transformation programmes (locally and nationally). • CQRG clinical quality review group chaired by CCG 	<p>Trust wide improvement plan on track. Operational governance structures in place to evidence embedded delivery and outcomes. Performance & quality oversight processes embedded.</p>

Risk: If new contract values and the transitions to new contracts do not provide sufficient financial resource to deliver high quality clinical care there is a risk that the Trust will not be able to provide timely access to safe high quality services across all Boroughs and care pathways

Risk Area	Finance (contracts)	Responsible Committee	Finance and Performance Committee	Trust Lead(s)	Chief Financial Officer
Source of Assurance	Key Actions			Progress	
<ul style="list-style-type: none"> Contract settlements that align with STP and Trust based business planning requirements (Business Planning Reports and Contract Reviews) at South East London wide level. Scrutiny of key contract arrangements and changes (Business Planning Reports and Contract Reviews). Clear quality impact assessments detailing the implications and mitigations of any contract changes (Quality Impact Assessment Forms). Internal Assurance on Value for Money (Internal audit reports, Benchmarking, Red Lines analysis, Business Cases). Commissioner agreement to MHIS (CCG Contracts) and 10-year plan requirements. Agreed Risk Shares escalation process and Additional Funding e.g. Winter funding (CCG Contracts, Contract Variations, SDIPs). No unmitigated QIPPs or QIPPs in inpatient budgets (CCG Contracts). Evidenced Improvements in SLP new models of care (SLP Spec Comms contracts with NHSE). Performance & Quality meetings have standard data sets and metrics reviewed monthly in conjunction with financial results. 	<ul style="list-style-type: none"> Dedicated and focused contracting and finance resource to assess financial sustainability implications and terms. Clear quality assurance procedures (e.g. . Quality Impact Assessments) to assess and validate impact of any new contracts on patient care. Contracts to be sanctioned by Finance and Performance Committee, the Executive Leadership Team and the Board. Established QI process and Programme Management Office function in order to ensure a focus remains on delivering maximum value for patients to ensure limited funds are spent effectively and strengthening the Trust's bargaining position. "Red Lines" analysis to assess material projects including alliances. Contract challenges and funding shortfalls are formally escalated monthly to NHSI through the Trust's financial returns and at the Performance Oversight Meeting (PoM). Contract alignment exercises have been carried out with the STP to understand and resolve funding disputes. SLaM continues to work closely with its King's College London partners on the impact of reduced Research and Development funding on the Trust and is engaging with a National Institute of Health Research review on key financial research activities. Long Term financial model to project consequences of funding changes. Trust Leaders have strong relationships with key partners and have experience and track record of working collaboratively to deliver real change such as with South London Partnership SLP. SLaM has agreed outcome based South East London wide contracts with LSLC which meets the mental health investment standard and is prioritised for the local population in 1920 and beyond. Agenda for Change is fully funded, national market forces factors have been implemented by NHSI and will recue financial settlements for SLaM across the next five years. Developed South East London commissioning solutions to simplify this i.e. outcome based South East London contracts. Mission analysis – reviewed and refreshed CIP governance. 			<p>There are reasonable risk mitigation processes in place however the pace of change and breadth of scope of the new contracting and commissioning arrangements coupled with the uncertainty and complexity of new models will create capacity pressures across all the relevant assurance mechanisms in the Trust</p>	

Risk: The Trust estates strategy will be delivered over the next five years and is dependent on significant capital investment. During the five years services will continue to be delivered from buildings of differing age, quality and standards and there is a risk that the experience of staff and patients is adversely affected, and that safety is compromised. With the infrastructure of the Ladywell unit close to reaching its useful life, there is a concentrated, localised risk that SLaMs ability to deliver quality care with safe and effective therapeutic services in Ladywell is detrimentally impacted resulting in an unacceptably negative impact on patient experience staff and statutory compliance. The risk of major new developments being unfit for purpose, delayed or going over budget remains, and resources needed may compromise planned and reactive maintenance needs despite planning accordingly.

Risk Area	Estate strategy	Responsible Committee	Finance and Performance Committee	Trust Lead(s)	Director of Strategy and Commercial
Source of Assurance	Key Actions			Progress	
<ul style="list-style-type: none"> Quarterly reports around the performance of the Estates and Facilities team will be provided to the Finance and Performance Committee and the Trust Board. Issues based updates to the Quality Committee on specific concerns relating to services or functions. Topic based updates to the Audit Committee based on commissioned reports. 	<p><u>Strategic</u></p> <ul style="list-style-type: none"> A strategic developments forum, The Capital Steering Group – CSG (chaired by the Chief Executive whose membership includes the majority of the Executive Leadership Team) to oversee large scale capital developments such as Douglas Bennett House). Robust change management procedures applied by operations and estates and embedded through the Capital Review Group. A capital works programme which is informed and prioritised by clinical need, signed off and monitored by the Capital Review Group – CRG (Chaired by the Director of Strategy and Commercial whose membership includes the Chief Financial Officer, Director of Nursing and Chief Operating Officer) and which meets monthly. An enhanced capital project management process that enables works to be signed off both technically and clinically at the appropriate points in the project lifecycle. Douglas Bennett House project plan in place with own risk register with escalation process to Capital, Estates and Facilities Directorate risk register (and Executive Leadership Team / Board if required). Centre for Children and Young People (CYP) planning permission progressing 			<p>Significant strategic development programme. Good progress with mitigation of day to day risk, particularly through condition surveys and stronger performance and quality data that is an anchor of the function's quality management.</p>	

	<p><u>Existing estates no fit for purpose – Ladywell Unit</u></p> <ul style="list-style-type: none"> • Risk escalated to Executive Leadership Team • Director of Estates leading recovery plan with University Hospital Lewisham. <ul style="list-style-type: none"> ◦ SLaM Estates supporting clinical services with additional maintenance resource. ◦ University Hospital Lewisham, SLaM Chief Executive and Director of Strategy and Commercial meetings. ◦ Health Planner commissioned to develop options paper ◦ STP alerted to funding needs ◦ Steering group being formed 	
	<p><u>Day to day compliance and maintenance</u></p> <ul style="list-style-type: none"> • Monitoring of achievement against demanding targets for responsiveness - particularly for statutory and urgent needs and progression capital and strategic projects in the CEF Executive meeting with the Director of Strategy and Commercial. • Six facet survey on maintenance needs identifies the areas of concern and those areas to be prioritised for works for owned estate. • The Estates Team ensure robust systems and processes are in place to monitor the condition of the estate and reportable incidents (Planet FM; Datix). • Follow through of escalation processes into corporate risk registers. • Continuous health and safety workplace assessments, including for those buildings where the service is occupying a building under third party ownership. • Reports on the implementation of the action plan from SLaM internal audit reports of estate and property and capital processes. • Ligature anchor point assessment and associated work plan implementation and regularly assessed in conjunction with operational and clinical colleagues. <p>A formal monthly contract management meeting with ISS, our key cleaning and catering service provider.</p>	

Risk: There is a risk that the significant time, resource and money that the Trust has invested in quality improvement will not result in the improvements in quality and efficiency of services that is anticipated.

Risk Area	Quality improvement (QI) delivery	Responsible Committee	Trust Lead(s)	Medical Director
Source of Assurance		Key Actions		Progress
<ul style="list-style-type: none"> Weekly central QI meetings to review QI work plans and QI projects in directorates. Weekly directorate huddles. Weekly huddles with Trust Executive Leadership Team. Weekly iCare governance. Outcome monitoring by Quality Centre and reporting to Quality Committee. Board committee updates. Value for money assurances. Quality Improvement annual report. 		<ul style="list-style-type: none"> QI is being embedded in SLaM as a method to problem solve and develop a culture of continuous improvement. The restructure into directorates has been a catalyst for positive change in that the directorates have much better oversight and engagement of the QI work and are learning from one another. The central QI team has developed its skill and expertise which has had a positive impact on engagement and capacity and capability building in clinical and corporates services and with partners, which helps to mitigate the risk for this BAF. CQC inspection report provided positive external assurance QI is embedded and working well. 		<p>The risk has been well mitigated and is becoming a central function of the Trust's Quality Centre.</p>

Risk: If services and departments do not deliver within their budgets, do not deliver the planned cost improvements, QIPPs and CQUINs and if we do not manage within Trust capacity the risk is that costs are uncontrolled and that the financial position of the Trust is destabilised which will prompt intervention by the Regulators.

Risk Area	Finance – cost management	Responsible Committee	Finance and Performance Committee	Trust Lead(s)	Chief Financial Officer
Source of Assurance		Key Actions		Progress	
<ul style="list-style-type: none"> Year to date performance and forecasts are regularly monitored (monthly Finance and Performance report to the Board). Internal audit reviews of systems and processes (audit reports). External audit review (year-end audit opinion). 		<ul style="list-style-type: none"> Monthly Performance & Quality meetings for all Operational Directorates where the financial positions are monitored with regular escalated to ELT and FPC. The Trust has been able to step up and down the Finance Portfolio Board meetings as required allowing decisions to be made in an agile way. These meetings seek to consider, finance in the context of performance and quality. 		<p>Risk mitigation measures are in place and kept under constant review</p>	

<ul style="list-style-type: none"> Review meetings with commissioners (reports and meetings). Further recurrent and one-off opportunities being reviewed to mitigate risks (monthly position analysis). Mental Health Investment Standard has been agreed with commissioners for 2019/20 and beyond (Commissioner contracts and alliance agreements). Core Finance Risks are reported and monitored on Datix (Datix Reports). 	<ul style="list-style-type: none"> Financial performance including cost improvement plans and targets are reported routinely to the Finance and Performance Committee, Trust Board, and NHS Improvement. Quality Impact Assessments are in place for all required CIPs to ensure patient care and safety are assured. New Operational delivery units are now embedded and will allow better cost control now they are fully developed. The Trust has a fully staffed PMO that works closely with Finance and Operational teams. A number of data source are available to assist in identifying areas for improved efficiency. The trust is starting to use the outputs of the model hospital and the national corporate benchmarking exercise to drive its future CIP plans. The Trust continues to keep an open and positive relationship with NHSI our regulator and keeps them briefed on the risks and underlying pressures. 	
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Risk: In the context of current capacity and demand, if there is a lack of integrated working by internal and external stakeholders, there is a risk of delay in delivery of the Right Care to patients requiring inpatient care, that may negatively affect patient outcomes and experience, staff experience and morale and the Trust financial position and reputation

Risk Area	Right care- inpatient services	Responsible Committee	Quality Committee	Trust Lead(s)	Chief Operating Officer
Source of Assurance	Key Actions			Progress	
<ul style="list-style-type: none"> Weekly Executive Leadership Team oversight Quality Committee oversight. Quality Portfolio board oversight MADE events. Daily dashboard. Focus on flow at weekly Executive safety huddle. Performance & Quality report. 	<ul style="list-style-type: none"> Flow Director appointed with dedicated PMO resource. Development of Standard Operating Procedures to address discharge barriers. Work with South London Partnership to develop specialist placement portfolios. Inpatient care process model especially around admission/discharge cycles (including Red 2 Green). In-reach Home Treatment and Social Care Discharge teams. Enhanced assessment and liaison in Emergency Departments. 			<p>Good progress with mitigation measures leading to significant reduction in out of area placements</p>	

	<ul style="list-style-type: none"> • Additional purchased of 13 beds from NHS provider. • Daily dashboard of key metrics. • Twice daily bed management conference calls. • Daily surge calls. • Ring fenced Borough beds. • Ring fenced male Psychiatric Intensive Care Unit beds by Borough. • Trust level pathway, flow and discharge management improvement action plan. • Individual Directorate action plans to deliver CQC must and should dos, include implementation of pathway, flow and discharge management improvement action plan • Review of medically fit for discharge cohort 	
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Risk: If the Trust does not deliver its Community Redesign Programme in 2019/20 there is a risk that (1) there will be delays in care; (2) transfers between services will adversely impact the quality of care and service user experience; and (3) the Trust will not be able to maximise additional financial resources for community services to align capacity with demand.

Risk Area	Community services redesign	Responsible Committee	Quality Committee	Trust Lead(s)	Chief Operating Officer
Source of Assurance	Key Actions			Progress	
<ul style="list-style-type: none"> • Community Redesign Programme Board. • Four Borough Community Redesign Gantt Charts. • Weekly quality huddles. • Monthly Performance and Quality Reports (in the STEEP format - (Safe, Timely, Effective, Efficient, Equitable and Patient-centred). • Monthly Performance and Quality Meetings. • Monthly Quality Portfolio Boards. • Quality Committee oversight 	<ul style="list-style-type: none"> • A Community Redesign Programme Board (Chaired by the Interim Director of Nursing) has been established and will meet monthly from September 2019. • Integrated monthly Performance & Quality assurance reviews are embedded. • The iCare QI programme is designed to reduce variation in operational practices, improve patient outcomes and experience, enhance staff experience and also improve interfaces with external stakeholders. The programme is now in progress with 4 main work streams and weekly iCare meetings including senior leaders from across the Trust; 			Risk mitigation measures are in place and kept under constant review	

	<ul style="list-style-type: none"> • A qualitative audit programme of risk assessments is in place via 'My Perfect Ward' reporting (Trust wide across all four Borough inpatient and community services); • Weekly key performance indicator reporting reviewed at safety and quality huddles across the Trust, from Team to Executive level; • Individual directorate action plans in place, addressing CQC must and should do's; Quality Centre formed and responsible for the development and monitoring of standardised best practice protocols and the measurement of variation of the clinical practice and outcomes across the Trust. • Service of North East London Community Support Unit to perform demand and capacity analysis of activity across 4 Boroughs. 	
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The role of internal audit

Internal Audit has reviewed and reported on systems of internal control, governance and risk management processes based on an internal audit plan approved by the Audit Committee. Internal Audit's work included identifying and evaluating controls and testing their effectiveness, in accordance with Public Sector Internal Audit Standards.

Where scope for improvement was found, recommendations were made, and appropriate action plans agreed with management. Internal Audit reports to the Audit Committee on management's progress in implementing agreed recommendations.

In accordance with Public Sector Internal Audit Standards, the Head of Internal Audit is required to provide an annual opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes.

This is achieved through a risk-based plan of work, agreed with management and approved by the Audit Committee, which should provide a reasonable level of assurance, subject to certain inherent limitations. The purpose of the annual Head of Internal Audit Opinion is to contribute to the assurances available to the Accounting Officer and the Board which underpin the Board's own assessment of the effectiveness of the organisation's system of internal control. This opinion will in turn assist the Board in the completion of its Annual Governance statement.

Significant issues

External audit have identified three significant risks, these are risks that have a higher risk of material misstatement.

Improper revenue recognition

Management over-ride of controls

Valuation of land and buildings

Appointment of external auditors

The Council of Governors appointed external auditors for the Trust in September 2017 – Grant Thornton. They were appointed as the Trust’s external auditor for the period 23 September 2017 to September 2020.

External audit process

The Audit Committee reviews the performance of the external auditors. These reviews take account of the reports from external audit, and other parties, considered at each Audit Committee meeting. Based on this, the Audit Committee considers that the performance of the Trust’s external auditors (including the quality and value of the work, the timeliness of reporting and the external audit fee) is and has been appropriate over the past year.

Statement of disclosure to the auditors

Each of the persons who is a director at the date of approval of this Annual Report confirms that: so far as the director is aware, there is no relevant audit information of which the NHS Foundation Trust’s auditor is unaware; and the director has taken all the steps that they ought to have taken as a director in order to make themselves aware of any relevant audit information and to establish that the NHS Foundation Trust’s auditor is aware of that information.

The Trust has taken regard to NHS Improvement’s quality governance framework in arriving at its overall evaluation of the organisation’s performance, internal control and board assurance framework. See the annual governance statement for our plans to improve the governance supporting the improvement of service quality.

For reports arising from Care Quality Commission reviews of the Trust and consequent action plans, including consultation with local groups and organisations, including the overview and scrutiny committees of local authorities covering the membership areas please see the Quality Report.

Value of external audit services for 2019/20

The value of external audit services was as follows and the amounts in all cases include VAT.

	Statutory audit/£	Other remuneration for ‘non-audit’ work/£
Trust	£75k	£7k

Grant Thornton’s audit plan, reviewed by the Audit Committee at its March meeting, reported the nature and value of non-audit services provided by Grant Thornton. Grant Thornton confirmed in the plan that there were no significant facts or matters that impacted on their independence as auditors that they were required or wished to draw to the Trust’s attention. Based on information reported in the plan, the Audit Committee concurred that such non-audit work did not pose a significant risk to the independence and objectivity of the external auditor.

Cost allocation

The Trust has complied with the cost allocation and charging guidance issued by HM Treasury.

Credit

The majority of our income comes from contracts with other public-sector bodies, and we therefore have low exposure to credit risk.

Price

Most of our income is covered by contracts signed with CCGs at the start of the year and paid over 12 months in equal instalments. The contracts with CCGs are adjusted in line with the nationally agreed

efficiency target and a generic inflation factor that covers pay and non-pay inflation and other

Trust Governance

Executive Leadership Team

The Executive Leadership Team (ELT) comprises the Executive Directors, together with the Director of Corporate Affairs and Joint Director of Human Resources and OD. It is chaired by the Chief Executive. The ELT exists to promote the effective functioning of the organisation, to ensure that quality and clinical advice is properly considered, to make decisions on the allocation of resources within the Scheme of Delegation and to ensure that the ELT has an effective understanding of the operational functioning of the Trust. The Executive Leadership Team meet every week and discuss performance, quality, finance, strategy and delivery.

Scheme of delegation

The Trust operates a Scheme of Delegation which provides examples of how powers may be reserved to the Board, generally for matters for which it is held legally accountable or through its terms of authorisation, whilst at the same time delegating to the appropriate level the detailed application of Trust policies and procedures. That said, the Board remains accountable for all of its functions - including those delegated to the Chair, individual directors or officers - and therefore expects to receive information about the exercise of delegated functions to enable it to maintain a monitoring role.

Disclosures in the public interest

Income disclosures required by section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012)

The Trust confirms that it has met the requirement under Section 43 (2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) that:

- Income from the provision of goods and services for the Health Service in England is greater than its income from the provision of goods and services for any other purposes: and
- There is no impact from other income received on its provision of goods and services for the purposes of the health service in England.

Staff consultation

We provide information to our staff through several different mechanisms including, SLaM eNews, Maud (the Trust intranet) Twitter, Facebook, Yammer, Instagram and Directorate team briefings. We have a joint staff committee which includes all representative staff organisations and trade unions where information about key strategic and operational matters is discussed including the Trust's financial performance. In situations where there may be changes to services, all staff and key stakeholders are consulted with. Each member of the Executive Leadership Team is visiting teams across the breadth of the Trust as part of the Quality Improvement Leadership Walkarounds. Issues raised at these walkarounds are discussed on a monthly basis with the Executive Leadership Team. We have been engaging staff, as well as service users and carers, in evolving our new strategy – 'Changing Lives'. We launched a Changing Lives film to communicate the strategy and we have had a range of screenings across the Directorates where staff have been able to feed in their views.

We obtain feedback from our staff through the appraisal process, team meetings, the annual staff survey, through the quarterly friends and family test and the Quality Improvement leadership walkarounds.

Stakeholder relations

The Trust continues to engage and work with our staff, service users, carers, partner organisations and local communities on a variety of topics and in a range of ways, from face to face to digital, through social media

channels and printed format.

While our vision remains the same – to improve the lives of the people and communities we serve and to promote mental health and wellbeing for all – during 2019-20 we have been further embedding our five-year strategy.

The strategy is called Changing Lives which reflects our desire to make a positive difference to the lives of the people we work with. The strategy is an evolution of our previous strategy, refreshed through feedback via the Quality Priorities development process, and consultation with staff via focus groups and road shows and culminating in our annual staff conference.

This year, there has been a programme of engagement with our service users, carers, communities and staff to gather feedback on the prioritisation of the initiatives outlined in the Strategy to support the development of our Strategic Plan. This work has also informed the development of our Strategic Cycle, which will be a two-year cycle, implemented from April 2020 to support systematic engagement.

We continue to be a key stakeholder in the Lambeth Living Well Network Alliance which brings together Lambeth CCG, Local Authority, Thames Reach, Certitude and SLaM to improve access to support, including easier early access and a rapid crisis response, integrated and coordinated care and support for people who experience mental health problems, and managing demand and resources effectively.

We are also developing important partnerships and alliances in each the boroughs we serve. We are remodelling our community services, working in partnership with our local boroughs, and are ensuring that each supports a core, evidence-based model for community mental health teams.

The Trust convenes a quarterly meeting with colleagues from the four Healthwatch organisations that work across Lambeth, Southwark, Lewisham and Croydon. These meetings enable all the organisations to share information and identify opportunities to work collaboratively, with a focus on:

- Planned service changes
- Healthwatch reports that are being planned, to increase service user involvement and maximise feedback from a mental health perspective
- Sharing learning from Healthwatch reports
- Updates on Trust Strategy and our direction of travel

The Trust is committed to improving the experience of black, Asian and minority ethnic (BAME) service users and carers and recognises the importance of working in partnership with communities. Trust staff are members of the Croydon BME Partnership Group, which brings together statutory bodies and voluntary groups to improve the experience of BAME service users and carers in Croydon, and Lambeth Black Thrive which has been set up as a partnership-based, cross-sector approach to deliver system change.

In addition, a partnership which was initiated in Lambeth a few years ago, where Trust staff work closely with Lambeth Independent Advisory Group (IAG) who connect back to BAME communities, is now being replicated across the other boroughs. We are working with these Independent Advisory Groups to develop their work programmes to improve the experience of black service users and carers, reporting into a Trust-wide Partnership Group. Each IAG is developing QI projects which bring the community and SLaM services together to work on improving care and experience of care locally in their boroughs.

The Trust is committed to delivering a step change in its engagement with our BAME communities, and in June 2019 the Board approved the organisation to move forward with developing and implementing a Patient and Carer Race Equality Framework (PCREF). Development and implementation of a PCREF was a key recommendation from the recent national Mental Health Act Review and is a way of reducing the inequality in access, experience and mental health outcomes that are seen in different ethnic groups. It involves an organisation developing competencies (the skills, knowledge, and attributes required to complete a task well), that will enable it to better understand and meet the needs of the local population it serves.

The South London Mental Health Partnership (SLP), brings together our Trust with Oxleas NHS Foundation Trust and South West London and St George's Mental Health NHS Trust, and enables us to bring together our expertise and resources to improve services across South London. The SLMHP collaboration work to date includes:

- Delivering forensic mental health services so that patients who had previously been treated outside the local area can be supported closer to home
- Commissioning and delivering Tier 4 CAMHS services for young people with the most complex problems.
- Nursing Development Programme to improve training and career opportunities for nurses across the Trusts.

Social, community, equality and human rights

Our Recovery College had 727 new students in the past year. Of those 727 students, 426 were new to the college, with a total of 3,594 students participating since its launch with Maudsley Charity funding in 2014. Students consist of:

- People who use our services
- Supporters (carers, family and friends) of our service users
- People who have been discharged from our services within the last six months and their supporters
- Anyone working with us as a volunteer or peer supporter or who is on the Involvement Register
- Trust staff (not including students on clinical placement).

The workshops and courses aim to provide the tools for recovery through a learning approach that complements the existing services provided by the Trust. Every course and workshop are co-designed and co-run by trainers with lived experience working alongside trainers from the mental health profession. The Recovery College received a small Health Innovation Network grant to develop a primary care recovery college pilot programme for Lewisham in September 2019 which will start in 2020. The staffing team has increased by five full time peer and practitioner trainer posts which will enable the Recovery College team to provide more outreach into the local communities. An online recovery college is also in development. The Recovery College continues to offer staff development and course support to the Forensic Recovery College Hub and Oxleas Forensic Recovery College.

The Trust published its annual 2018/19 equality information in June 2019 to comply with the public-sector equality duty. This includes Trust-wide equality information that provides information on the demographic profile of the Trust's service users and the experience of service users with different protected characteristics. We also continue to publish local ethnicity reports for Croydon, Lambeth, Lewisham and Southwark. These provide information on the ethnicity of service users accessing 12 of the Trust's services, IAPT recovery rates and the experience of service users of different ethnicities in each borough.

The Trust has developed a Trust-wide integrated equalities action plan. Evidence from a range of sources suggests that the Trust's priority areas for equality improvement should be in relation to service users, carers and staff who are from BAME backgrounds, disabled, lesbian, gay, bisexual, transgender or queer (LGBTQ). The Trust is also developing an outcome framework for the action plan to show what difference this makes on these priorities

Volunteers

There are currently 400 active volunteers across the Trust, 48% have lived experience of mental health issues. The Volunteer Service involves volunteers from the age of 16 upwards. Volunteers make a valued contribution to many areas and services across the Trust, including inpatient wards, administration and reception areas, phlebotomy, community group befriending, football group volunteers, IT support for service users, peer support befriending, Bethlem Community Café, Bethlem Museum of the Mind and Gallery, gardening, telephone befrienders, CAMHS mentors and drivers.

Patient and public involvement

There continues to be a wide range of involvement activities across the Trust and within the boroughs for people who use services, their friends, families and carers. We have an active involvement register where service users and carers can register to be involved in Trust wide initiatives ranging from being on interview panels, to being part of focus groups, representing the service user and carer voice on operational meetings to being part of large-scale Trust wide developments. As the Trust moves forward with its Quality Improvement programme, many projects are being co-produced and co-delivered in partnership with people who use services and their friends, families and carers. The Trust has recruited a deputy Head of Inclusion and peer worker development to work with services to increase the number of peer workers in the Trust. The PPI (public and patient involvement) leads work with service users and carers in the operational directorates to increase their representation and involvement. The Trust has Trust wide family and carer and service user committees both of whom are creating strategies for involvement. The number of responses to the Friends and Family Test (FFT) and the internal patient experience surveys has remained consistent with the previous year. In 2019/20 the Trust received approximately 12,000 FFT responses. On average for 2019/20, 87% said that they would recommend their friends and families to the Trust (FFT) and from the internal patient experience surveys 96% said they found staff kind and caring. The Trust continues to demonstrate that it is responsive to feedback from people who use services, their friends, families and carers by holding a range of engagement and involvement activities across the four boroughs we serve.

The Trust's overall performance from the National Community Mental Health Patient Experience survey (2019) was 'about the same' as most other Trusts that took part in the survey. Of the eleven survey sections, ten scored 'about the same' as other trusts and section nine (Feedback) scored 'better'. One question regarding organisation of care improved significantly on 2018 (from 7.4 to 8.2/10). The top five scoring questions were:

Do you know how to contact this person if you have concerns about your care? (9.5/10); Have you been told who is in charge of organising your care and services? (8.3/10); Overall, in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services? (8.3/10); How well does this person organise the care and services you need? (8.2/10), and, were these NHS therapies explained to you in a way you could understand? (8.0/10).

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Disability

The Trust has a range of policies and approaches which enable disabled people to gain employment with the Trust, and remain in employment where feasible, should they become disabled during their period of employment with the Trust.

The Trust's Equal Opportunities Policy covers all aspects of employment, from recruitment and selection, training and development to conditions of service and reasons for the termination of employment. It also sets out the guiding principles that influence the way the Trust carries out its employment-based activities and the expectations of all staff accordingly.

The Trust's Recruitment Policy makes reference to eliminating all forms of discrimination in accordance with the Equality Act 2010 which also covers disability. The Trust operates the "Two Ticks" standard for recruitment whereby disabled applicants are guaranteed an interview if they meet the essential requirements of the person specification. When invited to interview, all applicants are asked if any special adjustments are required to enable them to attend. The Trust is accredited with Disability Confident and Mindful Employer Status.

Where a disabled candidate is appointed, the Trust is responsible for carrying out any reasonable adaptations to the workplace or supplying additional equipment to assist the new employee in their role. This usually follows assessment, advice and support from our Occupational Health Service. Additional help may also be sought through external agencies such as the Local Employment Services Office.

The Trust's Sickness Policy and Disability Policy provides guidance on the support available and provided to employees where they may become disabled during their employment. The Sickness Policy is designed to support employees during periods of illness which may possibly lead to a disability. The Sickness Policy offers employees the option of a phased return/period of rehabilitation with no loss in pay. Occupational Health advice is sought through all stages of the sickness process in accordance with the policy.

Where an employee can no longer sustain their former role due to capability, the Trust seeks to medically redeploy them into a role which they may be able to suitably fulfil. This may include a period of re-training. Where an employee develops a disability the Trust's Disability Policy is used as guidance for managers on the Trust's expectations of how employment related processes are managed regarding employees with a disability. The policy is designed to enable a working environment in which having a disability does not act as a barrier to staff enjoying a positive and full working life in which they are able to reach their full potential. A central feature of the Disability Policy is the need to make reasonable adjustments which will enable a disabled employee to remain in work.

The concept of 'reasonable adjustment' is the cornerstone of the Equality Act 2010. Since 1995 employers have had a legal duty to make such adjustments to accommodate employees who may find themselves unable to work under the arrangements, they were initially employed due to disability. This can involve several different things, including adjustments to premises, changing working hours, transferring to other locations, purchasing specialised equipment and re-training, to name a few.

All staff have equal access to an appraisal, training opportunities and career development throughout the year.

Health and safety

The Chief Operating Officer is the Executive lead for health and safety. The Trust takes the health and safety of its staff, patients and visitors very seriously. The Trust has a Health & Safety Work Plan which enables the Trust Board to be provided with assurances that there are satisfactory arrangements in place for managing health and safety risk across the Trust. The Trust has a Health, Safety & Fire Committee that monitors performance in this area through receiving reports and updates on a range of areas including: -

- Quarterly reports on health and safety compliance audits.
- Quarterly reports on fire and health and safety inspections and risk assessments.
- Occupational reports on needle stick and sharps incidents.
- Staff related incidents e.g. violence and aggression.

The Trust has a dedicated health and safety team who work across corporate and clinical departments to establish a system which improve safety practices, procedures and provide assurances.

During period April 2019 – March 2020 there were a total of 48 reported RIDDOR incidents reported. Under the reporting criteria, the vast majority of these incidents were due to staff taking an over '7 day' absence from work as a result of injuries sustained during the course of their duties.

The Trust took proactive steps to protect staff once Covid-19 was identified in the UK. Staff worked from home wherever possible. The Trust fully implemented all nationally issued PHE infection prevention and control guidance with appropriate Personal Protective Equipment (PPE) resourced and distributed. During the reporting period there were no issues with the supply of PPE.

The Trust's core health and safety policies have been updated to ensure that these comply with health and safety legislation and NHS management standards.

There have been no HSE or Fire Enforcement Notices during the period of 2019/20.

Better payments practice code

Better Payments Practice Code is a target of paying 95% of bills within contract terms or 30 days where no terms have been agreed. The code requires the Trust to aim to pay undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later. We paid 93% of non-NHS invoices within this period (92% in terms of value) and 90% of NHS invoices within this period 98% in terms of value.

Countering fraud and corruption

Since entering a shared service arrangement with another NHS Foundation Trust in 2017, the Trust is embedding its dedicated counter fraud resource. The Trust complies with the requirements of the NHS Counter Fraud Authority in relation to proactive and reactive counter fraud work. The Local Counter Fraud Specialist attends each monthly induction session and provides information on fraud prevention and detection to all new starters and the Trust has recognised reporting lines for staff to raise concerns regarding fraud and corruption. Any allegations are assessed and investigated in accordance with professional standards with the outcome of all referrals reported through to the Trust's Audit Committee.

Complaints

The Trust received 590 formal complaints from 1 April 2019 to 31 March 2020. This is an increase (10%) from the previous year 2018/19 during which the Trust received 533 complaints. Of the number of complaints investigated (and closed at the date of this report) 56% were either upheld or partially upheld

Complaint themes

A breakdown of the formal complaints received by category is detailed below:

Primary subjects of formal Complaints 2019/20	Number of Complaints
Assistance and Information	4
Care and Treatment	199
Catering	1
Environment	7
Admission/Transfer Arrangements	26
Administration	46
Attitude/Behaviour	160
Communication	39
Complaints Handling	1
Discharge	17
Discrimination	6
Hotel Services/Catering/Portering/Security etc.	3
Detention under the Mental Health Act	16
Other	28
Policy/Corporate decisions	1

Patient's property	18
Patient privacy/dignity/confidentiality	16
Waiting Times	1
Totals:	589

The highest number of complaints received were categorised under the Care and Treatment category (33.7%) including concerns relating to co-ordination of treatment, poor care planning, problems with medication, lack of therapies and behaviour issues. The highest reporters of Care and Treatment complaints were Gresham Ward 1, Assessment & Liaison Service (Croydon West), Assessment & Liaison Service (Lewisham 2, Southbrook), A&E Mental Health Liaison Service – King's College Hospital, and Treatment Service (Croydon). These accounted for 15.6% of the total reported Care and Treatment related formal complaints reported for this period.

As part of ongoing work to address in response to the addressing concerns, services

- Liaised with commissioners to review communication with patients and general practitioners
- Facilitated multi-disciplinary team away days
- Developed regular complaints workshops which included patient speakers
- Rolled out customer service training
- Reviewed dissemination of learning from patient complaints and feedback across MDTs and services
- Updated the processes for collecting patient feedback about complaints management
- Reflected on steps to communicate changes in care across teams and agencies
- Reviewed ward welcome packs and community expectations document
- Invited patients' and carers' contribution to service actions to address complaints learning – this included involvement in updating documents, developing staff training.

Compliments

The Trust formally recorded 549 compliments this year covering a range of services within the Trust. Some summaries of, and verbatim extracts from, expressions of appreciation received by Trust staff and across services have been summarised below.

Service	Feedback
Drug and Alcohol Service (Wandsworth)	"I've only been at this clinic for 4-6 months, but my Key Worker has achieved more in that time with the help he has done than my previous clinic which was 3+ years, I'm heroin free and getting benefit."
Mental Health in Learning Disabilities (MHL) Lambeth	"It was really good to meet with you yesterday and hear about all the support you have been providing to XX and his support network. Your commitment to improving the support XX receives was evident throughout."
Anxiety Disorders Residential Unit	"It has made such a difference to my stay and future life that you have all been so kind."

Parental Mental Health Team (Southwark)	"I would just like to say that I have found this Parental Mental Health service fantastic. I have had a really good and helpful experience and found XX easy to speak to, confide in and work with."
Nursing Directorate: Professional Standards and Training	"Your empathy, professionalism and keenness to 'know' my son when clearly he is so 'new' to you, has assisted in restoring my confidence in mental health service provision, especially when I am so aware of the lack of resources and challenges (you hide it well!) you must face continually in carrying out your vital role. I shall do anything and everything to assist in supporting my son (as I am sure his father will too) that I can in the spirit of getting and keeping him well."
Assessment & Liaison (Lewisham)	Compliment about son's care co-ordinator: "X has been so supportive, sometimes above and beyond what would reasonably be expected, and maintained professionalism and practical help along with an empathetic ear. It was reassuring to know she was there when needed and we would like to commend her invaluable input"
Jim Birley Unit	"I thank each and every one of you for your care, support, encouragement and even the occasional reprimand. It is thanks to all of you that I have found the strength to pull myself out of the horrid place I was in and I really mean that. I still have lots of work to do to make me feels myself again, but you have all helped me on my way"
Social Inclusion & Recovery OT Service (Lewisham)	99 "If it wasn't for her, I genuinely wouldn't be here- I would honestly be dead. I have attempted suicide many times whilst being here on the ward and of course it has been a team effort in crisis situations, but the OT has been outstanding. She underestimates how much change she has bought about in my life, and my mom's – as she has been supporting her too by giving her skills to deal with me. She saved my family. I know this letter is very much about me but in addition, the OT has been invaluable to this ward. She has turned this ward around. And many who were here before her arrival talk about how she sorted everything from the OT room, to getting more activities sorted and helping people practically."
Psychosis Community Service - Lewisham Neighbourhood 2 (North)	"I would like to say a big thank you to you for being an amazing care coordinator to me. I can't believe it has been almost a year since our first meeting. You have been absolutely amazing. I have never had a care coordinator before, and I must say that it is great to have a care coordinator. You have made such a difference to my life. It has always been an enormous pleasure meeting you. I would always look forward to our meetings. You have always given me your time and attention. I knew that I could always rely on you for support and advice. You are such a friendly and lovely person with a caring nature. You make a perfect care coordinator. You have supported me from the first day I met you. I knew I could always contact you and you always made sure to stay in regular contact with me. I can honestly say that you have contributed tremendously to me being stable and me being able to return to work. Knowing that I could always contact you and knowing that you would always contact me as well and check on me, knowing that your support is always available has been great and has played a crucial role in me being stable."

Lishman Unit Brain Injury Unit (Inpatients)	"Thank you all for your care and support shown to XX and the family during her stay at the Lishman Unit. You've enabled XX to reach a great amount of improvement in such a short amount of time. You have all played a part in kick starting her recovery. Thank you so much."
Lishman Unit Brain Injury Unit (Inpatients)	"I would like to commend the Housekeeper and Cleaner for adapting their schedule to assist me being able to access my room at lunch times when it is normally being cleaned. I have most of my therapy sessions before lunch and then after lunch and medication I am ready and require my room for rest. And more often than not at lunch time when the room are being cleaned working tirelessly as she does and always so keen to help everyone with their individual needs, the Housekeeper suggested having my room cleaned in the mornings. It's always nice when you are listened to and a sensible solution can be found."
Greenvale Nursing Home, MHOA N&S Continuing Care Specialist Unit	"Thank you very much for all your professional and personal care for XX on these last years. We have been so grateful to you and our staff for providing a real home for him where he felt safe, supported and loved. The staff at Greenvale have all been wonderful and I have been so impressed by the way they care for all the residents. It has been hard for me to sadly lose XX despite the fact that it was inevitable."
Mother & Baby Unit (Inpatient)	"Thank you for all the support that you have given us as a family since our baby was born. I find it hard to express how much you have helped us and how much we value the people and the service that you offer at the MBU. Personally, thank goodness your service exists for new mums in crisis. I have never been in an environment where the staff focus is so much on the individuals needs day and night. When my wife first came to the MBU, I have never seen her so scared and frightened and the team did so much to support and care for her and our baby."

Research and development

Research and Development (R&D) is at the core of SLaM's identity of quality and excellence. Our key aims are that all of our service users are offered the opportunity to participate in research appropriate to their interests and that all our staff feel pride and ownership of the research which takes place in SLaM.

Service users are at the centre of our research endeavour. We actively encourage service user involvement in the research process itself, through collaboration with researchers in the design, implementation and oversight of research, such as through membership of the Service User Research Enterprise (SURE) at IoPPN/SLaM and representation on the Trust R&D Committee.

SLaM benefits from its strong academic partnerships as well as access to state-of-the-art research facilities and a wide portfolio of R&D funding streams. These streams cover a mix of biomedical research and more applied, later-stage research through various programmes such as NIHR Programme Grants for Applied Research and NIHR Research for Patient Benefit. Being part of an Academic Health Science Centre - King's Health Partners - brings us into a stronger and unique partnership where both mental health and physical care come under the same umbrella, allowing us to further expand our research perspectives.

Working in close partnership with Europe's largest centre for research in this area, the Institute of Psychiatry, Psychology & Neuroscience (IoPPN) at King's College London, the Trust hosts the Maudsley Biomedical Research Centre (BRC), now under its third 5-year period of competitively awarded National Institute for Health (NIHR) funding. Using our specialised NIHR Clinical Research Facility, extensive databases, and consent-gathering procedures, we are well placed to lead trials of new treatments. Our close collaboration with the NIHR Applied Research Collaboration (ARC South London) provides an implementation component to our translational work as well as sharing expertise in Patient & Public Involvement (PPI).

Our approach is to seek ways to promptly and effectively translate our research findings into clinical settings, enhancing the transfer of knowledge from research into practice and service development, not just within our own Trust, but nationally and globally. Reciprocally, we work with our partners to help answer new research questions prompted by clinical need. With our world-leading specialist research facilities and close interactions between the Trust and the university we can conduct research from 'bench to bedside', including a large number of clinical trials which test new treatments or approaches to see whether they are effective.

We ensure that all research in our organisation is undertaken to the highest scientific and ethical standards through effective research governance and management, led by the joint R&D Office of SLaM and IoPPN. Our research has shown impact in many areas, for example:

Improving services based on our research evidence: Cognitive behaviour therapy for psychosis: this NICE-recommended intervention is now part of routine NHS treatment, mandated in the national Early Intervention in Psychosis NICE standard an estimated 25,000 patients in England and Wales receive it annually.

Influencing health policy: our research-based interventions are listed as first-line treatment in the NICE Eating Disorder Guideline (2017) including cognitive behavioural guided self-care, MANTRA (Maudsley Model of anorexia treatment for adults) and carer interventions

Influencing clinical practice internationally: SLaM/IoPPN publish more journal papers than any other single centre in the world on the use of clozapine, the only effective medication for treatment-resistant psychosis

We continue to build our collaborations and partnerships with industry through our Centre for Innovative Therapeutics while our new Centre for Translational Informatics (CTI) introduces a fresh perspective on commercial research, focusing on digital innovations.

A key priority for the Trust is a campaign to bring about a societal change in mental health with the ambition for every child to enter adulthood with robust mental health. This will include a Centre for Children and Young People's Mental Health, bringing together scientists, clinicians and educators from SLaM and King's College London.

Signed

A handwritten signature in black ink, appearing to read 'Bradley', with a long horizontal flourish underneath.

David Bradley

Chief Executive

South London and Maudsley NHS Foundation Trust

24 June 2020

2.2 Remuneration report

Annual Statement

There have been no changes to the majority of the Trusts most senior managers' remuneration packages since their appointment. The salaries of the most senior managers are based on a market comparison benchmark data at the time of the appointment. The Medical Director is employed under Medical and Dental terms and conditions which are agreed nationally.

An opinion is sought from NHS Improvement where salaries for senior staff exceed £150,000. Salaries over £150,000 are benchmarked to the market. No appointment is confirmed until an opinion has been received.

Mr Duncan Hames
Remuneration Committee Chair

Senior managers' remuneration policy

The salaries of the most senior managers are based on a market comparison benchmark data at the time of the appointment. The Medical Director is employed under Medical and Dental terms and conditions which are agreed nationally.

Executive director remuneration

The total remuneration for each Executive Director consists of the following:

Salary + Pension	=	Total Remuneration
Salary: To provide a reward for the role. This is set at an appropriate level considering benchmarking and market conditions. The experience of an individual and the nature of the role contribute to determining the salary. The salary is linked to the delivery of the strategic objectives of the Trust and measurement of performance is determined through achievement of an individual's objectives in meeting Trust objectives and strategic aims. The salary incorporates the High Cost Area Supplement and any increases are in line with cost of living increases for other NHS staff groups. Salary levels may be increased in light of additional responsibilities and in such circumstances, will be approved by the Remuneration Committee. Salaries are spot rates and do not include an incremental pay increase on a periodic basis.		
Pension: All NHS staff are eligible to join the NHS Pension Scheme operated through NHS Business Services Authority, unless already in receipt of NHS pension. All new appointments from April 2015 will join the 2015 Pension Scheme. There are a range of benefits covered by the pension scheme and details of these can be seen on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions . Under pension scheme membership rules an employee contributes up to a maximum of 14.5% of salary depending on salary level and the employer contributes 14.3%. There are no performance standards or measures associated with the NHS Pension scheme.		

Annual report on remuneration

The Remuneration Committee is appointed and authorised by the Trust to develop and implement reward management strategies and systems that attract, retain and motivate staff at all levels in the Trust.

This includes reward and recognition for Executive Directors, the Senior Management Team and those staff not covered by nationally agreed terms and conditions.

The Committee shall:

- Agree the remuneration, conditions of service and any compensation/termination payments to the Chief Executive and Executive Directors of the Trust.
- Take into account relevant nationally determined parameters on pay, pension and compensation payments and any guidance issued by the NHS.
- Be responsible for approving any significant variation to nationally agreed pay and compensation rates for other employees.

The Committee takes due regard to the Trust's Equal Opportunities Policy in its decision making and recognizes the importance of promoting equality, diversity and inclusion within the workforce which is a central feature of the Trust's strategy and monitored through workforce reports with oversight by the Equalities and Workforce Committee.

Remuneration committee

All Non-Executive Directors of the Trust Board are members of the committee but there are three core Non-Executive Directors which includes the Chair of the Trust. A quorum will be at least two members. Duncan Hames is Chair of the Remuneration Committee.

The Chief Executive and the Director of Human Resources and Organisational Development act as advisors to the Committee.

During the reporting period, the Committee met twice.

All Executive Directors are substantive employees of the Trust with contracts of employment. All contracts are open-ended and subject to contractual notice periods by either party. Termination of employment and calculation of payment would be in accordance with contractual notice periods. The contracts contain clauses relating to the adherence of Trust policies. All senior manager positions are subject to the same employment policies as all other employees and consistent with the arrangements under Agenda for Change, including performance, disciplinary and redundancy arrangements. Details of the actual remuneration packages for each senior manager is outlined in the table below.

Pension benefits accrued under the NHS Pension Scheme are the only non-cash element of senior managers' remuneration. This includes both a contribution from the employee and the employer made in accordance with statutory scheme regulations.

Senior managers have objectives set by the Chief Executive, and the Board, in the case of the Chief Executive in delivering the Trust's long term aims and strategy. These are monitored and reviewed on a regular basis and form part of the Annual Appraisal process. All Senior Manager's remuneration is subject to the achievement of satisfactory performance.

Consideration is given to pay and conditions of all employees when setting senior managers remuneration policy.

Senior managers' service contracts

The following table includes details of the service contracts for Senior Managers who have served during the reporting period:

Name	Role	Start Date	Term of Office	Notice Period
Sir Norman Lamb	Chair	3 March 2020	3 years (renewable)	N/A
Duncan Hames	Non-Executive Director	12 May 2016 Reappointed May 2019	3 years (renewable)	N/A
June Mulroy	Non-Executive Director (Acting Chair 1/5/19 – 2/3/20)	12 January 2015 Reappointed January 2018	3 years (renewable)	N/A
Geraldine Strathdee	Non-Executive Director	1 January 2018	3 years (renewable)	N/A
Professor Ian Overall	Non-Executive Director	1 September 2017	3 years (renewable)	N/A
Mike Franklin	Non-Executive Director	23 May 2016 Reappointed May 2019	3 years (renewed from May 2019)	N/A
Béatrice Butsana-Sita	Non-Executive Director	14 December 2018	3 years (renewable)	N/A
Anna Walker	Non-Executive Director	1 July 2016 Was reappointed	3 years (renewable)	N/A
Helen Edwards	Non-Executive Director	3 March 2020	3 years (renewable)	N/A
Roger Paffard	Chair	12 January 2015 – 30 April 2019	N/A	N/A
David Bradley	Chief Executive	1 August 2019	Open ended	6 months
Dr Michael Holland	Medical Director	6 September 2016	Open ended	12 weeks (medical terms and conditions)
Gus Heafield	Chief Financial Officer	1 April 1996	Open ended	6 months

Beverley Murphy	Acting Chief Operating Officer (and Director of Nursing)	1 May 2017	Open ended	6 months
Vanessa Smith	Acting Director of Nursing	12 August 2019	Open ended	6 months
Kristin Dominy	Chief Operating Officer (on secondment elsewhere)	14 August 2015	Open ended	6 months
Altaf Kara	Commercial and Strategy Director	28 November 2017	Open ended	6 months
Dr Matthew Patrick	Chief Executive	7 August 2015 – 31 July 2019	N/A	N/A

Single total figure table - salary and pension entitlements of senior employees (Audited) 2019-2020

Name and title	Year	a) Salary (bands £5k)	b) Expenses to nearest £100	c) Performance pay and bonuses (band £5k)	d) Long term performance pay and bonuses (bands £5k)	e) All pension-related benefits (bands £2.5k)	f) TOTAL (a to e – bands £5k)
		£000's	£000's	£000's	£000's	£000's	£000's
Sir Norman Lamb Chair (from 3/3/20)		0-5	-	-	-	-	0-5
Roger Paffard (1/3/19 – 30/4/20)		10-15	-	-	-	-	10-15
Duncan Hames Non-Executive Director/Chair of Audit Committee		20-25	-	-	-	-	20-25
June Mulroy Non-Executive Director (acting Chair 1/5/19 – 2/3/20)		50-55	-	-	-	-	50-55
Geraldine Strathdee: Non-Executive Director		15-20	-	-	-	-	15-20
Helen Edwards Non-Executive Director (from 3/3/20)		0-5	-	-	-	-	0-5
Professor Ian Everall Non-Executive Director		0-5	-	-	-	-	0-5
Mike Franklin Non-Executive Director		15-20	-	-	-	-	15-20
Beatrice Butsana-Sita Non-Executive Director		15-20	-	-	-	-	15-20

Anna Walker Non-Executive Director		15-20	-	-	-	-	15-20
David Bradley Chief Executive (from 1/8/19)		130-135	-	-	-	125-127.5	255-260
Dr Matthew Patrick Chief Executive (1/4/19 – 30/9/19)		60-65	-	-	-	-	60-65
Gus Heafield Chief Financial Officer		145-150	-	-	-	0-2.5	145-150
Dr Michael Holland Medical Director		170-175	-	-	-	0-2.5	170-175
Beverley Murphy Director of Nursing (1/4/19 – 31/7/19)/ Acting Chief Operating Officer (from 1/8/19)		135-140	-	-	-	0-2.5	135-140
Vanessa Smith Acting Director of Nursing (from 12/8/19)		115-120	-	-	-	195-200	310-315
Kristin Dominy Chief Operating Officer (secondment from 1/8/19)		140-145	-	-	-	-	140-145
Altaf Kara Commercial and Strategy Director		155-160	-	-	-	-	155-160

Single total figure table – salary and entitlements of senior employees (Audited) 2018-2019

Name and title	a) Salary (bands £5k)	b) Expenses to nearest £100	c) Performance pay and bonuses (band £5k)	d) Long term performance pay and bonuses (bands £5k)	e) All pen- sion-related benefits (bands £2.5k)	f) TOTAL (a to e – bands £5k)
	£000's	£000's	£000's	£000's	£000's	£000's
Roger Paffard Chair	55-60	-	-	-	-	55-60
Duncan Hames Non-Executive Director/Chair of Audit Committee	15-20	-	-	-	-	15-20
June Mulroy Non-Executive Director	10-15	-	-	-	-	10-15
Geraldine Strathdee: Non-Executive Director	10-15	-	-	-	-	10-15
Alan Downey Non-Executive Director (to 31/7/18)	10-15	-	-	-	-	10-15
Professor Ian Overall Non-Executive Director	0-5	-	-	-	-	0-5
Mike Franklin Non-Executive Director	10-15	-	-	-	-	10-15

Beatrice Butsana-Sita Non-Executive Director	10-15	-	-	-	-	10-15
Anna Walker Non-Executive Director	10-15	-	-	-	-	10-15
Dr Matthew Patrick Chief Executive	135-140	-	-	-	-	135-140
Gus Heafield Chief Financial Officer	145-150	-	-	-	0-2.5	150-155
Dr Michael Holland Medical Director	165-170	-	-	-	160-162.5	330-335
Beverley Murphy Director of Nursing (1/4/19 – 31/7/19)/ Acting Chief Operating Officer (from 1/8/19)	135-140	-	-	-	105-107.5	245-250
Kristin Dominy Chief Operating Officer (secondment from 1/8/19)	140-145	-	-	-	-	140-145
Altaf Kara Commercial and Strategy Director	155-160	-	-	-	-	155-160

Single total figure table – salary and entitlements of senior employees (Audited) 2019-2020

	Real increase in pension at pension age (in bands of £2,500)	Real increase in pension lump sum at pension age (bands £2,500)	Total accrued pension at pension age at 31 March 2020 (bands £5,000)	Lump sum at pension age related to accrued pension at 31 March 2020 (bands £5,000)	CETV at 1 April 2019	Real increase in CETV	CETV at 31 March 2020	Employer's Contribution to stakeholder pension
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
David Bradley Chief Executive (from 1/8/19)	5-7.5	17.5-20	70-75	210-215	1,433	163	1,650	0
Gus Heafield Chief Financial Officer	0-2.5	0-2.5	40-45	120-125	989	0	976	0
Dr Michael Holland Medical Director	0-2.5	0-2.5	45-50	100-105	879	0	818	0
Beverley Murphy Director of Nursing Acting Chief Operating Officer (from 1/8/19)	0-2.5	0-2.5	65-70	205-210	1,364	74	1,492	0
Vanessa Smith Acting Director of Nursing (from 12/8/19)	7.5-10	27.5-30	45-50	145-150	782	197	1,014	0
Kristin Dominy* Chief Operating Officer (secondment from 1/8/19)	-	-	-	-	-	-	-	-

Altaf Kara** Commercial and Strategy Director	-	-	-	-	-	-	-	-
Dr Matthew Patrick* Chief Executive (1/4/19 – 30/9/19)	-	-	-	-	-	-	-	-

*In receipt of pension

** Not in pension scheme

Single total figure table - salary and entitlements of senior employees (Audited) 2019-2020

	Real increase in pension at pension age (in bands of £2,500)	Real increase in pension lump sum at pension age (bands £2,500)	Total accrued pension at pension age at 31 March 2019 (bands £5,000)	Lump sum at pension age related to ac- crued pension at 31 March 2019 (bands £5,000)	CETV at 1 April 2018	Real increase in CETV	CETV at 31 March 2019	Employer's Contribution to stakehold- er pension
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Dr Matthew Patrick* Chief Executive	-	-	-	-	-	-	-	-
Gus Heafield Chief Financial Officer	0-2.5	5-7.5	40-45	130-35	850	130	989	-
Dr Michael Holland Medical Director	7.5-10	12.5-15	50-55	115-120	637	223	879	-
Beverley Murphy Director of Nursing Acting Chief Oper- ating Officer (from 1/8/19)	5-7.5	20-22.5	65-70	200-205	1,079	274	1,364	-
Kristin Dominy* Chief Operating Officer (secondment from 1/8/19)	-	-	-	-	1,256	-	-	-
Altaf Kara** Commercial and Strategy Director	-	-	-	-	-	-	-	-

*In receipt of pension

** Not in pension scheme

There were no benefits-in-kind received by senior employees.

There were no performance related bonuses and there are no long-term performance related bonuses.

Individuals have been informed of the intention to disclose information about them, invited to review the information and given the opportunity to object under the General Data Protection Regulation (GDPR).

There were no payments made to past Directors. Payments for loss of office is outlined above and is in line with standard loss of office processes for all staff. Fair pay disclosures exit packages and analysis of staff number and costs are also subject to audit.

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 an arrangement to secure pension benefits in another pension scheme or arrangement when the members leaves the 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 the disclosure applied. The CETV figures 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 pension benefit.

Median remuneration and fair Pay Multiples (Audited)

	2019/2020 000's
Total Directors remuneration	1,070
Total employer's contributions:	88
Number of Directors to whom benefits are accruing under defined benefit schemes	5

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

The banded remuneration of the highest paid director in the Trust in the financial year 2019-20 was £200k-205k (2018-19 was £165k-£170k). This was 5.19 times (2018-19, 4.6 times) the median remuneration of the workforce, which was £38,471 (2018-19, £36,537). The reason for the difference between the two years is due to a new appointment and change in the highest paid individual. Remuneration ranged from £49 to £200,000 (2019-20).

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

Signed



David Bradley

Chief Executive

South London and Maudsley NHS Foundation Trust

24 June 2020

2.3 Staff report

Workforce strategies and staffing systems

The Trust aims to provide the best possible care to the people it serves and to continually review the workforce profile to maintain a skilled, adaptable and efficient workforce that is able to deliver efficient high-quality services and fulfil the Trust's contractual, regulatory and statutory obligations.

There is regular reporting through the Quality Committee, the Audit Committee, the Equalities and Workforce Committee and the Great Place to Work Committee, on workforce activities and initiatives which contribute to and support the operational workforce plan.

Each month the Performance Report presented to the Board includes information on safer staffing levels, sickness levels, Trust agency spend and mandatory training compliance.

The Trust has been working collaboratively with South West London and St George's Mental Health Trust over the last 19 months and has developed a Joint three-year workforce and organisation development (OD) strategy and workforce plans (2019 – 2022) which are linked with the SLP priorities.

Workforce Plans which concern the provision and delivery of services to patients are HR and service-led and modelled around patient safety, quality and financial viability to ensure we provide effective, efficient and high-quality care to our patients. All changes to services which have an impact on patients are quality assessed and consulted on with a view to achieving the best service possible. All plans are validated by local services responsible for delivery and the Trust's Senior Management Team. The quality of services provided is monitored through the Trust Board Quality sub-committee. Our score for quality of care is in line with the national average.

We have a committed and engaged workforce with our overall staff engagement scores from the Staff Survey 2018 being in line with the national average for mental health trusts and we recognise there is still more to work on. There is acknowledgement that for some groups their experience at work can be different to that of others. We have developed our Black and Minority Ethnic (BME) Network and Lived Experience Network (LEN) and our lesbian, gay, bisexual, transgender, and queer (LGBTQ) group, including developing a Diverse Ability Network to help ensure under-represented groups have the support they need to fulfil their roles to their greatest potential. Our LGBTQ network are re-launching their programme of support to staff and participating in events for London Pride later this year.

We have invested in our leadership development linked to organisational development and cultural change through the Inclusive Leadership programme and have undertaken a bespoke cultural change programme linked to our values and behaviours covering leading with values and beyond bullying. This recent programme has successfully seen the Trust undertake a Train the Trainer programme for over 30 staff, identified as champions in their service areas. We have refreshed our approach to Talent Management which will involve staff having more effective career conversations.

Our workforce profiles (Audited)

South London and Maudsley has more than 230 services including inpatient wards, outpatient and community services, and have over 4,900 substantive staff working for us across a range of different professional groups. Locally we serve a population of 1.3 million people, and we treat more than 45,000 patients in the community across south London as well as providing inpatient care for approximately 5,300 people each year.

The figures below are based on the average number (whole time equivalent) staff we have employed through the year.

Average staff numbers	Directors	Permanent employees	Other	2020 total	2019 total
Medical staff	1	435	70	506	470
Nursing and health visiting staff	2	1,338	360	1,700	1,665
Healthcare assistants and other support workers	-	648	459	1,107	1,001
Scientific, therapeutic and technical staff	-	1,055	166	1,221	1,086
Administration staff	3	1,036	118	1,157	1,108
Social Care Staff	-	-	3	3	39
Total	6	4,512	1,176	5,694	5,369

Staffing costs (Audited)

	000,s
Salaries and wages	214,449
Social security costs	20,346
Apprenticeship levy	977
Pension cost – employer’s contribution to NHS Pension scheme	11,191
Pension cost - other	0
Other post - employment benefits	0
Termination benefits	0
Temporary staff – external NHSP bank	31,831
Temporary staff - agency/contract staff	23,296
TOTAL GROSS STAFF COSTS	327,776

Registered nurses (nursing, midwifery and health visiting staff) form the largest part of the workforce at 29%. When combined with healthcare assistants (support to nursing) this makes up over 44% of the overall workforce. Our agency workers are mainly comprised of NHS Professional bank workers. The largest proportion of agency workers (which includes NHS Professionals) will also be registered nurses. Scientific, therapeutic and technical staff which includes psychology, psychotherapy and allied health professions staff remain the second largest group followed by administration and estates. Medical staff make up 9% of the overall workforce. Over the course of the year £3,259k has been spent on consultancy.

All Trust employment policies are assessed to identify any equality and human rights implications which may arise from implementation or application. This includes staff who are or become disabled where we apply our Disability in Employment Policy which includes making reasonable adjustments were required and providing further training. The Trust's Occupational Health department provides advice where staff become disabled during their employment. We operate under "disability confident" status and offer any disabled applicant a guaranteed interview where they meet the minimum requirements. We have recently renewed our Mindful Employer status. . We have reported and published our Workforce Disability Equality Standard (WDES) during 2019 and developed an Action Plan in response to that.

During the reporting period the Trust continued to deliver its equality objectives and published equality information (including data on the Workforce Race Equality Standard) as part of its Integrated Equalities Action Plan 2018-21 to comply with the public sector equality duty. The Trust published its Workforce Race Equality Standard (WRES) data in July 2018 and is continuing to implement Year 2 of our WRES Action Plan and build upon the work started in Year 1 to improve equality, diversity and access.

We regularly consult with staff and their representatives systematically on matters of concern, through our Joint Staff Committee. In areas where we have undertaken significant service changes or staff reductions, we undertake a full consultation exercise with potentially affected staff and other stakeholders. To continue improving Trust performance, we regularly ask for feedback from staff through Executive Walkarounds and Changing Lives roadshows, carrying out an Annual Staff Survey and Friends and Family Test, with the latter being conducted three times a year. The results from the staff survey are presented annually to the Board and an action plan developed in response to the feedback. This action plan is monitored through the Trust's Equalities and Workforce Committee. Staff can have direct access to our Freedom to Speak Up Guardian and a number of advocates.

During the year we have continued with our extensive performance development (appraisal) programme where 89% of all non-medical staff had a performance development review to ensure the activities undertaken work towards the Trust's overall performance. All appraisals are recorded on our LEAP training and development platform. Medical staff appraisals are undertaken as part of the training programme for doctors in training and as part of revalidation for non-training doctors.

The Trust has achieved London Living Wage accreditation across all our services including our contractors.

The Trust works across the South East London and South West London Integrated Care Systems, and with our South London Partnership (SLP) partners. We work collaboratively in developing our approaches to recruiting and retaining staff and in looking at developing new roles to meet the NHS Long Term Plan and the Interim People Plan. Across South London we have developed, with our neighbouring Mental Health Trusts, a Nurse Development Programme that offers opportunities to work in different areas through a passport approach and provides a career ladder for people entering at a support level role through to a senior nurse management role. We also work collaboratively in the delivery of forensic services across South London.

We work in partnership in Lambeth as part the Lambeth Alliance with the local authority and the third sector, and we are part of the One Croydon Alliance.

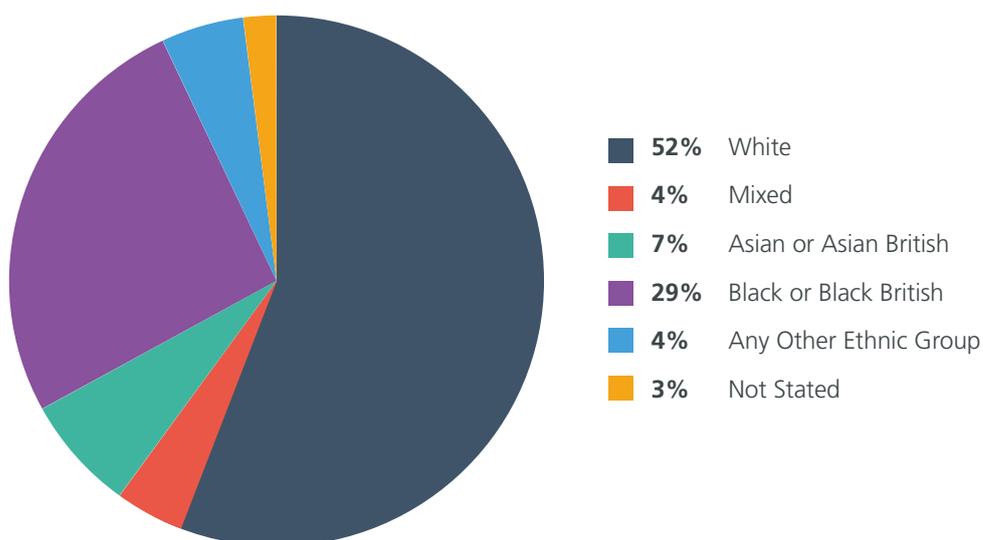
Information on policies relating to counter fraud and corruption is published on the Trust's Intranet and we work closely throughout the year with our local counter fraud service.

Sickness absence and occupational health

The sickness level for 2019/20 was 3.39% which has increased from 2.95% in March 2019. The Trust actively promotes health and wellbeing amongst employees. All staff members have access to the Trust's occupational health service, employee assistance programme, physiotherapy and the staff counselling and wellbeing service. Information on health, safety and occupational health is published on the Trust's intranet – Maud. The Trust has been awarded Achievement status under the London Healthy Workplace Charter. Staff are also actively encouraged to participate in Schwartz rounds and access support from the Critical Incident Support Service following a traumatic event at work plus Reflective Practice. Staff are signposted to a range of health and wellbeing information and support via the intranet and other useful sources of help and guidance.

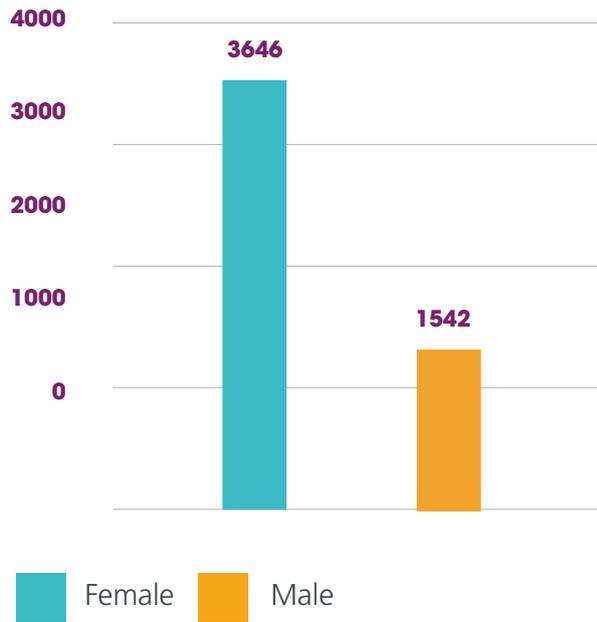
During the course of the Covid-19 pandemic in the latter part of the reporting period, the Trust has been actively monitoring and reporting staff sickness due to Covid and Covid-related absence and supporting staff with a number of activities to help them through the difficult and challenging times. The Trust is preparing for the transition post lock-down to enable staff to return to work in ways that makes them feel safe and supported.

Trust ethnicity profile



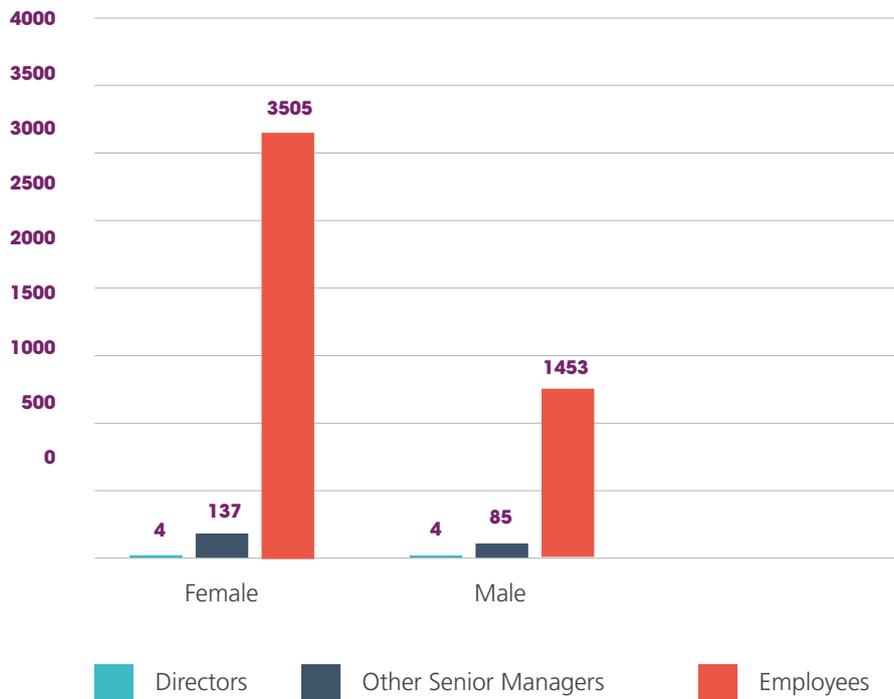
Staff from a White ethnic background remain the largest proportion of the workforce. This has reduced by 2% on the previous year and is now lower than the profiles across our four main boroughs which have an average population of 55% white. Staff from a Black or Black British ethnic background have increased by 1% and remains fairly consistent with the local populations across the boroughs. Asian or Asian British has remained the same compared to the last couple of years. Those not wishing to disclose their ethnicity has increased by 1%.

Trust gender profile



The Trust gender profile has remained relatively the same from the previous year although there has been an increase in the overall numbers of male and female staff.

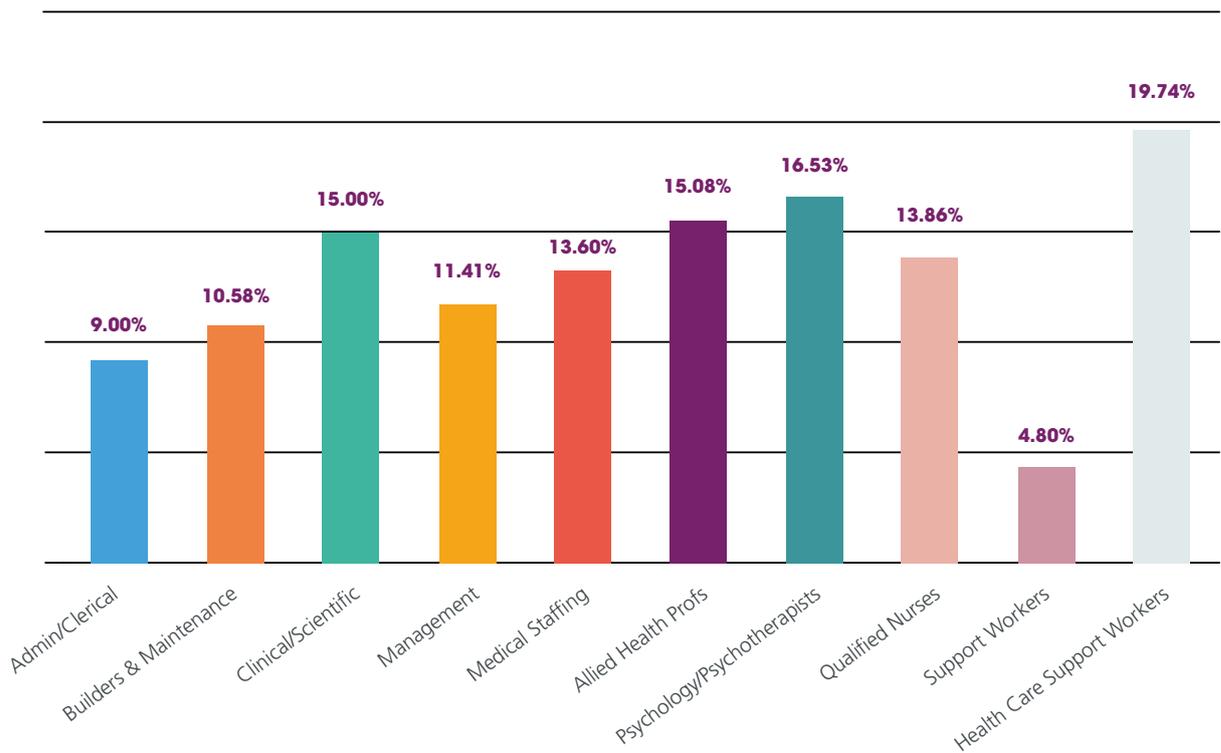
Gender data



Gender breakdown 2019/20	Female	Male	Total
Directors	4	4	8
Other Senior Managers	137	85	222
Employees	3505	1453	4958
Total	3646	1542	5188

Staff turnover

Chart below based on permanent staff numbers only



As with the previous year, staff turnover has been highest in the healthcare support worker group with almost one fifth of staff leaving over the past year. The largest decrease in turnover compared to the previous year has been in the administrative and clerical group which has almost halved in turnover proportionally. There has been a reduction in turnover for allied health professionals and qualified nurses too.

Staff exit packages (Audited)

All staff exit packages are in accordance with contracts of employment. There have been no exit packages which did not comply with contractual notice periods under a contract.

	No. of compulsory redundancies 19/20	Cost of compulsory redundancies 19/20	No. of other agreed departures 19/20	Cost of other agreed departures 19/20	No. of compulsory redundancies 19/20	Total cost of exit packages 19/20	Number of departures where special payments have been made 19/20	Cost of special payment element included in exit packages 19/20
	Number	£000's	Number	£000's	Number	£000's	Number	£000's
< £10,000	1	7			1	7		
£10,000 - £25,000	2	35			2	35		
£25,001 - £50,000	1	36			1	36		
£50,001 - £100,000	1	83			1	83		
£100,001 - £150,000	0	0			0	0		
£150,001 – £200,000	0	0			0	0		
>£200,000	0	0			0	0		
Total	5	161			5	161		

Off payroll arrangements

In accordance with HM Treasury definitions, the following tables outline the number of off-payroll payments for more than £245 per day, which have been in excess of six months. These relate to contractors undertaking fixed term projects for the Trust, or where skills required are not available within the Trust. It is the usual practice to employ substantive employees through the payroll but there may be exceptions to this.

Off payroll payments are regularly reported on and monitored by members of the senior management team. This includes the use of agency staff within infrastructure and corporate services.

For all off payroll engagements, as of 31 March 2020 for more than £245 per day and that last longer than six months:

	Number
Number of existing engagements as of 31 March 2020	1
Of which, the number that have existed:	
for less than 1 year at the time of reporting	1

for between 1 and 2 years at the time of reporting	-
for between 2 and 3 years at the time of reporting	-
for between 3 and 4 years at the time of reporting	-
for 4 or more years at the time of reporting	-
Please confirm that all existing off-payroll engagements, outlined above have at some time been subject to a risk-based assessment as to whether assurance is required that the individual is paying the right amount of tax and where necessary that assurance has been sought.	Yes

For all new off payroll engagements between 1 April 2019 and 31 March 2020, for more than £245 per day and that last longer than six months:

	Number
Number of new engagements between 1 April 2016 and 31 March 2017	1
Number of new engagements which include contractual clauses giving SLaM the right to request assurance in relation to income tax and NI obligations	1
Number for whom assurance has been requested	1
Of which:	
assurance has been received	1
assurance has not been received	-
engagements terminated as a result of assurance not being received or ended before assurance received.	-

For off-payroll engagements of board members and/or senior officials with significant financial responsibility between 1 April 2016 and 31 March 2017

	Number
No. of off-payroll engagements of board members and/or senior officials with significant financial responsibility during the financial year	-
No. 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.	6

Pension Scheme

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. The Trust's contract with SBS for payroll services covers this.

Staff survey results

The NHS Staff Survey is undertaken annually and enables us to target action against the things that will improve staff experience and make South London and Maudsley NHS Foundation Trust a 'Great Place to Work'.

The aim of the national staff survey is to gather information that help trusts provide better care for patients and improve the working lives of those who provide this care. It is also used to form the foundations and development of the Trust's Engagement Strategy.

Our final overall response rate for the Trust was 52%. This is a significant 9% increase from last year's response rate of 43%. However, this response rate is still lower than the average response rate for other mental health trusts in the Picker sample, which was 54%.

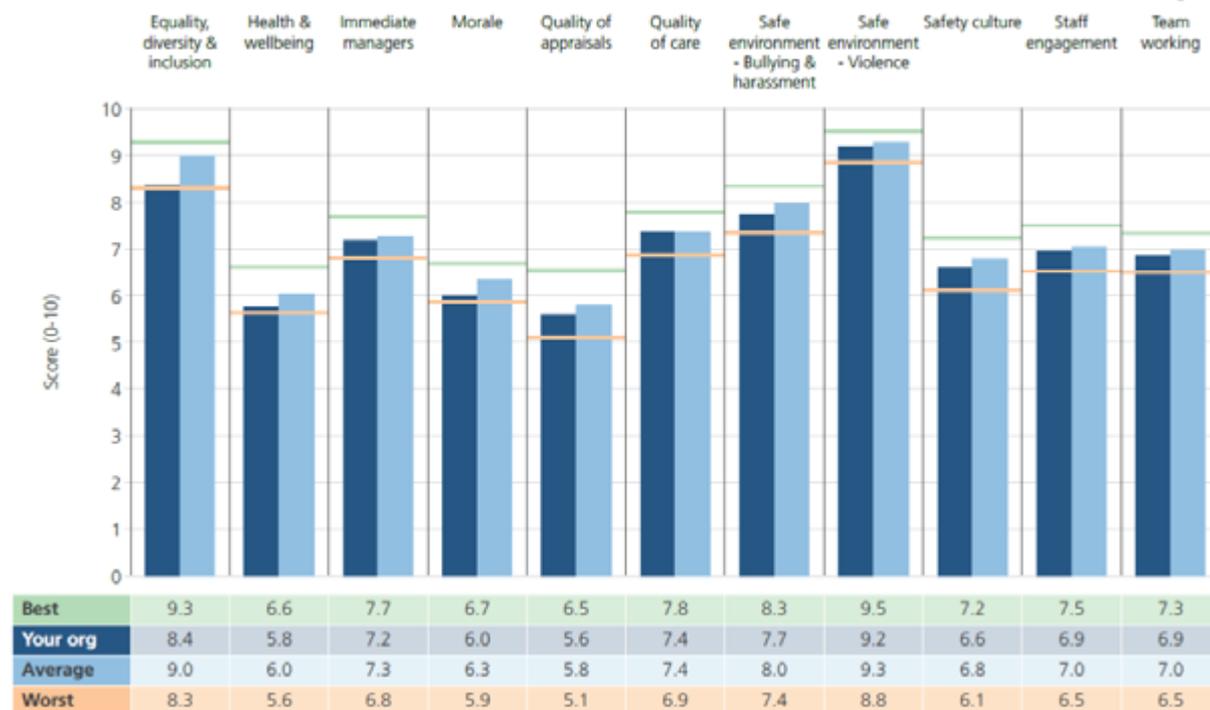
The survey results will also support our Equality Delivery System for the workforce and will provide the basis to identify how Trust policies are working in practice. The survey report includes a dedicated section for the Workforce Race Equality Standard (WRES). The staff survey complements the Friends and Family Test which is now in its fourth year.

The survey contains questions about the jobs that staff perform, how they work with colleagues, about the Trust leadership, the supervision staff receive and staff views on their healthcare organisation.

The survey reports an increase in the number of people that feel able to report experiences of harassment and bullying, an increase in the number of people who feel secure in raising concerns about unsafe practice, and a reduction in the number of staff intending to leave. However, we are at notice that we must do more to ensure people's health and wellbeing; eliminate bullying, harassment and discriminatory practice; and adequately involve people in the changes that affect them.

We launched an extensive campaign with focused efforts to target groups that historically evidenced the lowest level of engagement with the staff survey; building on the success of the LiA pulse checks.

Following is the overall summary of the Trust results across the 10 themes of the Staff Survey and how the Trust benchmarked against the best, worst and average.



Most questions (79) have seen no significant difference in results from 2018; six questions have seen a significant decline and five have seen a significant improvement.

Top 5 scores (compared to average)	
70%	Q22b. Receive regular updates on patient/service user feedback in my directorate/department
93%	Q19a. Had appraisal/KSF review in last 12 months
62%	Q22c. Feedback from patients/service users is used to make informed decisions within directorate/department
74%	Q20. Had training, learning or development in the last 12 months
90%	Q7b. Feel my role makes a difference to patients/service users

Bottom 5 scores (compared to average)	
72%	Q14. Organisation acts fairly: career progression
51%	Q5h. Satisfied with opportunities for flexible working patterns
29%	Q10c. Don't work any additional unpaid hours per week for this organisation, over and above contracted hours
49%	Q4f. Have adequate materials, supplies and equipment to do my work
21%	Q11a. Organisation definitely takes positive action on health and well-being

Most improved from last survey	
55%	Q13d. Last experience of harassment/bullying/abuse reported
57%	Q23c. I am not planning on leaving this organisation.
83%	Q11e. Not felt pressure from manager to come to work when not feeling well enough
71%	Q18b. Would feel secure raising concerns about unsafe clinical practice
47%	Q23b. I am unlikely to look for a job at a new organisation in the next 12 months

Least improved from last survey	
55%	Q6b. I have a choice in deciding how to do my work
50%	Q17a. Organisation treats staff involved in errors/near misses/incidents fairly
72%	Q19f. Appraisal/performance review: training, learning or development needs identified
74%	Q4a. Opportunities to show initiative frequently in my role
52%	Q4c. Involved in deciding changes that affect work

We have been working hard to improve staff experience at SLaM following the 2018 results. This work has included improving our communication and engagement with staff with a programme of executive visits to every team. We launched a new intranet making it easier for staff to know what's going on and ran Changing Lives roadshows to share our vision and plans for the future.

We have embedded Four Steps to Safety to reduce the violence that staff face on our wards, and fewer staff are reporting experiencing physical violence from colleagues than before. Involving staff in service improvement through QI (Quality Improvement) has been high on our agenda, and we score well in the survey for staff feeling able to make improvements and for making good use of service user feedback.

Our staff are our eyes and ears. We have been encouraging staff to speak up, and report errors, incidents and near misses so we can learn from them. More staff this year are saying that we treat them fairly if they are involved in these events, but also more staff are saying that they have witnessed them.

We have focused on improving the experience of our BAME staff, and introduced Diversity in Recruitment Champions so that there is a BAME panel member on every interview for managerial posts at Band 7 and above. The Review and Reflect checklist to encourage informal resolution of problems and ensure our disciplinary processes are fair is well embedded. We have supported staff networks for BAME, LGBTQ staff and launched a network for staff with lived experience of mental health issues.

Many actions need to be sustained over the long term to make a difference, and there is no indication in this latest survey that they are inappropriate. The Trust-wide action plan is largely therefore a reinforcement of actions that are already in train and with renewed energy there is a need to ensure they start delivering the desired results.

Recommendations – areas of focus

The overall picture tells us that we must focus on the following:

Area of Focus	Rationale	Recommended Action
Equality, Diversity & Inclusion (EDI)	The Trust's score has declined compared to the period between 2015 – 2017 and in 2018, we had one of the worst scores nationally. While last year's results show some improvement, this is marginal. In addition to the moral case for EDI, there is empirical evidence showing the positive correlation between organisational performance and diverse and inclusive workforce. This presents a convincing case for patient outcomes.	<ul style="list-style-type: none"> • Integrated Equalities Action Plan (IEAP) will align with WRES and WDES action plans. • Empower staff networks to utilise demographic staff survey feedback data to inform action for their network groups.

<p>Health and Wellbeing</p>	<p>We see a 0.3% reduction in the number of respondents who believe the organisation takes positive action on health and wellbeing, at a time when this score should be rising. Only 21% of respondents believe the organization takes positive action on their health and wellbeing. Performance across these variables are poor across all localities and has been the case over the last two years. Health and Wellbeing is also on the agenda at a national level and so presents an opportunity for us to benefit from support, tools and resources that will emerge nationally.</p>	<ul style="list-style-type: none"> • Health and Wellbeing lead to devise an action plan to address the outcomes of the staff survey
<p>Staff Engagement</p>	<p>Where previously and over the past four years, our overall score matched the Picker average, it has now declined from 7.0 to 6.9. Disaggregated, we are higher than the Picker average on only one out of nine variables, below Picker average on five variables and we match on four. These scores tell us we must seek to improve people’s experience across all staff engagement themes of advocacy, involvement and motivation. Evidence tells us that tackling staff engagement will lead to overall improvement on most staff experience and job satisfaction factors, thereby addressing most of the issues identified through the survey.</p>	<ul style="list-style-type: none"> • HR & OD TO Employee devise an action plan for all staff engagement variables. • Align HR & OD work with LiA activity.

Bullying and Harassment	Our overall score for the Bullying and Harassment theme has not changed from last year. 19% of respondents report experiencing these behaviours as concerning as that is, and we take these figures with caution where we know people have not always felt enabled to report their experience. Creating an environment and culture where all our people feel safe is not an option.	<ul style="list-style-type: none"> • Embed Beyond Bullying action plan. • Align HR & OD work with LiA activity
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Trade Union Facility Time

Relevant Trade Union Officials:

Number of employees who were relevant union officials equivalent during the relevant period	Full time employee number
4	4.0

Percentage of time spent on facility time:

Percentage of time	Number of employees
0%	0
1-50%	4
51-99%	0
100%	0

Percentage of pay bill spent on facility time:

Provide the total cost of facility time	£23,117
Provide the total pay bill	£327,776k
Provide the percentage of total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.007%

Paid trade union activities:

Percentage of time	Number of employees
Time spent on trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100	100%

2.4 NHS Foundation Trust Code of Governance Disclosures

South London and Maudsley 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.

The Trust integrates governance principles and procedures within its operations and management arrangements. The Board of Directors has reviewed the Trust's compliance with the NHS Foundation Trust Code of Governance and considers that the Trust has complied in all material respects. This section has three parts:

- (A) Council of Governors**
- (B) Membership**
- (C) Directors – additional disclosures**

Council of Governors

Since January 2020, the Trust has had Joint Lead Governors: Jenny Cobley (Public Governor) and Susan Scarsbrook (Carer Governor). Brian Lumsden (Public Governor) has been Deputy Lead Governor since February 2017.

Roles and responsibilities of the Council of Governors

The responsibilities of Council of Governors are as set out in the NHS Act 2006 as amended and reflected in the Trust's Constitution. They include:

- Supporting the Board in setting the longer-term vision for the Trust, to influence proposals to make changes to services and to act in a way that is consistent with NHS principles and values and the terms of the Trust's authorisation;
- Engaging in dialogue with, and provide advice to, the Board regarding the Trust's future vision and strategy, and to act as a source of ideas about how the Trust can provide its services in ways that meets the needs of the communities it serves;
- Reviewing annually the extent to which the Trust is meeting its objective of delivering high-quality services;
- Working with the Board of Directors on such other matters for the benefit of the Trust as may be agreed between them;
- Exercising other functions at the request of the Board of Directors; Responding as appropriate when consulted by the Board of Directors; Exercising such other powers and to discharge such other duties as may be conferred on the Council of Governors under the Constitution.

The legislation relating to NHS foundation trusts lists further responsibilities for the Council of Governors as follows:

- Appointing the Chair and their Non-Executive Directors of the NHS Foundation Trust at a general meeting
- Removing, where it is deemed necessary by three-quarters of the Council of Governors, the Chair or Non-Executive Directors of the NHS Foundation Trust at a general meeting
- Approving, by a majority, the appointment of the Chief Executive by the Non-Executive Directors; appointing or removing the auditor at a general meeting of the Council; and

- Receiving a presentation of the Annual Report and Accounts at a general meeting.

The Board has a duty to consult and pay due regard to the views of the Council of Governors in relation to forward planning. The Council of Governors is not responsible for the day-to-day running of the Trust. Legislation provides that all powers of the NHS Foundation Trust are to be exercisable by its Directors.

The Council of Governors cannot veto decisions made by the Board.

All Directors regularly attend meetings of the Council of Governors as a means of both gaining an understanding of the issues being considered and to respond directly to questions or issues raised during the meeting. There is a dedicated slot for Non-Executive Directors to provide a presentation at the Council meetings, followed by a question and answer session. A report on the Council of Governors activity is a standing item on the agenda for the meeting of the Board. There is a formal procedure for Governors to log questions with the Non-Executives and there are regular slots scheduled between Governors and Non-Executive Directors for the former to ask questions in person. Governors attend as observers at Board Committee meetings.

The Council of Governors has the power to remove the Chair or any Non-Executive Director, but this should only be exercised after exhausting all means of engagement with the Board. In the first instance, the Council should raise any issues with the Chair and the Senior Independent Director.

As stated in the 2016 Constitution, the Trust has established appropriate Dispute Resolution Procedures, relating to matters such as eligibility, disqualification, disagreements between the Board and the Council of Governors and termination of tenure.

Governors

The following table sets out the details of our Governors, their attendance at Council of Governor meetings and their term of office. Please note that owing to the Covid-19 pandemic, the March 2020 meeting of the Council of Governors was deferred.

Name	Constituency	CoG meeting			Period of service		
		Jun	Sept	Dec	Mar deferred		
Bobby Abbott	Appointed	N	N	N	N/A	December 2017	February 2020
Ermias Alemu	Staff	Y	Y	Y	N/A	December 2017	N/A
Jane Avis	Appointed	N	N	N	N/A	June 2018	N/A
Ray Baker	Service user	N	N	N	N/A	December 2018	N/A
Maisie Barrett	Carer	N/A	Y	N	N/A	Septemner 2019	N/A
Adam Black	Service User	N/A	N/A	Y	N/A	December 2019	N/A
Abraham Blay	Staff	N/A	N/A	Y	N/A	December 2019	N/A
Maggie Browning	Appointed	N/A	N/A	N	N/A	December 2019	N/A
James Canning	Public	Y	Y	Y	N/A	December 2017	N/A
Handsen Chikowore	Public	Y	Y	N	N/A	December 2014	N/A
David Clugston	Service User	N	Y	N	N/A	December 2018	N/A
Jenny Cobley	Public	Y	Y	Y	N/A	December 2014	N/A
Giles Constable	Staff	Y	N	Y	N/A	December 2017	N/A
Rhoda Dakar	Service user	N/A	N/A	Y	N/A	December 2019	N/A
Simon Darnley	Staff	N	Y	Y	N/A	December 2018	N/A
Ed Davie	Appointed	N	N	Y	N/A	April 2018	N/A

Janet Davies	Public	N/A	N/A	N/A	N/A	December 2016	August 2019
Tim Dee	Service User	N/A	Y	N	N/A	September 2019	N/A
Helen Dennis	Appointed	Y	Y	N/A	N/A	July 2018	November 2019
Angela Flood	Carer	N	Y	Y	N/A	December 2013	N/A
Heather Gilmour	Appointed	Y	Y	Y	N/A	November 2018	N/A
Dr Charles Gostling	Staff	Y	N	N	N/A	September 2017	N/A
Ruth Govan	Public	N	N	N/A	N/A	December 2017	November 2019
Kathryn Grant	Service user	Y	Y	Y	N/A	December 2017	December 2019
Harpal Harrar	Appointed	N	N	N	N/A	August 2017	N/A
Jeannie Hughes	Carer	Y	N/A	N/A	N/A	September 2016	August 2019
Bert Johnson	Appointed	Y	Y	Y	N/A	February 2015	N/A
Michael Kopelman	Public	N	Y	N	N/A	December 2018	N/A
Nancy Kuchemann	Appointed	Y	N	Y	N/A	January 2016	N/A
Philippa Lalor	Service user	N/A	Y	N	N/A	September 2019	N/A
Brian Lumsden	Public	Y	Y	Y	N/A	December 2015	N/A
Girda Niles	Appointed	Y	Y	N	N/A	August 2013	December 2019
Prof Ian Norman	Appointed	N	N	Y	N/A	October 2016	N/A
Jann Oliver	Public	N/A	N/A	N	N/A	December 2019	N/A
Modupe Oluwapowale	Service user	Y	N	N	N/A	February 2019	N/A
Zoe Rafah	Service user	N	N	N/A	N/A	September 2016	November 2019
Rawle Ragoobar	Staff	N/A	N	Y	N/A	September 2019	N/A
Susan Scarsbrook	Carer	Y	Y	N	N/A	December 2016	N/A
Gillian Sharpe	Public	Y	N	N	N/A	December 2014	N/A
Dr Vaishali Shetty	Appointed	N/A	N/A	N/A	N/A	February 2020	N/A
Luke Sorba	Appointed	Y	N	Y	N/A	September 2016	N/A
Ingrid Tennessee	Public	N/A	Y	N	N/A	September 2019	N/A
Tutiette Thomas	Service user	Y	Y	N/A	N/A	January 2020*	August 2019*
Emma Williamson	Staff	N	Y	Y	N/A	December 2017	N/A

*Returned to cover a casual vacancy January 2020.

Name		CoG meeting			
		Jun	Sept	Dec	Mar deferred
June Mulroy	Interim Chair	Y	Y	Y	N/A
Beatrice Butsana-Sita	NED	N	Y	N	N/A
Ian Everall	NED	N	N	N	N/A
Mike Franklin	NED	Y	N	N	N/A
Duncan Hames	NED	Y	N	N	N/A
Geraldine Strathdee	NED	Y	Y	Y	N/A
Anna Walker	NED	Y	Y	Y	N/A

Name		CoG meeting			
		Jun	Sept	Dec	Mar deferred
David Bradley	Chief Executive	N/A	Y	Y	N/A
Kristin Dominy	Chief Operating Officer	N	N/A	N/A	N/A
Gus Heafield	Chief Financial Officer	N	Y	N	N/A
Michael Holland	Medical Director	Y	N	N	N/A
Altaf Kara	Director of Strategy & Commercial	Y	Y	N	N/A
Beverley Murphy	Director of Nursing / Chief Operating Officer	N	Y	N	N/A
Vanessa Smith	Interim Director of Nursing	N/A	Y	Y	N/A
Matthew Patrick	Chief Executive	Y	N/A	N/A	N/A

Current vacancies

- NHS England – 1 vacancy; appointed post has not been filled for some time.
- Service User (Local) – 1 vacancy; following a resignation there were insufficient candidates from the previous election to fill the role.
- Staff – 1 vacancy; there were insufficient candidates during the previous election process.

Governor Recruitment

Eleven new governors have joined the Council of Governors this year. One appointed and eight elected members stepped up to fill vacant elected Governor positions. Two Governors were re-elected.

There was an encouraging increase in the number of candidates, particularly in the Staff constituency (8 nominees, up from 1 in 2019). This can be attributed, at least in part, by the focus of the Governors' Membership and Involvement Working Group to encourage more staff (particularly junior staff) to consider standing for election as a Governor. Activities to achieve this included attendance at staff network meetings to raise awareness, holding a stall at the Staff Conference, and an interview / blog in the Trust's staff e-newsletter and on the intranet. The Group also identified an aim for its 2019-20 work plan to raise awareness (and therefore hopefully increasing membership and candidates for election) from the BAME population. There was good interest from BAME candidates in 2019, with 40% of the Governors now from a BAME background. There is more work to do to ensure that the Council of Governors reflects its population.

The Council recently decided to appoint two people to share the Lead Governor role, with an eye to succession planning. There is also a Deputy Lead Governor.

Governor training and development

As well as offering Governwell courses (there has been take-up for the Core; Accountability; Membership and Public Engagement; Effective Chairing and Non-Executive Director Recruitment courses), bespoke, in-house sessions have been arranged for Governors in response to their development needs and to help them in their roles. This includes an Accountability course with Governors from neighbouring Trusts. A session on reading and understanding Performance reports was held in conjunction to a Council of Governors meeting, and all new Governors are invited to a Trust-focused induction training. Governors have also attended South London Partnership events, including a Quality Improvement conference.

Engagement between governors, members and the public

As the Council of Governors has a responsibility to represent the interests of the members of the Trust and the members of the public, the Corporate Affairs Team produces a weekly governors' newsletter identifying a range of community and stakeholder events at which governors can canvass the views of the communities that the Trust serves and report back on these. This year, the newsletter promoted over 50 such events and the reporting process has been aided by the introduction of a governors' log which provides a space for governors to describe the events they've attended and the opportunities presented to engage with members of the Trust and the general public, seeking feedback on the performance of the Trust and the services it provides. This information has then be used to inform content for the monthly members' bulletin, with governor articles describing the nature of their role alongside the promotion of some 190 mental health-related events in the Trust's boroughs this year, ranging from workshops, seminars and screenings to NHS consultations and other local partnership events.

In addition to governor attendance at, and awareness of, community engagement events, governors are also represented on the main Trust committees as observers and further accompany Non-Executive Directors on site visits to both inpatient wards and community teams. This accumulated engagement is reflected in the suggestion of agenda items for both the main Council of Governors' meetings and those of its working groups. Items discussed at meetings this year have included the Trust's new Strategic Plan and proposals for the re-development of its estate (Planning and Strategy Working Group), a review of the Trust's Constitution (Membership and Involvement Working Group) and progress against the Trust's Quality Priorities (Quality Working Group). Focusing discussion on areas which may impact on Trust members and the public at large is an important illustration of our governors' commitment to their engagement responsibilities this year, as are the questions that have been generated for governors to put to the Trust's Non-Executive Directors before Board meetings.

A joint meeting of the Governors from SLaM, King's College Hospital and Guy's and St Thomas' NHS Foundation Trusts was held in May 2019, hosted by SLaM. The theme was: "How can we work together more effectively?", recognising the importance of engagement and collaborative working between acute and mental health trusts for the benefit of local communities.

Membership strategy and efforts to engage a diverse range of members

Governors have also sought to develop a more strategic approach to their engagement with Trust members this year by utilising both established Trust channels and their own experience of community interests. An important step in this direction has been to build a collaborative relationship with Trust staff in the Strategy and Commercial Directorate who are responsible for engagement and stakeholder management. This resulted in a presentation at the governors' Membership and Involvement Working Group in November 2019 by members of the Strategy and Commercial team which drew attention to a future programme of prominent community engagement events. While these are primarily designed to gather feedback on strategic plan priorities, it was agreed that due to their potential to attract a wide and diverse audience, it will be beneficial for governors to have a dedicated presence at these events during which they can promote the benefits of membership (such as voting in governor elections, access to services provided by the Recovery College and volunteering opportunities). Further discussions on governor involvement in this programme will be held once the Trust has been notified that there can be a resumption of public meetings following the Covid-19 pandemic.

The presentation also covered additional engagement areas that governors might become involved in such as the Independent Advisory and Joint Working Groups in each borough, where the Trust already has a presence and where some dedicated projects have been established to improve the experience of the BAME

community. It is the intention to bring these different engagement strands together in an overarching membership strategy for 2020-21.

One specific area that has benefitted from a co-ordinated approach to engagement has been the membership seminars that have taken place this year. Here there has been involvement, at different times, from Trust staff, governors and service users on steering groups to recommend seminar areas that might be of interest to the local communities that the Trust serves and thereby increase the diversity of its membership. This has resulted in a series of seminars that have been extremely well received and attended including: Professor Frank Keating's lecture on 'Social Approaches to Recovery for African and Caribbean Men' on 3 May 2019 and the screening of 'CrazyWise' on 18 July 2019 which was followed by an inclusive panel discussion exploring the film's theme of turning a psychological crisis into a positive transformational experience.

Such was the popularity of these seminars that they precipitated a departure from the normal agenda for the Trust's Annual Members' Meeting (AMM) held on 10 September 2019. For the first time, the AMM also incorporated a seminar element with Professor Andrea Danese delivering a talk on the impact of childhood trauma. This demonstrated an appetite for a further seminar on a similar theme and on 10 October 2019, a membership seminar was held on the developing subject of trauma-informed care. It included a lecture, screening and participation from a panel involving staff, service users and community representatives and proved to be the most popular seminar of the year, with all spaces taken within hours of its promotion.

An established engagement channel is the 'Time to Smile' scheme managed by the governors' Bids Steering Group, with funding provided by the Maudsley Charity. The scheme is aimed at and promoted to Trust members who can bid for funding to support small projects that benefit at least three people and focus for example on promoting social inclusion, recovery and wellbeing, or improving the patient experience. The scheme is extremely valuable for the rich information it provides to the Trust about what matters to the people who use its services and the range of non-clinical activities that they find therapeutic. All governors are invited to help assess bids for funding and this year saw a diverse range of projects from each of the boroughs receive grants of up to £750.

The Membership and Involvement Working Group had identified in its 2019-20 work plan to increase the number of staff (particularly more junior staff) standing for election to the Council of Governors, as well as raising awareness (and therefore hopefully increasing membership and candidates for election) from the BAME population and the Council of Governors welcomed two new members of staff to its ranks. This followed a promotional article by the Chair of the Membership and Involvement Working Group in the weekly e-newsletter sent to staff and increasing publicity with groups such as the staff BME network. The Council of Governors will also benefit from increased representation and insight from the local communities that the Trust serves with the addition of new service user, carer and public governors.

Annual Public meeting

The governors hosted the Annual Members Meeting (AMM) in September 2019. In addition to the substantive items discussed at this meeting including the presentation of the 2018-19 Annual Report and Accounts, a Governors' Review of 2018-19 and a Members' Q&A session, at the suggestion of the AMM steering group the meeting format was slightly adapted to incorporate a new item. As described above, this was a talk by Professor Andrea Danese on the impact of childhood trauma and built on a series of seminars held throughout the year focusing on areas of interest to the Trust's membership and local communities.

Governor working groups and committees

Membership and Involvement Group: This group looks at issues of membership, recruitment and communication with the Council of Governors and the membership. It identifies how members can become more actively involved and oversees and promotes involvement and social responsibility activities of the membership. The group is working on how to improve involvement of service users and carers and under-represented groups. It approves annual membership targets and election strategy.

Quality Working Group: This group aims to review and comment on quality-related information so that the various perspectives can be collated and made available to the Non-Executive Directors. The group uses the annual Quality Accounts, the Limited Assurance Report from the external auditors and quality-related information presented to the Board, as well as information from visits and inspections, to identify specific areas of interest or concern. It looks at, and feeds into, the Quality Report, including choosing one of the areas in the Quality report to be subject to audit by the Trust's Auditors.

Planning and Strategy: This group is concerned with the development of SLaM's key strategies and plans. This involves understanding and questioning why certain goals have been prioritised, how they will be monitored and achieved, how they will improve the quality of SLaM's services and the service user and carer experience, and what organisational changes are required to support the implementation of the strategies.

Bids Group: The Council of Governors has run an innovative scheme for a number of years which awards small funds (up to £750) for members who wish to develop schemes to improve patient experience or increase social inclusion. The Bids Group assesses the proposals submitted, authorises funds and evaluates the outcomes. It works with the Maudsley Charity.

Nominations committee: The Nominations Committee is appointed and authorised by the Council of Governors. The Committee is responsible for:

- the selection and re-appointment process for Non-Executives;
- receiving reports on behalf of the Council of Governors regarding the outcome for appraisals for the Chair and Chief Executive;
- providing advice to the Council of Governors on remuneration and low pay for the Chair and Non-Executives; and
- reviewing the skill mix on the Board of Directors

Nominations Committee members and attendance

		07 May 2019	06 June 2019	12 Sept 2019	27 Sept 2019	10 Oct 2019	25 Nov 2019*
June Mulroy	Chair	Y	Y	Y	Y	N	N
Duncan Hames	SID	Y	Y	Y	Y	Y	N
Ermias Alemu	Staff Governor	N/A	N/A	N/A	N/A	N/A	Y
Jenny Cobley	Public Governor	N/A	N/A	N/A	N/A	N/A	Y
Simon Darnley	Staff Governor	Y	Y	Y	Y	Y	Y
Brian Lumsden	Public Governor	Y	Y	N	Y	Y	Y
Ian Norman	Appointed Governor	Y	N	N	N	N	N
Susan Scarsbrook	Carer Governor	Y	Y	Y	Y	Y	Y
Gill Sharpe	Public Governor	Y	Y	N	N	N	N

*The meeting of the Committee on 25 November was the selection centre for the new Chair. Governors were supported on the day by external recruiters, NHS England/Improvement and Sir Hugh Taylor, Chair of Guy's and St Thomas' NHS Foundation Trust and King's College Hospital NHS Foundation Trust as an independent Chair.

Governors' interests

There is a register of Governors interests held by the Trust Secretary. This is available by contacting the Trust Secretary, Charlotte Hudson, on telephone 020 3228 2341.

Membership

The Trust is committed to continuing to develop an active and engaged membership community. The objectives are to:

- Value all members;
- Promote mental and physical wellbeing among members;
- Grow membership numbers in a meaningful way; and
- Provide practical and relevant information.

We aim to:

- Target specific membership audiences, not just membership as a whole;
- Regularly communicate Trust news, events and membership benefits;
- Seek feedback and listen to the views of our members;
- Organise events relevant to the needs and interests of our members; and
- Highlight the work of the Council of Governors and encourage members to put themselves forward for nomination.

Anyone in England can be a member of the Trust. Key membership constituencies are made up of our patients and service users, our carers, our staff and the wider public – which includes groups such as our partners and stakeholders, community support groups and local networks. The audience also includes our colleagues in King's Health Partners.

We use the following channels to engage with our members:

- **Members' Bulletin:** This is a monthly online bulletin featuring the latest Trust News and Events. It is sent to all non-staff members with email addresses.
- **"Get Involved":** This is a designated part of the Trust's website which includes the following sections:
 - **Membership** – basic information on what it means to be a member of the Trust, a link to the online registration form and detail on the benefits of membership.
 - **Events** – displays a range of events taking place around the Trust and in our local communities.
 - **Volunteering and other opportunities** – links to a range of volunteering, involvement and paid opportunities.
 - **Connect with us** – details on how to keep in touch with us as well as news from around the Trust and our local communities.

Reasons to become a South London and Maudsley NHS Foundation Trust member

There is always something happening at South London and Maudsley NHS Foundation Trust and becoming a member means that you can keep up to date with news and events at the Trust. Members receive a monthly member bulletin.

Members elect the Governors who sit on the Council of Governors and help the Board to determine priorities for the future. As a member, you can stand for election yourself (if you are over 16) and make your voice heard.

Unique to SLaM, our Council of Governors runs a bids scheme to award up to £750 funding to members who have a good idea that will support the patient experience, social inclusion or mental wellbeing.

We also have a Members-only discount scheme in partnership with Healthcare Staff Benefits who have signed up a variety of businesses, local and otherwise who can offer you discounts on goods and services.

Becoming a member of SLaM

- Anyone who lives in England and Wales can join the Trust as a public member.
- Anyone who is employed by the Trust under a contract of employment may become or continue as a staff member provided they are (1) employed by the Trust under a contract of employment who has no fixed term or has a fixed term of at least 12 months; (2) have been continuously employed by the Trust under a contract of employment for at least 12 months.
- Individuals who exercise functions for the purposes of the Trust, otherwise than under a contract of employment with the Trust may become or continue as members of the staff constituency provided such individuals have exercised these functions continuously for a period of at least 12 months.
- Anyone whose name is recorded as a patient on the Trust's patient administration system or other record maintained for the purpose of identifying patients of the Trust and who has, within the last five years, attended the Trust as a patient can join as a member of the service user constituency.
- Anyone who has within the last five years attended the Trust as the carer of a patient, may become or continue as a member of the Trust in the carer constituency.

Membership recruitment

We continued to increase the membership base of the Foundation Trust which stood at 17,121 members on 31st March 2020.

Public constituency	at 31 March 2020
At year start (1 April 2018)	9,645
New members	1,297
Members leaving	623
At year end (31 March 2020)	10,319

Staff constituency	at 31 March 2020
At year start (1 April 2018)	5,055
New members	1,156
Members leaving	784
At year end (31 March 2020)	5,427

Patient constituency (service user + carer)	at 31 March 2020
At year start (1 April 2018)	1,358
New members	41
Members leaving	24
At year end (31 March 2019)	1,375

Regular communications to members under GDPR have been reflected in a slightly increased level of requests to be removed from membership.

Contact details for the Membership Office

The contact point within the organisation for members who wish to communicate with the Council of Governors, or the Directors is:

Director of Corporate Affairs and Trust Secretary: Charlotte Hudson

Email: membership@slam.nhs.uk

Telephone: 0203 228 5376

Information about the membership of the Board and the roles of the Directors are set out in the Accountability Report.

Non-Executive Directors – independence and experience

The Board of Directors has continued to assess the independence of its Non-Executive Directors further to the requirements of the Code of Governance and considers that each Non-Executive Director is independent in character and in judgment.

Declarations of interest are made, where relevant, at each meeting of the Board. The Board considers that the materiality and circumstances relating to these relationships are such that they do not affect, nor could appear to affect, the independence of the Directors concerned.

The Board of Directors has an appropriate balance of skills and experience between the Executive Director posts and the Non-Executive Director posts. This is kept under regular review.

Directors – assessing performance

Individual evaluation of the performance of Non-Executive Directors is carried out by the Chair. Evaluation of the performance of Executive Directors is carried out by the Chief Executive. Evaluation of the performance of the Chair is carried out by the Senior Independent Director, who engages an external consultant to gather 360-degree feedback to inform the evaluation.

The statement of details of appointment to each Non-Executive Director set out the circumstances in which their appointment may be terminated, subject to the approval of the Council of Governors in general meeting. These circumstances include breach of obligations to the Trust, committing an act that brings the NED or the Trust into serious disrepute, committing an act of negligence or dishonesty, and more.

The Nominations Committee receives reports on behalf of the Council of Governors on the process and outcome of the appraisal for the Chair and the other Non-Executive Directors. The key messages are then presented to the full Council. The Remuneration Committee receives a report from the Chief Executive on the performance of all Executive Directors. The Chair reports to the Remuneration Committee on the performance of the Chief Executive.

The recruitment of new Non-Executive Directors has involved, with the agreement of the Nominations Committee, the use of external recruitment consultants and extensive advertising to ensure a robust and diverse field of applicants.

Process for appointing Chair and Non-Executive Directors

In December 2019, the Council of Governors appointed a new Chair and a new Non-Executive Director to start at the Trust in March 2020. The Nominations Committee was fully involved at all stages of the processes for both NED and Chair appointments, from agreeing on the approach to recruitment consultancy, to selecting the consultancy, to agreeing the specification, to longlisting, shortlisting, interviewing and selecting the successful candidates. The recruitment packs set out the required experience, skills and competencies required from the candidates, based on the current skills matrix of the Board. The recommendations of the Nominations Committee were put to the Council in full session and a vote taken.

Signed



David Bradley

Chief Executive

South London and Maudsley NHS Foundation Trust

24 June 2020

2.5 NHS Oversight Framework

This segmentation information is the Trust's position as at 31 March 2020. Current segmentation information for NHS trusts and foundation trusts is published on the NHS Improvement website.

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 NHS Oversight Framework, the segmentation of the trust disclosed above might not be the same as the overall finance score here.

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

The finance and use of resources area 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.

2.6 Statement of the Chief Executive's responsibilities as the Accounting Officer of South London and Maudsley NHS Foundation Trust

The NHS Act 2006 states that the Chief Executive is the Accounting Officer of South London and Maudsley 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 NHS Act 2006, has given Accounts Directions which require South London and Maudsley 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 South London and Maudsley NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care 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 and Social Care 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 NHS foundation trust's performance, business model and strategy.
- Prepare the financial statements of South London and Maudsley NHS Foundation Trust on a going concern basis and disclose any material uncertainties over going concern.

The Accounting Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the South London and Maudsley NHS Foundation Trust and to enable him 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 South London and Maudsley NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

As far as I am aware, there is no relevant audit information of which the foundation trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

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

Signed

A handwritten signature in black ink, appearing to read 'Bradley', with a long horizontal flourish underneath.

David Bradley

Chief Executive

South London and Maudsley NHS Foundation Trust

24 June 2020

2.7 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 also 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 South London and Maudsley NHS Foundation Trust, to evaluate the likelihood of those risks being realised, the impact should they be realised and to manage risks efficiently, effectively and economically. The system of internal control has been in place in South London and Maudsley NHS Foundation Trust for the year ended 31 March 2020 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

Risk Management is the responsibility of all staff. Ultimately all who work at the Trust have a responsibility for the delivery of high quality, safe care, although this may manifest itself on a day to day basis in many ways. The following sections define the organisational expectations of roles or groups:

Chief Executive: The Chief Executive is the Accountable Officer for the South London and Maudsley NHS Foundation Trust and is accountable for ensuring that the Trust can discharge its legal duty for all aspects of risk. As Accountable Officer, the Chief Executive has overall responsibility for maintaining a sound system of internal control, as described in the Annual Governance Statement. Operationally, the Chief Executive has delegated responsibility for implementation of risk management as outlined below.

Chief Finance Officer: The Chief Finance Officer has responsibility for financial governance and associated financial risk.

Medical Director: The Medical Director has joint responsibility for clinical governance and clinical risk management, including incident management, and has joint responsibility with the Director of Nursing for quality.

Director of Nursing: The Director of Nursing has responsibility for patient safety and patient experience and has joint responsibility with the Medical Director for quality and clinical risk management. The Director of Nursing also leads on Risk and Assurance strategy and has responsibility for Health and Safety.

Chief Operating Officer: The Chief Operating Officer (COO) has responsibility for ensuring that effective operational arrangements are in place throughout the Trust and across all sites, this includes performance management and the management of operational risks.

Executive Directors: Executive Directors have responsibility for the management of strategic and operational risks within individual portfolios. These responsibilities include the maintenance of a risk register and the promotion of risk management training to staff within their directorates.

Executive Directors have responsibility for monitoring their own systems to ensure they are robust, for accountability, critical challenge, and oversight of risk.

Operational Service Directors: Operational Service Directors are accountable for ensuring that appropriate and effective risk management processes are in place within operational services, and that all staff are aware of the risks within their work environment, together with their personal responsibilities.

They must ensure that risks are identified, assessed, and acted upon. They must ensure that where appropriate they are captured on local risk registers, ensuring that risks are reviewed by an appropriate management group at least quarterly as part of performance monitoring, to consider and plan actions being taken.

They must ensure appropriate escalation of risks from team to pathway to directorate level within defined tolerances. Service Directors have further responsibility for ensuring compliance with standards and the overall risk management system as outlined in this strategy and related documentation.

Clinical Directors: Clinical Directors are responsible for ensuring that appropriate and effective risk management processes are in place in their designated area and scope of responsibility. They are responsible for implementing the latest evidence of research into practice, for developing and supporting new research streams to improve outcomes for patients, for improving the quality of delivery and practice across the organisation, for working with their Directorates to ensure that the patients receive the highest quality of care.

Senior Managers: Senior managers that lead on risk management and set the example through visible leadership of their staff. Senior staff are expected to be aware of and adhere to the risk management best practice.

Head of Risk and Assurance: The Head of Risk and Assurance is the professional lead for the development and implementation of risk management strategy, oversight of risk management systems and risk registers and the co-ordination of the Board Assurance Framework.

Health and Safety Risk Manager: The Health and Safety Risk Manager advises the Trust on Health and Safety, including statutory compliance requirements; responsible for ensuring that there are systems in place to ensure that safety alerts are disseminated, implemented and monitored.

All Staff: All staff are encouraged to use risk management processes as a mechanism to highlight areas they believe need to be improved. Where staff feel that raising issues may compromise them or may not be effective, they should be aware and encouraged to follow the Whistleblowing Policy incorporating guidance on raising concerns.

Staff side representatives also have a role in risk management including providing support and guidance to staff undertaking risk assessments where appropriate and providing advice in the event of a dispute to the validity of a risk assessment.

The Trust uses QI methodology to encourage staff to learn from good practice and stopping what does not work.

QI improvement activity enables the Trust to learn from good practice as local improvement outcome data is shared and visible to all teams so that they can learn from, scale up and spread what works well.

The risk and control framework

Like all NHS organisations, the Trust faces a wide range of risks as a provider of mental health care services – from patient-related treatment risks to organisational issues.

Risk management is a vital part of our governance and quality frameworks.

The Trust's Risk Management Strategy was approved by the Board in March 2018. This sets out the structures and processes to systematically identify, assess analyse the Trust's risks, whether clinical or non-clinical, and put in place robust plans for mitigation. A new risk management policy setting out the roles, responsibilities and processes for risk management was approved in September 2019.

Our approach recognises the need to ensure that risks are openly discussed and reported within a culture of improvement and openness. We use a standard 5 x 5 matrix for risk scoring. All clinical services, service line management and executive directors are expected to systematically review risks on their risk registers and to provide assurance that the risks are being managed through their local governance.

All significant risks are escalated and reviewed by the senior management team to consider whether further mitigation and moderation may take place. Where these risks could impact on the delivery of corporate objectives and business plan, they are mapped on to the board assurance framework, which is presented quarterly to both the Audit Committee and the Trust Board.

Compliance with NHS Foundation Trust condition 4

Compliance with the NHS Foundation Trust condition 4 requires trusts to “apply those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate as a supplier of healthcare services”.

The principal risk to non-compliance with this condition is for the trust to fail to have in place effective Board and Committee structures that have clear terms of reference and lines of accountability.

The existing Board Committees are well-established.

Each Committee is chaired by a Non-Executive Director who is assisted by at least one other Non-Executive. This enables rigorous and constructive challenge to be given to the executive directors about the performance of the Trust and to provide strategic leadership. The Terms of Reference of each Committee are reviewed on an annual basis and improvements are regularly identified and implemented. The outcomes of the Committee discussions are reported to the Board every month, enabling key points to be escalated and risks and areas of assurance to be highlighted.

The Board receives and discusses a report every month (up to January 2020, when a decision was made to move to bi-monthly Board meetings) on performance and quality, and financial performance of the Trust. This provides key information about compliance with NHSI indicators. The Board identifies any areas of concern and areas where further information is required or action needs to be taken. Committees with responsibilities for key areas e.g. Quality or Finance, receive reports between Board meetings.

The Audit Committee’s key objectives include monitoring, reviewing and reporting to the Board of Directors on whether the Trust’s processes regarding internal control and risk management are efficient and effective. The Audit Committee has reported to the Board of Directors and where scope for improvement was found, has noted these for the senior management team’s attention.

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

Work to assess services are well-led under NHS Improvement's well-led framework

The Trust has given due regard to NHS Improvement's well-led framework in arriving at its overall evaluation of the organisation's governance, leadership, vision and capacity to deliver high-quality, sustainable services.

The Trust's five-year strategy, *Changing Lives*, was formally launched in Autumn 2018, with the programme of work agreed at the end of 2019, and sets out five strategic aims to steer our work:

1. **Quality:** we will get the basics right in every contact and keep improving what matters to service users
2. **Partnership:** we will work together with service users, their support networks and whole populations to realise their potential
3. **A great place to work:** we will value, support and develop our managers and staff
4. **Innovation:** we will strive to be at the forefront of what is possible, exploiting our unique strengths in research and development, with everyone involved and learning
5. **Value:** we will make the best use of our assets, resources, relationships and reputation to support the best quality outcomes

The strategy has been developed in conjunction with staff, service users, carers and other stakeholders. More information about the strategy can be found elsewhere in this Report.

See elsewhere in this Annual Governance Statement for more details of the Trust's systems of internal control, and how those structures monitor and support the improvement of service quality. Please also see the section on Internal Control in this Report.

The Board Assurance Framework (BAF) is presented quarterly to the Audit Committee and the Board.

In 2019-20, the Board also received "deep dives" into specific BAF risk at each meeting. Please see the section on the Board Assurance Framework in this Report for more information.

The overall purpose of the Trust's Quality Committee is to monitor improvement and provide assurance to the Board on quality across the Trust. It does this predominantly by:

- Ensuring there is a shared and communicated understanding of quality, monitoring the delivery of the Trust's quality priorities, the national mandatory requirements and professional regulators' standards and its annual national and local quality priorities, incentives and targets
- Focussing on the Trust's overarching system of quality, patient and staff safety and risk governance ensuring this covers the Trust as a whole, its organisational and clinical units, patient pathways and arrangements / partnerships / contractual arrangements with the local healthcare economy
- Having oversight of the Trust's mechanisms for involving service users and carers in all aspects of their care and at all levels of decision-making
- Examining service failures and ensuring action plans are in place and lessons learned
- Reviewing the information which underpins the monitoring of the Trust's quality strategy and approach and ensuring it is fit for purpose

The Quality Committee also receives Care Quality Commission reports following planned and responsive reviews of the Trust, monitoring and scrutinising action and sustainability plans arising from them. For more information, please see the Quality Accounts.

The Trust continues to identify opportunities for learning, including the introduction of Serious Incident (SI) discussions at the Board, as well as implementing a Trust-wide Serious Incident Review Group to increase the scrutiny and oversight of Duty of Candour for serious incident investigations.

Patient and Public Involvement (PPI) remains a priority for the Trust, with service user and carer involvement carried through from 2017 through to 2020 as a Quality Priority. More information as to how the Trust engages patients, carers and other stakeholders can be found in the Quality Accounts which will be published later in the year.

Effectiveness of governance structures

Board of Directors

The Board is the accountable body for risk and is responsible for ensuring the Trust has effective systems for identifying and managing all risks whether clinical, financial or organisational. The risk management structure helps to deliver the responsibility for implementing risk management systems throughout the Trust.

Specific responsibilities for the management of risk and assurance on its effectiveness are delegated as follows:

Audit Committee

The Audit Committee is responsible for providing assurance to the Trust Board on the process for the Trust's system for internal control by means of independent and objective reviews of corporate governance and risk management arrangements, including compliance with laws, guidance, and regulations governing the NHS. In addition, it has the following responsibilities relating to risk:

- To maintain an oversight of the Trust's general risk management structures, processes and responsibilities, including the production and issue of any risk and control related disclosure statements.
- To monitor the Board Assurance Framework and ensure its presentation to the Trust Board at intervals that the Board determines.
- To assess the overall effectiveness of risk management and the system of internal control
- To challenge on the effectiveness of controls, or approach to specific risks.

Business Development and Investment Committee

The Committee is responsible for monitoring the business development, investment and commercial strategy and provides assurance to the Board in terms of investment decisions and scrutiny of the Trust's commercial activities.

Finance and Performance Committee

The Finance and Performance Committee is responsible for providing information and making recommendations to the Trust Board on financial performance issues, and for providing assurance that these are being managed safely. The committee will consider any relevant risks within the Board Assurance Framework and Trust level risk register as they relate to the remit of the Committee, as part of the reporting requirements, and to report any areas of significant concern to the Audit Committee or the Board as appropriate.

Quality Committee

The Quality Committee is responsible for monitoring improvement and providing assurance to the Board on quality matters across the Trust, including the implementation of quality improvement. The Committee focuses on the Trust's overarching systems of quality, risk governance, and patient and staff safety, ensuring these cover the Trust - its organisational and clinical units, patient pathways and arrangements, partnerships, contractual arrangements with the local healthcare economy as a whole. The Committee ensures that there is a shared and communicated understanding of quality, monitoring the delivery of the Trust's quality priorities, the national mandatory requirements, professional regulators' standards and the Trust's annual national and local quality priorities, incentives and targets. It examines service failures, ensuring that action plans are in place and lessons learned, whilst also having oversight of the Trust's mechanisms for involving service users and carers in all aspects of their care and at all levels of decision-making.

Equalities and Workforce Committee

This Committee provides assurance to the Board on the recruitment, retention, management and development of the Trust's workforce and the development of an equalities strategy.

Mental Health Law Committee

The overall purpose of the Mental Health Law Committee is to monitor the Trust's application of mental health legislation and provide oversight and assurance to the Board in terms of activity; legal application; statutory and regulatory compliance; code of practice; compliance with human rights legislation and equalities strategy; quality and patient outcomes.

Executive Leadership Team

The Executive Leadership Team, in its role as the Executive decision-making committee of the Trust, maintains oversight of the operational risk and is responsible for the operational management and monitoring of risk, through the Executive Risk Register and Board Assurance Framework, and for agreeing resourced treatment plans and ensuring their delivery.

Operational and Corporate Directorate Risk Management Arrangements

Operational and corporate areas will put the necessary arrangements in place within their areas for proper governance, safety, quality and risk management.

The Operational Directorate governance forums have the responsibility, through the Clinical Directors, for the risks to their services and for the putting in place of appropriate arrangements for the identification and management of risks. The Operational Directorate governance forums will develop, populate and review their risks, drawing on risk processes within the services, to ensure that team, pathway and Directorate Risk Registers are kept up to date through regular review.

In doing this, due account will be taken of the Trust's strategic and corporate objectives, particularly in terms of meeting regulatory standards and guidance, national performance standards and targets and relevant legislation, and of the issues and risks relevant to specific areas within the particular Operational Directorate and its services. Directorate meetings similarly will review the risk registers and contribute to the development of the Directorate Risk Registers and ensure risk registers are in place and operating within the defined tolerances and escalation processes.

Directorate management teams will be responsible for managing risks that fall within the defined tolerances, and escalating those risks above set tolerances for information, or further action.

Data assurance and security

There is a process to identify areas for data quality improvement, led by Digital Services Informatics for performance and activity reporting which is then reviewed by the Directorates and the performance team. It is the responsibility of the clinical services to improve their data quality and this is strengthened by Performance Review sessions held monthly with each Directorate. Risks to data security are managed by the Information Security Committee and described in the section on Information Governance.

Stakeholder involvement in managing risks

Service users and carers are involved in risk management process via local involvement committees and corporately through nominated representatives on the Quality Committee. The Board Assurance Framework is shared routinely with Clinical Commissioning Groups, the Care Quality Commission and Governors

Staffing processes

Staffing levels, absence and vacancy rates are reported as part of the Performance and Quality Report which goes to the Board and the Quality Committee. The Performance and Quality Report is also discussed on a monthly basis with operational teams. The Trust utilises electronic rostering and job planning systems to ensure staffing levels are appropriate and staff are working effectively. Safer staffing levels are a source of assurance within the Board Assurance Framework.

Register of interests for decision making staff

SLaM has published its register of interests for decision making staff as required by the 'Managing Conflicts of Interest in the NHS' guidance. It is on the website, here:

<https://slam.nhs.uk/about-us/policy-and-publications>

NHS Pension Scheme

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.

Equality

The Trust continues to work hard to put its commitment to equality and diversity into everyday practice. Examples of the extensive activity on equality and inclusion have been set out earlier in the report.

Equality and human rights legislation compliance

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

Climate change obligations

The Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UK Climate Projections 2018 (UKCP18) weather projections, 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

In auditing the 2019/20 financial statements, the external auditors are required to satisfy themselves that the Trust has appropriate arrangements to secure economy, effectiveness and efficiency. The conclusions of this work are presented to the Audit Committee and the Board. The external audit review did not identify any issues which would lead them to conclude that the Trust did not have proper arrangements in place.

The Trust uses financial models to help develop an annual plan setting out expenditure and savings plans for the next financial year. The plan is developed at Operations and Directorate level.

During the year, the financial plan is monitored on a regular basis with scrutiny of performance taking place at:

- Board level in Operational Performance and Quality meetings (monthly)
- Finance and Performance Committee (quarterly)

- Audit Committee (quarterly)
- Directorate Executive meetings (monthly)

The consistency of financial and other performance information, provided to the Board, NHSI and produced in the Annual Accounts, is supported by auditors. The information is also subject to review by the Commissioners.

All Operations and Borough Directorates receive regular financial reports and workforce information to enable their management of allocated resources. They are also assigned a named, qualified accountant to ensure that an appropriate level of financial support and advice is provided.

The remit of the Trust's internal auditors includes reviewing the processes and controls in place to ensure resources are used appropriately and economically. Their work is subject to scrutiny by the Audit Committee.

Information governance

The Trust Information Governance Operating Model is the Management and Assurance Framework that outlines key roles and committees which are responsible for managing and monitoring confidentiality, records management, information risk and security.

The Information Security Committee (chaired by the Senior Information Risk Owner) is responsible for protecting the Trust from data security threats and delivers improved data security through the review of incidents, policy development, education of users, highlighting risks and developing risk mitigation action plans.

The Caldicott Committee (chaired by the Caldicott Guardian) is responsible for overseeing the Trust's compliance with confidentiality, information sharing and clinical records policies, developing awareness of Caldicott and confidentiality issues throughout the Trust, implementing policies and strategies to improve service user experience in relation to fair, lawful and secure use of their personal confidential information, leading and overseeing the implementation of controls and receiving assurance to maintain service user confidentiality whilst enabling effective and lawful sharing of information.

The Freedom of Information Committee (chaired by the Director of Corporate Affairs and Trust Secretary) is responsible for awareness of and overseeing the Trust's compliance with the Freedom of Information Act 2000 and implementation of an open culture to improve transparency.

The Data Security and Protection Toolkit is an updated annual online national self-assessment process overseen by NHS Digital, which enables the Trust to measure its compliance against the National Data Guardian's data security standards.

The Trust provides evidence to demonstrate compliance with each of the standards in the toolkit, which is independently audited by Internal Audit. Following the independent audit and sign-off by the Trust Caldicott Guardian and the Senior Information Risk Owner, the Information Governance Toolkit assessment is submitted on 31 March each year. The deadline for 2020 has been altered to 30 September 2020.

Summary of serious incidents requiring investigation involving personal data as reported to the Information Commissioner's Office in 2019-20

Date of Incident (month)	Nature of Incident	Nature of Data Involved	Number of Data Subjects Potentially Affected	Notification Steps
July 2019	Missing IT Assets	Potential data held on assets	0	Escalated internally to senior responsible officers. Reported to the CCG and the ICO.. Fully investigated and actions completed.
October 2019	Theft of paper documents	Personal data of Trust Inpatients	119	Escalated internally to senior responsible officers. Reported to the CCG and the ICO. Affected individuals were notified and supported. Fully investigated and actions completed.
January 2020	Inadvertent disclosure of personal email addresses	Service user email addresses	190	Escalated internally to senior responsible officers. Reported to the CCG and the ICO. Affected individuals were notified and supported. Fully investigated and actions completed.

Data quality and governance

The viewpoints of all our stakeholders are sought during the consultation process in identifying our priorities for the upcoming year.

The approach the Trust Board takes to assuring the quality of our clinical services is to continuously strive for robust assurance. Assurance is provided by:

- Performance and Quality reports are submitted to the Board every month. The same data sets are being considered at Directorate level, at Performance and Quality meetings, at Quality Committees and at the Board
- External inspection, assessment and investigations reports including those from the CQC. The Trust has robust processes to follow through actions resulting from CQC inspections, including Mental Health Act reviews.
- The annual clinical audit programme is prioritised according to risk in three areas of patient safety, clinical effectiveness and patient experience. The Quality Effectiveness Safety Trigger Tool (QUESTT) is used to monitor the key indicators that may impact on quality.
- Board members go on site visits to clinical settings, talk directly to service users and listen to what staff and governors have to say about the services that they provide.
- Senior Managers visit teams across the Trust as part of a programme of Leadership Walkarounds – a key element of the Quality Improvement programme.
- Quality of services are monitored at the Quality Committee; a committee of the Board which provides assurance to the Board of Directors on the delivery on the Trust's Quality Strategy.
- The Board Assurance Framework identifies the key risks that might compromise the Trust achieving its most important strategic objectives. Quality is the first strategic objective within the Framework.

The Framework is reviewed by the Executive Leadership Team, at Committee level and at the Board.

- The system for receiving and responding to formal complaints and serious incidents.

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 performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee and the Quality Committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Annual Governance Statement is discussed and approved by the Executive Leadership Team. The Board of Directors reviews the Annual Governance Statement as part of the draft annual report prior to submission to NHSI.

The Audit Committee's key objectives include monitoring, reviewing and reporting to the Board of Directors on whether the Trust's processes regarding internal control and risk management are efficient and effective. In fulfilling that objective, the Audit Committee has (a) regularly reviewed the financial risks within the Assurance Framework; (b) received reports from relevant members of senior management, including service management, and from the Trust's internal auditors, external auditors and local counter fraud specialists; and (c) discussed those reports with the relevant parties. The Audit Committee has reported to the Board of Directors and where scope for improvement was found, has noted these for the senior management team's attention.

All Committees report regularly to the Board and have a clear escalation route as required.

Clinical audit, along with internal audit, publish a series of audit reports throughout the year on audits against internal policy standards and national standards which include:

CQC essential standards of safety and quality in health care

NICE clinical guidelines

HSLA risk management standards

The annual audit programme is prioritised on the basis of risk and provides independent assurance that compliance with clinical standards is maintained; and that risk management, governance and internal control processes are operating effectively. Audit reports are reviewed at Executive level and are incorporated into topical Board reports. In 2019, the trust undertook a review of its audit programme and data collection methodology. In order to be able to better track performance and quality over time, the trust has made changes to its local clinical audit programme. Perfect Ward is an online inspection tool aimed at continuous quality improvement. It is a digital solution that allows staff to identify and address quality variations in the Fundamental Standards of Care by conducting consistent and timely inspections. The trust introduced Perfect Ward to replace local paper audits and provide a systematic local clinical audit programme across the trust.

Internal audit

Internal Audit has reviewed and reported on systems of internal control, governance and risk management processes based on an internal audit plan approved by the Audit Committee. Internal Audit's work included identifying and evaluating controls and testing their effectiveness, in accordance with Public Sector Internal Audit Standards. Where scope for improvement was found, recommendations were made, and appropriate action plans agreed with management. Internal Audit reports to the Audit Committee on management's progress in implementing agreed recommendations.

The Head of Audit Opinion is as set out below:

"I have considered all of the work conducted by internal audit staff during 2019/20, including audits undertaken during the year which related to the previous year's plan. I have also considered reactive and proactive work conducted by the Trust's Local Counter Fraud Specialists. This includes oversight of all internal audit reports, fraud investigations and personal conduct of specific projects during the year.

Towards the end of the financial year, the Trust implemented its response to the Covid-19 pandemic. Although the Internal Audit plan was affected by the Covid-19 pandemic in that a number of audits have been delayed, the internal audit and counter fraud team have provided real-time advice in relation to changes in controls and fraud risks.

I am satisfied that audit coverage was maintained in order to form an opinion.

In my opinion, with the exception of those areas in which limited assurance reports have been issued as reported to the committee during the year, the controls in those areas reviewed are adequate and effective. Where weaknesses have been identified these are being addressed by management and actions have been confirmed through follow up work by internal audit.

I am satisfied that the Board Assurance Framework, as presented to the Audit Committee in 2019/20 over the course of the year is representative of the key risks faced by the organisation.

I confirm that I have monitored compliance with the Public Sector Internal Audit Standards. In my view, Internal Audit complies with those standards that are applicable to the public sector."

Conclusion

Our approach to identifying and managing significant risks is explained earlier in the statement. No significant internal control issues have been identified by our internal reviews or through the work of our internal auditors, external auditors or other external regulators. Overall, my assessment is that South London and Maudsley NHS Foundation Trust has a generally sound system of controls that supports the achievement of its objectives and that identified control issues have been or are being addressed.

Signed on behalf of the Board



David Bradley

Chief Executive

South London and Maudsley NHS Foundation Trust

24 June 2020

Glossary

Approved Mental Health Professionals (AMHP)	AMHPs are mental health professionals who have been approved by a local social services authority to carry out certain duties under the Mental Health Act. They are responsible for coordinating assessment and admission to hospitals.
Care Programme Approach (CPA)	The Care Programme Approach (CPA) is a type of support that a person might receive or be offered if they have mental health problems or complex needs. The Care Programme Approach is inclusive of an assessment of needs; a care plan, regular review of your needs and the care plan and a Care Co-ordinator.
CareQuality Commission (CQC)	The Care Quality Commission (CQC) is a health and adult social care regulator in England. The CQC inspects services based on five Key Lines of Enquiry, these are: safety, effectiveness, caring, responsiveness and well-led.
Chief Clinical Information Officer (CCIO)	Deputy Medical Director for Information.
Clinical Commissioning Groups (CCG) / Commissioner	A Clinical Commissioning Groups (CCG) (also known as Commissioners) "are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area." (About CCGs, NHS Clinical Commissioners). SLaM is commissioned by Croydon, Lambeth, Lewisham and Southwark CCG.
Control Objectives for Information and Related Technologies (CoBIT)	IT governance and management framework which covers risk management, assurance and audit, data security, governance and governance.
Commissioning for Quality and Innovation (CQUIN)	Commissioning for Quality and Innovation (CQUIN) is a payment framework whereby quality improvement goals are linked to financial reward.
Datix	Datix is the incident reporting system which SLaM uses for the recording of incidents and complaints.
Electronic Observation Solution (eOBs)	Electronic Observations Solution is the digitalisation of patient observations (vital signs) also known as early warning signs (MEWS) as opposed to the use of paper MEWS Charts.
Electronic Patient Journey System (ePJS)	ePJS is the electronic system that SLaM uses to document patient notes.
Health Service Journal (HSJ)	The Health Service Journal (HSJ) is a website and serial publication which covers topics relating to the National Health Service and Healthcare.
Hospital Episode Statistics (HES)	Hospital Episode Statistics is a data repository held by the Health and Social Care Information Centre (see Health and Social Care Information Centre entry) which stores information on hospital episodes i.e. admissions for all NHS trusts in England.

Local Care Record (LCR)	A secure integrated portal between SLaM, GSTT, KCH and 90+ GP practices in Southwark and Lambeth electronic health records, which provides instant real-time access to health records to care professionals during direct care.
Mental Health Minimum Data Set (MHMDS)	Mental Health Minimum Data Set (MHMDS) is a regular return of data from providers of NHS funded adult secondary mental health services, produced during in the course of delivering services to patients.
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH)	NCISH is a National Confidential Inquiry into Suicide and Homicide by People with Mental Illness which collected suicide data in the UK from 2003-2013 (The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness Annual Report 2015: England, Northern Ireland, Scotland and Wales July 2015. University of Manchester). It is commissioned by the Healthcare Quality Improvement Partnership (see Healthcare Quality Improvement Partnership entry).
National Health Service England (NHSE)	National Health Service England (NHSE) is a body of the Department of Health (see Department of Health entry) which leads and commissions NHS services in England.
National Reporting and Learning Service (NRLS)	The National Reporting and Learning Service (NRLS) is a system which enables patient safety incident reports to be submitted to a national database which is designed to promote understanding and learning.
Operations Directorates (OD)	<p>In 2018/19, the services SLaM provides were reorganised into Operations Directorates. These directorates are largely organised by borough. This means that the trust can work in close partnership with local organisations and health and social care agencies across all mental health conditions to provide care closer to home. In some instances, our services are provided for national patients or are specialist for specific groups of our local population. In these instances, the care is best managed on a trust-wide basis so that we can concentrate expertise around smaller numbers of patients. Therefore, the new management model brings together Operations Directorates and previous research-focussed Clinical Academic Groups (CAGs) to ensure we have the expertise to offer patients the very best care and treatment, based upon reliable research evidence.</p> <p>The new Operations Directorates are:</p> <ul style="list-style-type: none"> • Child and Adolescent Mental Health Services • Croydon and Forensics • Lambeth • Lewisham • Psychological Medicine and Older Adults • Southwark and Addictions.
Prescribing Observatory for Mental Health-UK (POMH-UK Audits)	The Prescribing Observatory for Mental Health UK audits are National Clinical Audits (see National Clinical Audit entry) which assess the practice of prescribing medications within mental health services in the United Kingdom.

Fig. 40: Glossary



Financial statements for the year ended

31 March 2020

Statement of the Chief Executive's responsibilities as the Accounting Officer of South London and Maudsley NHS Foundation Trust

The NHS Act 2006 states that the Chief Executive is the Accounting Officer of South London and Maudsley 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 NHS Act 2006, has given Accounts Directions which require South London and Maudsley 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 South London and Maudsley NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care 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 and Social Care 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 NHS foundation trust's performance, business model and strategy and
- prepare the financial statements of South London and Maudsley NHS Foundation Trust on a going concern basis and disclose any material uncertainties over going concern.

The Accounting Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the South London and Maudsley NHS Foundation Trust and to enable him 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 South London and Maudsley NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

As far as I am aware, there is no relevant audit information of which the South London and Maudsley NHS Foundation Trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

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

Signed

A handwritten signature in black ink, appearing to read 'Bradley', with a long horizontal flourish underneath.

David Bradley

Chief Executive

South London and Maudsley NHS Foundation Trust

24 June 2020

Independent auditor's report to the Council of Governors of South London and Maudsley NHS Foundation Trust

Report on the Audit of the Financial Statements

Opinion

Our opinion on the financial statements is unmodified

We have audited the financial statements of South London and Maudsley NHS Foundation Trust (the 'Trust') for the year ended 31 March 2020 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Accounts Directions issued under the National Service Act 2006, the NHS foundation trust annual reporting manual 2019/20 and the Department of Health and Social Care Group Accounting Manual 2019 to 2020.

In our opinion the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2020 and of its expenditure and income for the year then ended;
- have been properly prepared in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2019 to 2020; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

The impact of macro-economic uncertainties on our audit

Our audit of the financial statements requires us to obtain an understanding of all relevant uncertainties, including those arising as a consequence of the effects of macro-economic uncertainties such as Covid-19 and Brexit. All audits assess and challenge the reasonableness of estimates made by the Accounting Officer

and the related disclosures and the appropriateness of the going concern basis of preparation of the financial statements. All of these depend on assessments of the future economic environment and the Trust's future operational arrangements.

Covid-19 and Brexit are amongst the most significant economic events currently faced by the UK, and at the date of this report their effects are subject to unprecedented levels of uncertainty, with the full range of possible outcomes and their impacts unknown. We applied a standardised firm-wide approach in response to these uncertainties when assessing the Trust's future operational arrangements. However, no audit should be expected to predict the unknowable factors or all possible future implications for an entity associated with these particular events.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Accounting Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the Trust's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

In our evaluation of the Accounting Officer's conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group Accounting Manual 2019 to 2020 that the Trust's financial statements shall be prepared on a going concern basis, we considered the risks associated with the Trust's operating activities, including effects arising from macro-economic uncertainties such as Covid-19 and Brexit. We analysed how those risks might affect the Trust's financial resources or ability to continue operations over the period of at least twelve months from the date when the financial statements are authorised for issue. In accordance with the above, we have nothing to report in these respects.

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

Overview of our audit approach

Financial statements audit

- Overall materiality: £8,000,000 which represents 2% of the Trust's gross operating costs (consisting of operating expenses);
- Key audit matters were identified as:
 - Covid-19
 - Improper Revenue Recognition



- Valuation of Land and Buildings

We have tested the Trust's material income and expenditure streams and assets and liabilities covering 100% of the Trust's income, 99.9% of the Trust's expenditure, 99.3% of the Trust's assets and 100% of the Trust's liabilities.

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

- We identified one significant risk in respect of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources (see Report on other legal and regulatory requirements section).

Key audit matters

Key audit matters are those matters that, in our professional judgment, were of most significance in our audit of the financial statements of the current year and include the most significant assessed risks of material misstatement (whether or not due to fraud) that we identified. These matters included those that had the greatest effect on: the overall audit strategy; the allocation of resources in the audit; and directing the efforts of the engagement team. These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters.

Key Audit Matter	How the matter was addressed in the audit
<p>Risk 1 - Covid-19</p> <p>The global outbreak of the Covid-19 virus pandemic has led to unprecedented uncertainty for all organisations, requiring urgent business continuity arrangements to be implemented. We expect current circumstances will have an impact on the production and audit of the financial statements for the year ended 31 March 2020, including and not limited to;</p> <ul style="list-style-type: none"> • Remote working arrangements and redeployment of staff to critical front line duties may impact on the quality and timing of the production of the financial statements, and the evidence we can obtain through physical observation 	<p>Our audit work included, but was not restricted to:</p> <p>We worked with management to understand the implications the response to the Covid-19 pandemic has on the organisation's ability to prepare the financial statements and update financial forecasts and assess the implications for our materiality calculations</p> <ul style="list-style-type: none"> • We liaised with other audit suppliers, regulators and government departments to co-ordinate practical cross sector responses to issues as and when they arise • Evaluated the adequacy of the disclosures in the financial statements that arose in light of the Covid-19 pandemic. • Evaluated whether sufficient audit evidence can be obtained in the absence of physical verification of assets through remote technology • Evaluated whether sufficient audit evidence can be obtained to corroborate significant management estimates such as asset valuations and recovery of receivable balances

- Volatility of financial and property markets will increase the uncertainty of assumptions applied by management to asset valuation and receivable recovery estimates, and the reliability of evidence we can obtain to corroborate management estimates

- Financial uncertainty will require management to reconsider financial forecasts supporting their going concern assessment and whether material uncertainties have arisen; and

- Disclosures within the financial statements will require significant revision to reflect the unprecedented situation and its impact on the preparation of the financial statements as at 31 March 2020 in accordance with IAS1.

We therefore identified the global outbreak of Covid-19 as a significant risk, which was one of the most significant assessed risks of material misstatement.

- Evaluated management’s assumptions that underpin the revised financial forecasts and the impact on management’s going concern assessment

- Discussed with management any potential implications for our audit report if we have been unable to obtain sufficient audit evidence

Key observations

From the work performed to date, we have identified that your Property Valuations have been provided with a ‘material uncertainty’ attached to them, following the guidance issued by RICS to all valuers following the Covid-19 outbreak. As a result, you have now included a material uncertainty in your accounts relating your valuation, which leads to us disclosing an Emphasis of Matter in our audit opinion. An Emphasis of Matter paragraph is not a qualification, it is used to highlight the facts in a particular area to the reader of the accounts where this is significant to the overall understanding of the financial statements.

We have also been unable to obtain the evidence supporting the approval of some of the journals selected for testing, due to the remote working arrangements which have been in place since the outbreak. We have obtained sufficient assurance that the journals are proper and appropriate, but due to the authorisations being held in paper form, we have been unable to confirm whether the correct approval process was followed for these journals. We have however obtained assurance from you over the appropriateness of these journals outside of the normal process.

However, we have been able to obtain sufficient assurance over the balances and transactions included within the Accounts despite the impact of Covid-19, along with the potential impact of Covid-19 on the operation of the Trust moving forward.

Key Audit Matter	How the matter was addressed in the audit
<p>Risk 2 - Improper Revenue Recognition</p> <p>Trusts are facing significant external pressure to restrain budget overspends and meet externally set financial targets, coupled with increasing patient demand and cost pressures. In this environment, we have considered the rebuttable presumed risk under ISA (UK) 240 that revenue may be misstated due to the improper recognition of revenue.</p> <p>We have rebutted this presumed risk for the revenue streams of the Trust that are principally derived from contracts that are agreed in advance at a fixed price. We have determined these to be income from:</p> <ul style="list-style-type: none"> • Block contract income element of patient care revenues • Education & training income <p>We have not deemed it appropriate to rebut this presumed risk for all other material streams of patient care income and other operating revenue. We have therefore identified the occurrence and accuracy of these income streams and the existence of associated receivable balances as a significant risk, which was one of the most significant assessed risks of material misstatement, and a key audit matter. We therefore identified Improper Revenue Recognition as a significant risk, which was one of the most significant assessed risks of material misstatement.</p>	<p>Our audit work included, but was not restricted to:</p> <ul style="list-style-type: none"> • evaluated the Trust’s accounting policy for recognition income from patient care activities and other operating revenue for appropriateness and compliance with the DHSC Group Accounting Manual 2019/20; • updated our understanding of the Trust’s system for accounting for income from patient care activities and other operating revenue, and evaluated the design of the associated controls; <p>Patient Care Income</p> <ul style="list-style-type: none"> • using the DHSC mismatch report, we have investigated unmatched revenue and receivable balances over the NAO £0.3 million threshold, corroborating the unmatched balances used to your supporting evidence; • agreed, on a sample basis, income from contract variations and year end receivables to signed contract variations, invoices or other supporting evidence such as correspondence from your commissioners • evaluated your estimates and the judgments made by management in respect of significant contract variations with regard to corroborating evidence in order to arrive at the total income from contract variations recorded in the financial statements. <p>Other Operating Revenue</p> <ul style="list-style-type: none"> • agreed, on a sample basis, income and year end receivables from other operating revenue to invoices and cash payment or other supporting evidence • for the Provider Sustainability Funding, we have agreed income recognised in Q1 – Q3 to NHS Improvement notifications; • for Quarter 4, we have obtained supporting evidence to confirm whether you have met NHS Improvement requirements for recognising Q4 income <p>The Trust’s accounting policy on income recognition is shown in Note 1.6 to the financial statements and related disclosures are included in Note 3.</p>

	<p>Key observations</p> <p>From the testing performed, we have identified that the Trust is currently holding an allowance for credit losses of £1.6 million against its intra-NHS receivables balances, despite this being contrary to NHS business rules. Whilst we understand your rationale for this treatment, as it is against NHS business rules we are required to report this as an unadjusted misstatement in the accounts.</p> <p>However, we obtained sufficient audit evidence to conclude that:</p> <ul style="list-style-type: none"> • The Trust's accounting policy for recognition of patient care income and other operating income complies with the DHSC group accounting manual 2018-19 and has been properly applied; and • Income from non-block patient care income and other operating income, and the associated receivable balances, are not materially misstated.
<p>Risk 3 – Valuation of Land and Buildings</p> <p>You revalue your land and buildings on an annual basis to ensure that the carrying value is not materially different from the current value at the financial statements date. This valuation represents a significant estimate by management in the financial statements.</p> <p>Management has engaged the services of a valuer to estimate the current value as at 31 March 2020.</p> <p>The valuation of land and buildings is a key accounting estimate which is sensitive to changes in assumptions and market conditions We therefore identified the valuation of land and buildings as a significant risk, which was one of the most significant assessed risks of material misstatement.</p>	<p>Our audit work included, but was not restricted to:</p> <ul style="list-style-type: none"> • evaluated management's processes and assumptions for the calculation of the estimate, the instructions issued to the valuation experts and the scope of their work • evaluated the competence, capabilities and objectivity of the valuation expert • we have obtained an understanding from the valuer of the basis on which the valuations were carried out • challenged the information and assumptions used by the valuer to assess completeness and consistency with our understanding • tested, on a sample basis, revaluations made during the year to ensure they have been input correctly into your asset register • evaluated the assumptions made by management for any assets not revalued during the year and how management has satisfied themselves that these are not materially different to current value. <p>The Trust's accounting policy on the valuation of land and buildings is shown in Note 1.10 to the financial statements and related disclosures are included in Note 10.</p>

	<p>Key observations</p> <p>From the work performed to date, we have identified that your Property Valuations have been provided with a 'material uncertainty' attached to them, following the guidance issued by RICS to all valuers following the Covid-19 outbreak. As a result, you have included a material uncertainty in your accounts relating to this area, which leads to us disclosing an Emphasis of Matter in our audit opinion covering this area. An Emphasis of Matter paragraph is not a qualification, it is used to highlight the facts in a particular area to the reader of the accounts where this is significant to the overall understanding of the financial statements.</p> <p>Our work has also identified that you are currently holding £10.5 million of fully depreciated assets held on your Property, Plant and Equipment Register, which has no overall impact on the value of these Assets in the Accounts. You should look to undertake an exercise to determine whether these assets are still in use, and thus have some value to you, or are now obsolete and can be removed from the Register.</p> <p>We have obtained sufficient audit assurance to conclude that:</p> <ul style="list-style-type: none"> • the basis of the valuation of land and buildings was appropriate, and the assumptions and processes used by management in determining the estimate were reasonable; and • the valuation of land and buildings disclosed in the audited financial statements is reasonable.
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Our application of materiality

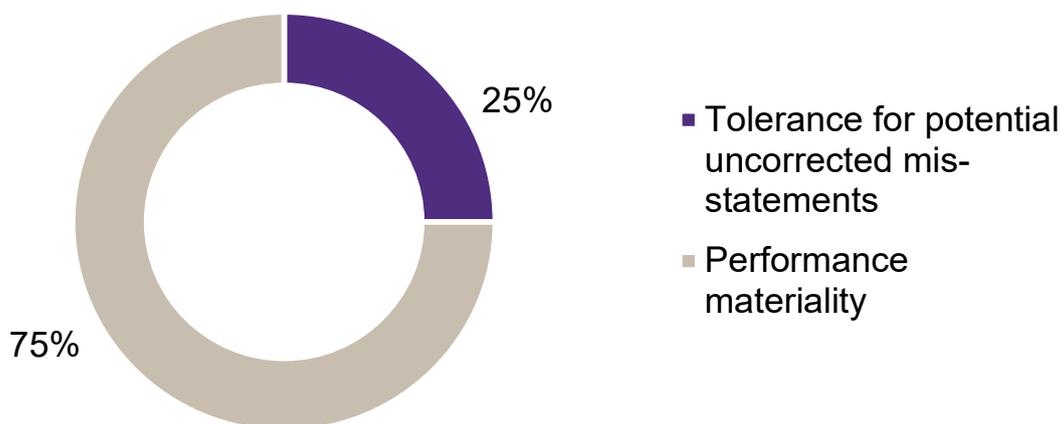
We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality in determining the nature, timing and extent of our audit work and in evaluating the results of that work.

Materiality was determined as follows:

Materiality Measure	Trust
Financial statements as a whole	£8,000,000 which is approximately 2% of the Trust's gross operating costs. This benchmark is considered the most appropriate because we consider users of the financial statements to be most interested in how the Trust has expended its revenue and other funding. Materiality for the current year is at the same percentage level of gross operating costs as we determined for the year ended 31 March 2019 as we did not identify any significant changes in the Trust or the environment in which it operates.
Performance materiality used to drive the extent of our testing	75% of financial statement materiality
Specific materiality	We set a separate materiality for our work on Senior Manager Salaries of £100,000 as this would impact the disclosure of these salaries within the Accounts.
Communication of misstatements to the Audit Committee	£300,000 and misstatements below that threshold that, in our view, warrant reporting on qualitative grounds.

The graph below illustrates how performance materiality interacts with our overall materiality and the tolerance for potential uncorrected misstatements.

Overall materiality - Trust



An overview of the scope of our audit

Our audit approach was based on a thorough understanding of the Trust's business, was risk based and included an evaluation of the Trust's internal controls environment including relevant IT systems and controls over key financial systems.

The scope of our audit included:

- obtaining supporting evidence, on a sample basis, for all of the Trust's material income streams covering 100% of the Trust's revenues;
- obtaining supporting evidence, on a sample basis, for 99.9% of the Trust's operating costs;
- obtaining supporting evidence, on a sample basis, for property plant and equipment and the Trust's other material assets and liabilities.
- There were no changes in the scope of the current year audit from the scope of the prior year

Other information

The Accounting Officer is responsible for the other information. The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact.

We have nothing to report in this regard.

In this context, we also have nothing to report in regard to our responsibility to specifically address the following items in the other information and to report as uncorrected material misstatements of the other information where we conclude that those items meet the following conditions:

- Fair, balanced and understandable - set out on Page xx in accordance with provision C.1.1 of the NHS Foundation Trust Code of Governance – the statement given by the directors that they consider the Annual Report and financial statements taken as a whole is fair, balanced and understandable and provides the information necessary for patients, regulators and other stakeholders to assess the Trust's performance, business model and strategy, is materially inconsistent with our knowledge of the Trust obtained in the audit; or
- Audit Committee reporting set out on Page xx in accordance with provision C.3.9 of the NHS Foundation Trust Code of Governance – the section describing the work of the Audit Committee does not appropriately address matters communicated by us to the Audit Committee.

Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not meet the disclosure requirements set out in the NHS foundation trust annual reporting manual 2019/20 or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Our opinion on other matters required by the Code of Audit Practice is unmodified

In our opinion:

- the parts of the Remuneration Report and the Staff Report to be audited have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the NHS foundation trust annual reporting manual 2019/20 and the requirements of the National Health Service Act 2006; and
- based on the work undertaken in the course of the audit of the financial statements and our knowledge of the Trust gained through our work in relation to the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources, the other information published together with the financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Under the Code of Audit Practice we are required to report to you if:

- we issue a report in the public interest under Schedule 10 (3) of the National Health Service Act 2006 in the course of, or at the conclusion of the audit; or
- we refer a matter to the regulator under Schedule 10 (6) of the National Health Service Act 2006 because we have reason to believe that the Trust, or a director or officer of the Trust, is about to make, or has made, a decision which involves or would involve the incurring of expenditure that was unlawful, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in respect of the above matters.

Responsibilities of the Accounting Officer and Those Charged with Governance for the financial statements

As explained more fully in the Statement of the Chief Executive's responsibilities as the accounting officer set out on page 90, the Chief Executive, as Accounting Officer, is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions included in the NHS foundation trust annual reporting manual 2019/20, for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accounting Officer is responsible for assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accounting Officer has been informed by the relevant national body of the intention to dissolve the Trust without the transfer of the Trust's services to another public sector entity.

The Audit Committee is Those Charged with Governance. Those charged with governance are responsible for overseeing the Trust's financial reporting process.

Auditor's responsibilities for the audit of the financial statements

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 an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a 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 the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on other legal and regulatory requirements – Conclusion on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception - Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2020.

We have nothing to report in respect of the above matter.

Significant risks

Under the Code of Audit Practice, we are required to report on how our work addressed the significant risks we identified in forming our conclusion on the adequacy of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources. Significant risks are those risks that in our view had the potential to cause us to reach an inappropriate conclusion on the audited body's arrangements. The table below sets out the significant risks we have identified. These significant risks were addressed in the context of our conclusion on the Trust's arrangements as a whole, and in forming our conclusion thereon, and we do not provide a separate opinion on these risks.

Significant risks

How the matter was addressed in the audit

Risk 1 - The continuing financial challenges of the Sector

In 2018/19, you delivered a deficit position of £658k, along with delivering £14.138 million of Cost Improvement Plans (CIPs). The deficit position was in line with plan, and hence unlocked the planned Provider Sustainability Funding (PSF), which returned the Trust to a surplus position at the end of the year. However you delivered £2.3 million less of CIP than planned.

For 2019/20, you have agreed to deliver a breakeven position, which includes £3.5 million of PSF, along with a further £11.1 million from the new Financial Recovery Fund (FRF), which is being used by NHS Improvement to support Trusts who are in an underlying deficit position. At the end of December 2019, you are currently forecasting unmitigated pressures of £4.4 million, which indicates that there may be a weakness in your arrangements for ensuring sustainable resource deployment across the Trust.

Our audit work included, but was not restricted to:

- This year we will update our understanding of your financial position and the underlying arrangements, including gaining an understanding for the movement in the planned financial position during the course of the year. We will also look to understand the financial plans for the year ahead and determine whether this has any impact on our overall Value for Money Conclusion.

Key findings:

- You have achieved a deficit for the year of £14.3 million, which was in line with your Control Total agreed with NHS Improvement (NHSI), and thus unlocked £14.3 million of Provider Sustainability Funding (PSF) and Financial Recovery Funding (FRF) during the course of the year. This meant you achieved your breakeven position at year end once the additional funding from NHSI was taken into account. This position looked under threat during the course of the year, particularly at Month 9, but a strong performance in Q4 brought you back to the planned position.
- Within this position there was a considerable overspend on Agency Staff, with you breaching the NHSI ceiling by £8.1 million, spending £23.3 million in total.
- Linked to this, you delivered £5 million of CIPs, which was less than half of the planned level, which was £11.7 million. A further £6.4 million of savings were being explored, reviewed and recovered as year end approached to help manage the pressure being transferred into 2020/21.
- For 2020/21 your draft Operational Plan is to achieve a Control Total of a £12 million deficit before the receipt of PSF and FRF. In order to support the wider South East London Integrated Care System (ICS) you also have a stretch target of an £8.9 million surplus to help close the financial gap across the system in year.
- However, the impact of Covid-19 has meant that the planning process for 2020/21 has been paused, with NHS England having agreed block contract arrangements between Trusts and Commissioners for the first half of 2020-21 to help manage the pandemic. At this stage it is unclear what arrangements will be in place for the second half of the year, but it is clear this will be sufficient to sustain delivery of healthcare across the sector.

Responsibilities of the Accounting Officer

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

Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under paragraph 1 of Schedule 10 of the National Health Service Act 2006 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and to report where we have not been able to satisfy ourselves that it has done so. 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 its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General in April 2020, as to whether in all significant respects, 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. The Comptroller and Auditor General determined this criterion as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2020, and to report by exception where we are not satisfied.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to be satisfied that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Report on other legal and regulatory requirements - Certificate

We certify that we have completed the audit of the financial statements of South London and Maudsley NHS Foundation Trust in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice.

Use of our report

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. Our audit work has been undertaken so that we might state to the Trust's Council of Governors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Council of Governors, as a body, for our audit work, for this report, or for the opinions we have formed.

Sarah L Ironmonger, Key Audit Partner

for and on behalf of Grant Thornton UK LLP, Local Auditor
London

25 June 2020

Foreword to the accounts South London and Maudsley NHS Foundation Trust

These accounts, for the year ending 31 March 2020, have been prepared in accordance with paragraphs 24 and 25 of Schedule 7 to the National Health Service Act 2006 and are presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the National Health Service Act 2006.

Signed

A handwritten signature in black ink, appearing to read 'Bradley', with a long horizontal flourish underneath.

David Bradley

Chief Executive

South London and Maudsley NHS Foundation Trust

24 June 2020

Statement of Comprehensive Income

For the year ended 31 March 2020

Notes	2020 £ 000's	2019 £ 000's
3 Operating income	460,393	406,233
4 Operating expenses	(453,867)	(404,357)
Operating surplus	6,526	1,876
7 Gain on disposal of assets	67	7,937
6 Finance costs	(53)	(76)
6 Finance income	478	473
8 Public Dividend Capital dividend	(6,613)	(6,092)
11 Movement in fair value of investments	63	46
Surplus for the year	468	4,164
Other comprehensive income		
Revaluation loss on plant, property and equipment	(1,437)	(3,251)
Revaluation gains on plant, property and equipment	12,451	709
Total comprehensive income for the financial year	11,482	1,622

Statement of Financial Position

As at 31 March 2020

Notes	31 Mar 2020 £ 000's	31 Mar 2019 £ 000's
Non-current assets		
9 Intangible assets	520	601
10 Property, plant and equipment	245,599	233,372
11 Investments	1,299	2,293
Other assets	232	235
	247,650	236,501
Current Assets		
12 Inventories	325	320
13 Trade and other receivables	37,643	24,949
18.3 Cash and cash equivalents	70,580	84,014
	108,548	109,283
14 Asset classified as held for sale	-	-
Total assets	356,198	345,784
Current Liabilities		
15 Trade and other payables	53,329	55,173
17 Provisions for liabilities and charges	2,018	1,335
16 Other liabilities	6,071	7,781
	61,418	64,289
Total Assets less Current Liabilities	294,780	281,495
Non-Current Liabilities		
17 Provisions for liabilities and charges	6,190	5,877
Total assets employed	288,590	275,618
Equity		
Public dividend capital	188,763	187,273
Revaluation reserve	93,685	85,961
Retained surplus	6,142	2,384
Total taxpayers' Equity	288,590	275,618

Signed on behalf of the board



David Bradley

Chief Executive

South London and Maudsley NHS Foundation Trust

24 June 2020

Statement of changes in taxpayers' equity

For the year ended 31 March 2020

	Public dividend capital £ 000's	Revaluation reserve £ 000's	Income & expenditure reserve £ 000's	Total £ 000's
At 1 April 2018	185,948	99,099	(12,376)	272,671
Total comprehensive income for the year;				
Surplus for the year	-	-	4,164	4,164
Revaluation losses	-	(3,251)	-	(3,251)
Revaluation gains	-	709	-	709
Realised gains	-	(10,596)	10,596	-
PDC received during year	1,325	-	-	1,325
At 31 March 2019	187,273	85,961	2,384	275,618
At 1 April 2019	187,273	85,961	2,384	275,618
Total comprehensive income for the year;				
Surplus for the year	-	-	468	468
Revaluation losses	-	(1,437)	-	(1,437)
Revaluation gains	-	12,451	-	12,451
Realised gains	-	(3,290)	3,290	-
PDC received during year	1,490	-	-	1,490
At 31 March 2020	188,763	93,685	6,142	288,590

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.

Income & expenditure reserve

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

Statement of Cash Flows

For the year ended 31 March 2020

Notes	2020 <u>£ 000's</u>	2019 <u>£ 000's</u>
18 Net cash generated from operating activities	1,118	10,202
Cash flows from investing activities		
Interest received	478	473
Purchases of intangible fixed assets	(66)	(532)
Purchases of property, plant and equipment	(18,569)	(10,774)
Proceeds from disposals of property, plant and equipment	8,966	19,775
Net cash (expended) generated from investing activities	(9,191)	8,942
Cash flows from financing activities		
Public Dividend Capital received	1,490	1,325
Loans repaid	-	(207)
Interest paid	(1)	-
8 Public Dividend Capital dividend paid	(6,850)	(6,422)
Net cash used in financing activities	(5,361)	(5,304)
(Decrease) increase in cash and cash equivalents during the year	(13,434)	13,840
Cash and cash equivalents at 1 April	84,014	70,174
18 Cash and cash equivalents at 31 March	70,580	84,014

South London and Maudsley NHS Foundation Trust

Notes to the Accounts

1 Accounting policies

Accounting policies and other information

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 2019/20 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Going concern

The definition of going concern in the public sector for NHS bodies focuses on the expected continued provision of services by the public sector rather than organisational form. As a result the financial statements of all NHS Foundation Trusts will be prepared on a going concern basis unless there are exceptional circumstances where the entity is being or is likely to be wound up without the provision of its services transferring to another entity in the public sector. The directors, having made enquiries, have a reasonable expectation that the Trust has adequate resources to continue its operations for the foreseeable future. As a result the accounts continue to be prepared on a going concern basis.

1.2 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.

1.3 Consolidation

The Trust has no subsidiaries, associates, joint ventures or joint operations. The Maudsley Charity was a subsidiary in 2017/18 but is no longer consolidated following change in status and governance.

1.4 Critical accounting judgements and key sources of estimation uncertainty

In the application of the Foundation Trust's accounting policies, management is required to make judgments, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

1.5 Critical judgements in applying accounting policies

There are no critical judgements apart from those involving estimations (see below) that management has made in the process of applying the Trust's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

Key sources of estimation uncertainty

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the end of the reporting period not already included in the note above, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

Property valuations

As described in Note 1.10, the Trust's properties are valued at either market value for existing use or depreciated replacement cost. Properties have been subject to a full independent valuation at 31 March 2020 by the District Valuer on the basis set out in Note 1.10.

The useful economic life of each category of fixed asset is assessed when acquired by the Trust and for property reassessed on revaluation by the District Valuer. A degree of estimation is used in assessing the useful economic lives of assets.

The Trust has considered provisions in the Modern Equivalent Asset (MEA) valuation approach for whether the existing buildings and sites are optimal in terms of number, size, configuration and location. Where appropriate a modern equivalent asset has been valued at a notional alternative location.

The Trust is required to review property, plant and equipment for impairment. In between formal valuations by qualified surveyors, management make judgments about the condition of assets and review their estimated lives.

Investment property valuations

Investment properties are stated at fair value at the balance sheet date. Properties were valued at 31 March 2020 by the District Valuer.

1.6 Income

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).

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.

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. This accrual is disclosed as a contract receivable as entitlement to payment for work completed is usually only dependent on the passage of time.

Revenue from research and development 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. Some research income alternatively falls within the provisions of IAS 20 for government grants.

Provider sustainability fund (PSF) and Financial recovery fund (FRF)

The PSF and FRF enable providers to earn income linked to the achievement of financial controls and performance targets. Income earned from the funds is accounted for as variable consideration.

Revenue from the sale of assets

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.

1.7 Expenditure on Employee Benefits

Short-term Employee Benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employer, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as they become due.

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

1.8 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.

1.9 Property, Plant and Equipment

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 a 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 simultaneous disposal dates and are under single managerial control.

Items forming part of the initial equipping and set-up cost of a new building, or refurbishment, and have a combined cost of at least £5,000

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.

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.

Land and buildings used for the Trust's services or for administrative purposes are stated in the statement of financial position at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values 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

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

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

Subsequent expenditure

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

Depreciation

Items of Property, Plant and Equipment are depreciated straight-line over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Equipment is depreciated over a useful economic life of 5 to 10 years. The remaining useful economic lives of freehold and long leasehold buildings are reassessed during revaluation and range from 2 to 45 years. Capitalised improvements to other leasehold and rental properties are depreciated over the shorter of the primary lease term, or the useful economic life.

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 are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

Revaluation gains and losses

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

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

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

Impairments

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

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

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

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 dropped or significant changes made to it.

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

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

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.

1.10 Cash and cash equivalents

Cash is cash at bank and in hand and deposits 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. The Trust has no cash equivalents.

Cash and bank are recorded at current values. There were no overdrafts.

1.11 Revenue - government and other grants and donations

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. Where the grant is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

1.12 Financial assets and financial liabilities

Recognition

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

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

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.

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, fair value through income and expenditure or fair value through other comprehensive income. Financial liabilities classified as subsequently measured at amortised cost or fair value through income and expenditure.

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 and a financing income or expense.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, 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).

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.

1.13 Leases

Operating leases

Other leases are regarded as operating leases and the rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease. 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. Leased land is treated as an operating lease.

Rental income from 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.

1.14 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 HM Treasury's discount rates effective for 31 March 2020

Post employment benefits

Provisions for post employment benefits resulting from early retirements and injury benefits are discounted at the nominal rate of 1.8%

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 17.6 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.

1.15 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 17 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 17, unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

1.16 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 actual 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 and grant 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
- any FRF / PSF bonus or incentive receivable

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

1.17 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.

1.18 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.

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

1.19 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.

1.20 Accounting Standards that have been issued but have not yet been adopted

The DH GAM does not require the following Standards and Interpretations to be applied in 2019/20. These standards are still subject to HM Treasury FReM adoption.

IFRS 16 Leases - Application is required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM. Adoption has been postponed from 1 April 2020 to 1 April 2021 as a result of the COVID-19 response.

IFRS 17 Insurance Contracts - Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.

IFRIC 23 Uncertainty over Income Tax Treatments - Application required for accounting periods beginning on or after 1 January 2019.

1.21 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2019/20

Notes to the Accounts

2 Segmental analysis

The Foundation Trust does not consider that it has reportable segments as defined by IFRS 8 : Operating Segments.

Notes to the Accounts

3 Operating Income	2020	2019
	£ 000's	£ 000's
3.1 Income from healthcare activities		
Cost and Volume Contract income	29,895	49,574
Block Contract income	290,807	243,779
Clinical Partnerships (including S31 agreements)	4,352	1,093
Additional income to fund increase in pension contribution	11,191	-
Other clinical income	46,673	47,752
	382,918	342,198
3.2 Non-mandatory clinical income		
Private patients	124	108
Income from healthcare activities	383,042	342,306
3.3 Other operating income		
Research and development	23,815	24,756
Education and training	25,251	19,302
Charitable and other contributions to expenditure	2,432	2,589
Non-patient care services to other bodies	917	911
Provider Sustainability Fund and Financial Recovery Fund	14,619	6,415
Other income	10,317	9,954
	77,351	63,927
Total income	460,393	406,233
<p>The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. For 2019/20, NHS providers continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.</p>		
<p>From 1 April 2016, NHS Improvement (NHSI), an arms length body of DH, has awarded additional income to Trusts which have:</p> <ul style="list-style-type: none"> - achieved their assigned financial targets ('control totals') and specified clinical performance trajectories; - exceeded their assigned 'control totals' through a £ for £ reward scheme ('incentive'); and - to the extent that funds are available to NHSI, additional PSF to Trusts meeting and/ or exceeding their assigned 'control totals' ('bonus' and 'general distribution'). <p>The Trust was awarded the following:</p>		
Core Provider sustainability fund (PSF)	3,160	3,181
Financial recovery fund (FRF)	11,256	-
Incentive	57	505
Bonus	-	1,275
General distribution	-	1,454
Post Accounts reconciliation bonus	146	-
	14,619	6,415
Revenue from contract liabilities at the previous year-end	6,528	7,781

4 Operating expenses		2020	2019
		£ 000's	£ 000's
Notes Operating expenses comprised:			
Non-executive directors' costs		165	158
Supplies & contracts:			
	healthcare from NHS and non-NHS bodies	30,708	29,288
	services from NHS bodies	6,069	4,589
	drugs	8,364	7,727
	other clinical	1,930	1,925
	general	13,074	12,841
	establishment	3,414	3,375
	premises	24,498	21,156
	transport	1,252	1,121
	research and development	15,701	17,290
	education and training	2,498	2,388
	consultancy and legal	4,444	2,075
5	Staff costs:		
	employed staff and directors	262,373	230,766
	NHS bank, agency, contract and seconded staff	65,403	55,136
10	Depreciation	9,827	9,358
	Amortisation	149	110
10	Fixed asset impairments:	999	1,274
	Reversal of fixed asset impairments	(1,787)	(207)
	Auditor's remuneration:		
	statutory audit	102	74
	other remuneration	1	8
	Other	4,683	3,905
		453,867	404,357
Other audit remuneration		2020	2019
		£ 000's	£ 000's
Audit related assurance services - Quality Report		1	8
		1	8
Auditor's remuneration includes irrecoverable VAT			
Limitations on auditor's liability		£ 000's	£ 000's
		2,000	2,000

5 Employees costs and pensions

	2020 £ 000's	2019 £ 000's
Emoluments of employees comprised:		
Other salaries and wages	204,173	186,909
Social security costs	21,323	19,922
Employer contributions to NHS Pensions Agency	36,877	23,935
	262,373	230,766
Agency and contract staff	23,296	19,067
NHS Bank staff	31,831	27,238
Seconded-in staff	10,276	8,831
	327,776	285,902

Average staff numbers

	Directors	Permanent employees	Other	2020 Total	2019 Total
	<u>No.</u>	<u>No.</u>	<u>No.</u>	<u>No.</u>	<u>No.</u>
Medical staff	1	435	70	506	470
Nursing and health visiting staff	2	1,338	360	1,700	1,665
Healthcare assistants and other support and ancillary staff	-	648	459	1,107	1,001
Scientific, therapeutic and technical staff	-	1,055	166	1,221	1,086
Administration staff	3	1,036	118	1,157	1,108
Social care staff	-	-	3	3	39
	6	4,512	1,176	5,694	5,369

Ill-health retirement costs borne by the NHS Pension Scheme

	2020	2019
Number of cases	3	-
Estimate of additional pensions liabilities (£ 000's)	141	-

Staff exit packages

	Compulsory redundancy		Other	2020 Total	2019 Total
	<u>£ 000's</u>	<u>No.</u>	<u>No.</u>	<u>No.</u>	<u>No.</u>
Number of staff exit packages by cost band					
0-10		1	-	1	4
10-25		2	-	2	2
25-50		1	-	1	6
50-100		1	-	1	3
100-150		-	-	-	1
150-200		-	-	-	-
200-250		-	-	-	-
		5	-	5	16
Cost of staff exit packages	<u>£ 000's</u>	<u>£ 000's</u>		<u>£ 000's</u>	<u>£ 000's</u>
	161	-		161	616

Notes to the Accounts

5.1 Employees costs and pensions

Pensions

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2020, is based on valuation data as at 31 March 2019, updated to 31 March 2020 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 to 20.6%, and the Scheme Regulations were amended accordingly.

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.

6 Net finance income

	2020 <u>£ 000's</u>	2019 <u>£ 000's</u>
Finance costs		
Unwinding of discount on provisions for liabilities and charges	52	76
Payments made under The Late Payment of Commercial Debts (Interest) Act 1998	-	-
Other	<u>1</u>	<u>-</u>
	53	76
Finance income		
Interest receivable: Government Banking Service	(431)	(398)
National Loans fund	(47)	(43)
Other	<u>-</u>	<u>(32)</u>
	(478)	(473)
Net finance income	<u>(425)</u>	<u>(397)</u>

Notes to the Accounts

7 Gains and losses on disposal of fixed assets	Property	Equipment	2020	2019
	<u>£000's</u>	<u>£000's</u>	<u>£ 000's</u>	<u>£ 000's</u>
Net book value of assets disposed	8,899	-	8,899	11,838
Net proceeds from sale	(8,966)	-	(8,966)	(19,775)
	(67)	-	(67)	(7,937)
Gains on disposal	67	-	67	7,945
Losses on disposal	-	-	-	(8)
	67	-	67	7,937

Notes to the Accounts

8 Public Dividend Capital dividend	2020	2019
	<u>£ 000's</u>	<u>£ 000's</u>
Accrued dividend (receivable) payable at start of year	(64)	266
Dividend provided in year	6,613	6,092
Accrued dividend receivable at end of year	301	64
Dividend paid	<u>6,850</u>	<u>6,422</u>

Notes to the Accounts

9 Intangible assets	Software £ 000's	2020 £ 000's	2019 £ 000's
Cost or valuation			
At 1st April	1,068	1,068	539
Additions	66	66	532
Transfers	-	-	(3)
At 31st March	<u>1,134</u>	<u>1,134</u>	<u>1,068</u>
Amortisation			
At 1st April	(467)	(467)	(358)
Charged during the year	(147)	(147)	(109)
At 31st March	<u>(614)</u>	<u>(614)</u>	<u>(467)</u>
Net book value at 1st April	601	601	181
Net book value at 31st March	<u>520</u>	<u>520</u>	<u>601</u>

Notes to the Accounts

10 Property, plant and equipment	Land	Buildings	Plant and equipment	Assets under construction	Total
	£ 000's	£ 000's	£ 000's	£ 000's	£ 000's
Cost or valuation					
At 1st April 2018	17,452	209,167	22,771	503	249,893
Revaluation	11	(2,346)	-	-	(2,335)
Additions	125	7,306	3,405	2,812	13,648
Reclassifications	(578)	(1,160)	3	-	(1,735)
Impairments	-	(1,274)	-	-	(1,274)
Cumulative depreciation transferred after revaluation	-	(7,074)	-	-	(7,074)
At 31st March 2019	17,010	204,619	26,179	3,315	251,123
Revaluation	235	12,566	-	-	12,801
Additions	4	7,446	4,260	6,383	18,093
Reclassifications	-	(7,842)	-	-	(7,842)
Impairments	(129)	(869)	-	-	(998)
Cumulative depreciation transferred after revaluation	-	(7,112)	-	-	(7,112)
Disposals	-	-	(17)	-	(17)
At 31st March 2020	17,120	208,808	30,422	9,698	266,048
Depreciation					
At 1st April 2018	-	-	(15,467)	-	(15,467)
Depreciation for the period	-	(7,074)	(2,284)	-	(9,358)
Netted off cost/value following revaluation	-	7,074	-	-	7,074
At 31st March 2019	-	-	(17,751)	-	(17,751)
Depreciation for the period	-	(7,112)	(2,715)	-	(9,827)
Disposals	-	-	17	-	17
Netted off cost/value following revaluation	-	7,112	-	-	7,112
At 31st March 2020	-	-	(20,449)	-	(20,449)
Net book value at 31st March 2019	17,010	204,619	8,428	3,315	233,372
Net book value at 31st March 2020	17,120	208,808	9,973	9,698	245,599

Buildings were reclassified as Assets held for sale prior to disposal

Valuations

Property assets with a net book value of £220m were revalued as at March 2020 by the District Valuer (DVS) using modern equivalent asset (MEA) depreciation replacement cost for specialised buildings and existing use market value for land and non-specialised buildings. Improvements to leasehold buildings are held at depreciated cost and not revalued.

As a result of the impact of COVID-19 the DVS consider that, at the valuation date, less weight can be attached to previous market evidence for comparison purposes to inform opinions of value. Valuations are therefore reported on the basis of 'material valuation uncertainty' as per VPS 3 and VPGA 10 of the RICS Red Book Global and less certainty (and a higher degree of caution) should be attached to valuations than would normally be the case.

For Specialised In Use (Operational) assets (buildings valued using depreciated replacement cost and modern equivalent assets) there has been no diminution identified in the public sector's ongoing requirement for these operational assets nor reduction in their ongoing remaining economic service potential as a result of the incidence of Covid-19. At the present time, BCIS and the DVS have advised that it is too early for Covid-19 related issues to impact on BCIS indices published and adopted in our valuations.

For Non-Specialised In Use (Operational) assets including the land element of the depreciated replacement cost valuation of specialised assets there has been no diminution identified in the public sector's ongoing requirement for these operational assets nor reduction in their ongoing remaining economic service potential as a result of the incidence of Covid-19. The basis of valuation is however current value in existing use. However the DVS have advised it is too early to accurately evidence this impact and it is their opinion, at the date of valuation, on the information then available, that the assessed impact falls within normal valuation tolerances.

Asset lives

Building asset lives are reassessed by the District Valuer during revaluation. Leasehold improvements valued at cost are written down over the shorter of the useful life of the improvement and the remaining leasehold term Equipment assets are depreciated at between 5 and 10 years. Heritage assets are included within Equipment assets and are not depreciated.

Notes to the Accounts

	Land and buildings	Plant and equipment	Assets under construction	Total	
Donated assets	<u>£ 000's</u>	<u>£ 000's</u>	<u>£ 000's</u>	<u>£ 000's</u>	
Net book value of donated assets at 1st April 2019	16,068	1,012	-	17,080	
Net book value of donated assets at 1st April 2020	17,636	1,012	-	18,648	
Land and buildings	Existing use Modern equivalent asset value	Existing use Existing use value	Existing use Existing use Cost	Alternate use Open market value	Total
Analysis of net book value at 1st April 2019	<u>£ 000's</u>	<u>£ 000's</u>	<u>£ 000's</u>	<u>£ 000's</u>	<u>£ 000's</u>
Freehold	100,119	24,601	208	-	124,928
Long leasehold	87,505	2,867	3,156	-	93,528
Short leasehold	-	-	6,488	-	6,488
	<u>187,624</u>	<u>27,468</u>	<u>9,852</u>	<u>-</u>	<u>224,944</u>
Analysis of net book value at 1st April 2020	<u>£ 000's</u>	<u>£ 000's</u>	<u>£ 000's</u>	<u>£ 000's</u>	<u>£ 000's</u>
Freehold	97,738	25,286	2,573	-	125,597
Long leasehold	93,881	3,197	7,173	-	104,251
Short leasehold	-	-	5,778	-	5,778
	<u>191,619</u>	<u>28,483</u>	<u>15,524</u>	<u>-</u>	<u>235,626</u>
Capital commitments					<u>£ 000's</u>
Contracted for but not provided in the accounts 31 March 2019					1,599
Contracted for but not provided in the accounts 31 March 2020					6,505

Notes to the Accounts

11 Investments	31 Mar 2020	31 Mar 2019
	<u>£ 000's</u>	<u>£ 000's</u>
Investment property		
Investment property at 1 April	2,293	2,247
Revaluation gains	63	71
Revaluation losses	-	(25)
Reclassified	(1,057)	-
Investment property at 31 March	<u>1,299</u>	<u>2,293</u>

The fair value of the Trust's investment property at 31 March 2020 has been arrived at on the basis of valuations carried out at that date by the District Valuer Service.

The valuations accord with the requirements of International Financial Reporting Standards (IFRS) and the RICS Valuation – Professional Standards (incorporating the International Valuation Standards) (“the RICS Red Book”).

The DVS valuations have been prepared using the market approach, which is described at paras B5 to B7 of IFRS 13; it uses prices and other relevant information generated by market transactions involving identical or comparable (i.e. similar) assets.

The inputs to this technique constitute Level 2 inputs in each instance. Level 2 inputs are inputs that are observable for the asset, either directly or indirectly. The inputs used took the form of analysed and weighted market evidence such as sales, rentals and yields in respect of comparable properties in the same or similar locations at or around the valuation date.

Investment property was reclassified as Assets held for sale prior to disposal

Notes to the Accounts

12 Inventories	31 Mar 2020	31 Mar 2019
	<u>£ 000's</u>	<u>£ 000's</u>
Drugs	<u>325</u>	<u>320</u>
	<u>325</u>	<u>320</u>

Notes to the Accounts

13 Trade and other receivables	31 Mar 2020	31 Mar 2019
Amounts receivable within one year:	£ 000's	£ 000's
Contract receivables - NHS (NHS receivables)	21,497	11,465
Contract receivables - Other (Other receivables)	9,977	7,523
Allowance for credit losses	(4,940)	(2,868)
Prepayments	1,096	821
Accrued income	8,863	6,843
Other receivables	1,150	1,165
	37,643	24,949

Allowance for credit losses

	Contract receivables and contract assets		Other receivables	
	£ 000's	£ 000's	£ 000's	£ 000's
At 1st April	2,550	318	2,868	1,299
New allowances	3,414	48	3,462	2,482
Utilisation of allowances - written off	(180)	(27)	(207)	(38)
Utilisation of allowances - cancelled	(391)	(7)	(398)	(154)
Reversal of allowances - paid	(733)	(52)	(785)	(721)
At 31st March	4,660	280	4,940	2,868

Notes to the Accounts

14 Assets classified as held for sale	31 Mar 2020	31 Mar 2019
	<u>£ 000's</u>	<u>£ 000's</u>
Assets held for sale at 1 April	-	10,100
Disposal	(8,899)	(11,838)
Reclassified	8,899	1,738
Assets held for sale at 31 March	<u>-</u>	<u>-</u>

Notes to the Accounts

15 Trade and other payables	31 Mar 2020	31 Mar 2019
	<u>£ 000's</u>	<u>£ 000's</u>
Amounts falling due within one year:		
Payments received on account	251	234
Non-NHS trade creditors	5,912	12,072
Tax and social security costs	5,868	4,987
Pensions relating to staff and directors	3,821	3,515
Other payables	2,539	4,929
NHS payables	4,326	3,690
Accruals	30,612	25,746
Total payables	<u>53,329</u>	<u>55,173</u>

Notes to the Accounts

	31 Mar 2020	31 Mar 2019
16 Other liabilities		
Other liabilities due within one year	<u>£ 000's</u>	<u>£ 000's</u>
Deferred income	<u>6,071</u>	<u>7,781</u>
	<u>6,071</u>	<u>7,781</u>

Notes to the Accounts

17 Provision for liabilities and charges	17.1 Early retirements	17.2 Injury benefits	17.3 Pay and restructuring	17.4 Legal claims	17.5 Property	Total
	£ 000's	£ 000's	£ 000's	£ 000's	£ 000's	£ 000's
At 1st April 2018	1,784	1,605	348	971	3,008	7,716
Change in the discount rate	60	(396)	-	-	-	(336)
Expenditure during the period	(194)	(86)	(559)	(511)	(173)	(1,523)
Arising during the period	66	52	517	752	600	1,987
Released unused	(211)	-	(196)	(184)	(117)	(708)
Unwinding of discount	43	33	-	-	-	76
At 31st March 2019	1,548	1,208	110	1,028	3,318	7,212
Change in the discount rate	110	102	-	-	-	212
Expenditure during the period	(193)	(88)	-	(383)	(146)	(810)
Arising during the period	110	162	36	979	426	1,713
Released unused	(55)	(24)	-	(64)	(28)	(171)
Unwinding of discount	28	24	-	-	-	52
At 31st March 2020	1,548	1,384	146	1,560	3,570	8,208
Expected timing of cash flows:						
Within one year	196	88	110	514	427	1,335
Within two - five years	784	352	-	514	1,681	3,331
Over five years	568	768	-	-	1,210	2,546
At 31st March 2019	1,548	1,208	110	1,028	3,318	7,212
Within one year	192	88	146	780	812	2,018
Within two - five years	768	352	-	780	1,342	3,242
Over five years	588	944	-	-	1,416	2,948
At 31st March 2020	1,548	1,384	146	1,560	3,570	8,208

17.1 Early retirements

Provisions are made for the estimated additional pension costs arising from early retirements. These costs are directly incurred by the NHS Pensions Agency, as pension payments are made, and the Agency seeks reimbursement from the Trust each quarter. There are no provisions for early retirements for former directors.

17.2 Injury benefits

Provision has been made for the expected value of the costs of NHS Injury Benefits claims. Claims are assessed and paid directly by the NHS Pensions Agency and reimbursement is sought from the Trust each quarter.

17.3 Pay and restructuring

Provision has been made for the estimate of cost for restructuring services associated with cost improvements and disinvestment plans.

17.4 Legal claims

The Foundation Trust provides for the estimated excess payments due to the NHS Resolution under the Liability for Third Parties insurance scheme resulting from non-clinical third party claims. The full costs of such claims is accounted for by NHS Resolution. The Trust provides against other legal claims and inquests.

17.5 Property

Provision is made for the estimate of outstanding repairing and reinstatement obligations arising from leasehold and rental property agreements.

17.6 Clinical negligence

The Trust belongs to the Clinical Negligence Scheme for Trusts (CNST) and pays an annual insurance premium to the NHS Resolution. Under the term of this agreement, since 1 April 2002, financial responsibility for clinical negligence claims transferred to NHS Resolution and the liability for claims is provided in their Accounts. At the 31st March 2020 the NHSLA were providing £10.5m on behalf of the Trust (£11.1m 2018/19).

There are no contingent assets or liabilities.

Notes to the Accounts

18 Cash flow statement	2020	2019
	£ 000's	£ 000's
18.1 Net cash inflow from operating activities		
Operating surplus	6,526	1,876
Non-cash items:		
depreciation and amortisation	9,976	9,468
impairment of tangible fixed assets	999	1,274
impairment reversal of tangible fixed assets	(1,787)	(207)
Changes in operating working capital:		
increase (decrease) in inventories	(5)	31
increase in receivables	(12,457)	(6,372)
decrease (increase) in payables	(1,368)	6,000
decrease in other liabilities	(1,710)	(1,288)
increase (decrease) in provisions for liabilities and charges	944	(580)
Net cash inflow from operating activities	1,118	10,202
18.2 Reconciliation of net cash flow to movement in net funds		
	2020	2019
	£ 000's	£ 000's
Decrease (increase) cash during the period	(13,434)	13,840
Government bank services	(13,430)	13,837
Commercial banks	(4)	5
Cash in hand	-	(2)
Movement in net funds in the period	(13,434)	13,840
Net funds at 1st April	84,014	70,174
Net funds at 31st March	70,580	84,014
18.3 Analysis of changes in net funds		
	31 Mar 2020	31 Mar 2019
	£ 000's	£ 000's
Cash at bank held with Government Banking Services	70,513	83,943
Cash at bank held within commercial banks	1	5
Cash in hand	66	66
	70,580	84,014

Notes to the Accounts

19 Lease commitments

Operating leases as lessee	Mar 2020	Mar 2019
Payments recognised as expenses	£ 000's	£ 000's
Property	3,456	2,988
Plant and equipment	117	100

Minimum annual lease payment commitments under operating leases were as follows:

	Property		Plant and equipment		Total	Total
	Mar 2020	Mar 2019	Mar 2020	Mar 2019	Mar 2020	Mar 2019
	£ 000's	£ 000's	£ 000's	£ 000's	£ 000's	£ 000's
Within one year	2,297	3,145	117	100	2,414	3,245
Between one and five years	6,547	6,318	53	95	6,600	6,413
After five years	24,024	25,125	-	-	24,024	25,125
	32,868	34,588	170	195	33,038	34,783

Prior year property lease commitments have been restated due to a lease agreement being revisited as part of the preparation for the implementation of IFRS16

Operating leases as lessor	Mar 2020	Mar 2019
Receipts recognised as income	£ 000's	£ 000's
Property	880	855

Minimum annual lease commitments under operating leases were as follows:

	Property		Total	Total
	Mar 2020	Mar 2019	Mar 2020	Mar 2019
	£ 000's	£ 000's	£ 000's	£ 000's
Within one year	990	925	990	925
Between one and five years	442	928	442	928
After five years	25	75	25	75
	1,457	1,928	1,457	1,928

Notes to the Accounts

20 Financial instruments

IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with NHS commissioning organisations and the way those NHS organisations are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which these standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's Standing Financial Instructions and policies agreed by the Board of Directors. Trust treasury activity is subject to review by the Trust's internal auditors.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has negligible overseas operations and therefore has low exposure to currency rate fluctuations.

Liquidity risk

The Trust's net operating costs are incurred under contracts with NHS commissioning organisations and other public sector bodies, which are financed from resources voted annually by Parliament. The Trust finances its capital expenditure from funds internally generated but has the ability borrow. The Trust is not, therefore, exposed to significant liquidity risks.

Interest-rate risk

The Trust financial assets and liabilities carry nil or fixed rates of interest and the Trust has no borrowings. The Trust is not therefore, exposed to significant interest-rate risk. All financial assets and liabilities are held in sterling.

Credit risk

The carrying amount of financial assets recorded in the financial statements, which is net of impairment losses, represents the Group's maximum exposure to credit risk.

	31 Mar 2020 £ 000's	31 Mar 2019 £ 000's
	At amortised cost	At amortised cost
	£ 000's	£ 000's
Financial assets		
NHS receivables	21,497	11,465
Other debtors	9,682	7,464
Allowances for credit losses	(4,940)	(2,868)
Accrued income	8,863	6,843
Cash	70,580	84,014
Total financial assets	105,682	106,918
	At amortised cost	At amortised cost
	£ 000's	£ 000's
Financial liabilities		
NHS payables and accruals	4,326	3,690
Other creditors	12,272	20,516
Accruals	30,612	25,746
Provisions under contract	6,648	6,184
Total financial liabilities	53,858	56,136

Provisions under contract fair value are not significantly different from book value since, in the calculation of book value, where applicable, the expected cash flows have been discounted by the Treasury discount rate for employee benefits of 1.8% nominal

South London and Maudsley NHS Foundation Trust Notes to the Accounts

21 Related party transactions

South London and Maudsley NHS Foundation Trust is a body corporate established by order of the Secretary of State for Health.

The Department of Health and Social Care's (DHSC) is regarded as a related party and the parent department. During the year the Trust had a number of material transactions with the DHSC and with other entities for which the DHSC is regarded as the parent as listed below:

- Department of Health and Social Care
- Clinical Commissioning Groups (CCGs)
- NHS England
- Health Education England
- NHS Foundation Trusts
- NHS Trusts
- Special Health Authorities
- Other Department of Health and Social Care bodies

The Trust also had material transaction with other Whole of Government organisations including:

- Local Authorities
- HM Revenue & Customs
- NHS Pension Scheme
- NHS Professionals
- Other Government departments

The Trust is a member of Kings Health Partners (KHP), a federated Academic Health Sciences Centre. Membership comprises the Trust; Guy's and St Thomas' NHS Foundation Trust; Kings College Hospital NHS Foundation Trust; and Kings College London. The Trust had the following income and expenditure with Kings College London.

	2020 £ 000's	2020 £ 000's	2019 £ 000's	2019 £ 000's
	Income	Expenditure	Income	Expenditure
Kings College London	2,761	(23,266)	2,163	(16,891)

The Trust also works closely with Oxleas NHS Foundation Trust and South West London and St Georges Mental Health NHS Trust as part of the South London Mental Health Partnership (SLP).

During the period none of the Board members, the Members Council or members of key management staff or parties related to them has undertaken any material transactions with the Trust. Remuneration of Board members is shown in the Remuneration report.

David Bradley, Chief Executive Officer, and June Mulroy, Non-Executive Director, are Trustees of the Maudsley Charity.

Beverley Murphy, Chief Operating Officer is a Trustee of the Bethlem Art and History Collection Trust (operating as Bethlem Museum of the Mind).

Ian Overall, Non-Executive Director, is Executive Dean of the Institute of Psychiatry, Psychology and Neuroscience at Kings College London

Geraldine Strathdee, Non-Executive Director, is a Non-Executive Director of Community Health Partnerships (CHP) a wholly owned subsidiary of the Department of Health and Social Care providing community health premises. During 2019-20 the Trust spent £529k (prior year £407k) on premises costs from CHP.

The Trust has also received revenue payments from Maudsley Charity £1.9m (£1.4m 2018/19) and Guy's and St Thomas' Charitable Foundation of £0.4m (£0.5m 2018/19).

Notes to the Accounts

22 Losses and special payments

	2020		2019	
	£ 000's	Claims	£ 000's	Claims
Losses				
Cash losses	8	9	4	2
Bad debts and claims abandoned	199	63	15	22
Damage to property and stores losses	47	1,834	32	89
	254	1,906	51	113
Special payments				
Compensation under legal obligation	-	-	99	6
Ex-gratia payments	90	58	121	72
Special severance payments	-	-	-	-
	90	58	220	78
	344	1,964	271	191

There were no individual losses exceeding £250k

Notes to the Accounts

23 Events after the statement of financial position date

As part of the response to COVID-19 the Government has issued a mandate to NHS England for the continued provision of services in England in 2020/21. All NHS providers and commissioners have moved to a simplified basis of contracting and payment for part of 2020-21 based on block contract payments and with additional payments to cover expenses incurred due to COVID-19 and other cost pressures and loss of income, such that the Trust will breakeven during that period.

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King's Health Partners

Academic Health Sciences Centre: www.kingshealthpartners.org

Quality Report

This report was produced by the Communications and Media Department.

Please contact us if you would like a copy in large print, audio, braille or translated into another language.

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