

**SOUTH WEST LONDON AND ST GEORGE'S MENTAL HEALTH TRUST**  
**ANNUAL REPORT and ACCOUNTS**  
**2019-2020**

## Message from the Chair and Chief Executive



Ann Beasley, CBE Chair



Vanessa Ford, Acting Chief Executive

Welcome to our annual report for 2019/2020.

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

While the last few months have been extremely difficult for the world in general it has never been more evident how wonderful, dedicated and committed our staff, and those across the NHS and social care, are in continuing to care for the most vulnerable in society at a time when anxiety is high.

In the face of unprecedented challenges, our staff have come together to provide excellent care for our patients and have achieved some amazing things, not least the implementation of a new Mental Health Emergency Service within the space of two weeks.

We wanted to take this opportunity to thank all our staff for their professionalism; those on the frontline providing clinical services to our patients and those in our support services who have adapted the way they work in order to support our clinical services.

### **Never have we been more proud to be part of the NHS.**

Of course, before Covid-19, the Trust had been experiencing a good year and we want to use this publication to report on those achievements.

We received a 'Good' rating from the Care Quality Commission (CQC) following their inspection of our services in 2019. They confirmed that we have maintained and strengthened our 'Good' rating across all areas.

This is a really well deserved outcome for our staff, patients and their carers and it could not have been achieved without our staff's hard work and dedication to providing the best care for the people who use our services every day.

The inspection report is very positive about the way we work and the care we provide. In particular it states that the organisation is values-led, open, positive and transparent at all levels; that the Trust feels more energised, particularly in terms of the work in relation to inclusivity, equality and diversity; and that there has been significant improvement in service user and carer involvement,

as well as staff engagement - much of which is carried out through our Making Life Better Together Programme.

The Trust also secured the final government approval of the Full Business case and has started construction work to build two state-of-the-art mental health facilities that will house eight inpatient wards, which will see service users cared for in world-class facilities specially designed for recovery from mental health conditions. They are due to be completed in 2022. Our estates modernisation programme also contains plans for clinical, people and digital transformation. The transformation of the Springfield University Hospital site will also include the development of 32 acres of parkland for the whole community to use - the first of its kind since the 2012 London Olympics.

This year has seen a number of other innovative developments including:

- The Ethnicity and Mental Health Project (EMHIP) was formally launched at the 11th edition of the Healing the Broken Village Conference in October 2019. EMHIP has identified a set of key Interventions to reduce ethnic inequalities in mental health care.
- As part of our Making Life Better Together programme there have been a series of initiatives. Our new Values and Behaviours Framework has been developed with over 2,000 outputs from Creating Our Culture Week and is a step to making our Trust a great place to work. It clearly sets out what behaviours underpin our values and what behaviours we expect from each other.
- We have also established our Leadership Development training programme – ‘Leading Together’. It recognises that we all have a part to play in improving our services. This programme has been designed to support staff across the organisation to acquire and develop those essential leadership and management skills we need to be the best we can be. Leading Together will help all of us to make life better together for our patients, carers and staff.
- We celebrated many special events this year including our annual summer BBQ where we welcomed over 950 people including staff, patients and carers and members of the local community.
- And our specialists continue to lead the way on the national and international stage. We held an Eating Disorder Symposium to raise awareness of how to support people with this condition. The conference hosted more than 60 current and former service users and patients, carers, families and friends, staff and community partners.
- Our Deaf services have been piloting an innovative video relay service (VRS) that offers Deaf and hard of hearing people the accessible option to communicate with hearing staff over the phone by using British Sign Language (BSL).

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

As an organisation with a diverse workforce, as well as a diverse local population, we are keen to ensure that our workforce is not only representative and supported, but also celebrated. This year

we celebrated Black History Month, Black Pride, International Women's Day, LGBT History Month, and Deaf Awareness events; we also supported the second BAME and young people's Mental Health Conference, which brought together a coalition of stakeholders and young people not willing to accept the normalisation of inequalities. A number of actions followed including the building of a Black Minds Matter movement.

We have also been featured in a new BBC3 documentary filmed with journalist Stacey Dooley. The programme is an in-depth portrayal of how our mental health services provide care for those patients who are in crisis or suffer from serious or long term mental illness, and help them toward recovery.

### **The year ahead**

There is no doubt that the impact Covid-19 has had on the world will be long lasting and far reaching and we know that in the NHS we will have to do things differently from now on.

We are optimistic that commissioners will respond in a strategic, focussed manner to ensure that the rise in demand for mental health services resulting from the pandemic and the forecast economic recession will be comprehensively addressed.

There is no doubt that COVID-19 has had a disproportionate impact on our black, Asian and minority ethnic (BAME) patients, friends and colleagues. And this in turn has brought into focus the impacts of years of disadvantage and inequality.

The NHS is both part of the problem and part of the solution. More systematic action is needed to tackle the underlying causes of health inequality. And faster action is needed on the reality of the racism and discrimination experienced by many colleagues across the NHS. The Trust's priorities for 2020/21 reflect the urgent need to address these issues

Ann Beasley  
Trust Chair



Vanessa Ford  
Acting Chief Executive



24.06.2020

# PERFORMANCE REPORT

## OVERVIEW

**This section is a summary of the Trust – our purpose, our objectives, details about any key risks to the achievement of those objectives, and information about how we performed during 2019/20.**

### Statement on purpose and activities of the organisation

#### About Us

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

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

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

Over the years, mental health services, philosophies, understanding and treatment have radically changed and today we are a modern and forward-thinking mental health provider, delivering services across five service lines:

- Acute and Urgent Care Services;
- Community Services (for adults largely of working age);
- Cognition and Mental Health in Ageing Services;
- Child and Adolescent Mental Health Services (CAMHS); and
- Forensic, National and Specialist Services.

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

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

## Our Services

We aim to:

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

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

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

## Our Vision, Values and Strategic Ambitions

Our mission is: Making Life Better Together.

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

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



## Trust Strategy

The Trust continues to work to deliver the four strategic ambitions defined in the Trust Strategy which specifically focus on delivering improved outcomes:

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

Implementation of the strategy is being led by the Director of Strategy, Transformation and Commercial Development. A small project team has been established and meets monthly to oversee its implementation. The project team continues to be advised by a steering group formed from service users, carers and external stakeholders. The steering group meets quarterly.

The Trust had 12 corporate objectives in 2019/2020 which are aligned to the strategic ambitions. Corporate objectives provide a way in which we can assess our progress towards delivering improved outcomes related to our four strategic ambitions. Progress against the corporate objectives is reviewed quarterly at the Trust Board and also by the steering group of service users, carers and external stakeholders.

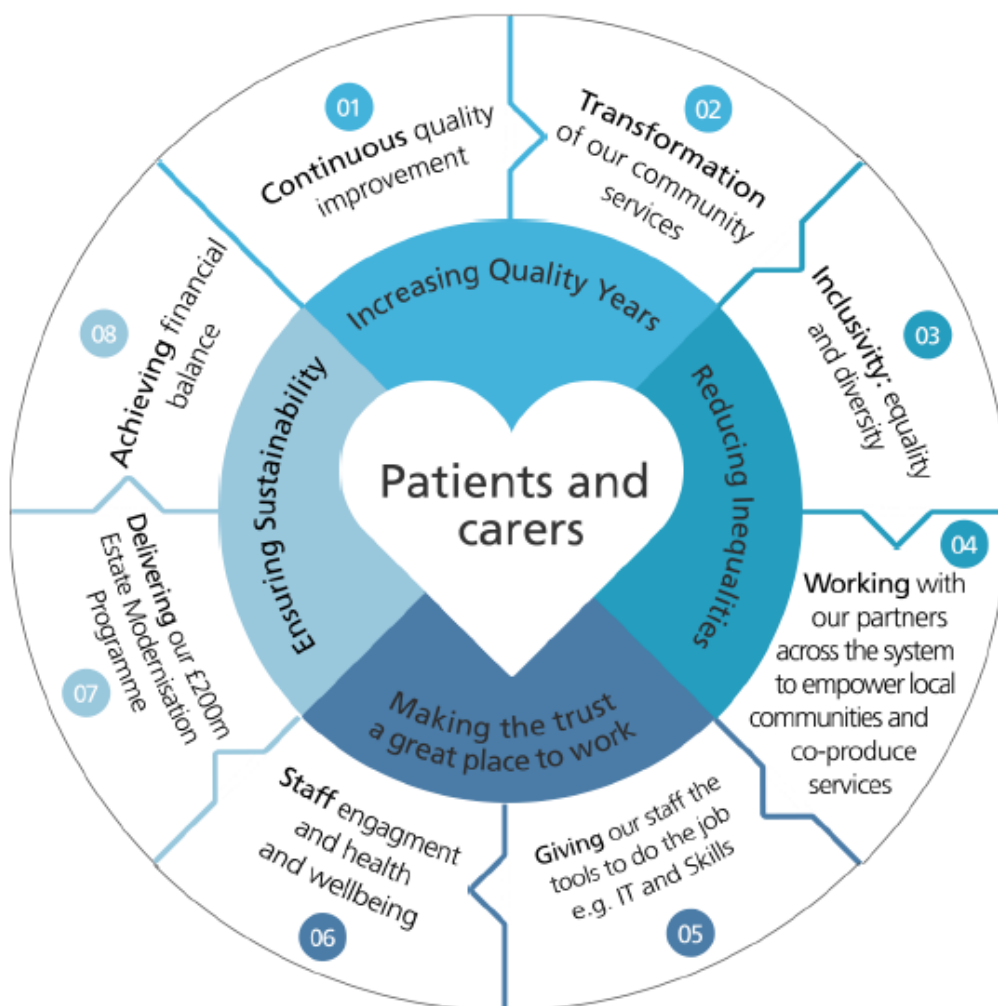
The Trust also has a number of enabling strategies that contain specific detail around delivery and are subject to annual implementation plans that are reviewed each year for delivery. These include:

- Workforce and Organisational Development Strategy
- Finance and Commercial Strategy
- Communications and Stakeholder Engagement Strategy
- Research and Development Strategy
- Medicines Optimisation Strategy
- Estates and Facilities Strategy
- Digital Strategy
- Quality Strategy

Work to deliver the Trust Strategy also continues to affirm the Trust’s mission statement which remains: ‘Making life better together’. Whilst we continue to deliver significant change and development across our organisation, our estate and our services, there continues to be more we need to do to turn collaboratively to achieve this mission statement.

The ‘Making Life Better Together’ (MLBT) programme continues under the leadership of the Chief Executive and the Trust Board, with three key pillars; staff experience, community experience and patient experience. Evidence shows that improved behaviours create an improved experience which in turn influences improved outcomes.

### Trust priorities 2019/20



# Our Values and Behaviours Framework

We are **consistently respectful**, collaborative, **compassionate** and **open**

Behaviours we want to see		Behaviours we don't want to see	
<b>RESPECTFUL</b>			
<b>Appreciative</b>	Notifies and recognises others' efforts. Goes out of their way to make others feel valued and heard. Praises behaviours over outcomes. ✓	Doesn't notice, appreciate or value others' efforts. Undermines, criticises or talks down to people. ✗	
<b>Professional</b>	Sets boundaries. Calm, patient, reassuring and puts people at ease. Takes responsibility and calls out when others are not. ✓	Passes their stress onto others. Often late. Comes across as 'too busy.' Unprofessional appearance and argues rather than discusses. ✗	
<b>Fair</b>	Ensure equity among staff and patients. Treats people as an equal and valued individual. Protects privacy and dignity of others. ✓	Favouritism, sets unrealistic or unfair tasks / deadlines. Judges. Lack of respect for people's beliefs. Choices or characteristics. Gossips. ✗	
<b>COLLABORATIVE</b>			
<b>Teamwork</b>	Inclusive. Gets to know people, involves, encourages contributions. Connects people so they feel involved. Cooperates without hierarchy. ✓	Excludes or isolates others. Ignores ideas or fails to look for solutions together. Micro-manages. Doesn't 'pull their weight.' ✗	
<b>Supportive</b>	Is attentive to other people's needs and feelings. Willing and helpful. Offers help when needed or finds someone else who can help. ✓	Doesn't offer help when they see someone in need. Makes people feel like a burden. 'Not my patient / not my job.' ✗	
<b>Innovative</b>	High standards. Always looking to learn, and for better ways to do things. Is open and flexible to change and encourages this in others. ✓	Actively resistant to change, accepts the status quo when better ways are available. Looks for reasons why things can't be done. Blames. ✗	
<b>COMPASSIONATE</b>			
<b>Shows empathy</b>	Takes the time to understand and listen to issues or concerns. Puts themselves in other people's shoes. Adjusts to different people. ✓	Fails to consider other people's perspectives or experiences. Dismissive of others' feelings, story or journey. ✗	
<b>Kind</b>	Notifies and takes action when people are in pain, stressed or upset. Gives feedback when necessary in a safe, non-judgmental way. ✓	Doesn't act if they see patients or colleagues in pain, stressed or upset. Allows issues to fester without addressing them properly. ✗	
<b>Listens</b>	Takes time to make others feel listened to and supported. Values different perspectives. Takes other people's views into consideration. ✓	Dictates. Dismissive of people's views or ideas without giving them the chance to explain. Talks over people. Ignores valid concerns. ✗	
<b>OPEN</b>			
<b>Honest</b>	Keeps people informed. Clear, open and honest communication. Ensures people get information in ways that they can understand. ✓	Uses language or jargon that people don't understand. No effort to communicate. Gives mixed messages. Leaves people 'in the dark.' ✗	
<b>Optimistic</b>	Shows a positive attitude when problem solving. Optimistic about what people can achieve. Encourages, not deterred by setbacks. ✓	Negative attitude. Only complains or 'moans' about issues without acting to change things. Focuses on the problem, not the solution. ✗	
<b>Welcoming</b>	Is approachable, polite, cheerful. Introduces themselves with 'hello my name is...' smiles and makes eye contact, when appropriate. ✓	Ignores, avoids or dismisses other people. Displays rudeness or incivility. Uses a sharp or abrupt tone of voice. ✗	

We give **consistent** feedback through BUILD so that we can live up to our behaviours

**The ABC of appreciation**

- A Action**  
This is what you said or did
- B Benefit**  
The positive impact it had
- C Continue**  
Thanks, please keep doing this

**BUILD constructive feedback**

- B** Describe the **Behaviour**.  
Observations not judgments.
- U** (**Understand** their context.  
Step into their shoes. *Unsaid*).
- I** Describe the **Impact** on...  
you, others, outcomes or the work
- L** **Listen** to them.  
"What was happening there?" (Don't ask 'why?')
- D** Ask 'what might you **Do differently?**' It's a *Dialogue*

## The external strategic environment

The Trust also continues to operate in a complex external strategic environment, and ensures that strategic delivery continues to take into account the following policy, system and partnership developments.

### Policy

At the beginning of 2019 the NHS Long Term Plan (LTP) was published with a renewed commitment to pursue ambitious transformation of mental health care in England. This will enable the following:

- Funding for children and young people's mental health services (CYP) will grow faster than both overall NHS funding and total mental health spending. There will be increased access for CYP mental health and a comprehensive offer for people from 0-25 years.



- Perinatal service expansion.
- Tackling causes of morbidity and preventable deaths for people with learning disability or autism.
- Further IAPT expansion.
- Investment in primary and community mental health services.
- NHS 111 as the single universal point of access for people experiencing mental health crisis; alternatives to A&E and inpatient admissions developed.
- Mental health liaison, ambulance service and mental health transport vehicles.
- Investment in mental health inpatient environment.

The Trust continues to work closely with the South West London Health and Care Partnership (SWL HCP) to strategically plan for delivery on these ambitions within south west London.

### South West London system

The South West London Health and Care Partnership (SWL HCP) is comprised of the organisations providing health and care in the six south west London boroughs. It includes the health and care providers, and the six SWL CCGs (Kingston, Richmond, Sutton, Merton, Wandsworth and Croydon) which are working to become one south west London CCG by 1 April 2020. A five-year south west London strategic system plan was finalised and agreed in November 2019.

In the Trust's geographical catchment area, five place based integration programmes are being progressed in South West London with the Trust's involvement throughout 2019/2020 and on-going into 2020/2021:

- Kingston Co-ordinated Care
- Sutton Health and Care
- Merton Health and Care Together
- Health and Care Wandsworth
- Richmond Transformation Programme

Additionally 39 Primary Care Networks (PCNs) are being developed across the six south west London CCGs. These are groups of GP practices working with NHS community services, social care and other providers to deliver more coordinated and proactive services within neighbourhoods.

These partners are working together across south west London to take the steps to becoming an Integrated Care System (ICS). An Integrated Care System will take the lead in planning and commissioning care for their populations and providing system leadership. They bring together NHS providers and commissioners and local authorities to work in partnership in improving health and care in their area.

Moving towards an Integrated Care System



### South London Mental Health and Community Partnership (SLP)

The Trust continues to be part of the South London Mental Health and Community Partnership (SLP) along with Oxleas NHS Foundation Trust, and South London and Maudsley NHS Foundation Trust (SLAM), working as a hospital group since 2015, and collaborating to improve quality, outcomes and efficiency. The SLP started with providing successful New Models of Care for Forensics and also CAMHS Tier 4. The SLP has developed other programmes of work which now include Complex Care, the Adult Care pathway and Adult

Eating Disorders. There are also programmes of work in development related to back office efficiencies, and workforce development programmes for e.g. nursing development.

The SLP has also bid to become a Provider Collaborative to continue to develop specialist services.

## Coronavirus

This report only covers the period up to 31<sup>st</sup> March 2020. Further details about the Trust's response to the pandemic are included in the Board papers published on the Trust website and will also feature in our next annual report.

The Board's final meeting of the financial year took place on 12<sup>th</sup> March 2020. By then, the COVID-19 outbreak was already at the forefront. Trust staff successfully confronted the most profound challenges that any of us have collectively faced. The dedication, skill and care shown by our staff has been truly awe inspiring. Alongside this, the support that the NHS has received from our local communities has been exceptional.

Many staff had to work in new ways including working from home and remote clinical appointments, and they proved flexible and rose to this challenge. We also asked our patients to receive services in different ways.

For service users in the community, where they are comfortable with it, we moved to using technology such as Skype to complete our assessments. We are clear there are some patients who must be seen face-to-face to support their treatment and recovery in the community, and our staff have done a tremendous job to make sure this has happened.

The Trust has played a key role throughout the pandemic by transforming care, both to maintain services and respond to the significant challenges presented by the COVID-19 pressures.

We have been quick to adapt, supporting the acute sector by setting up mental health A&Es and 24/7 emergency service access lines. We accelerated discharge, reduced avoidable admissions with enhanced crisis care, and moved many home-treatment models and clinical services online.

Policy makers must take account of the pressure that mental health services will continue to face, given the predicted surge in demand for mental health care and the forecasts of a serious economic recession.

The required expansion in service provision must be fully and promptly funded, on a sustainable basis. This funding must reach the frontline services that need it most, including core community mental health services, social care and key services provided by the voluntary sector. We continue to work closely with our commissioners to get in place appropriate and sustainable funding of mental health services. The agreement of important and committed investments in mental health was understandably delayed due to Covid and temporary changes to national funding arrangements. However a key priority remains addressing historic demand pressures, as well as finding the funding needed for new and innovative solutions we have invested in during Covid, such as the enhancements to our crisis pathway. Maintaining and enhancing mental health services will be increasingly important as we confront the impact of the pandemic and the forecast recession.

A new workable strategic national plan for the mental health workforce needs to be accelerated, given the way the pandemic has exacerbated the significant workforce challenges.

### **Orchid Mental Health Emergency Service (MHES)**

The Trust opened an emergency service for patients with primary mental health problems who would otherwise have had to go to A&E. We began accepting patients to the new MHES from 30th March. The 24/7 service opened in Newton Building on Wisteria Ward.

The service was established for people in crisis who have a wide range of mental health problems, ranging from serious mental illness to psychological difficulties in the context of physical illness.

### **24/7 mental health support line : 0800 028 8000**

The Trust had always run a 24/7 support line for patients. This was reviewed and the model strengthened with registered staff now taking calls 24/7. .

### **Digital enablement**

Since the onset of COVID-19 the IT team worked to improve resilience and support more agile working. They accelerated the use of new technologies including Microsoft Teams and server capacity was increased to try and help support the larger demand for remote access. Additional laptops were sourced and staff worked to introduce new COVID dashboards and RiO functionality at pace. IT worked with HR colleagues to introduce new approaches to *Bring Your Own Kit*

### **"A day in the life of Coronavirus Britain"**

The Trust was featured in a Channel 4 special which included footage of a tour of our new mental health emergency service and our psychological interventions.

## Highlights and New Developments

During a year of growing demand on mental health services, we made significant progress in modernising our services to improve the quality of treatment and care we provide. In addition to the ground breaking ceremony for our Estate Modernisation Programme and our Good Rating from the CQC, we have also celebrated a host of other developments throughout the year.

- **Ethnicity and Mental Health Improvement Project**

The Ethnicity and Mental Health Improvement Project (EMHIP) in southwest London, UK, is an attempt to bridge the gap between policy rhetoric and practice. EMHIP is a collaborative project involving the local mental health service, South West London and St George's Mental Health NHS Trust (SWLSTG), and a BME community mental health organisation, Wandsworth Community Empowerment Network (WCEN).

"A practical, whole-system intervention programme will be developed and adapted for the purpose through a process of coproduction, involving service providers, service users, and BME communities locally." "The project combines an inside and outside approach through equal participation and commitment from statutory care providers, community agencies, and the wider community."

*Extract from "Ethnicity and mental health: a new beginning", S P Sashidharan & Malik Gul, in The Lancet Psychiatry January 20, 2020*

- As part of our Making Life Better Together programme there have been a series of initiatives. Our new Values and Behaviours Framework has been developed with over 2,000 outputs from Creating Our Culture Week and is a step to making our Trust a great place to work. It clearly sets out what behaviours underpin our values and what behaviours we expect from each other.
- We have established our Leadership Development training programme – 'Leading Together'. It recognises that we all have a part to play in improving our services. This programme has been designed to support staff across the organisation to acquire and develop those essential leadership and management skills we need to be the best we can be. Leading Together will help all of us to make life better together for our patients, carers and staff.
- We celebrated many special events this year including our annual summer BBQ where we welcomed over 950 people including staff, patients and carers and members of the local community. We were fortunate enough to be joined by the Deputy Mayor of Wandsworth Sue McKenney.
- Our specialists continue to lead the way on the national and international stage. We held an Eating Disorder Symposium to raise awareness of how to support people with this condition. The conference hosted more than 60 current and former service users and patients, carers, families and friends, staff and community partners.
- Our Deaf services have implemented an innovative video relay service (VRS) that offers Deaf and hard of hearing people the accessible option to communicate with hearing staff over the phone by using British Sign Language (BSL).

- Throughout the year, the Trust has been working with Summerstown182, a local award-winning community history project in Tooting to showcase and capture images of our historic Springfield site prior to beginning our redevelopment of the estate later this year to deliver two new mental health hospitals. In May the Trust welcomed a group of enthusiastic local historians and community members onto the site and undertook a tour of our derelict buildings in the Orchid Block and old Phoenix wards. The tour covered mental health in the initial early years of the Trust stemming back to the 1850s before ending with our last closed ward in the early 2000s.
- We achieved awards success again this year as our innovative Lotus Assessment Suite, was named Regional Champion for the 'Excellence in Healthcare' Award in the NHS Parliamentary Awards 2019. The NHS Parliamentary Awards are an annual celebration of talent and innovation within the NHS and Members of Parliament are asked to nominate individuals or teams within their area. Stephen Hammond, Member of Parliament for Wimbledon, nominated Lotus for its innovation toward patient care.
- Merton Citizens were finalists in the Guardian Public Sector Awards 2019 Public Health and Wellbeing category after working closely with the Trust and the citizens of Merton to raise awareness of mental health and improve access to support for mental health conditions.
- The Trust's Quality Improvement and Innovation (QII) Steering Group won the Team of the Year award from the Arrhythmia Alliance as they were lauded for their work creating a programme to quickly and easily screen for atrial fibrillation, a serious heart condition, amongst service users, carers and staff.
- During the Summer, the Trust welcomed documentary film-maker Stacey Dooley into our services as she took the helm on a new BBC3 documentary. The programme was an in-depth portrayal of how our mental health services provide care for those patients who are in crisis or suffer from serious or long term mental illness, and help them toward recovery. The film, which aired in February, followed Trust mental health professionals undertaking life-changing decisions about the care of patients, some of whom have serious mental illnesses such as eating disorders and emotionally unstable personality disorder, or experience symptoms such as psychosis or delusions.



### Creating our culture week 29<sup>th</sup> April to 3<sup>rd</sup> May 2019



As part of the Making Life Better Together programme we held Creating our Culture week during 29 April – 3 May 2019. There were 12 events in total and we had almost 650 staff, patients and carers take part in helping us to get a much better understanding of what they felt had the biggest impact on creating a positive experience of our services. Our Occupational Therapists have also been running sessions in our inpatient wards so that everyone will have a chance to take part and shape this important work. It was both humbling and inspiring to hear people share their stories and hopes for our future outstanding culture.



We had over 2,000 pieces of feedback from the events themselves as well the culture survey which received over 300 responses. This information was used to create our values and behaviours framework, embedded into our recruitment, PADR, supervision and policies so that it can become part of the fabric of our organisation.



Following on from the Creating our Culture sessions we learnt the value of appreciation and the positive impact this has. We also recognised the need to be able to give constructive feedback when people's behaviours may get out of step with our values. As a result we have made new e-learning modules available to all staff so that they can build the skills and confidence they need to do this effectively.



## Safety in Motion



This important programme is designed to support teams in managing violence and aggression and reducing restrictive practices so the programme will ultimately improve service user and staff experience.

The first few modules of the interventions are evident from boards such as this one from Ward 2 and from talking to staff about using some of the interventions like setting mutual expectations, and using Zoning , DASA and safety crosses.

## Second cohort of BAME leadership

Funded by The Burdett Trust for Nursing, the six day bespoke programme over six months for our nursing workforce was coproduced in partnership with those who had BAME lived experience of services (both staff and patients), Kingston University and diversity leads. The external grant helped to give the programme credibility, autonomy and win support from managers with limited resources. This not only supported professional development and fostered excellence but promoted understanding of the experience of BAME nursing staff in seeking development opportunities. The programme recruited 37 participants (Bands ranging from 3-7)

## “Hospital rooms”

The hospital room project has seen a number of our inpatient settings benefiting from the addition of uplifting artwork.





### **International Nurses Day**

International Nurses Day was organised and facilitated by the Nursing Development Team and was well attended, with 90 staff joining through the day. Although some of the presentations and conversations were quite challenging these were embraced and people commented on how open and supportive those present were to each other. This was particularly important as the theme this year was using Nurses voices to influence change and celebrate Difference. The photograph shows what a diverse group the Nursing workforce is with everyone wearing their national dress.



Awards were presented to

- ❖ Thomas Leeming - Healthcare Assistant of the Year;
- ❖ Alice Ryan - Nurse of the Year;
- ❖ Ellen Burgess - Nursing Associate/Trainee Nursing Associate of the Year;
- ❖ Aramide Bokinni - Assistant Practitioner/Student Assistant Practitioner of the Year;
- ❖ Adrianna Crooks - Student Nurse of the Year;
- ❖ Jasmine Dudman - Preceptee of the Year;
- ❖ Parvadee Ruthnum - Mentor of the Year;
- ❖ Lavender Ward Team achievement;
- ❖ Bose Nwaefulu - Special Recognition Award.

### **Pride**

At Springfield the 'rainbow road' was unveiled



### Health Service Journal awards finalists



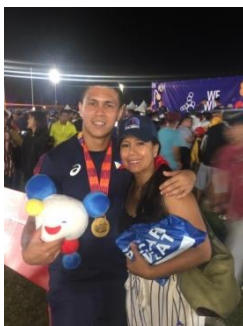
South London Mental Health and Community Partnership were finalists in the *Systems leadership Initiative of the Year* category for “collaboration not competition to transform mental health outcomes across a 3.6 million population.”

### Team of the Year award from the Arrhythmia Alliance

The Trust’s Quality Improvement and Innovation programme has won the Team of the Year award from the Arrhythmia Alliance for creating a programme to quickly and easily screen for atrial fibrillation, a serious heart condition, amongst service users, carers and staff. The quick, simple test in pop-up clinics around the Trust means that if required, medical treatment for the condition can be sought, preventing serious complications later in life.



### Gold medal success



Vincent Young, Capital Accountant in the Finance and Procurement Department, is a member of the Philippines Rugby Sevens team, he won a gold medal at the South East Asia (SEA) Games 2019 in early December. This follows on from his success in winning the Springfield 5km fun run in the summer.

### Electronic prescriptions

The DHSC has produced a video promoting this Trust's approach to electronic prescriptions.

Lead pharmacist Alexandra Lumley-Jones – Jones is featured.



### Exercise professionals in mental health

The Trust hosted the successful second annual conference of EPMH



### Data Quality

The Mental Health Services Dataset report published by NHS Digital showed the Trust ranks as 4<sup>th</sup> best NHS provider in the country for data quality when measured against over 30 key indicators. This helped us secure £125,000 of CQUIN monies.

PROVIDER NAME	CONSISTENCY	
	Total Records	MHSDS SCORE (%) Proportion Valid & Complete
BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST	863,679	97.2
SHEFFIELD CHILDREN'S NHS FOUNDATION TRUST	55,641	97.1
ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST	647,746	97.1
<b>SOUTH WEST LONDON AND ST GEORGE'S MENTAL HEALTH NHS TRUST</b>	<b>508,629</b>	<b>97.0</b>
BRIDGEWATER COMMUNITY HEALTHCARE NHS FOUNDATION TRUST	8,053	97.0
SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST	886,186	96.8
HUMBER TEACHING NHS FOUNDATION TRUST	277,368	96.8
NORTHAMPTONSHIRE HEALTHCARE NHS FOUNDATION TRUST	572,330	96.7
2GETHER NHS FOUNDATION TRUST	425,866	96.5
NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST	712,158	96.2

## Quality Improvement and Innovation Programme (QII)

The Quality Improvement and Innovation (QII) Programme has completed its second year of work since the five year business case was approved in March 2018. The team has continued to focus on the following key areas of work - **building capability** (knowledge and skills through the established programme of accredited training), aligning **improvement projects** with organisational and service line priorities (with rigorous attention to measuring and tracking the benefits of each project), and facilitating the **change in organisational culture** to one of continuous quality improvement.



Using the staff feedback from this training and the increasing literature on building QI capability in NHS organisations, the QII team applied QI principles and re-designed the skills development programme. The new strategy consists of one day workshops across three levels of increasing skills development.

- **Introduction to QI** builds capability by introducing staff to core technical skills thus providing an understanding of the discipline required for Quality Improvement.
- **Foundations in QI** builds and develops the knowledge base from Introduction to QI and supports teams' to apply and develop their specific Quality Improvement projects within the workshop.
- **Leadership for QI** is focused on supporting leaders in the organisation with knowledge and skills they require to enable QI to flourish in their areas of responsibility.

Since the new training launch in September 2019, 184 staff have engaged with the new programme across the three levels.

In addition to the internal training structure, five members of staff (along with colleagues from SLAM and Oxleas) successfully completed the NHSI Quality, Service, Improvement and Redesign (QSIR) course to become accredited QSIR teaching associates. This has enabled the development of the SLP QI Academy to be formed, which now delivers the QSIR programme in conjunction with an accredited QI coaching programme to staff across the SLP. The QSIR programme teaches clinical and non-clinical staff advanced service improvement tools and approaches, building their knowledge for further change. The Trust has 11 members of staff enrolled in the SLP QI Academy and this will increase the QI capability and capacity within the organisation.

Understanding measurement for improvement and the benefits of data was highlighted by staff as an area that would benefit from additional support and development. In response to this, the QII team hosted Samantha Riley from NHS Improvement who ran a 'Plot the Dots' development day in November 2019. Approximately 70 staff attended the workshop, developing their knowledge of data - particularly the value of moving from traditional RAG rating to time-series data in the form of statistical process control (SPC) charts. Supporting staff in the organisation to improve their data literacy will be an area of focus for the QII team in the year ahead. We are planning to work in collaboration with the performance and informatics team to run workshops and learning events in the coming year.

In relation to the portfolio of QI projects, there are currently 87 active projects running across the organisation, with a further 25 completed projects, many reporting positive improvements.



The Trust Board Quality Improvement story has proved successful and continues to be a regular agenda item. Teams have valued the opportunity to demonstrate how they have used QI methodology to improve and make positive changes to their work. The table below highlights the projects that have been presented to the Board to date.

<b>Mind the Gap – KARDIA</b> Introducing new screening opportunities for Atrial Fibrillation and a subsequent treatment pathway.	QII Team
<b>MUST Screening Tool</b> Improving the number of assessments for malnutrition in two older people's wards.	Dietetics
<b>Exercise Professionals Network</b> Establish a mental health network, which will develop and advise on standards and guidelines.	Exercise Therapists
<b>Medicine Waste on Ward 2</b> To reduce the amount of waste from acute in-patient wards; saving time, money and effort.	Pharmacy
<b>Establishing Outcome Measures on Older Adult Wards e.g. PROMS/PREM and CROM</b> Establish and implement appropriate outcome measures, comparing the paired outcomes.	Crocus Ward
<b>Medicine Errors</b> To reduce the number of errors by analysing reported incident data, focusing on themes, processes and skills.	QII Team

A number of projects have focused on the importance of addressing physical health within mental health settings which aligns with the Trust's strategic ambition of Increasing Quality Years. The QII Steering Group work on Atrial Fibrillation (AF) was successful in winning Team of the Year from the Arrhythmia Alliance. This is particularly noteworthy as the Trust is the first mental health Trust to win this award. This work was also included in the AF Healthcare Pioneers Report showcasing best practice in AF, and was celebrated at an award ceremony held at the Houses of Parliament.

Creating opportunities to showcase, celebrate and learn from the improvement work undertaken by staff is critically important and to enable this, an internal Trust QII Conference was held in June 2019. Over 100 staff members attended, with staff reporting an increased motivation and enthusiasm to make their own improvements. A second internal QII Conference, with the theme of 'Looking through Fresh Eyes', is planned.

In addition to the exciting collaboration on the SLP QI Academy, we continue to explore opportunities to improve and undertake shared learning. Examples include support for the CAMHS pathway re-design and the Safety Collaborative which is currently underway. Building upon the successful SLP QI Collaboration Conference in 2018, a second conference was held on 21 November 2019. The event brought over 200 staff together to learn from the improvement work happening across the three organisations - particularly highlighting co-produced projects with service users and carers. There was also a specific focus on the vital learning opportunities that arise from projects with limited or no success.

The past year has been busy and the progress the organisation is making towards a culture of continuous improvement is encouraging. In the year ahead, the QII team will focus on supporting the leaders in the organisation to develop the skills required to enable QI to flourish; support staff to increase their data literacy because measurement is critical to Quality Improvement; and continue to support the organisation in becoming a learning organisation – *“an organisation that is continually expanding its capacity to create its future”* (Pratt et al 2005).

## **Emergency Preparedness, Resilience and Response (EPRR)**

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

Overall the Trust was able to demonstrate through the review its on-going ability to respond well to a wide range of events including cyber-attacks, fire incidents and a number of significant security events.

The Trust was assessed as fully compliant with 56 of the 69 core standards, however 13 areas were deemed to require improvement. As a result, the overall assurance level was assessed as ‘partial’, a reduction from the ‘substantial’ assurance achieved in the previous year (2018/2019).

The key areas of challenge remained the work regarding the arrangements around Chemical, Biological, Radiation, Nuclear and Explosive (CBRNE) and it was disappointing this has not been resolved over the year. Additionally, the Trust did not do as well in the standards for EPRR training and exercising.

The reduction in performance was linked to changes in key personnel, however the EPRR function has now been stabilised and there is a clear plan in place to swiftly address these gaps.

### **EU Exit ‘No deal’ scenario planning**

Throughout 2019 the Trust strengthened its plans in relation to EU exit planning.

The Trust established an executive led EU Exit working group which oversaw the planning and assurance across seven key areas, which were:

- Supply of medicines and vaccines.
- Supply of medical devices and clinical consumables.
- Supply of non-clinical consumables, goods and services.
- Workforce.
- Reciprocal healthcare.
- Research and clinical trials.
- Data sharing, processing and access.

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





# Financial Review

## Overall Position



**£18.5m**

net surplus retained (after adjusting for impairments)

## Cash

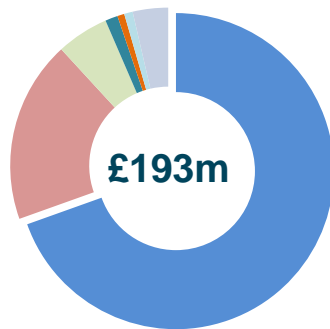


**£12.3m**

closing balance as at 31st March

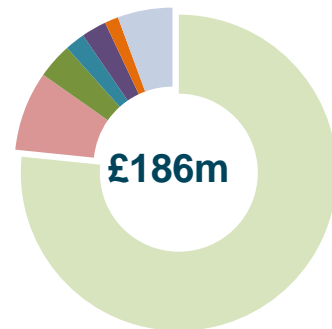
The Trust continues to build planned cash reserves which are required in future years in order to partly fund the Estates Modernisation Programme.

## Income Earnings



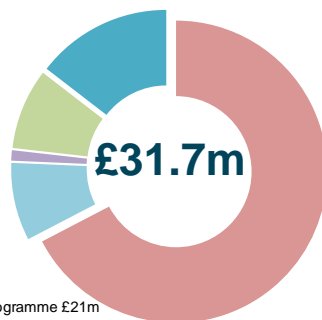
- Services to NHS CCGs £135m
- Services to NHS England £36m
- Education, Training & Research £10m
- Services to Local Authorities £2m
- PSF £1m
- Recoveries in respect employee benefits £2m
- Other £7m

## Expenditure



- Employee Expenses £142m
- Premises £15m
- Supplies and Services £7m
- Depreciation £4m
- Purchase of Healthcare from Non-NHS Bodies £5m
- Drugs £3m
- Other £10m

## Capital Investments



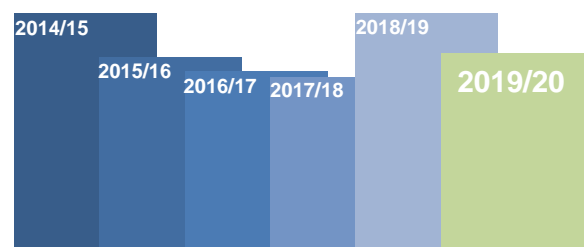
- Estates Modernisation Programme £21m
- Technology £3m
- Space Rationalisation £0m
- Maintenance £3m
- Wards/Other Refurbishments £5m

## Savings Programmes



**£6.5m**

savings for the year



Our financial statements can be found from pages 119 onwards which comply with our regulatory requirements.

The Trust is reporting a surplus of £18.5m before impairments (a technical deficit of £10.5m after impairments).

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

- ✓ Breakeven or better for Income and Expenditure
- ✓ Operate within an External Financing Limit of £12.3m
- ✓ Operate within a Capital Resource Limit of £23.6m
- ✓ Maintain a Capital Cost Absorption rate of 3.5%
- ✓ Achieve the Public Sector Prompt Payment target by value

The surplus excludes impairments as these are technical in nature and are exceptional items which are not subject to performance management. A reconciliation of these items can be found in note 8 of the accounts.

Within the £18.5m surplus is £17.0m profit from the sale of assets and £1.4m Provider Sustainability Funding.

Achievement of the planned baseline surplus (prior to asset sales and impairments) is a reflection of strong operational success in delivering challenging cost improvements whilst managing high levels of demand and maintaining a CQC rating of “Good”.

Capital expenditure for the year was £31.7m which was used primarily to modernise the Trust’s estate for both patients and staff. Over 67% was spent on the Estate Modernisation Programme preparing the Springfield site for future development which will transform it into a modern mental health facility fit for the 21<sup>st</sup> century.

The Trust’s cash balance of £12.3m remains at a healthy level and will be used to fund future estate modernisation. The table below summarises the Trust’s financial performance for the year.

	<b>£m</b>
Income	193.4
Operating Costs	-214.7
<b>Operating Surplus</b>	<b>-21.3</b>
Profit on Disposal of Assets	17.0
<b>Surplus for the Financial Year</b>	<b>-4.2</b>
Public Dividend Capital and Interest	-6.3
<b>Retained Surplus/(-Deficit) for the Year</b>	<b>-10.5</b>
Impairments	28.9
<b>NET Retained Surplus for the Year</b>	<b>18.5</b>

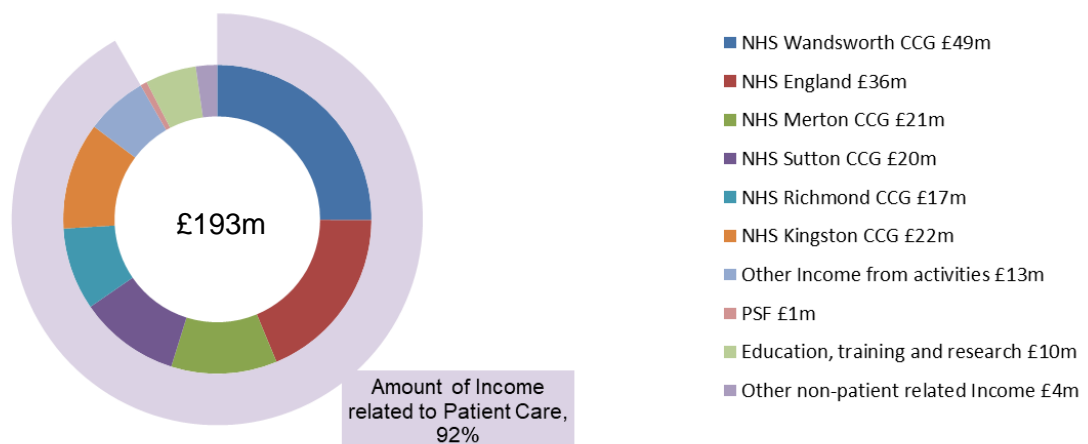
### **Use of Resources Rating**

The Trust is assessed by NHSI/E on five criteria: liquidity ratio, capital servicing capacity, income and expenditure (I&E) margin, I&E variance from plan, and agency costs compared to target. The overall rating is based on a range from 1 (the highest) to 4 (the lowest). The Trust scored a “3” which was caused by delays to, and the changing structure of, assets sales. Whilst these changes were agreed with NHSI/E they still impact on the resources rating. If the impacts of this asset sale variance are excluded, the Trust scores a “1”.

### **Income**

Total income received by the Trust in the year ended 31<sup>st</sup> March 2020 was £193.4m, with 92% coming from patient care activities and the significant majority of non-patient care income coming from education, training and research.

A breakdown of total income by source is shown below:



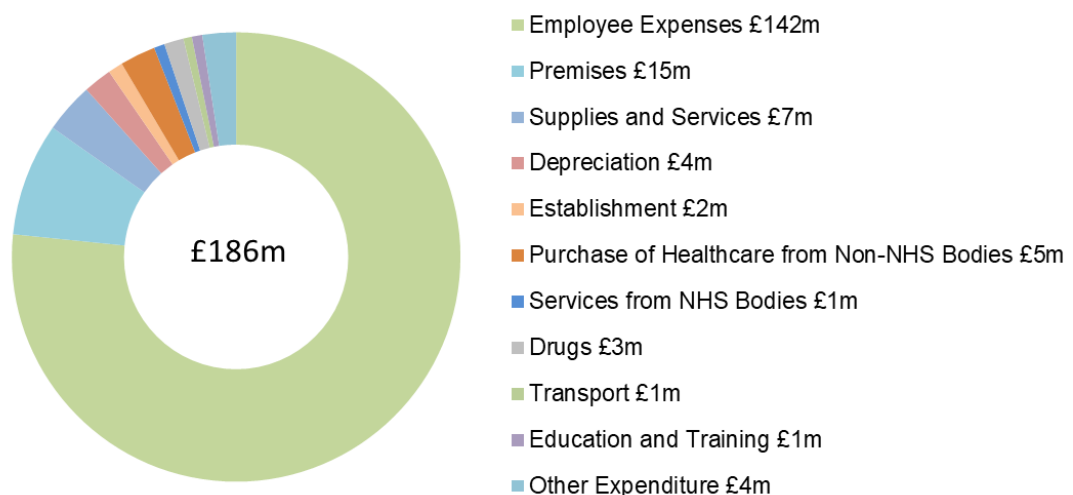
### Better Payment Practice Code

The Trust is committed to paying its creditors promptly and has signed up to the Prompt Payment Code. The Government has set a target of paying 95% of invoices within 30 days of receipt of goods or a valid invoice, whichever is later. The Trust met the target for value of invoices with a performance of 95.6% with an over performance against non NHS payments offsetting a small under performance for NHS payments. In terms of the absolute volume of invoices, 90.5% were paid within the 30 day target.

### Expenditure

The Trust spent £185.7m on operating expenditure (excluding impairments) during the year. The emphasis has remained one of utilising resources as efficiently as possible whilst maintaining and improving quality.

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



The most significant area of expenditure is staffing which accounted for £142m or 76% of the total. This expenditure includes salaries and employers pension and national insurance contributions as well as contributions to the Apprenticeship Levy.

Staffing is at the heart of what the Trust does: high quality staff are a prerequisite to deliver high quality services. Accordingly, the Trust continues to develop strategies to recruit, retain and develop staff in order that high quality services can be maintained and improved.

## Capital Investment Programme

During the year, the Trust undertook capital schemes to the value of £31.7m. These are schemes to acquire, upgrade or maintain physical assets such as buildings and equipment. A summary of these investments is shown in the following table:

Capital Programme	Benefits	£m's
Estates Modernisation Programme	Design and early works geared towards the full rollout of the main phases of the Estates Modernisation Programme in future years	21.3
Maintenance	Investment in the maintenance of the Trust's Estate including: boiler works, security, safeguarding works	2.7
Technology	Investment in the Trust's information technology infrastructure to support the Trust's digital strategy to improve processes for patients and clinicians, to provide IT infrastructure that is secure and robust and supporting the use of modern technology to reduce paper and support efficient processes	2.6
Ward & Other refurbishments	Improvements to ward areas including investment in outpatient facilities	4.6
Relocation/Space Rationalisation	Rationalisation of space, reducing the footprint occupied as an enabler for the Trust's Estate's Modernisation Programme	0.4
<b>Total</b>		<b>31.7</b>

## Financial Outlook for 2020/21

The financial outlook for the NHS during the coming year has become significantly less clear with the onset of the Covid-19 pandemic. The Trust continues to work through regional and national structures, including routes to access Covid-19 funding streams where these are available.

The Trust has taken a sensible approach to ensure the safety of its patients and staff, taking steps to adapt services to the new environment, including reduction of face to face appointments and going digital wherever possible.

Staff have been reallocated where possible towards functions designed to combat the impact of the virus. This will undoubtedly have an impact on the financial costs of running services, which are being collated on an on-going basis.

In summary, the full financial impact of the pandemic on the NHS and on SWLSTG in particular is not yet known.

In parallel, the Trust is continuing with work to implement the Estates Modernisation Programme.

The Trust is committed to protecting staff and patients during the Covid pandemic and monitoring its financial plans and funding streams as affected by the new circumstances. It will do this by:

- Putting patient and staff safety as the top priority

- Working with local partners (CCGs and Local Authorities) to adapt clinical pathways to digital methods
- Proactive management of inpatient bed base and occupancy, to ensure safe staffing
- Continue to plan for the introduction of Provider Collaboratives, which has been postponed to an October 2020 start
- Increased use of technology, in particular to expand agile working in line with government guidelines
- Reducing bureaucracy
- Continued close control of expenditure, in particular monitoring additional Covid related costs
- Planning for an upturn in demand for MH services as a direct result of the Covid pandemic
- Rationalising our estate

The Trust's work as part of the South London Partnership (SLP) is an area of clinical initiative providing qualitative benefits with patients being treated closer to home, whilst making financial savings. Corporate initiatives have seen the combining of services and posts. Both sets of initiatives have improved quality whilst reducing overall costs. The Trust is working with our SLP partners to evaluate the impact of Covid on our 2020/21 plans. In particular the complex care placements project has been scaled back, while the clinicians from the team have been redeployed to front line services.

The central component in the Trust's strategy of delivering improved quality is the Estates Modernisation Programme, which will result in care being provided in a state of the art setting. This will be achieved by rationalising the Trust's existing estate, disposing of surplus areas and using the funds generated through these sales to build modern facilities. As the Covid-19 pandemic escalated, construction work on the EMP programme was temporarily suspended. Since that point and strictly in line with Government announcements in relation to construction industry, building works then resumed in April. We anticipate that construction will continue and progress be made during the remainder of 2020/21 and the Trust will conduct an evaluation of the impact of the pandemic on likely timescales for completion.

Nationally, during the period April to the end of October, normal contract arrangements have been suspended. Funding is to be made via temporary financial blocks and a mechanism for top up payments. The national guidance also allows for the application of Mental Health investment monies and the Trust is engaged with commissioners and NHSE to determine how much investment funding may be applicable to our services. The position from November onwards however, is unclear and the Trust, like others, awaits further guidance on the subsequent months. However, overall our expectation is that later in the year a more predictable income situation will be restored.

## **Going Concern**

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

In addition to matters covered during routine reporting to the Board the following support the going concern assumption for the Trust:

- Surpluses of £25.9m and £18.5 (before impairments) were included in the audited accounts for 2018/19 and 2019/20 respectively.
- Prior to the suspension of NHS planning due to the national response to COVID-19, the Trust submitted a draft operating plan for 2020/21 which forecast a break even position before impairments and asset sales. Subsequent changes to the NHS financial architecture (i.e. how Trusts receive funding) are designed to financially support Trusts.
- The Trust is considered low risk and is not the subject of any financial distress monitoring.
- The Trust will progress the sale of land and buildings over the next few years that form part of the Trust's wider estates modernisation programme (EMP). During 2019/20 the Trust's Estates Modernisation Programme full business case was signed off by NHSE/I, the Department of Health and Social Care and HM Treasury which included the long term financial plan for the life of project. The Trust has excellent experience in managing asset sales and good working capital management, maintaining cash balances greater than £5m (10 days' operating expenses) throughout 2019/20 and the 2020/21 plan also maintains this balance.
- Asset sales will provide significant cash injections to fund the building of the new hospitals; the Trust will need to use some of the existing land/buildings, which it plans to sell, until the new hospital is complete; this may cause a temporary shortfall in cash during the building phase in future years and the 2020/21 plan does include a requirement for a loan over the period of the Springfield construction, which formed part of the business case which was signed off at the end of the 2019 calendar year.
- The Trust continues to implement its financial strategy to deliver efficiency savings whilst achieving the control total set by NHSE/I, which is breakeven. The Trust has achieved its CIP target for 2019/20 of £6.5m of which £5.9m is recurrent. The Trust has submitted a draft operating plan for 2020/21 which forecasts a break even position (before impairments and asset sales) and a CIP of £9.2m.
- From the 1st April 2020, the Trust's main CCGs are merging into one organisation. No negative impact is expected as a result of this, particularly due to the multi-year increases contained in the Long Term Plan, which has been completed in partnership with the legacy CCGs across the STP; with an increase in funding for the next five years under the Mental Health Investment Scheme of 33% over the next four years, including a 7% increase in 2020/21 which equates to an extra £7.1m although this may change as a result of the national response to COVID-19.
- The Trust continues to work collaboratively with its neighbouring mental health providers to maximise efficiency opportunity and also those opportunities available through proactive work with its commissioners to secure additional income or enter into gain share arrangements.
- Neither internal nor external audit have raised any serious concerns about the underlying financial systems.

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

## Key issues and risks affecting the Trust's delivery of objectives

We have outlined the key risks to achieving our objectives on page 91 in the Annual Governance Statement.

## Performance analysis

In 2019/20 the Trust has continued to strive to achieve performance targets set both nationally, and by our regional and local commissioners as well as those internally set. In the period we performed well across our services and as a result remain at segment 1 of 4 within the NHSE/I Single Oversight Framework (SOF) which means **maximum autonomy** with no potential support needs identified.

### Monitoring and managing performance

Our performance is comprehensively monitored by external stakeholders such as NHSE/I, our local commissioners, local authorities and joint management groups across a wide domain of performance areas.

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

In year, the Trust has enhanced its statistical process control (SPC) reporting from (floor to board) via automated dashboards which were developed by the Performance and Information Team. In addition, manual chart processes, i.e. workforce and restrictive practice measures, have been phased out and semi-automated to improve efficiency and accuracy. Regular audit checks have been undertaken in order for the Trust to have full assurance on the KPIs it measures. The Trust has introduced a data assurance programme for the KPIs it measures and results are shared with the Trust Audit Committee. In 2020/21 a kite mark to signify assurance will be assigned to KPIs with full assurance and this will be integrated into Board reporting. A SPC chart generator has also been developed to support services in creating their own charts to support reporting. New reports have been created with the aim of making data more transparent; these include dashboards for restrictive practices and statutory and mandatory training.

Two new services i.e. Merton Uplift and Wandsworth Primary Care Learning Disability Team were introduced to the Trust in April 2020. There were data quality challenges to overcome for these new services and the Trust inherited a considerable number of long waiters from the previous providers. The Trust has streamlined and automated reports over the year which has improved the data quality and allowed staff more time to scrutinise data more closely. There has also been a decrease in long waiters within these services which is subject to weekly local management scrutiny.

We aim for high levels of performance, and base our strategy on these principles:

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

## Performance against objectives and national standards

The table below sets out our performance against key performance metrics during 2019/20. Previous year's performance has been RAG rated against the 2019/20 targets shown.

Safe Key Measures	Is NHSI Metric? (Y/N)	Target	2017/18	2018/19	2019/20
Never events ☉	N	0	0	0	0.0
Overdue Patient Safety Alerts	N	0	0	0.2	0.1
Serious Incidents STEIS	N	≤8.5	7.4	7.8	7.3
Number of incidents where duty of candour has breached	N	0	0	0	0.0
Admissions to an acute ward of a patient under 16	N	0	0	0	0.0
Physical Health Assessment attempted within 48 hours of admission (%) ☉	N	≥95.0	94.9	92.0	92.8
% of patients with a risk assessment reviewed within the last 12 months	N	≥95.0	87.8	88.1	87.9
Risk Assessments within 48 hours of admission (%)	N	≥95.0	95.2	94.3	95.7
Effective Key Measures		Target	2017/18	2018/19	2019/20
Emergency readmission within 30 days - Adult Acute & PICU (%)	N	≤8.5	5.8	7.0	6.1
Adult Acute monthly average length of stay (excluding PICU)	N	≤33.2	30.6	33.1	37.6
CPA review within last 12 months (%) ☉	N	≥95.0	97.3	97.4	97.7
Community follow up within 7 days of discharge from inpatient services (%) ☉	N	≥95.0	96.8	95.4	94.2
Follow up within 48 hours of discharge from inpatient services (%)	N	≥95.0	N/A	56.7	63.8
Community follow up within 72 hours of discharge from inpatient services (%) (CQUIN)	N	≥80.0	N/A	N/A	78.5
Employed (On CPA 18-69 yrs only) (%)	N	≥7.1	10.9	11.7	12.3
Settled Accommodation (On CPA 18-69 yrs only) (%)	N	≥80.0	82.5	80.5	83.0
Cluster accuracy and quality (%)	N	≥90.0	87.8	89.1	88.5
Inpatient discharge letters sent within 24 hours (%)	N	≥90.0	75.9	88.7	89.3
Cardiometabolic Assessments - Inpatients - Service Users included are those with a diagnosis of psychosis that have been on the ward for 7 days or longer (%)	Y	≥90.0	83.1	77.9	88.1
Cardiometabolic Assessments - EIS - Service Users included are those with a diagnosis of psychosis, are on CPA and have been on the case load for a minimum of 12 months (%)	Y	≥90.0	66.0	75.7	84.9
Cardiometabolic Assessments - Community services - Service Users included are those with a diagnosis of psychosis, are on CPA and have been on the case load for a minimum of 12 months (%)	Y	≥75.0	64.0	64.5	72.2
Caring Key Measures		Target	2017/18	2018/19	2019/20
Patient Friends and Family Test (%)	N	≥92.0	72.2	70.7	81.8
Mixed sex accommodation breaches	N	0	0	0	0.2
CPA clients with a collaborative crisis plan (%)	N	≥90.0	90.1	92.3	93.5
Responsive Key Measures		Target	2017/18	2018/19	2019/20
Patients requiring acute care - Gatekeeping assessment in line with best practice standards (%)	N	≥95.0	97.7	99.4	99.5
1st episode of psychosis - Treatment with a NICE recommended package within 2 weeks of referral (%)	Y	≥56.0	66.1	60.7	66.4
IAPT/talking therapies - Proportion of people completing treatment who move to recovery (%)	Y	≥50.0	47.7	50.8	51.9
IAPT/talking therapies - Waiting time to begin treatment within 6 weeks (%)	Y	≥75.0	93.9	98.8	99.0
IAPT/talking therapies - Waiting time to begin treatment within 18 weeks (%)	Y	≥95.0	99.7	99.8	99.9
Expected population need met by IAPT - Sutton Uplift	Y	≥4268.0	4424	4083	4384
Expected population need met by IAPT - Merton Uplift	Y	≥2818.8	N/A	N/A	2560
Expected population need met by IAPT - Wandsworth IAPT	Y	≥8693.2	6626	8165	8736
CAMHS - Non-Urgent referrals assessed within 8 weeks (%)	N	≥80.0	85.7	85.3	84.7
Children and young people referred to the CAMHS Tier 3 Eating Disorder Service that wait 4 weeks or less from referral to start of a NICE approved treatment (%)	N	≥95.0	92.3	85.5	88.0
RTT - Patients waiting for treatment at month end (%)	Y	≥92.0	97.7	95.1	92.8
Adult CMHTs - Non-Urgent Referrals assessed within 28 days (%)	N	≥80.0	86.9	91.4	89.0
Workforce Key Measures		Target	2017/18	2018/19	2019/20
Vacancy Rate (%)	N	≤15.0	16.8	15.6	16.6
Sickness rate (reported month in arrears) (%)	N	≤3.5	3.9	3.8	4.2
Turnover Rate (%) ☉	N	≤15.0	15.6	16.0	16.3
MAST 1 - Statutory and Mandatory training (%)	N	≥95.0	N/A	N/A	88.9
MAST 2 - Statutory and Mandatory training (%)	N	≥85.0	N/A	N/A	91.8
Supervision (%) ☉	N	≥85.0	79.2	80.0	82.0

Figure 1: Performance against key performance indicators



During the period, 2019/20, our services:

- Received 38,355 referrals to our secondary services;
- Made 394,770 individual contacts with our services users;
- Admitted 1,676 people to our inpatient services (excludes Lotus and Out of area admissions).
- Received 26,597 referrals into our Improving Access to Psychological Therapy (IAPT) services.
- Saw 36,267 distinct patients.

As detailed below we have had variable performance but are achieving most of our targets across the safe, effective, caring, responsive and effective domains.

Demand for adult acute beds has remained high in 2019/20 and we continued to work innovatively in order to meet the demand and lower admission rates.

### *Clinical services success*

The Trust's performance has improved considerably in a number of areas in 2019/20; these are summarised below:

- There has been sustained improvement in the Annual Care Plan Review performance as teams have begun to book reviews three months in advance. In addition, the Trust consistently benchmarks among the best in London.
- From April 2019, there has been improvement in social inclusion, mainly due to the Community service line implementing a data quality improvement plan in year. This plan includes allowing teams to dedicate time each month to agree on remedial action, as well as to collaboratively review performance.
- The performance against the 'Data Quality Maturity Index' has significantly increased following the development of the Trust's 'in-house' reporting system in July 2019. The Trust consistently benchmarks as among the best in the country.
- The improvement in performance for 'PDU - Assessments not resulting in an inpatient admission' has been maintained and the Trust routinely exceeds target, with the data showing a positive trend.
- The long term improvement in performance for 'Home treatment - follow up attempted within 24 hours of DNA' has been sustained with the Trust regularly meeting target.
- Collaborative crisis plan performance has continued to improve and the Trust is now able to routinely exceed the target.
- The legionella flushing breaches have decreased significantly in 2019/20 due to a change in process, with the data now showing a downward trend.
- The IAPT recovery rate YTD performance was compliant for all three services in 2019/20. Regarding IAPT access, Merton has failed to meet the locally contracted target; Sutton Uplift has achieved target for the year with improvement especially in last 7 months; Talk Wandsworth performance deteriorated in Q4 after consistently achieving cumulative target in Q1-3.
- Delayed transfers of care (DTC) performance has continued to improve and has remained below target for the whole of 2019/20.

Full details of the Trust's operational performance review for 2019/20 were published in the June 2020 Board papers available on the Trust website.

## Commissioning for Quality and Innovation (CQUIN)

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

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

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

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

### ***How did we do in 2019/20?***

In 2019/20, the National CQUINS were aligned to the NHS Long Term Plan and the initiatives were less focussed on individual milestones within each quarter being met each quarter, but rather an overall target, which would form a payment at the end of the CQUIN, based on the average score for each CQUIN.

The Prescribed Specialist Service CQUINs were still run on the previous method of individual milestones each quarter.

This year the CQUINs are worth over £1.3m of income to the Trust and cover areas such as Staff Influenza vaccinations, follow up of patients discharged from inpatient service within 72 hours, alcohol and tobacco screening and data quality.

Due to the Covid-19 Pandemic, the Trust was awarded 100% payments for both the Local CCG CQUINs and the Specialist Services CQUINs, totalling an income of £1,665,216 for the Trust.

2018/19 CQUIN	Q1	Q2	Q3	Q4	Overall Achievement
CCG2: Flu Vaccination	N/A	N/A	N/A	Achieved 71% (received 100% payment)	100%
CCG3a-c: Screening and brief advice for tobacco and alcohol use in inpatient settings	Met	Met	Met	Met	100%
CCG4: 72 hour Follow up after discharge	N/A	N/A	Met	Met	100%
CCG5a-b: Improving the quality and breadth of data submitted to the Mental Health Services Dataset.	N/A	Met	Met	Met	100%

CCG6: IAPT CQUIN	N/A	Partially Met	Partially Met	Met	100%
<b>Specialist CQUINs</b>					
PSS4: Healthy Weight in Forensic services	Met	Met	Met	Met	100%
PSS5: Tier 4 CAMHS Training	Met	Met	Met	Met	100%
PSS6: Deaf Communication for Adult and CAMHS patients	Met	Met	Met	Met	100%

### **What do we have planned for 2020/21?**

There are a few continuing CQUINs from 2019/20, which are Staff Influenza Vaccinations, Use of anxiety disorder specific measures in IAPT services and the Prescribed Specialist services CQUINs.

<b>2020-21 CQUINs</b>	<b>Goals</b>
CCG2: Cirrhosis and fibrosis tests for alcohol dependent patients	Achieving 35% of all unique inpatients (with at least one-night stay) with a primary or secondary diagnosis of alcohol dependence who have an order or referral for a test to diagnose cirrhosis or advanced liver fibrosis.
CCG5: Staff Flu Vaccination	Achieving a 90% uptake of flu vaccinations by frontline staff with patient contact.
CCG6: Use of anxiety disorder specific measures in IAPT services	Achieving 65% of referrals with a specific anxiety disorder problem descriptor finishing a course of treatment having paired scores recorded on the specified Anxiety Disorder Specific Measure (ADSM).
CCG7a: Routine outcome monitoring in CYP and perinatal mental health services	Achieving 40% of children and young people and women in the perinatal period accessing mental health services, having their outcomes measured at least twice.
CCG8: Biopsychosocial assessments by MH Liaison services	Achieving 80% of self-harm referrals receiving a biopsychosocial assessment concordant with NICE guidelines.
<b>Prescribed Specialist Services</b>	
PSS2: Supporting patients to manage a healthy weight in adult secure settings through interventions that culminate in service users having a 'physical health passport'	75% to 90% of eligible service users having a physical health passport in relation to managing a healthy weight or, for new admissions, a passport that is in development in preparation for the first CPA at 3 months.
PSS3: Achieving high quality 'formulations' for CAMHS inpatients	50% to 80% of inpatients have had a formulation or review, or update of existing formulation, within 6 weeks of admission, that is based on the collation of up to date information and understanding from the young person, family and all relevant sources, and that has been shared in the appropriate format with the young person, carers and community key workers as part of a dynamic assessment process. Excluded from the denominator are patients for whom a formulation is not an aim or function of the admission and who have had the rationale for that decision recorded and accessible for audit and reporting purposes.
PSS4: Use of communications assessment tools to ensure the needs of D/deaf patients are appropriately identified	100% of existing and new D/deaf adult services users assessed with the Sunburst Assessment Tool, and 100% of new and existing D/deaf CAMHS service users assessed using the CAMHS Communication Profile.

## Care Quality Commission

The CQC conducted a full two week inspection of clinical services in September 2019, followed by 'well led' interviews in October 2019. The CQC held a significant number of engagement events and staff focus groups across the organisation as part of their inspection. The CQC published their inspection report on 20<sup>th</sup> December 2019 and the Trust maintained and strengthened the 'Good' rating across all areas.

At this inspection the Trust was rated 'Good' overall and 'Good' for all key domains - safe, effective, caring, responsive and well-led. The Trust made improvements in the acute inpatient wards and in the forensic inpatient wards particularly around the physical health care of patients and the way patients were cared for after rapid tranquilisations. The previous requirement notices for the acute wards for adults of working age and psychiatric intensive care units (2018) and the Forensic inpatients (2016) have been lifted

The CQC core clinical inspection took place during the first two weeks of September 2019 and the following services were inspected:

- Forensic wards - Burntwood Villas, Halswell Ward, Hume Ward, Ruby Ward and Turner Ward.
- Older People - Jasmines Ward and Crocus Ward.
- Crisis Services - Kingston Home Treatment Team (HTT), Richmond HTT, Sutton HTT and Wandsworth HTT.
- Health-based places of safety - Lotus Assessment Suite/PDU and 136 Suite.
- Acute Wards/PICU - Ellis Ward, Jupiter Ward, Lilac Ward, Ward 1, Ward 2 and Ward 3.
- Eating Disorders - Avalon Ward and Wisteria Ward.

The well-led inspection took a different format. The CQC attended key governance meetings, staff networks and events. The well-led review of senior leadership took place on 16 and 17 October 2019 and a CQC feedback session was provided at the end of the inspection.

The CQC noted from the Inspection that:

There was good, effective leadership at all levels of the organisation. The Senior Leadership Team was visible across the Trust and modelled openness and transparency. Work had been carried out to co-produce a values and behaviours framework, which staff were positive about. The Senior Leadership Team were compassionate and acted in accordance with the values. Since the last inspection the Trust had completed work on a co-produced organisational strategy with defined strategic ambitions.

There had been a number of recent appointments into permanent and temporary posts across the executive and non-executive teams. The team understood the plans for development both internally and externally and the size and complexity of the change agenda. Governance structures and processes had been strengthened throughout the organisation. The Trust was well aware of the clinical areas they needed to improve, especially the quality and safety of care and leadership on the specialist eating disorder ward for children and young people.

Since the last inspection in 2018 the Trust had made improvements in a number of areas including in the physical health care of patients and the way patients were cared for after receiving rapid

tranquillisation. Patients had good access to physical healthcare and were supported to live healthier lives.

Services had enough staff with the right qualifications, skills, training and experience to keep patients safe and provide the care and treatment patients needed. Staff recruitment campaigns and efforts to retain staff were on-going. The learning and development needs of staff were identified and prioritised through annual appraisals and regular clinical supervision. There were good opportunities for specialist training and professional development. Since the last inspection the Trust had introduced a leadership development programme accessible to staff at all levels.

Staff assessed and managed risks to patients well and achieved the right balance between maintaining safety and providing the least restrictive environment possible to facilitate patients' recovery. Staff followed best practice in anticipating, de-escalating and managing challenging behaviour. The Trust was implementing a 'safety in motion' programme across inpatient wards, which had resulted in a significant reduction in the use of restraint and seclusion in the forensic wards.

Managers investigated incidents and complaints and shared the lessons with staff to minimise the risk of them happening again. Since the last inspection the Trust had involved patients and carers in improving the tone of complaint response letters, so that they were less corporate and conveyed empathy.

Staff and service leaders understood their risks and were able to report them and escalate them when required. The board assurance framework was used actively by the board. The senior leadership recognised the need to do more to clearly link the framework to the strategic ambitions of the Trust.

Staff provided care that was personalised, holistic and recovery-oriented. Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. Staff were proactive in involving families and carers in patient care, when appropriate. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.

Staff from different disciplines worked well together to benefit patients. They provided a range of care and treatment interventions consistent with national guidance on best practice. Teams collaborated with each other and with external agencies. The Trust worked well with partners, recognising the complexity of the local landscape and systems, developing work with the South London Partnership and volume of potential partners and meetings. The Trust understood the need to continually risk assess areas of focus and priorities.

The Trust collected, analysed, managed and used information well to support all its activities. Managers had access to the information they needed to provide safe and effective care and used that information to good effect. The way information was presented to the board had been improved making it easier to confidently identify trends, expected variation and areas of declining performance.

The Trust engaged positively with service users and staff. The board and senior leadership team had involved service users, carers, staff and other stakeholders in the development of a Trust strategy. The patient involvement team had increased the number of service users and carers on the involvement register. Service user and carer representatives were visible and valued contributors to board sub-committees and working groups.

Work on equality and diversity had progressed since the last inspection. There had been an increase in the number of staff network groups. Plans to improve workforce race equality had been reviewed and re-energised.

The Trust had appropriate arrangements in place in relation to Mental Health Act administration and compliance. Staff understood their roles and responsibilities under the Act and discharged these well.

The Trust had made progress with its a quality improvement programme. Staff had been engaged in various ways to learn, improve and innovate and were given time to do this in their day to day roles. The Trust was committed to improvement and innovation.

The CQC confirmed that they remain positive about the Trust and its approach. They find the Trust open, transparent and easy to work with. They also find us highly responsive which gives them confidence.

A full copy of the CQC Inspection report is available on the CQC website.

#### Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Good ↑ Dec 2019	Good ↔ Dec 2019	Good May 2018	Good May 2018	Good May 2018	Good ↔ Dec 2019
Long-stay or rehabilitation mental health wards for working age adults	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018
Forensic inpatient or secure wards	Good ↑ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019
Child and adolescent mental health wards	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018
Wards for older people with mental health problems	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019
Community-based mental health services for adults of working age	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018
Mental health crisis services and health-based places of safety	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019
Specialist community mental health services for children and young people	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018
Community-based mental health services for older people	Good Dec 2016	Good Dec 2016	Good Dec 2016	Good Dec 2016	Good Dec 2016	Good Dec 2016
Community mental health services for people with a learning disability or autism	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016
Substance misuse services	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018
Specialist eating disorders service	Requires improvement ↔ Dec 2019	Requires improvement ↓ Dec 2019	Good ↔ Dec 2019	Requires improvement ↓ Dec 2019	Requires improvement ↓ Dec 2019	Requires improvement ↓ Dec 2019
<b>Overall</b>	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019

Overall ratings for mental health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

## Quality Awards



Our annual Quality Awards took place on 28 November 2019. It was a night of celebration as we awarded staff for amazing practice from all areas of the organisation, at a ceremony at the Bank of England Sports Centre in Roehampton.

The Quality Award Winners were:

- Chief Executive Leadership Award: Paul Dorrington, Lead Employment Specialist
- Chair's Award: Kiran Toora, Senior Development Nurse
- Corporate Team of the Year: Facilities
- Clinical Team of the Year: Child and Adolescent Learning Disabilities
- Mental Health and Wellbeing Innovation of the Year: Putney and Roehampton Community Mental Health Team
- Clinical Leader of the Year: Charles Rowling, Occupational Therapist
- Qii Mental Health Innovation of the Year: Laura Hallwood, Staff Nurse
- Partnership and Co-Production of the Year: Merton Citizens UK
- Employee of the Year: Simon Fejfar, Recovery Support Worker
- Special Leadership Award: Forensic Service Line Leaders
- Most Improved Clinical Team: Kingston Home Treatment Team

This year we had a record number of nominations, so competition this year was especially tough. Trust Chair Ann Beasley, selected Kiran Toora for the prestigious Chair's Award. Kiran was highlighted as for being part of a multiple award-winning nursing and development team that focuses on nursing development for people of black, Asian, minority and ethnic backgrounds.

Thanks also go to Wandsworth Police and Merton Citizens UK who were nominated for our Partnership and Co-Production Award.



## Workforce Report

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



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

<b>Staff Group</b>	<b>2019/20</b>	<b>2018/19</b>
<b>Medical and Dental</b>	205	204
<b>Administration and Estates</b>	514	485
<b>Health Care Assistants and Other Support</b>	516	478
<b>Nursing and Midwifery</b>	658	640
<b>Scientific, Therapeutic and Technical</b>	446	400
<b>Other</b>	7	7
<b>Total</b>	<b>2346</b>	<b>2214</b>

**Figure 38: Workforce breakdown by staff group**

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

	<b>Male</b>		<b>Female</b>	
	<b>19/20</b>	<b>18/19</b>	<b>19/20</b>	<b>18/19</b>
Senior Civil Service	2	4	5	3
Directors	4	n/a – not required	4	n/a – not required
Other employees	724	691	1608	1516

**Figure 39: Workforce by Gender**



The breakdown of pay banding and grade by male and female staff members is below.  
**As at 31/03/2020**

*As at 31st March 2020		
Band / Grade	Female	Male
Student	2	0
Band 2	26	21
Band 3	202	115
Band 4	290	82
Band 5	246	108
Band 6	303	143
Band 7	252	87
Band 8a	153	40
Band 8b	40	26
Band 8c	20	16
Band 8d	8	8
Band 9	5	4
Core Trainee	33	14
Higher Trainee	26	21
SAS Doctor	13	9
Medical Consultant	67	47
NED / Chairman	6	2
VSM	4	4
<b>Grand Total</b>	<b>1696</b>	<b>747</b>

**Note: The above table is a snapshot of the workforce as at 31<sup>st</sup> March 2020, whereas the first 2 tables are an average over the course of 2019/20**

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

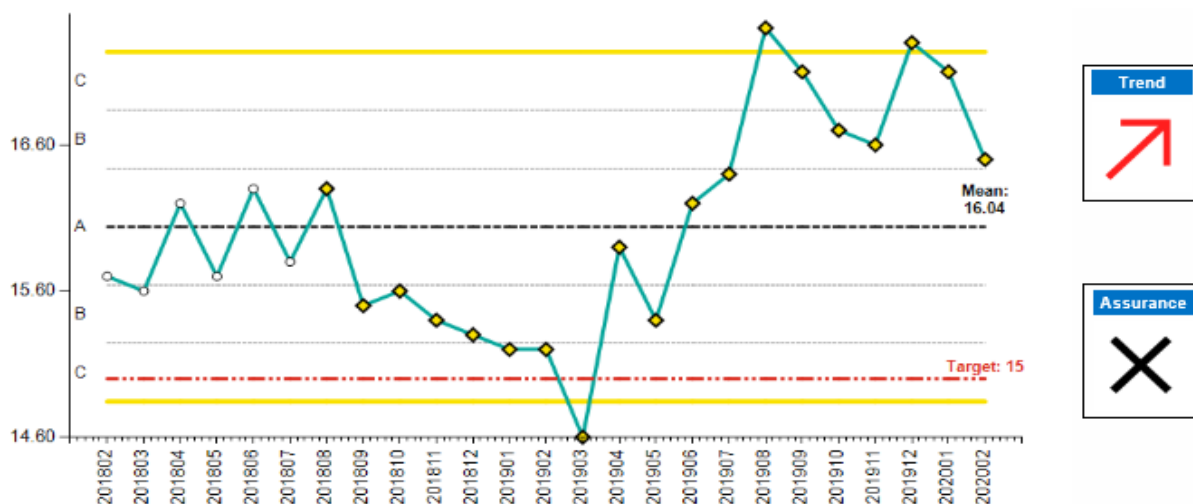
#### Workforce Performance Summary

Metric	Target (%)	19/20 (%)	18/19 (%)	17/18 (%)
Vacancy	15	16.63	15.6	16.8
Sickness	3.5	4.27	3.8	3.9
Turnover	15	17.04	16	15.6
Mandatory Training	95% Courses	86.5	89.7	88.3
	85% Courses	87.2		
Supervision	85	81.0	80	79.2
Appraisal (PADR)	95	80.4	79.2	77.6

#### Key workforce performance indicators

Whilst we did not meet the Trusts key workforce targets in the reporting period, we have maintained last year's improvements for mandatory training and supervision and there have been improvements in relation to PADR performance. The Trust turnover and vacancy rate has increased slightly in 2019/20.

- **Vacancy Rate:** The vacancy rate has increased since 2018/19. This is in part due to an increase in the numbers of establishment roles. We continue to make progress in filling vacancies but have not kept pace with the increase in establishment and turnover.



We recognise the importance of our workforce in delivering the highest level of care and support to our patients and service users. We therefore introduced a number of initiatives during 2019/20 to ensure that vacancy rates are reduced.

These include:

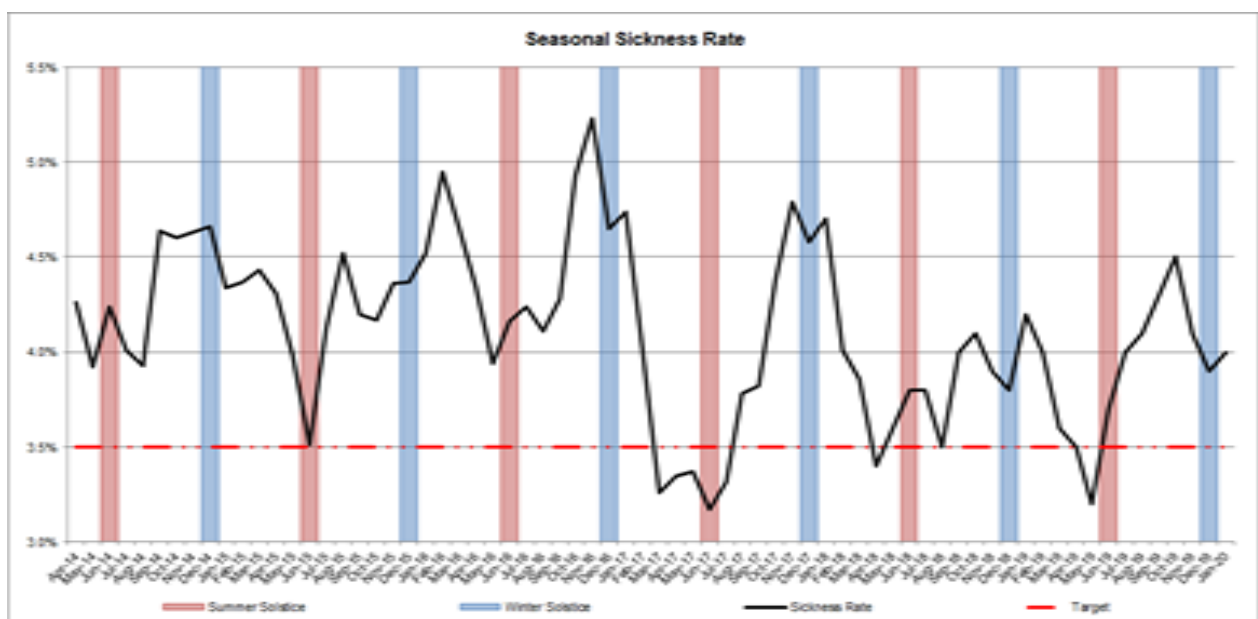
- Individual workforce plans for all service lines.
- Four Guardian articles promoting the trust. These have received a significant number of views and we are tracking through feedback whether job applicants are applying through this route.
- A LinkedIn licence allocated to the recruitment team. The team now able to conduct targeted recruitment sourcing to specific professions. This has helped to reach audiences for some of our hard to fill roles we otherwise wouldn't have been able to and led to more applications from these hard to reach audiences.
- A high percentage of vacancies are in the pipeline for recruitment campaigns.
- Recruitment is working with Service Lines and Finance to reconcile true vacancies – with a particular focus on longstanding vacancies. This is likely to reduce the overall vacancy number.
- HR will be running a number of focused recruitment campaigns and other actions to reduce reliance on agency. This includes renewed focus on converting agency workers to bank and permanent.

% of all Hours worked by Temporary staff	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020
Agency	52.44%	56.27%	29.83%	25.30%	26.13%
Bank	47.56%	43.73%	70.17%	74.70%	73.87%

% of all Hours worked by Temporary staff	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020
Agency	52.44%	56.27%	29.83%	25.30%	26.13%
Bank	47.56%	43.73%	70.17%	74.70%	73.87%

- **Sickness Rate:** the average sickness rate for 2019/20 is RAG rated red at 0.77% above a target of 3.5%. The sickness rate is highly seasonal and this winter the Trust's sickness rate was lower than in previous winters. A joint sickness policy with SLAM is currently being drafted with an aim to implement in Q2 2020/21.

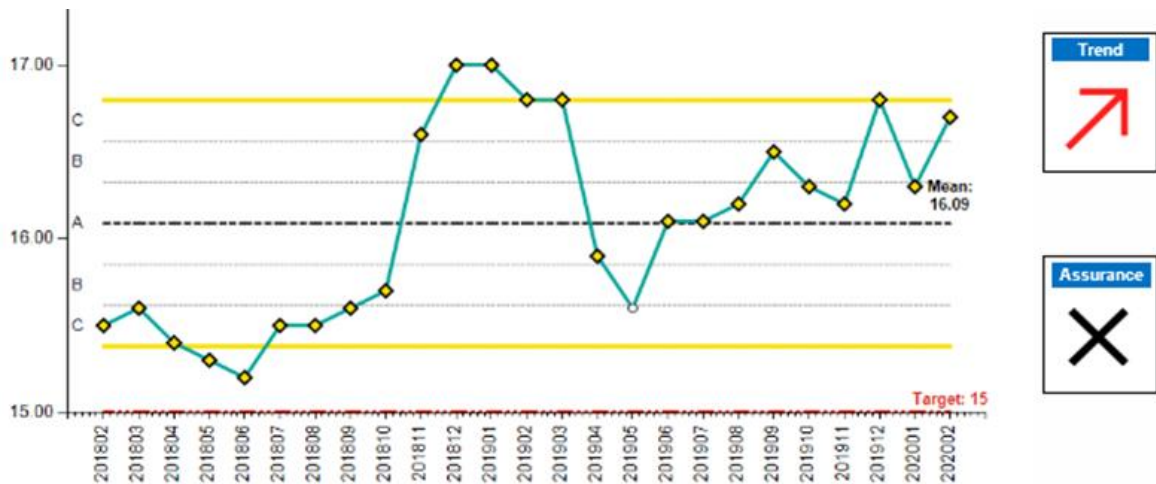
- A monthly triage of long term sickness cases is now being carried out by the HRBP team to ensure that issues and delays are mitigated.
- A disability policy is being considered by the Trust to assist with managing staff whose absences are impacted by a known disability impacting on their health. This action is incorporated in our Workforce Disability Equality Standard (WDES) and due to be completed by September 2020. We are also considering best practice from other trusts to enable us to manage long term sickness absence quicker.
- A multidisciplinary task and finish group has been established to develop a joint Stress Management Policy with SLAM. A draft policy has been developed and circulated widely for comments including presentations provided to the Acute Care Service line and H&S Committee. An enabling plan has also been developed to assist with the implementation of the joint policy.
- Work related stress risk assessments were piloted in two service lines (Finance and Human Resources) during 2019 having been identified as hotspot areas from findings from the Health and Safety Executive (HSE) Stress Survey. Data from the HSE survey was triangulated with available workforce information including, exit interviews, sickness absence data and stability index. The pilot informed the implementation of the third stress risk assessment carried out for the IM&T directorate. As part of the process all directorates are provided with action plans signed off by departmental managers to progress the areas raised.
- During 2019/20, 71 staff attended and were trained in sickness absence management.
- The Acute service line has implemented a plan to reduce long term sickness cases. An exception report was presented to Workforce Matters and Workforce and OD Committee in November 2019 and an action plan remains in progress. We anticipate improvement during quarter 1 2020/21, taking into account any impact on overall sickness absence due to COVID 19.



Please see the link to the NHS Digital publication:

<https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates>

- **Turnover rate:** Staff turnover has averaged 16% in year and is RAG rated red. Turnover has increased in 2019/20) and the position is now significantly above target.



The Trust is committed to retaining our staff and has put a robust recruitment and retention strategy in place. Since Making Life Better Together was fully launched, we have designed and implemented a number of staff engagement initiatives to improve our culture and aid retention.

During 2019/20, we:

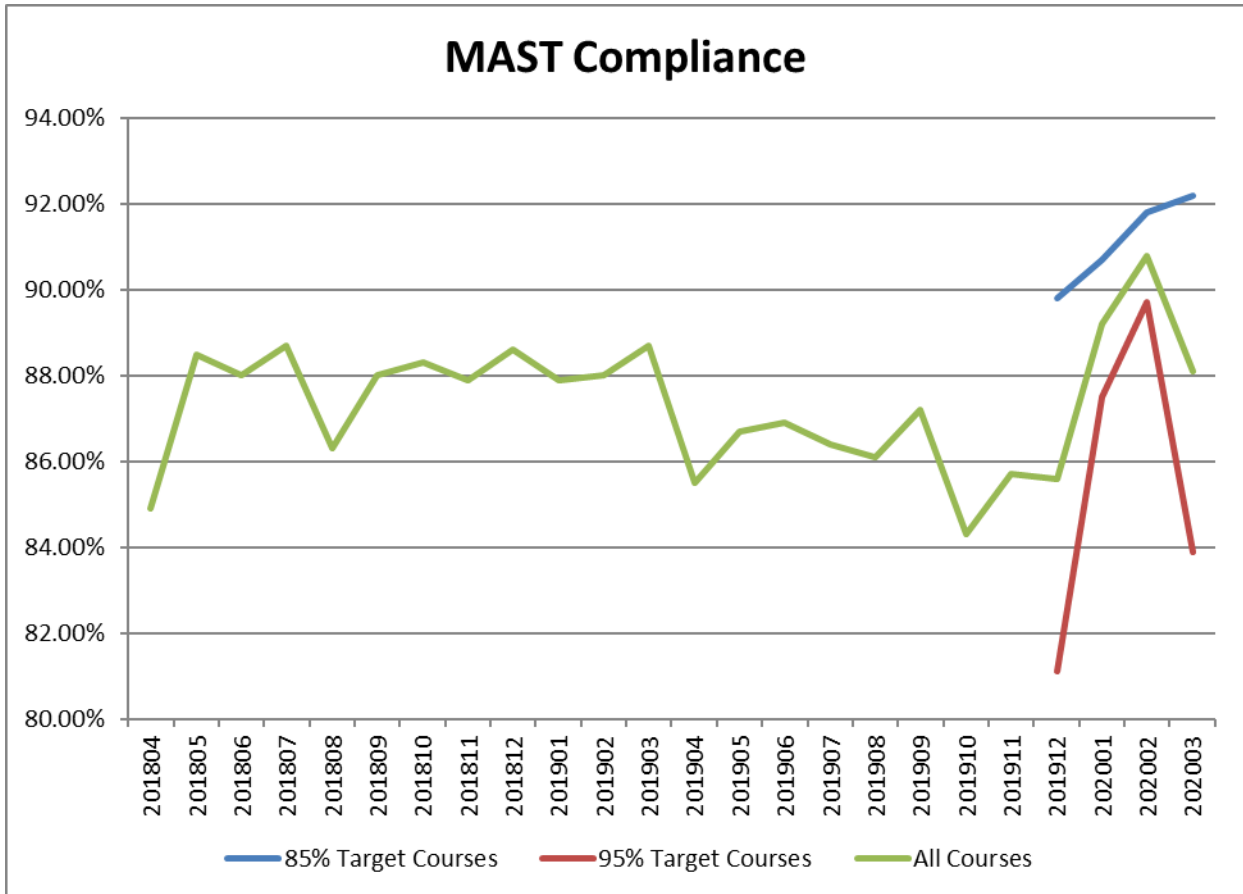
- Ran 'Creating our Culture' sessions involving over 1500 of our staff and service users
- Launched a simple values and behaviours framework to give staff the confidence to call out poor behaviours
- Launched Beyond Bullying guides, offering informal support and guidance for staff in these scenarios
- Launched our Values Based Recruitment process so that we recruit those who share our values
- Launched Virtual Wellbeing sessions to support staff with their Health and Wellbeing
- Ran 'fund my idea' scheme to implement staff suggestions, such as the staff choir
- Reinvigorated our Employee of the Month Scheme and ran our annual staff awards, to show staff they are valued and recognised
- Continue to analyse information obtained from exit interviews. Workload and capacity is frequently cited as a factor behind staff leaving the Trust. This information has been drawn on by service lines as they have developed workforce plans for 2020/21.
- Developed a business case to pilot specific actions to support retention in some of the most affected teams. This was approved in February and is being implemented in Q1 2020/21.

**Statutory and Mandatory Training:** Staff Statutory and Mandatory Training (MAST) compliance showed an initial decline in 2019/20 but recovered by the end of year, moving from an average of 88.7% to 88.1%. The compliance target for Mandatory training changed during 19/20, as shown in the graph below. There are now two training categories (MAST 1 & MAST 2) following review in December 2019; the critical subjects in MAST 1 retain a 95% compliance target, with other mandatory training in MAST 2 now monitored against an 85% compliance target, to better align with other London Trusts.

- Some training subjects became mandatory for the first time in 2019/20, including the Care Certificate for new Healthcare Support Workers.
- The number of staff failing to attend classroom-based courses remains an issue despite regular review at monthly performance meetings.

Mitigation plans include:-

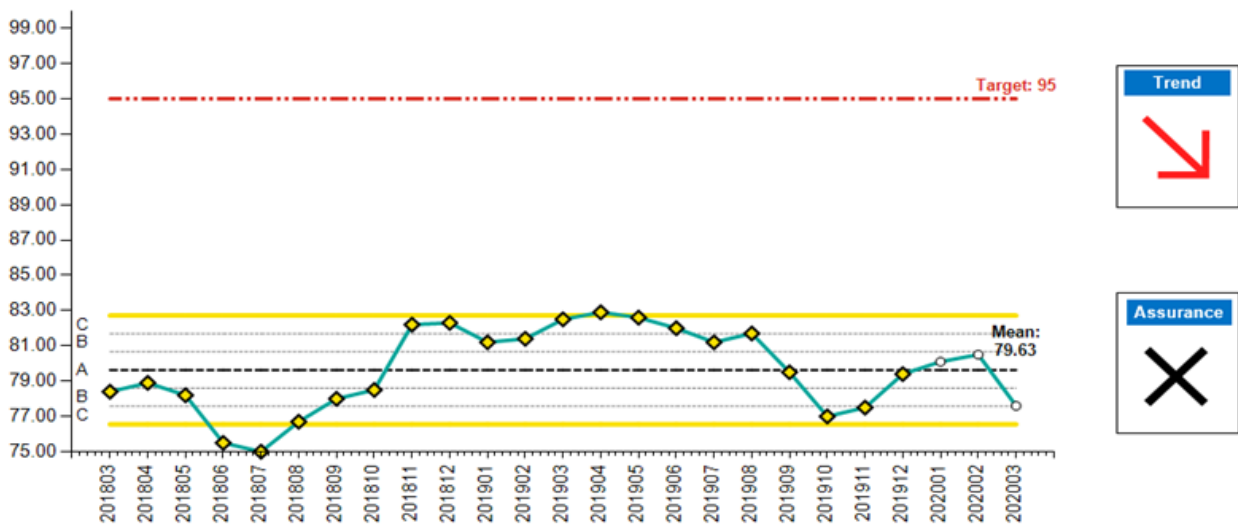
- A three-month grace period is in place for new starters.
- Managers receive automated emails for staff who fail to attend training. The Trust is able to use booking data to predict future training compliance and plans to use this to plan proactively.



- Staff Supervision:** The Trust has had difficulty in maintaining performance against the 85% supervision target with the mean position significantly below the target. Staff supervision needs to be refreshed every six weeks and managers need to ensure supervision is regularly reviewed via the supervision application in order to maintain performance and prevent peaks and troughs in performance as highlighted below. The benefits of supervision to health and wellbeing and development have been publicised. Managers are advised to plan supervision for every 4 weeks, to account for any slippage. HR Business partners support and meet with all senior managers responsible for corporate services to assist in designing actions around compliance. A top-down leadership approach is required in order to drive performance improvement on supervision with the organisation including review at manager 1:1s.



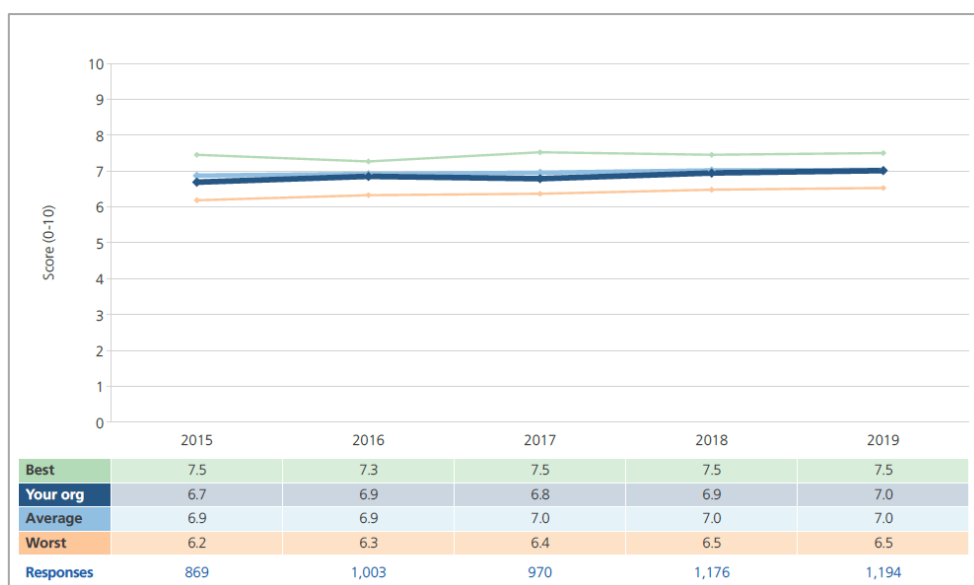
- Performance Appraisal Development Review (PADR):** The Trust remains committed to the use of PADRs as a tool; good quality appraisal and personal development planning is linked to excellence of service delivery, higher staff engagement and better staff wellbeing. The Trust has again shown an improvement in PADR compliance in 19/20 but at a mean of 80.41% against a target of 95%. A recovery plan put in place this time last year was successful in having raised compliance until August 2019 but performance then dipped. Performance is tracked monthly by Service Line at quality and performance review meetings and at relevant Workforce forums.
- An options appraisal has been developed, outlining the benefits and risks related to implementing a 3 month window, it is envisaged that all PADRs will be completed in Q1 of each financial year. If implemented, this should lead to an improvement in compliance in 2021/22.
- Compliance for Corporate areas will be tracked in detail at the Workforce Matters subgroup for Staff and Organisational Development, in acknowledgement of the lower compliance rates for non-clinical staff.



### Staff survey results

The 2019/20 staff survey results were published in February 2019. The Trust's engagement score improved to 7.0 compared to 6.9 the previous year (this is compared to a national average of 7.0). This score reaches the target set in 2018/19 of reaching a staff engagement score of 7.0 (with an amber threshold of 6.7).





There has been a significant improvement (4%) in staff feeling that patient care is the organisation's top priority and a 2% improvement in staff recommending the Trust as a place to work. There has also been a 3% increase in staff being happy with the standard of care being provided to a friend or relative.

### Sickness:

The average sickness rate for 2019/20 is RAG rated red at 0.77% above a target of 3.5%. The sickness rate is highly seasonal and this winter the Trust's sickness rate was lower than in previous winters.

The results are used in a range of ways including:

- to help NHS organisations review and improve staff experience so that staff can provide better patient care
- CQC will use the results to monitor on-going compliance with essential standards of quality and safety.
- to drive and improve work within the Workforce Race Equality Standard (WRES) metrics and the Workforce Disability Equality Standard (WDES)
- to inform the Trust's Making Life Better programme
- to inform action plans owned by the Trust's health and wellbeing development group
- to improve efforts to retain our staff

Our final overall response rate for the Trust was 55%. This was higher than the average response rate for other Mental Health Trusts in the Picker sample, which was 54%. Our response rate saw a 2% decrease from 2018 (which was 57%).

We've seen improvements in the following areas:

- **Immediate managers** - There was a 2% increase in staff reporting positively on the support they receive from their immediate manager. There were also improved responses to questions about immediate managers giving clear feedback on work.
- **Relationships at work** – There was a 5% improvement in responses around relationships at work being unstrained.
- **Effective communication between senior leadership and staff** - There was a 7% improvement on responses for the question *Communication between senior management and staff is effective*. This was the most significant improvement that the



Trust saw in this year's results. There was also a 6% increase in staff who felt senior managers act on staff feedback.

We also identified some of areas of focus:

- **Equality, diversity and inclusion** - Equality and diversity is the theme where the Trust's performance shows the greatest variance from the average and has been below average for five years. Equality and Diversity work will also align with WRES and WDES action plans.
- **Staff Engagement** - Whilst we are now in line with the average, with a score of 7.0, we must build on this to ensure we are amongst the top performing Trusts when it comes to staff engagement. Furthermore, our score for morale as a theme is 5.9 and has not changed from 2018 (and is comparable to the lowest score in the benchmark group).
- **Bullying & Harassment** - Our overall score for the *Safe environment – Bullying & Harassment* theme is 7.7 and has seen a 0.2 decline from 2018. Whilst more respondents are reporting bullying and harassment (58% compared to 53% last year), 20% of respondents say they have experienced bullying & harassment from other colleagues. We must continue with the work we have started with the 'Beyond Bullying' programme, to ensure that we reach our desired outcomes of reducing bullying and harassment within the Trust.
- **Health and Wellbeing** – Although we have seen a 2% increase in the amount of respondents who believe the organisation takes positive action on health and wellbeing, this is still below the average score for the benchmark group. Health and Wellbeing is also a considered as part of the upcoming NHS People Plan and therefore there is an opportunity for us to be leading the way in tackling this successfully

This year, we have taken a more proactive approach to action planning, as follows:

- **Trust wide action plans** – we are working with the relevant leads to create action plans for each of the areas of focus and will communicate with staff (when appropriate), what has been done to respond to the outcomes from the survey.
- **Local results discussions**– The Employee Engagement manager and HRBPs have produced reports for each of the service lines and directorates, which include highlights as well as the RAG table and historical scores for the questions. This provided clear information for managers and a focal point of discussion. Results discussions have challenged managers to prioritise three key areas of focus.
- **Local action plans**– In light of recent events, the HRBPs are supporting their services by drafting action plans for their areas, which will be collated by the Employee Engagement Team. To ensure these remain achievable, the action plan will look at areas from last year's plans that can continue to be a focus, as well as how services can support the Trust wide focus areas.
- **Check in on progress**– Once action plans have been finalised, these will be monitored through the Workforce Matters governance route, to provide accountability and ensure progress is being made. .
- **Staff survey lead up**– We will be sending out 'We Said, We Did' communications to staff, to show what has been done as a result of the survey.

## Equality and Diversity

The Trust must comply with the Equality Act 2010 and with the Public Sector Equality Duty. We also respect, protect and fulfil the Human Rights Act 1998. The Trust aims to build on

strong person-centred care and Inclusive leadership. This means that we have a strong attention to equality and human rights at a service level but we also tackle specific quality improvement issues. We believe that a focus on equality improves the rights of people and is a mainstream part of the delivery of health and social care. The Trust is committed to ensuring we have a more diverse and inclusive workforce and that diversity of our staff is well represented at all levels of our workforce.

- We established a WRES Steering group who developed a three year comprehensive WRES action plan. Our Action plan and WRES statistical information is published annually on our website
- Our Board now has one of the highest levels of BAME representation of any NHS Trust, with 3 BAME NEDs and 2 BAME executives.
- The Diversity lead and the Associate Director HR: Employee Engagement and Opportunity completed the WRES Expert Training programme. The programme is part of the NHS' WRES programme, intended to ensure health service employees from black and ethnic minority backgrounds are treated fairly at work, and to close the gaps in treatment between BAME and white staff.
- Our HR Director and Medical Director attended the WRES Expert Programme Seminar
- Launch of a new leadership programme for Black, Asian and Minority ethnic (BAME) nursing staff in Band 3-8a roles. Feedback from the Burdett programme has been extremely positive, over 60% of attendees have gone on to be promoted since attending the programme.
- Strengthened our communication and engagement plans to focus on the BME stories and encouraging more openness
- BME staff conversations have been encouraged by our Medical Director who was appointed as the BAME Executive Champion for the Evolve Staff Network.
- Our Equality and Diversity Induction training features discussions on WRES and WDES.
- A BME Expert Panel: was established to improve experience of BAME service users and reduce detention rates for BME patients. Includes local stakeholders and leading academics in this area. This panel's work is now being taken forward through the **Ethnicity and Mental Health Improvement Project.**

## **Disability**

- We have three disability related Staff Networks in place, our Deaf Staff Forum, Mental Health Staff Network and Disability Staff Network. Our Chief Executive Officer is the Executive champion for the disability staff Network.
- Collaborative work between HR, trade unions and Staff Networks to develop a Disability Action plan (WDES) this has been included in the Trust's 2019/2020 Corporate Objectives.
- The Learning Disability Work Experience programme was launched, we have worked with Wandsworth and Richmond Council to provide work experience for 5 students.
- The Trust is accredited as a Disability Confident Committed (Level 1) this replaces the Two Ticks accreditation.
- Regular bulletins have been emailed to staff alerting them to the importance of updating their disability status on our Electronic Staff Records.

## **Sexual Orientation**

- The Stonewall Workplace Equality Index is the UK's leading tool for benchmarking LGBT inclusion in the workplace. It is a framework to help create more inclusive workplaces. This year our Trust took part in this Workplace Index and, making the most of our organisation's Diversity Champion membership. We have been ranked at 306 out of over 500 organisations and we have a score of 57. In 2018 our rank was 384 out of 434 organisations, and our score was 21.5.
- To celebrate LGBT History Month, the Trust held two celebratory events on Wednesday 27 February, which are open to all staff. John Morrill LGBT Mental Health Project Manager at Wandsworth Care Alliance gave a presentation entitled "Safe To Be Me". Sue McKenna, Chief Operating Officer and Executive Diversity Champion for the LGBTQI+ Staff network opened the event. The Second event was a Free Film Screening of the Oscar Winning Film – MOONLIGHT.
- We held an event on the 28th June 2019 which celebrated the 50th anniversary of the Stonewall riots. This event was organised by the Trust's Equality and Diversity Leads, the LGBT Staff Network and the Diversity Manager. The event featured a small exhibition that covered the key milestones of LGBT history.

### Gender pay gap

The Trust had the 18th lowest Mean Gender Pay Gap out of 153 NHS Trusts who published their gender pay gap data at the end of 2019/20.

Staff on agenda for change contracts	Female	Male	GPG
Mean hourly rate	£18.86	£20.18	6.53%
Medical staff	Female	Male	GPG
Mean hourly rate	£38.45	£39.14	1.76%

The average gender pay gap for Agenda for Change staff has increased (3.61% to 6.53%), while for medical staff there has been a reduction (4.57% to 1.76%)

### Black History Month

To mark Black History Month the Trust ran a Black History Month Competition. Two Black History month banners were on display in both Springfield and Tolworth Hospitals. A Black History Month/ Windrush mini exhibition was on display at the Evolve Staff conference. The Trust also advertised a number of Black History Month community events on its external website.



We have developed bespoke Unconscious Bias training and this has been incorporated into our Recruitment and Selection training. All our interview panel members are encouraged to attend the new mandatory recruitment and selection training.

We hold regular meetings with our Equality and Engagement leads to raise awareness of Equality and diversity good practice. Plans in place for inclusive interview panels and Unconscious Bias train the trainer programme have been attended by our Equality and Engagement Leads.

We have reviewed our Equality and Diversity policies to further embed good practice, e.g, our Dignity at Work, Harassment and Bullying policy and the Grievance and Disciplinary Policy.

We have achieved a 96.4% completion rate for our Equality and diversity Training.

### **Domestic Abuse and Mental Health Conference**

In December 2019 the Trust held its first ever Domestic Abuse and Mental Health Conference; 'Inspiring Practice, Saving Lives', where over 120 staff attended the day. The day was organised and coordinated by one of our Lead Occupational Therapists Shelley Ralls as part of the Trust's support to the 16 Days of Activism 2019. It was chaired and facilitated by Dr Roxane Agnew-Davies a clinical psychologist who has specialised for the last 20 years in the impacts of violence, particularly domestic abuse, sexual violence and trafficking for exploitation on women's mental health.

#### **Guardian Service: Freedom to speak up**

The Guardian Service is an independent and confidential service for staff to discuss matters relating to patient care and safety, whistleblowing, bullying and harassment, and work grievances.

The guardian is an external person who is available over the telephone on a 24/7 basis to provide information and emotional support in a strictly confidential, non-judgmental manner.

Guardians will speak with staff on the phone in the first instance. If the issue is not resolved during the phone call, they will meet up in person. The guardian supports the employee to decide on a course of action.

The Guardian Service is available 24 hours a day on **0333 001 5109**.

## **Strategic Development and Innovation**

During 2019/2020 the Trust continued to expand its portfolio of services.

### **Merton Uplift**

Following a competitive tender, the Trust launched Merton Uplift, a new primary care mental health service from 1 April 2019. The service offers a broad range of support for people in Merton who are experiencing mental health conditions such as anxiety, stress and depression. The service includes talking therapies, including support for those who also have a long term condition, as well as support with practical skills to help maintain a feeling of wellness.

### **Wandsworth Integrated Physical and Mental Health Learning Disabilities Service**

The Trust integrated the learning disabilities physical healthcare service with its existing Wandsworth Mental Health Learning Disability service from 1 April 2019. By managing the services together this provides an opportunity for the two services to work closely together to provide a holistic learning disabilities service, catering for both the physical and mental health needs of people with learning disabilities.

### **Extra funding for those in mental health crises to allow better access to urgent and emergency health assessments and treatment**

The Trust was part of a successful South West London Health and Care Partnership bid to improve the access to urgent and emergency health assessments and treatment closer to home. The funding will improve home treatment options including face-to-face assessments, intensive therapies and support.

### **Major funding boost for school-based mental health services in south west London**

The Trust was part of a successful South West London Health and Care Partnership bid to further develop mental health support and training for children and young people, their families and teachers. The extra funding will mean mental health teams to be rolled out to more schools and further education colleges across south west London. Projects include a focus on BAME young people who have suffered trauma, those with special educational needs and disabilities and serious violence in Wandsworth.

### **Funding to expand the liaison psychiatry team at Kingston Hospital**

The Trust was successful in a bid to expand the liaison psychiatry team at Kingston Hospital to achieve the national CORE24 standard. The extra funding will extend the range of professional input into urgent and emergency mental health assessments in Kingston Accident and Emergency department.

### **Individual placement support (IPS) (wave 2)**

New funding from NHS England has enabled the Trust to extend IPS to Kingston and Richmond. IPS supports those with serious mental health conditions to find and retain employment. IPS workers have been embedded into a recovery and support team in Kingston and Richmond and the Early Intervention Service across both boroughs. The expansion of the IPS service is aligned to the NHS Five Year Forward View's pledge to double access to IPS across the UK by 2020/2021.

### **Funding to pilot a Clinical Assessment Team (CAT) in an Accident and Emergency department**

The Trust was successful in a bid to pilot CAT that provides fast, responsive assessment and care to people to service users that have contacted NHS111, police, London Ambulance Service (LAS) and professionals. Depending on the needs of the person being referred, we may visit people in their homes or ask them to come to one of the Trust clinics.

Highlight reports from each of our service lines were included in the papers for the June 2020 Board meeting, published on the Trust website. Details will also be included in our Quality Accounts being published later this year

## **Estate Modernisation Programme**

Our mental health services in south west London are being transformed to provide better care, closer to home.

Our Estate Modernisation Programme (EMP) will continue that innovation by building state-of-the-art inpatient health care facilities and committing to providing community care closer to home.

Most of our existing inpatient facilities were not designed with today's needs in mind and we still care for some patients in buildings over 150 years old. These do not provide a supportive environment for our staff, our patients or our carers.

Over the last ten years the Trust has been working tirelessly, with the support of patients, carers and the local community, building the case for change to support the development of mental health facilities fit for the 21st century, and also to become a part of the community, therefore working to reduce the stigma of mental health conditions.

And having laid the groundwork in 2018 and 2019 to prepare the site for building work to commence, the Trust was pleased to announce in January 2020, that it had secured government approval to start work on two new state-of-the-art facilities for south west Londoners.

Having received government approval for its Full Business Case for the development following extensive engagement with the Department of Health and Social Care, NHS Improvement, NHS England and Her Majesty's Treasury, construction work has now begun on the Springfield University Hospital site.

Our state-of-the-art facilities, which are set to open in 2022, will provide modern inpatient services that are fit for purpose; giving people the best chance to recover in the best environment, and will support staff to deliver outstanding care.

Our Estate Modernisation Programme is funded through the sale of surplus land and will bring forward a range of benefits to the people who use our services, their carers and the local community, including:

- 839 brand new homes: providing housing for local families in Tooting
- A 32-acre public park: providing excellent outdoor space including a gym and play areas for our local community
- Community shops and a café: for local residents to meet and relax
- Extensive community healthcare: treating people closer to their families and their home
- Land to be made available for a new school: investing in our children's future
- More than £5million for new transport facilities: boosting transport links for local residents

We will continue to work closely with our service users and staff to ensure any work on the development of the new facilities does not disrupt services and that people who use our services remain fully involved in the decision making processes.



## Ground breaking ceremony



The Trust officially began the construction of its new state-of-the-art £150m mental health facilities with a ground breaking ceremony on 10 February 2020. This marked the start of the transformation of the Trust's largest site, Springfield University Hospital.

The ceremony saw the first shovels of earth being dug by the Mayor of Wandsworth Councillor Jane Cooper, myself, Vanessa, and Paul Heather, the London MD of Sir Robert McAlpine. The Mayor of Kingston upon Thames Councillor Margaret Thompson was also in attendance.





## **Research and Development (R&D)**

The R&D Department has progressed the implementation and review of its strategy within its main objectives of ensuring robust multidisciplinary leadership in research, embedding of R&D within the Trust's strategy, maintaining and increasing research activity, plus creating a multidisciplinary culture of research engagement and co-production for the Trust. In the past year R&D has contributed to supporting and enabling the development of projects based on co-production and at service development stage, such as the work on improving access to a diverse and multicultural community, the work on the acute assessment unit, on young onset dementia and a care homes project. It has also started work on a strategy aimed at linking up Research and Development with Quality Improvement and Audit.

The R&D Department has led on the establishment of a new Clinical Research Management Team with the team of psychiatry researchers based at the Population Health Research Institute (PHRI), St George's, University of London. This team is dedicated to mental health research and jointly develops and monitors projects and grant applications across SWLSTG and St George's, University of London. We have completed the main ward and post-discharge based ENRICH study and are now preparing for a second phase of the project designed for the early intervention service. The DECISION study, based in the Lotus assessment unit, has also commenced and is successfully recruiting. The team further supports SGUL undergraduate students undertaking research across PHRI and SWLSTG, and ensures that strategies are in place to facilitate students' access to the mental health Trust research facility and relevant databases, including the Clinical Record Interactive Search (CRIS) system.

In the year 2019-2020 the research portfolio includes a total of 48 studies, of which 11 are academic projects, 35 on the non-commercial NIHR portfolio and 2 commercial studies. We are currently developing a total of 13 NIHR grants, and are lead site for 3 and collaborators in 10. We have also supported the application and use of the Clinical Register Interactive System (CRIS) in collaborative projects with external collaborators.

The department has successfully established academic collaborations with new external partners, such as NELFT, Sheffield University, Northumberland University and City University. We also continue to work with long standing external partners, i.e. SLAM, the Institute of Psychiatry, Kings College London (KCL), Imperial College, Cardiff University, Manchester University, Southampton University, the Biomedical Research Centre (BRC), Roehampton University, the University of East Anglia and the University of Newcastle.

Prominent Examples of current NIHR Portfolio Research are:

- Free-Cog: A novel, free to use, measure of combined cognitive and functional abilities for clinical use
- ELAD: Evaluating the effects of the novel GLP1 analogue, liraglutide, in patients with Alzheimer's disease (ELAD study)
- AD-Genetics: Detecting Susceptibility Genes for Late-Onset Alzheimer's disease
- CAP-MEM: Exploring the cause and prevalence of memory problems in mental health
- Decision: Evaluating Mental Health Decision Units in acute care pathways
- ASsuRED, version 1: Improving outcomes in patients who self-harm - Adapting and evaluating a brief psychological intervention in Emergency Department (ASsuRED)
- PAX-BD: Randomised placebo controlled trial of Pramipexole addition to mood stabilisers for treatment resistant bipolar depression (the PAX-BD study)
- PPIp2: Prevalence of neuronal cell surface antibodies in patients with psychotic illness
- TRIANGLE: A novel patient and carer intervention for Anorexia Nervosa

- DFEND: A randomised, double blind, placebo controlled parallel group trial of vitamin D supplementation compared to placebo in people presenting with their First Episode of psychosis Neuroprotection Design
- GLAD: Genetic Links to Anxiety and Depression

The Trust is taking a lead role in progressing closer research collaboration and integration amongst the CRN: South London Smaller Partners group of Trusts. The Smaller Partners are funded as a single cluster of clinical research providers from the LCRN, and annually review and agree individual shared budget allocations together. The group includes three acute Trusts (Croydon, Kingston, Epsom and St Helier), one community Trust (Hounslow and Richmond) and two mental health Trusts (SWLSTG and Oxleas). For the future, it is aimed to foster clinical research synergies and joint working at the interface between physical and mental health, and community.

The two research units in Psychiatry and Allied Disciplines (CRU-PAD) and in Psychiatry of Old Age and Neuropsychiatry (CRU-POAN) have been operationally amalgamated into one Clinical Research Unit (CRU) in order to enhance effective research delivery for more complex studies Trust-wide. The CRU for Phase II-IV commercial and non-commercial trials is fully equipped and operational in Barnes Hospital. Researchers and CRN flexible research staff also operate from Springfield Hospital for less complex interventional and observational studies.

Within the department a review of infrastructure has taken place, reflecting the required skill-mix of researchers, the extended demands in progressing the strategy and the need to work within a tight and accountable research governance framework. A risk dashboard has been established.

The Clinical Research Advisory Group overseeing research strategy and reporting to the R&D Committee has been successfully re-launched, and will meet at different sites in the Trust, enabling wider participation. The group is composed of internal and external clinical researchers and academics, service user representatives, carer representatives and charitable/non statutory bodies dealing with local mental health services development.

With the support of speakers from CRN, the R&D department has contributed to multi-disciplinary post graduate training sessions at Tolworth and Springfield Hospitals. Training is made available for Principal Investigators (PI), in Good Clinical Practice (GCP) and CRIS (Clinical Register Interactive System). The R&D website is being re-designed and will be launched in the Spring 2020. The new website will include information on research governance, educational and training sections, publications updates and will be available Trust-wide.

## **Listening to our patients**

We place a high value on actively seeking feedback, analysing what patients tell us, learning lessons and acting where needed on this feedback. Our principles include acting swiftly on issues that may need immediate action, and quickly escalating potential risks identified

through specific patient experience and feedback. We review all letters to patients, ensuring they are clear, thoughtfully written and address all the complainant's key points. Our open and transparent culture includes sharing feedback, data, learning and actions with service line governance groups to drive continuous improvement in our services.

In April 2019, the Trust launched Feedback Live! our new patient experience feedback platform. The survey questions were co-produced with patient, carer and staff involvement and now align much more closely to service line than before and have developed new themes, which are; Communication, Relationships with staff, Care Planning and Treatment, My Rights, Environment, Medication, Help and Support, Safety and General Satisfaction. A web link can be used on any device to complete the survey, this means our patients and carers can access and give their feedback at any time on any equipment with internet access via [feedback.swlstg.nhs.uk](https://feedback.swlstg.nhs.uk). This year over 12,736 survey questions (2,597 surveys) have been completed and over 1,919 text comments received. The most answered question is about 'communication' followed by Relationships with staff.

Examples of acting on text comments that have been received are set out below:

- You Said: *Your rights were not read in over a month*

*We Did: We complete a 132 rights audit weekly which flags issues. For s2 patients, we now read rights once a week if they understand or twice a week if they don't understand and for s3 patients, rights would be read once fortnightly if they understand and once weekly if they do not understand*

- You Said: *There have been a few incidents of patients violence which makes you worried about your safety on the ward*

*We Did: We raised this in the community meeting, had a debrief after every incident. We have made sure that there are more staff on the shop floor talking to patients as part of patient engagement and a safety measure. Patients now feel reassured.*

- You Said: *The food was very poor, supplies were running low and wrong food orders being sent by suppliers*

*We Did: raised the issue with catering department and also invited the catering manager for the community meeting on the ward*

The Friends and Family Test, asking the question to service users 'would you recommend our care to your friends and family?' is collected by both SMS text as well as a question on Feedback Live! The average score of people who would score 'Likely' or 'Extremely Likely' to recommend the Trust is 82% from internal data.

Stories are presented to the Board by the service users themselves (sometimes attending with friends or family) and supported by staff known to them, alongside the support of the Experience and Governance Team. The Board highly values listening to experiences told directly about services and greatly appreciate the candour and power of the told stories which take time and effort to prepare as well as confidence to speak publicly. The stories are presented at the start of the Board meeting in order to set the tone of the Board meeting placing the patients and those that care for them at the centre of Trust Boards work. The Trust Board meetings commences with a patient story.

<p>May 2019</p>	<p><b><i>Merton Home Treatment Team</i></b></p> <p>Focused on the team’s aim to improve their practice around working more closely with families and carers and the team’s work to support more service users in reducing the length of their hospital admissions by providing home treatment at an earlier stage in their stay.</p> <p>Highlighted that the team was recently HTAS accredited through the Royal College of Psychiatrists. Meeting this standard required the team to evidence that the teams practice meets with agreed criteria and ratings for Home Treatment Teams.</p>	<p>Discussion focussed on issues including the importance and challenges of staff continuity, waiting times for mental health act assessment, the respective roles of registered and non-registered staff, access to therapies and waiting times for ADHD treatment.</p>
<p>July 2019</p>	<p><b><i>Neuropsychiatry Service</i></b></p> <p>Focussed on a patient’s negative experience of being referred under the team, due to a lack of contact, limited scope of available treatment, and an error when a letter was sent to the patient’s GP and neurologist but not her. The story highlighted how the patient felt that staff would benefit from better disability awareness training, unconscious bias training, and general guidance regarding patient centric communication. The patient encouraged the Trust to adopt and perpetuate a mindful and positive attitude towards disability.</p>	<p>The service extended a huge thank you to Sarah for her valuable feedback in relation to her experiences and assured her that these will be used to inform ongoing service improvements. On behalf of the whole Board</p>
<p>September 2019</p>	<p><b><i>A Carer’s Journey</i></b></p> <p>Focused on a carer’s experience and highlighted his wish to see a wider adoption of dialogical approaches such as Open Dialogue for treatment of psychosis. Noted that Open Dialogue training was organised by a member of staff from EIS and was attended by staff from Family Therapy, EIS, and HTT. The carer and Medical Director met with Open Dialogue Service Lead Director and practitioners, and following this</p>	<p>Discussion around the positive experiences that the carer had, and the profound psychological and financial impact he had experienced. Discussion around the Trust considering How carers could get more useful help at crisis time, more flexibility on entering ward, and guidelines and provide assistance for medication discontinuation</p>

	visit it was decided to create a special interest group within the Trust.	
November 2019	<p><b><i>Inpatient Experience</i></b></p> <p>Focused on a patient’s journey through inpatient services, including acute wards and several months on PICU. The patient had a more positive experience of being on PICU than on acute wards, despite the levels of violence and aggression that he experienced whilst there. The report focussed on the challenges that staff on PICU face with regard to managing violence and aggression, which they face more than any other clinical team.</p>	<p>Discussion focussed on the patient’s positive experiences of Ward One and his good relationship with staff. Discussion then took place around the patient’s experience of other wards in the Trust, and in particular his more negative experience of Ward Three. The Board especially welcomed the patient’s story of recovery and return to work and warmly thanked him for sharing his story so openly.</p> <p>Inpatient Matron agreed to take forward the concerns raised about Ward Three and investigate these.</p>
January 2020	<p><b><i>Merton Uplift</i></b></p> <p>Focused on a patient’s experience of receiving psychological therapy from Merton Uplift and how this had helped her to come to terms with childhood trauma. The story provided information about the different aspects of Merton Uplift including Improving Access to Psychological Therapies (IAPT), the Primary Care Recovery Service (PCRT) and a co-ordinated Wellbeing service.</p>	<p>There was a discussion about a number of issues arising from the patient’s story including</p> <ul style="list-style-type: none"> <li>• The consistent importance attached by patients to the quality of reception arrangements in service locations</li> <li>• Waiting times for psychotherapy compared to waiting times for physical health</li> <li>• Arrangements to feedback about service quality during the course of treatment and not just at the end of it</li> </ul> <p>It was agreed that it was important for the community transformation programme to address these issues.</p> <p>The Board thanked the patient for sharing her experience in such an eloquent, powerful and honest manner.</p>
March 2020	<p><b><i>North Kingston Recovery Support Team</i></b></p> <p>This story was presented by the parents of a patient under the care of the RST. The story focussed on the support</p>	<p>The patient story shone a light on the North Kingston Recovery Support Team (RST) and the family’s experience of managing the balance</p>

	<p>provided to carers who felt they had nowhere to turn when their son was unwell, and how teams could communicate better and more openly with carers. Suggestion for this include consulting family and carers about the mood and behaviour of a patient at home, providing opportunities for family and carers to access professionals advice, and sending copies of letters and appointments to families and carers.</p> <p>The carers highlighted that they strongly believe they would have coped better, and therefore supported their son better, if they had been offered access to advice. They now realise that they did not attend when they were invited to appointments because they did not know they were included, and it is painful for them to now reflect that they could have been there. A simple solution to this would have been to send a copy of the letter to them.</p>	<p>confidentiality for one of our service users and effectively planning their safety.</p> <p>The carers provided some detailed comments on the suicide prevention strategy in their presentation, which were strongly welcomed by the Board and will be fully considered in the Trust’s implementation of the strategy.</p> <p>The Board further noted that community mental health services are currently undergoing a significant redesign and there is a strong commitment from the leadership team and clinicians alike to ensure improvements are made in work with carers and families. Families and carers hold invaluable expertise which can help enhance care planning for service users. At the same time families and carers equally need support and advice to help them cope.</p> <p>All clinicians will be encouraged to “Think Family” in all that they do and to routinely ask and encourage patients to involve their families and carers in their mental health interventions and treatments.</p> <p>Services are also looking closely at how to improve the speed of access to evidence based mental health treatments for our patients as we know that earlier interventions often improve the experience and outcomes for our patients. The issue of the fragmentation of mental health services in Kingston was also noted.</p> <p>It was agreed to look into the arrangements for copying letters to families and whether initial contact sheets could be amended to allow for consent to this.</p>
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The Trust has received and reviewed over 2,330 compliments over the past year and they are categorised under the theme of Values and Behaviours on the Trust reporting system. This number far outweighs the number of complaints received at 532.

- *“This service has been a life saver for myself and my daughter. I am extremely grateful to have had this service available to support us. I would highly recommend it. (Staff member) has been amazing, it's been a pleasure working with her :)” (Kingston CAMHS)*
- *‘Everyone on Turner Ward has been so nice and helpful. From the people I have met personally, reception staff, security, (name), and the ward based staff, thank you. It's not easy having a son with mental health problem like (name)s, but in the short time (name) has been there, we can see how much better he is in your care. When (name) was first transferred to you, we came to visit, and were sat in a small room on the ward waiting to see the doctor. There was a patient outside in the corridor, who was very distressed and upset. I couldn't see what was going on, but I could hear everything. The way the staff dealt with this person was brilliant. No shouting, no confrontation. They just spoke to him like a human being. Believe me when I tell you that isn't always the case in other hospitals (medical and psychiatric). In my day job I am a charge nurse on a general medical ward, so I see things from a parent's view and a nurse's view. It is so reassuring to know you treat your patients with dignity and respect. I would be happy to work alongside you. The management of the unit should be proud of all of the staff that work there. Please keep up the good work, because you are making a difference. Thank you’ (Turner ward)*
- *“Thank you for all your help over the years. I would not be here if it hadn't been for your help and work with me. You are a lifesaver and made my life liveable again. the NHS is only as good as its parts and I hope you stay to help those in need I wish I could return the favour of all your work and help so I will make sure my life has purpose and contribute to improve on myself. May life always be good to you” (Wimbledon RST)*
- *“Just to thank you all for all your support and care of (name); our team has been so concerned about him for a very long time and it has been brilliant to have such a great team supporting him over the last few months and see him make such improvements’ (Crocus ward)*
- *“First of all I want to say a big thank you to everybody at Lotus for treating me so kindly and helping me. It made such a difference. I'm pleased to say I'm now out of hospital - I stayed for a week and it went well. I am due to move out soon and I'm also planning to return to university in September! I will therefore be clearing out my room and would like to know if you would like some things for Lotus. I've got clothes, books, colouring books, arts/crafts items and probably other stuff I haven't thought of.”(Lotus Assessment Suite)*

## Complaints

We take all our complaints seriously, as they provide us with valuable feedback and opportunities to review and reflect upon current practices, and allow us to consider changes that will enhance the standards of care we strive to achieve. The Experience and Governance Team continues to receive positive feedback praising their complaints handling skills, in



particular their swift responses to requests, listening skills and understanding of services. There was one referral to the Ombudsman in 2019-20 and one final outcome received, which partially upheld the complaint.

During 2019/20, the KPI for acknowledging a complaint within three working days in 100% of case not met by small exception. The average was 98.1% across this period.

During 2019/20, the KPI for sending responses within 25 working days in 85% of cases (with the exception of complex complaints which is 40 days) was met. The average was 94.4% across this period.

Compassion in complaints handling has been a key area of focus and this year saw the commencement of a 'Complaints Review Group' which is a group that meets quarterly, and is made up of 4 service users and carers who, together with the Experience and Governance team, review a selection of anonymised complaint responses. Each group member then completes an audit tool identifying whether they felt that the complaint response had addressed the concerns raised and whether the language used in the response is compassionate and accessible. A discussion then takes place identifying positive practice and areas to develop and any actions arising are taken forward. We have made several changes to our acknowledgment letters and complaint response templates as a result of the feedback received. The group has also considered the Complaints Policy and with a view to formally reviewing it.

Members of the group have also held co-production workshops where we have developed, with service users and carers, 'Compassionate Complaints Handling' training for staff (to supplement training that was provided earlier on in the year). The co-produced version is planned to be delivered to staff, with the service users and carers who developed the training, participating in the presentations. The training poses the question of: 'What is meant by compassion?' It explores its understanding and how it can be applied in handling a complaint. It highlights features of complaints handling that are very important to service users and carers, and provides principles to adopt when someone approaches front line staff and wishes to make a complaint.

Examples of complaint actions are as follows:

- You said: *You were concerned about the delays in receiving treatment, the inability to speak to anyone at the clinical team as you said it always goes to voicemail when you telephone, and you cannot open the encrypted emails that are received.*

*We did: We apologised for the delays in treatment and an appointment was offered (which was accepted). It was agreed that letters would be sent by post to the complainant rather than email, and the clinical team were asked to reflect upon different ways people can contact them*

- You said: *You did not enjoy the food that was provided on the ward, and said that this often arrived at the wrong time or was poorly prepared.*

*We did: This feedback was shared with the Catering Department who agreed to meet with the patient representative on a monthly basis to discuss any issues. It was also agreed to increase the number of staff trained in food hygiene to do more supervised*

*cooking, and a plan was agreed to trial family visits up to 4 times a week meaning that family could bring in food if this was preferred*

- You said: *You felt that the Consultant Psychiatrist did not listen to anything that you said during your appointment*

*We did: We apologised for the experience and assured the complainant that the Consultant would reflect upon the feedback. We offered an appointment with another doctor, and also the opportunity to upload a statement onto the clinical records detailing the complainant's view*

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

A Complaints Annual Report for 2018/19 will be prepared in accordance with Regulation 18 of The Local Authority Social Services and National Health Service Complaints (England) Regulation 2009.

### **Patient Advice and Liaison Service (PALS)**

PALS has three elements: PALS Approach, PALS Advice Line and PALS Surgeries.

The PALS approach is to resolve concerns proactively and swiftly, placing the patient or carer's needs at the centre of the call or contact. Our aim is to see the concern from the patient or carer's viewpoint and perspective and help them to achieve the outcome they are looking for without having to resort to a formal complaints process.

The Experience and Governance Team staff the advice line. Although it is based at Springfield University Hospital, it serves the whole Trust. It is open Monday to Friday 9 a.m. to 5 p.m. and is supported by cover arrangements and a messaging service. Sometimes the caller is simply seeking a signpost to a service as well as liaising with the services about concerns raised. The Experience and Governance Team staff the advice line. Although it is based at Springfield University Hospital, it serves the whole Trust. It is open Monday to Friday 9 a.m. to 5 p.m. and is supported by cover arrangements and a messaging service. Sometimes the caller is simply seeking a signpost to a service; as well as liaising with the services about concerns raised. During 2019/20, there were 890 concerns or queries received through the PALS Advice Line, which were handled by the Engagement and Experience Team. 186 of these required further action by the PALS team in sending them on to the relevant team or person to be dealt with. Only a small percentage of these were escalated further and raised as a formal complaint.

PALS surgeries are where the Engagement and Experience Team meet service users on the wards, listen to their concerns and try to address these concerns with the clinical team there and then. During 2019/20, the team held 63 surgeries across the Trust.

### **Involvement and Co-production**

As a Trust we have continued to improve how we engage and work with our service users and carers.

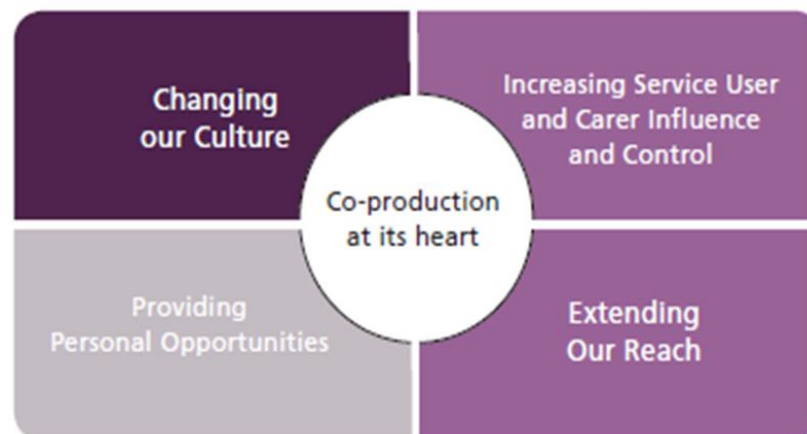
Involvement is about making sure that Trust services are led by the people best placed to know what works; people who use Trust services, their carers, family and friends. It is about

working with people so that they can have a say and influence how Trust services are delivered. Involvement is about listening to service users, carers and staff and working together to improve services.

'Co-production is about people who use services and carers working with staff in equal partnerships towards shared goals. It is about working together and learning together. Co-production values the 'lived experience' and knowledge of staff and service users and carers, equally. It recognises that staff usually have more power and co-production is the process of equalising the power difference.' (SCIE).

Our Service User and Carer Involvement Plan was co-produced in 2018 and sets out our vision for involvement in that we create 'a collaborative and structured approach to service user, carer, family and friends involvement ensuring there are a range of opportunities within the Trust to support service developments and the improvement to the day to day running of Trust services.

The objectives of the plan are to be delivered in 2020 and beyond are to:



- **Change the culture of the Trust** so that coproduction and involvement are a first thought. Where it isn't taking place, the Trust asks why not?
- **Increase service user and carer control** so that people can see the impact of their involvement in improving services.
- **Providing personal opportunities** to people who are involved that are meaningful and rewarding and that value and make use their lived experience; skills and expertise.
- **Extend our reach** so that we involve and hear the voices of a more diverse group of people who use Trust services, and their carers.
- **Have Coproduction at the heart of everything we do**, in terms of the way that services are designed, commissioned and delivered.

The Trust has invested and enhanced the involvement team which is made up of people with lived experience of mental distress and of using mental health services. The team advocates for the development of impactful co-production and involvement and supports the Trust to implement the Service User and Carer Involvement Plan

During 2019/2020 we have achieved and exceeded our objective of increasing the number of the people on the involvement register by 50%. At the end of quarter three we have 198 people on the register (145 service users, 53 carers. 25 people report that they are both a service user and a carer).

- Procedure for responding to problematic behaviour which builds on Code of Conduct for Involvement. To be implemented in Quarter four.
- Involvement team role description.
- Recommendations to be made to QGG with regard to the reward offered to people for their involvement.
- Response to non-attendance at on-going involvement activities
- Approach to matching people to involvement opportunities

Involvement in recruitment and selection is increasing and we are targeting recruitment to senior posts (Bands 8a and above) in the first instance. We are working with our workforce colleagues to have added prompts to the TRAC/recruitment systems. We have run three full days of recruitment training for our Involvement Members and have 48 trained and ready to sit on recruitment panels. In conjunction with HR we are developing/co-producing single shared recruitment training for staff service users and carers. Developing this involvement will support the Trust to recruit staff who embody the new values and behaviour framework that we co-produced earlier this year in conjunction with Making Life Better Together.

We have worked with our Patient Quality Forum representatives and our senior managers within service lines to develop and co-produce a new model to replace PQF which will embed involvement into our day to day business.

We have agreed and implemented eligibility criteria for people joining the involvement register. People who have used Trust services within the last five years, and carers, family and friends of people who meet this criteria, are eligible to join the register. The aim of this is to ensure that people involved have recent experience of using Trust services, or of caring for someone who has.

We have co-produced a code of conduct for involvement that applies to everyone involved and aims to promote the optimum environment for meaningful and impactful involvement. We reviewed the involvement register and asked members to re-register and sign up to the code of conduct.

People joining the register have been offered one-to-one meetings with the team and we have held involvement review meetings with members throughout the year. The one-to-one meetings have enabled the team to build relationships with members; to find out what involvement they have been doing; how their involvement has been going and what they are interested in. We have been working to support new and current members who have not yet had the opportunity to become involved, to take up opportunities.

We have held, and will continue to hold, workshops to co-produce and deliver a training and support framework for involvement members. Training will include an introduction to involvement, communication and assertiveness, co-production, using lived experience in involvement, skills and confidence in meetings with Trust staff and shadowing and mentoring of newer members. Involvement members have been given full access to the Recovery College.

We have reviewed the reward offered to people for their involvement and secured approval to increase the hourly rate for involvement and pay out of pocket travel expenses in addition to the hourly rate. We have also agreed a cancellation policy. These changes will be implemented next year.

New service user and carer involvement opportunities promoted and facilitated by the Involvement Team 2019/2020 (selected examples)

- Trauma-Informed Care Steering Group
- Complaints Review Group (CRG)
- Domestic Violence and Abuse - Strategy Development Group
- Trust Quality Objectives Development and Review group
- Quality Account Review Group
- Improving Patient Pathways and Our Commitment to Care (OCtC) Project Board (acute & urgent care)
- BAME Leadership Programme Steering Group
- Home Treatment Accreditation Scheme Working Group
- Making Life Better Together Quality Awards (Judge on Panel)
- Mental Health Transformation Programme (MHTP) - Mental Health Transformation service user and carer workshops & Community Redesign Work stream Meetings
  - Access and assessment into services
  - Crisis and home treatment teams (Crisis pathway)
  - Community mental health/recovery support teams, including personality disorder, dual diagnosis
  - Community Complex and specialist services including Eating Disorders, Perinatal, Learning Disability, Trauma and Autistic Spectrum Services
- Pharmacy projects:
  - Review of coproduced medication leaflets
  - Medication Diary Focus Group
  - Medicines Counselling Service Survey
  - Medicines Adherence Project
- Co-production of a communications strategy for involvement
- Co-production of a training and support framework for involvement members
- Consultation on updated Service User and Carer Involvement Payment Policy and new involvement Code of Conduct
- Co-production of a joint strategy for strategic co-production, involvement and patient experience
- Development of the Trust's Charity involving a service user with significant experience and expertise in fundraising.
- BAME task and finish group looking at promoting diversity in involvement initially with regard to having BAME reps across the Trust's governance structure.
- Merton Uplift Men's' Wellbeing Workshop with Ahmadiyya Muslim Association
- South London Partnership Programmes (SLP) partnership working with Oxleas and SLAM)
  - Creating an SLP wide approach to service user and carer involvement across all programmes
  - Involvement in Female PICU, Eating Disorders, Adult Care Pathway, Peer Support Workers in ED Programme, Perinatal Networks
- Diabetes and Mental Health Workshop - South West London Health and Care Partnership and the Trust's Strategy team
- Serious mental illness and cardiovascular disease: focus group – Health Innovation Network South London
- Experts by Experience involved in the training of Medical Students at St George's University

- Creating our Culture Week (April/May 2019)
- Merton Council - share your views of being an unpaid carer - details of engagement events Sept 2019 and survey. Creation of a carers' strategy for Merton.
- Royal College of Psychiatrists – media campaign to state the case for increased funding for specialist mental health services
- Lotus Suite Evaluation – Decision Project – Evaluating mental health decision units in care pathways.

**On-going / other service user and carer involvement opportunities** (selected examples)

- Quality, Safety and Assurance Committee (Trust wide QSAC)
- Quality Governance Group (Trust wide QGG)
- 15 Steps Challenge
- PLACE Assessments
- Physical Health and Mental Health Committee
- Infection Control Committee
- Medical Resuscitation Meeting
- Reducing Restrictive Practice Steering Group
- Triangle of Care Task and Finish Group
- Involvement Plan Implementation Group
- Mental Health Law Governance Group
- Trust Strategy Stakeholder Steering Group
- Estate Modernisation Programme
- BME Steering Group
- BME Expert Panel
- Drugs and Therapeutics Committee
- Sexual Safety Working Group
- Executive Safeguarding meeting
- Acute Care Forums, Joint Recovery Contract Monitoring meeting, Jupiter Ward Gardening Project, Ward 2 and Jupiter walking groups, Rose ward domestic abuse project and conference
- (acute and urgent care)
- Sutton and Merton Service User Reference Panel (Community adults)
- Deaf Service User Group/Committee
- Forensics Patients Council, Recovery College and Friends and Family Steering Group
- Forensics Quality Governance Group
- Burntwood Villa's Painting Project
- Perinatal Mental Health Service - involvement in Team Meetings
- Talk Wandsworth and Merton Uplift Service User Development Group

**Trust Involvement Events** (selected examples):

- Creating our Culture workshops
- Creating our Culture – Values into Action workshops
- Involvement Get Together at the Trust's Summer BBQ
- Involvement Celebration
- Physical and Mental Health Development Day
- Domestic Abuse Conference – Increasing our awareness
- Learning Disability and Autistic Spectrum Disorder Conference
- Launch of the new behaviours framework for Trust Staff
- Perinatal Mental Health Service Launch Event

- NHS Eating Disorders Symposium
- Open day for Accredited Peer Support Worker Training as part of the South London Partnership (SLP) Peer Support Workers' in Emergency Departments Programme – PSW in Emergency Departments and in Home Treatment Teams). 2 cohorts of accredited Peer Support Worker Training (12 day training starting in March 2020

offered to people who are interested in future Peer Support jobs in the Trust's emergency departments and peer workers already in employment with the Trust.

### **Patient Quality Forum (PQF) and Carer, Family and Friends Reference Group (CFFRG)**

The Patient Quality Forum (PQF) and the Carer, Family and Friends Reference Group (CFFRG) are our Trust-wide service user and carer forums which aim to support the Trust to deliver high quality services. PQF and CFFRG act as a conduit for service users and carer views and enable service user and carer involvement in the scrutiny and design of Trust services to promote the development of quality and safety.

This year we reviewed the effectiveness of PQF with PQF members and staff involved in supporting the forum. It was agreed that a new model for involvement across the Trust was needed and we coproduced a proposed new model. Whereas the Patient Quality Forum and the Carer, Family and Friends Reference Group have sat outside of the Trust; the new model for involvement aims to embed involvement within the service lines.

### **Co-production of a new model for involvement**

While we already have service user and carer involvement within the Trust-wide Quality Safety Assurance Committee (QSAC) and Quality Governance Group (QGG), the implementation of the new model would see the development of service user and carer representation at all levels of the Trust's governance structure, including within each service lines governance structure and meetings. It is envisaged that each service line will have a Lived Experience Forum (LEF) or an equivalent service user/carers group(s) with similar aims.

On-going involvement and new opportunities for impactful involvement and coproduction will be identified within the service line governance meetings and fed into the service line Lived Experience Forum. Each service line will identify a manageable number of new projects for the year that will be overseen by the LEF. These will be projects where there is a genuine opportunity for service user involvement to have a demonstrable impact. Where appropriate, involvement and co-production will take place, or start within the LEF e.g. deciding on the approach to be taken to involve service users within a particular project. The LEF will also set up project groups, involving a wider pool of service users, to work on specific projects.

The aims of the new model for involvement:

- to have service user and carer representation at all levels of the Trust's governance structure and to enable representatives to work together with the aim of strategically developing, reviewing and advocating for involvement and co-production
- to create a more robust governance structure that promotes accountability and a more proactive approach to developing involvement and co-production and demonstrating its impact
- to embed involvement and co-production in the service lines
- service lines will develop involvement and co-production utilising the reps within their governance meetings and the LEF as a mechanism to enable this
- to enable the service lines and the Trust to map, plan and review involvement and co-production.



We have met with senior leaders from each service line to explore how the new model could be implemented within each service line and/or how we can develop the existing involvement structures within the service line to meet the aims of the new model. We will implement the new model from next year aiming to work with at least one service line initially. PQF and CFFRG will continue to function while we implement the new model.

### **Developing and delivering staff training in involvement and co-production**

Within the Trust's Foundations in Quality Improvement and Innovation (Qii) training we are delivering co-production and involvement training to support staff to involve people in their projects. Staff submitting projects have the opportunity to meet with the Involvement Team to think about and plan involvement and coproduction. We also have an involvement and coproduction training slot within the Quality Leadership Programme and we will roll this training out to other staff.

### **Service line co-production projects**

In quarter one of the business planning cycle, each service line identified co-production projects to work on over the year ahead.

<b>Service line</b>	<b>Project Details – Progress update</b>
<b>Child &amp; Adolescent Mental Health Services (CAMHS)</b>	Agree and deliver local and national CAMHS CQUINS. CAMHS inpatient staff training
	Develop mental health promotional films with young people as an output from the young people's BME conference on raising awareness of mental health issues
<b>Forensic, Specialist and National Services</b>	<b>Extending Friends and Family co-production</b> in the Forensic Services across the SLP.
	Develop a Community Café group for forensic service clients living in the community who may require support accessing services in the local area such as college, employment, health and social activities.
<b>Acute &amp; Urgent Care</b>	<b>Improving Patient Pathways and Our Commitment to Care Project</b> – co-produced with three regular attenders to support the service line improve the patient pathway and develop core minimum standards of care across the pathway. (Process mapping for all services has been completed, hidden gaps and risks in services that impact quality and safety have been exposed by the process, mitigation put in place and standards will be developed to close gap and improve quality and safety).
	<b>Lessons learned from incidents</b> – a co-production model will be used to develop and improve how the service line learns from incidents to improve the quality of the service and the competency of staff. The project is currently in scoping phase.
<b>Cognition and Mental Health in Ageing (CMHA)</b>	<b>Increasing service user engagement and co-production within the service line</b>
<b>Community</b>	<b>Recovery College – co-production of carers workshops</b>
	<b>Delivery of 8 co-produced groups in Talk Wandsworth</b>

### Healing Our Broken Village – 11<sup>th</sup> annual conference

The conference was co-produced and co-delivered with community partners to create a platform to share the learning from the BME Expert Panel to be shared conference. The conference was held on 24 October 2019 in partnership with Wandsworth Community Empowerment Network at the New Testament Assembly Church, and was attended by over 250 people.



**The Ethnicity Mental Health Improvement Project (EMHIP)** was formally launched at the conference by Professor Sashidharan and Vanessa Ford, Acting CEO



### RISE café, Kingston

The Trust has funded and continues to run this weekly drop in cafe for service users and carers, in partnership with Kingston CCG, the Quaker Centre and Kingston Council. The café supports people connect to reduce isolation and support their wellbeing. Recent information sessions have included smoking cessation and cancer awareness.

### Triangle of Care

The 'Triangle of Care' approach was developed by carers and staff to improve carer engagement in mental health Trusts. Implementing Triangle of Care involves a collaboration between the service user, professional and carer. Carers Trust hosts the Triangle of Care and

has developed a scheme for Trusts who wish to implement it locally. There are six principles whereby Trusts can self-assess against:

1. Carers and the role they play should be identified at first contact with services or as soon as possible thereafter.
2. Staff should be aware of carers and trained to engage with carers more effectively.
3. Policies and protocols should be in place to ensure confidentiality and improve information sharing with carers.
4. Defined roles responsible for carers should be in place.
5. Carers should be “introduced” to the service and provided with a range of information.
6. A range of carer support services should be available to offer or signpost carers.

The Trust prides itself on its commitment to improving how we value, engage and work with our carers, families and friends. As an organisation we have supported this agenda and during 2018 co-produced a Service User and Carer Involvement Plan (involving carers, service users and our local Carers Networks). This laid out our strategic intention to improve how we work and engage with carers at all levels within our organisation such as the development of new services, staff recruitment and the active involvement of carers/service users in all operational meetings. Part of our commitment has been to refresh the Triangle of Care Scheme and aim for stage 2 membership (the Trust achieved Stage 1 membership in 2015).

We know that working more closely with those carers, families and friends who support the individual can:

- produce a better experience and aid recovery for the individual involved ;
- reduce the use of crisis/ emergency services;
- at times can avoid admission to hospital and enable a person to remain in their home environment;
- reduce risks or recognise when a situation is becoming risky before an incident occurs;
- improve everyone’s understanding / positive regard for each other; and
- improve the experience for **all** involved.

To achieve stage 2 membership, a Triangle of Care Task and Finish Group (T of C Task and Finish) was established – chaired by Head of Therapies, attended by all five borough carer centres, with representation from each service line along with service user and carers from each borough. This group meets monthly to oversee and govern the actions required to embed Triangle of Care. Working parties or sub groups are established where appropriate to deliver on specific tasks that require a Trust wide approach.

Achievements of Triangle of Care Task and Finish Group during 2019:

- Map what positive carer activities and support was already happening across the Trust and build on these areas of good practice, while identifying the areas that needed to improve.
- Roll out Triangle of Care – a group of representatives from the Task and Finish Group (Trust staff, a carer centre rep and a carer) carried out training on how to conduct a meaningful Triangle of Care self-assessment (Over 15 small training sessions happened between 2018/2019) to ensure that managers knew how to complete the self-assessment form and did this in conjunction with carer centre rep and a carers and service users).
- Ensure that there was a network of carer champions in place to question practice and develop good systems. Each team/ward must identify a named carer champion.
- Developed and signed off a standardised ‘job role’ for the carer champions continuity of standards around training for staff.

- Co-produced a Trust-wide one day carer champion training in conjunction with carers and carer centres.
- Delivering carer champion training on a quarterly basis – these training days are interactive and co-delivered with carers, carer centres and involve listening to personal experiences from carers creating an individual team action plan and becoming a member of the virtual carer champion group.
- The table below plots the success of coordinating the Triangle of Care self-assessments within all the service lines across the Trust (the services excluded are deemed too small or work in a way that excluded them from completing a self-assessment at this point in time).

Service Line	Number of completed responses	Number of Teams/ Services within Service Line
Acute	15	15
Community (Adult)	20	25 ( 5 services -Primary Care Teams & Clozapine Clinics excluded)
CMHA	7	7
Specialist	21	26 ( 5 teams -ADHD Assessment Clinics & Neuropsychiatry excluded)
<b>TOTAL</b>	<b>63</b>	<b>73</b>

The Trust has submitted its formal report to obtain Stage 2 membership and is awaiting confirmation of next step towards stage 2 membership -The Peer Review. This is coordinated by the Carers Trust and another nominated Mental Health Trust who come and independently review the work we have done and decide if we have met the criteria. The Peer Review is an opportunity to formally showcase our achievements / the work completed across the Trust and demonstrate that we have met all the standards for stage 2 membership.

### Environmental Matters

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

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

As a part of the NHS, public health and social care system, it is our duty to contribute towards the level of ambition set in 2014 of reducing the carbon footprint of the NHS, public health and social care system by 34% (from a 1990 baseline) equivalent to a 28% reduction from a 2013 baseline by 2020. It is our aim to exceed this target by reducing our carbon emissions by 28% by 2023-24 using 2007/08 as the baseline year.

## Strategy for sustainability

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

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

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

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

## Performance

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

Context info	2016/17	2017/18	2018/19	2019/20
Floor Space (m <sup>2</sup> )	96,380	103,033	101,477	89,883
Number of Staff	1,898	2,143	2,214	2,346

## Energy

The Trust spent £1,236,072 on energy in 2019/20, which is a 19.59% increase on energy spending from last year. This increase is primarily due to whole sale costs of energy and some different methods of calculation this year not previously used to quantify our total usage.

Resource		2016/17	2017/18	2018/19	2019/20
Gas	Use (kWh)	19,269,845	17,996,155	17,200,330	18,515.041
	tCO <sub>2</sub> e	4,033	3,761	3,647	3403.99
Oil	Use (kWh)	0	0	0	
	tCO <sub>2</sub> e	0	0	0	
Coal	Use (kWh)	0	0	0	
	tCO <sub>2</sub> e	0	0	0	
Electricity	Use (kWh)	5,335,777	5,647,410	5,336,550	6,274,732
	tCO <sub>2</sub> e	3,068	2,919	2,379	5143.97
Green Electricity	Use (kWh)	0	0	0	

	tCO <sub>2</sub> e	0	0	0	
Total Energy CO <sub>2</sub> e		7,100	6,680	6,025	8,547.6
Total Energy Spend		£ 1,179,361	£ 1,135,992	£ 1,033,622	£1,236,071

### Waste

Waste		2016/17	2017/18	2018/19	2019/20
Recycling	(tonnes)	0.00	163.00	131.72	314.74
Other recovery	(tonnes)	251.00	92.00	19.00	
High Temp disposal	(tonnes)	0.00	17.00	20.00	281.18
Landfill	(tonnes)	0.00	7.00	5.00	0.00
Total Waste (tonnes)		251.00	279.00	175.72	595.92
% Recycled or Re-used		0%	58%	75%	54%

### Water

Water		2016/17	2017/18	2018/19	2019/20
Mains Water	m <sup>3</sup>	78,760	75,877	85,227	100,010
Water and Sewage Spend	£	£ 177,049	£ 154,556	£ 130,297	£ 251,613

### Carbon footprint

The Trust is required, and wants to monitor and understand the carbon impact of all its work. Using the standard model for sustainability reporting which takes our energy information and allocates across our expenditure headings and then groups it together under standard sustainability headings in the calculation of carbon emissions.

## ACCOUNTABILITY REPORT

The purpose of the accountability section of the annual report is to meet key accountability requirements to Parliament. The requirements of the Accountability Report are based on the matters required to be dealt with in a Directors' Report, as set out in Chapter 5 of Part 15 of the Companies Act 2006 and Schedule 7 of SI 2008 No.410, The Large and Medium-sized Companies and Groups (Accounts and Reports) Regulations 2008, and in a Remuneration Report, as set out in Chapter 6 of the Companies Act 2006 and Schedule 8 of SI 2013 No 1981, The Large and Medium-sized Companies and Groups (Accounts and Reports) (Amendment) Regulations 2013.

The Accountability report has three sections

- \* a corporate governance report
- \* a remuneration and staff report
- \* an audit report

## Corporate Governance Report

The corporate governance report explains the composition and organisation of the Trust's governance structures and how they support the achievement of the Trust's objectives.

### Directors Report

#### Governance Framework

#### Board of Directors

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

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

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

The Board of Directors approves the terms of reference which detail the remit and the delegated authority of each committee. Each committee completes an annual review and self-assessment which is then presented to the Board of Directors. In addition to regularly reporting to the Board of Directors, committee minutes are a standing item on each Board agenda. The membership and attendance at Board and Board Committees can be found in the on page 77.

Led by the chair, the Board of Directors sets the Trust's strategy, determines objectives, monitors performance and ensures that adequate systems are maintained to measure and monitor effectiveness, efficiency and economy. It decides on matters of risk and assurance and is responsible for delivering high quality and safe services. It provides leadership and effective oversight of the Trust's operations to ensure it is operating in the best interests of patients within a framework of prudent and effective controls that enables risk to be assessed and managed.



The detail of company directorships and other significant interests held by members of the board which may conflict with their management responsibilities is available.

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

The details of our board during the period (01 April 2019-31 March 2020) can be found on page 78.

### **Independence of Directors**

The Board considers that all of its non-executive directors (NEDs) meet the test of being independent in character and judgement, including the University non-executive Director: Professor Deborah Bowman.

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

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

Please see below the link to the Register of Interests:

<https://www.swlstg.nhs.uk/documents/related-documents/about-us/who-we-are/trust-board/295-declaration-of-interests>

### **Board of Directors**

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

## Acting Chief Executive and Chair



Acting Chief Executive  
Vanessa Ford



Chair  
Ann Beasley

## Executive Directors



Acting Medical Director  
Charlotte Harrison



Chief Operating  
Officer  
Jeniffer Allan



Director of Finance  
and Performance  
Philip Murray



Acting Director of  
Nursing and Quality  
Sharon Spain



Director of  
Communications and  
Stakeholder Engagement  
Ranjeet Kaile



Director of HR & OD  
Mary Foulkes



Director of Strategy,  
Transformation  
and Commercial  
Development  
Amy Scammell



Estate  
Modernisation  
Director  
Matthew Neal



Trust Secretary  
David Lee

## Non - Executive Directors



Non - Executive  
Director  
Sola Afuape



Non - Executive Director  
Prof. Deborah Bowman



Non - Executive  
Director  
Jean Daintith



Non - Executive  
Director  
Richard Flatman



Non - Executive Director  
Vik Sagar



Non - Executive Director  
Juliet Armstrong



Non - Executive  
Director  
Doreen McCollin

## **Non-Executive Directors**

### **Ms Ann Beasley, Chair**

With a strong background in finance, Ann's most recent role was Director General for the Finance, Assurance and Commercial Group at the Ministry of Justice. Ann has over ten years' experience as a Non-Executive Director and Trustee within the Charity and NHS sector, having been Chair of Trustees for the Alzheimer's Society.

Vice Chair and SID of St George's University Hospitals NHS FT and Chair of Finance and Investment Committee. Independent Financial Adviser for ACAS Audit Committee. Independent member of Alzheimer's Trading Limited Board.

Previously Trustee, Vice-Chair and Chair of the Alzheimer's Society, 2009-2016. CIPFA Trustee and member of main council, 2015-2017 and Chair of Central Government Panel. Accountant General for the Senior Courts of England and Wales, and Commissioner for the Reduction of the National Debt, appointed by the Lord Chancellor, 2013-2016.

Ann's executive career included 36 years in the public sector, working principally in the justice sector. Director-General, Finance, Assurance and Commercial Group and Member of Secretary of State led Departmental Board of Ministry of Justice, 2010-2016; Main Executive Agency Board Member and Director of Finance and Performance - National Offender Management Service (incorporating HM Prison Service and Probation Service), 2002-2010; Metropolitan Police Service - various posts rising to Director of Business Change, including Area Business Manager for South West London, Head of Equal Opportunities Unit and Head of Performance Information Bureau / MPS Statistical Advisor, 1988-2002.

Ann, a Kingston resident since 1983 and a lifelong supporter of public services, has extensive experience of working at the highest levels of government and brings a wealth of experience across a range of sectors.

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

### **Ms Jean Daintith, Non-Executive Director**

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

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

### **Mr Richard Flatman, Non-Executive Director**

Richard was appointed as a non-executive director and Chair of the Audit Committee from 1 April 2016.

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

Richard has been Chief Financial Officer at London South Bank University since 2002 and has combined this with a wide range of non-executive roles in higher education including

Governor of the University of Wales, Newport and more recently the University of South Wales. Before joining London South Bank, Richard specialised in audit and risk consulting services with Deloitte.

#### **Sola Afuape, Non-Executive Director**

Sola was appointed in August 2016. She is the chair of the Equality and Diversity committee.

Sola has over 15 years' experience in health and social care advising, designing and implementing national and regional programmes most notably in health inequality improvements and was Chair of a national charity tackling social exclusion and health inequalities with a particular focus on Mental Health, for which she was awarded an MBE. She has held a number of advisory roles across a collaboration of CCGs and worked across government within the Department of Health, Public Health England, Standing Commissioning on Carers and the Arts and more recently HMCT's London West Advisory Committee.

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

#### **Professor Deborah Bowman, Non-Executive Director**

Deborah was appointed in January 2019 and is the chair of the Quality and Safety Assurance Committee.

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

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

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

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

#### **Vik Sagar, Non-Executive Director**

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

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

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

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

**Ms Juliet Armstrong, Non-Executive Director**

With 31 years' experience in over 20 FTSE100/250, public and PE-backed organisations, Juliet works with Boards, senior leadership teams and Steering Committees to shape strategy and business cases as well as to lead or scrutinise delivery.

Juliet specialises in complex, large-scale transformational change with significant capital and revenue budgets, and is highly versatile, with experience across different sectors and business environments to achieve successful and practical outcomes for each situation.

Juliet is also a Trustee at The Makaton Charity, which promotes the Makaton language programme to help people with learning or communication difficulties and was a Trustee for six years at The House of St. Barnabas in Soho, an innovative charity tackling homelessness. A Meyler-Campbell trained Business Coach, she very much enjoys unlocking high levels of motivation and performance at team and individual level.

Juliet joined the Trust in July 2019 and is chair of the Estates Modernisation Committee.

**Ms Doreen McCollin, Non-Executive Director**

Doreen was Director of Nursing at Partnerships in Care and CEO / COO at Vista Healthcare. She has served as Committee Member of the RCN Forensic Nursing Forum, Committee Member of the Royal College of Psychiatry Quality Network, a member of the educational board for the British Journal of Forensic Practice, and as a member of the educational board for the British Journal of Wellbeing.

Doreen's experience lies predominantly within the forensic mental health setting where she worked for more than 20 years. Doreen has experience at management/senior management level both in the independent sector and the NHS with more than 25 years working within the public sector. She has been involved in commissioning of low secure and step down facilities to compliment medium secure provision for women, creating a clear care pathway. Doreen is a Trustee on a local south London foodbank.

Doreen holds an MA in Health Studies, Diploma in Management, Diploma in Management Studies and a Diploma in Social Research Methodology. Doreen is also a Registered Mental Nurse and a Registered General Nurse. In addition Doreen is a Fellow in the following; Institute of Health Service Managers, Royal Society for Public Health and Institute of Chartered Managers.

Doreen joined the Trust in October 2019 and is a member of the Quality and Safety Assurance Committee as well as the Audit Committee. She is also a non-executive director at Coventry and Warwickshire Partnership NHS Trust.

**Executive Directors**

**Ms Vanessa Ford, Acting Chief Executive**

Vanessa took over the role of Acting Chief Executive in August 2019. Vanessa joined the Trust as Director of Nursing and Quality Standards in May 2016.

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

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

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

**Dr Charlotte Harrison, Acting Medical Director**

Charlotte took over the role of Acting Medical Director in September 2019.

Charlotte became a Consultant in Perinatal Mental Health last year following 15 years as the clinical lead for the Phoenix Unit and Wandsworth Rehabilitation and Recovery Service, which provides care and treatment for people suffering from a severe and enduring mental illness. For this work, Charlotte was an Individual Winner of the User Quality Award. Charlotte undertook her medical degree at the University of Nottingham and trained at Oxfordshire Mental Health NHS Trust as well as at the Trust. She gained her Postgraduate Certificate in Healthcare Education from St George's, University of London, in 2007 and has completed NHS Improvement's Aspiring Medical Directors' Programme.

Charlotte is a Trustee of the mental health charity 2Care, and was recently appointed the Secondary Care Consultant for the North East London Joint Commissioning Committee.

**Ms Sharon Spain, Acting Director of Nursing and Quality Standards**

Sharon took over the role of Acting Director of Nursing and Quality Standards in September 2019.

Sharon has worked in the NHS for 22 years and started her career as a Registered General Nurse and used these skills to develop the Physical Health strategy and raise the profile in our Mental Health setting. It was during this time she became passionate about working with people with mental health problems and it led to her retraining as a Mental Health Nurse.

Sharon has worked in a wide range of services and specialities and completed a Master's degree in Clinical Leadership. Sharon is passionate to improve standards of care for the people who use our services and developing the nursing workforce to ensure they have the skills and abilities to provide the best care possible.

Sharon previously completed a secondment as the Acting Chief Nurse at Surrey and Borders Partnership NHS Foundation Trust.

**Mr Philip Murray, Director of Finance and Performance**

Philip joined the Trust in March 2017.

Philip is a fellow of the Chartered Association of Certified Accountants with over 30 years of NHS and public sector experience encompassing time within Mental Health, Acute and

community providers as well as within the commissioning environment. He has previously managed clinical services within a surgical services directorate and has brought with him a wealth of knowledge and experience from across the wider NHS.

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

**Mr Ranjeet Kaile, Director of Communications and Stakeholder Engagement - *Non-Voting***

Ranjeet joined the Trust in November 2013 and is responsible for leading the Trust's Communications and Stakeholder Engagement programme and public affairs programme.

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

Ranjeet has held a number of senior communication roles throughout his career including acting as Communications Adviser for the Department of Health working on the provider communications strategy for implementing the 2012 'Liberating the NHS' reforms. At Lambeth Council Ranjeet was the Head of Marketing and responsible for managing a team of 22 covering all external communications across the council departments. He has also spent time working with MPs at the Houses of Parliament and supporting local councillors with community programmes.

In October 2019 Ranjeet also took on responsibilities as Director of Communications from SLaM NHSFT for a limited period.

**Amy Scammell, Director of Strategy, Transformation and Commercial Development - *Non-Voting***

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

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

**Mary Foulkes Director of People and Organisational Development - *Non-Voting***

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

Mary is a highly experienced HR Director who has worked at senior levels for over 20 years in a range of different sectors including manufacturing, banking, third sector and the NHS. She has worked in single site hospitals through to European wide HR operations and during her



time at HSBC Global Investment Banking she was responsible for global HR operations for a business unit of around 100,000 people across a broad diversity of cultures.

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

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

### **Jennifer Allan, Chief Operating Officer**

Jennifer joined the Trust in March 2020.

Jennifer joined the Trust following her role as Director of Operations at Guy's and St Thomas's NHS Foundation Trust where she led operationally on the Trust's adult surgical services. Previously Jennifer led the delivery of district nursing, rapid response and rehabilitation services, and worked on empowering staff to work in a more mobile way when at Central London Community Healthcare NHS Trust.

### **Matthew Neal – Estate Modernisation Director**

Matthew is responsible for the delivery of the Estate Modernisation programme

Matthew is a highly experienced Programme Director with a strong track record of delivering large scale and complex public sector redevelopment programmes. Prior to his appointment at the Trust he was the Head of Major Programmes at Nottingham City Council where he provided strategic direction to a number of major programmes in education, housing and regeneration.

Matthew is responsible for compliance with relevant reporting processes to the Estates Modernisation Committee and chairs the Project Operational Group meetings. Matthew gives confirmation of the satisfactory completion of individual products, project stages and the project as a whole.

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

*Mr David Bradley, Chief Executive left at the end of July 2019 and he took up CEO appointment at South London and Maudsley NHS Foundation Trust*

*Dr Mark Potter, Medical Director retired in September 2019*

*Susan McKenna, Chief Operating Officer retired in December 2019*

Details of board members appointments can be found on page 82 and in the table on page 113. There have been no changes to Board membership between the end of the financial and the submission of the annual report and accounts.

### **Board Committees**

To support its work, the Board established the following committees during the period 1 April 2019 – 31 March 2020 the roles of which are set out in the Trust's Standing Orders.

Each committee is chaired by a non-executive director and the attendance and membership of the Board and its committees can be found in the table on page 88.

### **Audit Committee**

The Audit Committee operates in line with the requirements of the NHS Audit Committee Handbook, NHS Codes of Conduct and Accountability, and the Higgs report. It aims to provide the Trust Board with an independent and objective review on its financial systems, financial information and compliance with laws, guidance, and regulations governing the NHS.

The committee is charged with oversight of the Trust's governance processes, including risk management, internal control, and protection of the Trust's assets. The committee oversees the relationship with the external and internal auditors and reviews the audit related aspects of the annual financial Statements including all disclosures relevant to its terms of reference.

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

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

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

### **Finance and Performance Committee**

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

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

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

### **Quality, Safety and Assurance Committee (QSAC)**

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

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

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

### **Estates Modernisation Committee**

The Committee is charged with ensuring that there are robust processes in place to manage and deliver the Trust's estates modernisation programme.

### **Workforce and Organisational Development Committee**

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

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

### **Equality and Diversity Committee**

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

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

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

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

### **Charitable Funds Committee**

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

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

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

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

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

### **Remuneration Committee**

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

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

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

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

A detailed remuneration report is available on page 106

		Board of Directors		Audit		Equality & Diversity		Finance & Performance		Remuneration & Appointments		Workforce & Organisational Development		Quality & Safety Assurance		Estates Modernisation		
		Membership / Actual Attendance v Meetings Eligible		Membership / Actual Attendance v Meetings Eligible		Membership / Actual Attendance v Meetings Eligible		Membership / Actual Attendance v Meetings Eligible		Membership / Actual Attendance v Meetings Eligible		Membership / Actual Attendance v Meetings Eligible		Membership / Actual Attendance v Meetings Eligible		Membership / Actual Attendance v Meetings Eligible		
Total Number of Meetings		6		4		6		12		4		6		11		9		
<b>CURRENT BOARD MEMBERS (AS AT 31 March 2020)</b>																		
Ann Beasley	Trust Chair	V	M*	6/6	A	1/1			A	2/2	M*	4/4			A	8/11	M*	8/9
Jean Daintith	Non-Executive Director	V	M	6/6	A	1/1					M	3/4	M*	6/6			M	9/9
Richard Flatman	Non-Executive Director	V	M	6/6	M*	4/4					M	3/4					A	2/9
Deborah Bowman	Non-Executive Director	V	M	5/6	A	1/1	M	1/1			M	3/4			M*	10/11		
Sola Afuape	Non-Executive Director	V	M	6/6	A	1/1	M*	6/6	A	3/3	M	3/4	M	5/5	M	5/7	A	4/9
Vik Sagar	Non-Executive Director	V	M	5/6	M	3/4			M*	12/12	M	3/4					M	5/9
Juliet Armstrong	Non-Executive Director	V	M	5/5					M	5/6	M	3/3					M*	6/9
Doreen McCollin	Non-Executive Director	V	M	3/3	M	3/3					M	2/2			M	3/5	A	1/4
Vanessa Ford	Acting Chief Executive	V	M	6/6	A	4/4		2/2	M	6/7	M	3/3	A	2/2	M	9/11	M	7/9
Philip Murray	Director of Finance & Performance	V	M	6/6	A	4/4			M	9/12							M	9/9
Sharon Spain	Acting Director of Nursing & Quality Standards	V	M	4/4			M	3/4					M	1/4	M	7/7	A	1/5
Jennifer Allan	Chief Operating Officer (started March 2020)	V	M	0/1			M	1/1	M	0/1			M	0/1	M	0/1	M	1/1
Charlotte Harrison	Acting Medical Director	V	M	3/3			M	1/3	M	3/4					M	6/7	M	3/5
Amy Scammell	Director of Strategy, Transformation and Commercial Development	NV	M	6/6	A	1/1			M	9/11							A	8/9
Mary Foulkes	Director of Workforce & Organisation Development	NV	M	5/6			M	6/6			A	3/4	M	5/6			A	0/9
Ranjeet Kaile	Director of Communications & Engagement	NV	M	5/6	A	1/1	M	6/6					M	2/6			A	7/9
Matthew Neal	Programme Director	NV	M	3/3													M	9/9
<b>PAST BOARD MEMBERS (PRESENT BETWEEN 1 April 2019 - 31 March 2020)</b>																		
David Bradley	Chief Executive	V	M	2/2	A	1/1			M	3/4	M	1/1			M	3/4	M	2/3
Dr Mark Potter	Medical Director	V	M	2/3			M	3/3	M	2/7					M	5/6	M	3/5
Sue McKenna	Chief Operating Officer	V	M	3/4	A	1/1			M	7/8			M	3/4	M	5/8	M	4/7

Key:

M\* Meeting Chair

M Member

V Voting Board Member

NV Non-Voting Member

A Attendee



Vanessa Ford, Acting Chief Executive Date 24.06.2020

## Statement of the chief executive's responsibilities as the accountable officer of the trust

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

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance
- value for money is achieved from the resources available to the trust
- the expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them
- effective and sound financial management systems are in place and
- annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, other items of comprehensive income and cash flows for the year.

As far as I am aware, there is no relevant audit information of which the 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 my letter of appointment as an Accountable Officer.



Signed..

Vanessa Ford, Acting Chief Executive

Date..... 24.06.2020

## Statement of directors' responsibilities in respect of the accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure, other items of comprehensive income and cash flows for the year. In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- make judgements and estimates which are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

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

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

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

By order of the Board



24.06.2020....Date.....

Vanessa Ford Acting Chief

Executive



24.06.2020....Date.....

Philip Murray Finance Director



# ANNUAL GOVERNANCE STATEMENT 2019/2020

## Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Trust Accountable Officer Memorandum.

## The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of South West London and St George's Mental Health NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in the Trust for the year ended 31 March 2020 and up to the date of approval of the annual report and accounts.

## Capacity to handle risk

The Trust has a range of ways in which risks are identified which include:

- Incident and accident reporting, including near misses
- Outcomes of complaints, investigations and deep dive reviews
- Performance systems and dashboards
- Routine internal and external audits, such as annual safety audits
- External reviews, such as those by the Care Quality Commission
- Benchmarking, including through the NHS Benchmarking Network
- Utilisation of intelligence from system working with our partners in the South West London Health and Care Partnership and the South London Community and Mental Health Partnership
- Through the work of committees and groups
- Quality Impact Assessments of change programmes
- Staff and patient feedback

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

These resources include:

- **People** - Making sure our staff have the skills, capability, knowledge and support they need to deliver their risk management responsibilities and have the capacity to do so. Training and coaching will be provided to those who need it. Assessing and providing development needs of staff is integral to our risk management annual plan. The Trust promotes an open learning culture where staff have the space and opportunities to develop.
- **Tools** – Making sure that people have the tools they need to deliver their risk management responsibilities. This includes access to guidance, risk forms, risk register software, incident reporting software, analytical tools, decision support tools (e.g. a risk matrix), etc. Our plan will therefore include on-going development/improvement of supporting tools and information.
- **Co-operation** – Commitment to support each other in managing our risks. To be successful we all need to work together. Something could potentially ‘go wrong’ in one part of our organisation or health system; however the causal factors may originate in another part of our organisation or be external. Our risk management processes will include arrangements to promote work across disciplines and service lines and the means to handle mitigation and management of risk across the organisation and externally where required

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

At each stage risks and the risk scoring are formally reviewed through the applicable groups and committees, in line with the Board’s agreed risk appetite. This provides levels of risk moderation and challenge to help ensure risks are appropriately articulated, assessed, managed and are escalated in line with defined risks levels and escalation processes. As part of this process the senior leadership team’s monthly meeting is focussed on addressing, through a programmed cycle, the risks on the board assurance framework.

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

The highest rated risks on the board assurance framework at the end of 2019/20 were:

- patient safety and staff welfare due to the COVID-19 outbreak
- meeting the increasing demand on services relating to the adult care pathway.
- having the right staff with the right skills at the right time.
- achieving financial targets.

- effectively delivering the Estate Modernisation Programme.
- effectively responding to equality and diversity issues facing the Trust.

### **The risk and control framework**

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

The risk management framework is designed to set a clear organisational policy for the management of risk and a strategy to deliver effective risk management through the organisation's architecture, systems and processes to ensure objectives are met. The Director of Nursing and Quality has led the development of the framework with specific input from the Trust Secretary. The framework includes full reference to the risk appetite agreed by the Board.

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

The scope of the risk framework is, by its nature, wide in its scope, covering areas such as operational management, performance and finance.

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

The Board has adopted the following risk policy statement:

The Trust Board is committed to ensuring that:

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

- that there is a clear risk management system in place to enable staff to identify, assess and escalate risks to the appropriate level of management with the necessary authority to appropriately respond to the risk.

The Trust has the following risk management objectives:

- To ensure **effective structures** are in place to enable and provide the leadership support needed for staff to undertake their risk management responsibilities, and to build their risk management capabilities.
- **To minimise the potential for harm to patients, staff and visitors** to as low a level as is reasonably practicable, thereby providing a safe environment in which patients can be cared for, staff can work and the public can visit.
- To promote an **open and just culture** that makes risk visible and adapts to protect everything of value, providing organisational resilience.
- To raise **abilities** of all staff through ongoing training and awareness that is appropriate to specific roles and their responsibilities, ensuring that the benefits of risk management are championed and systems and processes are understood
- To ensure systematic processes are used to **learn lessons** from our successes, best practice, errors and failures.
- To support **innovation** by enabling initiatives where the management of risk is part of success and not an obstacle.
- To ensure risks are identified and managed **protecting the reputation** of the Trust and items of value.
- To ensure risks are **regularly reviewed** and updated by accountable managers, supported by robust action plans.
- To ensure assurance on the **effectiveness of controls/mitigations** is provided with gaps in controls identified and proactively managed.
- To maintain high levels of **organisational compliance**, particularly in relation to standards and requirements associated with safety, assurance and legislation.
- To ensure our approach to risk and opportunity taking and how that affects our decisions is **communicated** with internal and external stakeholders.
- **To maximise opportunities** by adapting to changing risk factors and learning experience when things go wrong, to continually improve our processes and the way we undertake our activities.
- To **monitor risk performance** and provide necessary assurances

The Executive Director of Nursing and Quality has overall leadership responsibilities for risk including the delivery of the risk management strategy. The Associate Director of Quality Governance and Risk manages the risk and governance functions on behalf of the Director of Nursing and Quality. Alongside this, as set out in the Trust's risk management strategy, the board assurance framework is managed by the Trust Secretary.

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

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

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

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

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

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

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

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

The Trust statutory and mandatory training policy identifies the key areas of training which staff have to undertake to be able to manage key risks within the organisation.

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

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

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

Visibility on where risks could impact on the delivery of the corporate objectives and business plan, are mapped on to the board assurance framework, which is presented quarterly in full to the audit committee, and then reported to the Trust Board. This has been further strengthened in year following positive feedback from the Care Quality Commission inspection.

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

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

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

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

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

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

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

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

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

- the operation of a Board committee, the workforce and organisational development committee, chaired by a NED, which provides the board with assurance on a range of workforce and OD issues

- the establishment of a workforce matters group, personally led by the Director of Human Resources and Organisational Development, to provide a monthly forum for key senior colleagues in the Trust to have direct involvement with, and influence over how Trust recruitment, retention and development of staff to ensure that staff resourcing is maximised to focus on the delivery of the workforce plans to support the Trust's strategy
- working through the South London Partnership to explore, design and share best practice and implement models of work aligned to recruit, retain and develop staff
- systematic analysis of the results of the staff survey, supported by comprehensive action plans and structures to provide assurance on the delivery of those plans
- putting in place a robust action plan for the Workforce Race Equality Scheme, supported by the Board's Equality and Diversity Committee, which is chaired by a non-executive director
- the development of a strong action plan for the Workforce Disability Equality Scheme, overseen by the Board's Equality and Diversity Committee
- developing a training needs analysis and apprenticeship strategy for the equitable distribution of apprenticeships throughout the Service Lines and departments to ensure the organisation meets its overall targets.
- working to ensure inclusive recruitment, retention, learning and development and employee relation practices are in place for the Trust to operate in a fair non-discriminatory manner, to reduce inequalities and to promote the trust in being an inclusive organisation
- ensuring all service lines have workforce plans in place reflecting skill mix changes, role redesign and organisational change programmes / operating models
- ensuring that services are supported in delivering their recruitment and workforce plans.

The annual safer staffing review was considered by the Trust Board on 14<sup>th</sup> November 2019. Staffing levels are reported monthly in the quality and performance report received by the Executive Leadership Team, the Quality and Safety Assurance Committee and the Board.

The Trust complies with the '*Developing Workforce Safeguards*' recommendations by:

- deploying sufficient suitably qualified, competent, skilled and experienced staff to meet care and treatment needs safely and effectively.
- a systematic approach to determining the number of staff and range of skills required to meet the needs of people using the service and keep them safe at all times.
- using an approach that reflects current legislation and guidance where it is available.

The Trust is fully compliant with the registration requirements of the Care Quality Commission. The Trust's good rating with the CQC was further improved following the inspection that took place in September and October 2019.

The Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the trust with reference to the guidance) within the past twelve months, as required by the '*Managing Conflicts of Interest in the NHS*' guidance. The register of interests is regularly updated and published on the Trust website and is also included in all Board agendas.



As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

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

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

### **COVID-19**

The outbreak of the novel coronavirus named COVID-19 was recognised as a pandemic on 11<sup>th</sup> March 2020. A Standard Operating Procedure for the Trust's response to Covid-19 was established in early March that resulted in a formal Gold, Silver and Bronze command and control (C&C) arrangement being established. A full command and control that included Gold level was established by the Trust on 15<sup>th</sup> March 2020.

The Trust does not consider that the emergence of COVID-19 in 2019/20 in itself should be considered a significant internal control issue. Clearly there was a continuing impact after the year end and the next annual governance statement will need to address this question for 2020/21.

The implications of COVID-19 have led to changes in the Trust's control environment and I have considered four key questions around COVID-19 in preparing this statement, set out below

- Was the Trust's structure of governance designed to allow a prompt response to a significant change in circumstances?
- How did the Trust maintain control over its decision making in light of COVID-19?
- Was the Trust's response consistent with its control environment, or did the control environment need to adapt?
- Did the Trust experience any notable business continuity issues? Is any work needed on the trust's business continuity plan?

The Trust's governance structure did allow a prompt response to the significant change in circumstances. In the first instance, command and control arrangements were instituted. Gold command made strategic decisions about the Trust's response and was the point of final escalation, through the Trust Chief Executive. Gold accessed the appropriate executive and external leadership to inform strategic thinking.

A refined governance structure was designed, agreed and put in place. This was done in consultation with the whole of the Board and made using the appropriate urgent powers provisions of standing orders. As part of these arrangements, it was agreed that the Audit Committee would remain fully in operation.

The trust did maintain control over its decision making in light of COVID-19. The trust participated fully in the system wide response to COVID-19 but at no point was decision making control compromised. Decisions such as the London wide *“memorandum of understanding - collaborating to share staff to address any service issues caused by Covid-19”* were made using the appropriate urgent powers provisions of standing orders and reported to Board accordingly.

The trust’s response was consistent with its overall control environment, but due to the profound nature of the risks posed by COVID-19, recorded with a risk score of 25 on the board assurance framework, the control environment did need to adapt. This was carried out in accordance with the guidance issued by the NHS Chief Operating Officer *“Reducing burden and releasing capacity at NHS providers and commissioners to manage the COVID-19 pandemic.”* A comprehensive account of the changes to the Trust’s control environment was provided to the April meeting of the Trust Board as part of the Gold command report.

The trust experienced notable business continuity issues for a period, including areas of high staff absence. All of these issues were addressed within the framework of the business continuity plan and the command and control arrangements. A structure was put in place to ensure strong governance and risk management of any significant variations to services. These were subject to sign off by clinical directors and reported on a regular basis to the executive leadership team, the Board, commissioners and local authority scrutiny. In 2020/21 the trust’s business continuity plan will be comprehensively reviewed to incorporate lessons learned from the COVID-19 pandemic.

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

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

Through our Standing Orders we require all orders above prescribed thresholds to be subject to either written quotation or formal tender before being placed. Any exceptions to these limits must be reported to Audit Committee to provide rationale and evidence for the waiver.

The Trust undertakes monthly budget monitoring where actual spend compared to planned spend is reviewed and also forecasts scrutinised. This takes place at the Executive Leadership Team and the Finance and Performance Committee. Key drivers for variation are identified and reported through to the Trust Board.

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

The Trust risk management processes continue to be strengthened and the risk management contributes to this.

The Trust Board has a risk appetite statement and measures to ensure that risks are managed and escalated in line with the agreed appetite. The Board sets aside time each year for a focussed discussion on risk appetite and the BAF, including risk descriptions and scores. This took place in May 2019. The Board confirmed they had a low appetite for risks relating to the safety of patients and staff.

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

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

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

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

My review is also informed by the outcome of internal and external audits and reviews. Our external auditor, KPMG, has provided us with their Value for Money opinion for 2019/20 which has concluded that they are satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ending 31 March 2020, based upon the criteria of informed decision making, sustainable resource deployment and working with partners and third parties.

The Head of Internal Audit Opinion for the period 2019/20 states that they are satisfied that, for the areas reviewed during the year, South West London and St George's Mental Health NHS Trust has reasonable and effective risk management, control and governance processes in place. Not having completed all of the planned work due to the global Covid-19 pandemic has not impacted on the overall assessment. The basis for this opinion is an assessment of the design and operation of the underpinning Assurance Framework and supporting processes; and an assessment of the range of individual opinions arising from risk-based audit assignments, contained within internal audit risk-based plans that have been reported throughout the year. This assessment has taken account of the relative materiality of these areas and management's progress in respect of addressing control weaknesses.

<b>Assurance Assessments</b>	<b>Number of Reviews</b>	<b>Previous Year</b>
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<b>Substantial Assurance</b>	<b>3</b>	<b>6</b>
<b>Reasonable Assurance</b>	<b>7</b>	<b>5</b>
<b>Limited Assurance</b>	<b>0</b>	<b>3</b>
<b>No Assurance</b>	<b>0</b>	<b>0</b>

These findings by the Head of Internal Audit contribute to the assurances available to me as Accountable Officer and the Board which, underpin the Board's own assessment of the effectiveness of the organisation's system of internal control.

### **Information governance**

No incidents were reported to the Information Commissioner's Office in 2019/20.

The Trust's compliance with information governance is monitored by NHS Digital through the Data Security Protection (DSP) Toolkit. The toolkit contains 20 standards which are broken down into 116 Mandatory assertions. The Trust submitted its 2019/20 return by the due date and was compliant with 113 of these.

### **Annual Quality Account**

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

### **Quality Governance Arrangements**

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

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

Each of the service lines has a Governance Group that reports to the Quality Governance Group and these groups review all areas of quality in their own service lines. These processes are regularly reviewed and strengthened. The trust has worked in year to reduce the level of bureaucracy to ensure timely and effective decision making. This remains under constant review and will be further evaluated in light of experience during the COVID-19 pandemic.

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

The Trust has improved the quality of its data within the year however some issues remain. The Trust is committed to addressing these issues going forward and supporting our staff in this area.

## **Data quality and governance**

The Trust Performance and Management Framework was reviewed and substantially updated in 2019/20. This document describes the regime for providing the Board with assurance of the quality of data that is used to report performance and quality metrics. This includes the development of key performance indicator definitions that have executive sign-off and are available to all Trust staff.

The Audit Committee receives regular reports on the programme of work to provide assurance on the accuracy of performance metrics. The programme covers the definitions of 34 performance indicators being reviewed and confirmed by expert sub-groups comprising staff from operational services and Performance and Information before sign-off by the clinical director. Following the definition sign-off the report code has been reviewed and confirmed and where necessary amended by Information Management. The definitions, which describe how to record and monitor performance information, have been published on Trust dashboards and are available to all Trust staff. As a result there has been an improved understanding of the metric definitions across the Trust which has led to a greater focus on how performance can be improved.

## **Review of effectiveness**

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the audit committee, the quality and safety assurance committee and other committees as appropriate. A plan to address weaknesses and ensure continuous improvement of the system is in place.

The Trust Board is responsible for:

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

The Audit Committee is responsible for:

- Reviewing the effectiveness of the system of internal control, including for risk management.
- Reviewing all risks on the corporate risk register alongside the board assurance framework and providing assurance to the Trust Board.
- Producing the annual governance statement for Trust Board approval.
- Reviewing the Internal Audit strategy and annual plan, ensuring consistency with the needs of the Trust.

- Considering the major findings of internal audit investigations (and management's response) and monitoring the implementation of any recommendations made by these investigations
- Ensuring co-ordination between the Internal and External Auditors.
- Ensuring that the Internal Audit function is adequately resourced and has appropriate standing within the trust.
- Undertaking an annual review of the Internal Audit function

The Quality Safety and Assurance Committee is responsible for:

- Reviewing the full corporate risk register to ensure it reflects the quality and safety issues identified from its work programme.
- Ensuring the corporate risk register is reflective of the most significant risks from the service lines.
- Reviewing the effectiveness of mitigating controls in managing risk.
- Providing assurance of the credibility of the risk register content to the Audit Committee.
- Similarly the Finance and Performance Committee, and Workforce and Organisational Development Committee are responsible for reviewing the risks related to their terms of reference.
- Receiving and approving the annual clinical audit programme.
- Considering internal audit reports in respect of areas which directly impact on the delivery of care.
- Reporting to the Audit Committee its findings in regard to the system of control in place to manage care risks.

Service Lines governance leadership are responsible for:

- Reviewing all local and service specific risks and ensuring these are documented on their section of the risk register.
- Identifying and tracking the implementation and effectiveness of risk mitigation actions to demonstrate dynamic risk management.
- Ensuring that where necessary risks are escalated for review at service line level and presentation at the service line performance review meetings.

### ***Risk Performance***

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

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

All project risks are recorded as part of the project management framework and reviewed as part of the oversight of the project. Significant risks may then be escalated to the executive risk register.


In relation to the risks associated with the Estate Modernisation Programme, these risks are managed through the programme structure and reviewed through the Estates Modernisation Management Group and onwards to Estates Modernisation Committee. A summary of top risks is included in the Trust Board Assurance Framework.

The risk management arrangements are formally audited each year. As a result of the work undertaken over recent years to improve policy, the systems and training; 2019/20 saw the Trust's position improve to achieve the best possible assurance level of 'substantial assurance'. The findings established there was clear evidence of risks being considered and escalated from local team level through the organisational governance structures and were reflected in Trust Executive Risk Register and where required on the Board Assurance Framework.



## Conclusion

No significant internal control issues have been identified.

24.06.2020....Date..... 

Vanessa Ford Acting Chief  
Executive

## Certificate on summarisation schedules

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

Summarisation schedules numbers TAC01 to TAC34 and accompanying WGA sheets for 2019/20 have been completed and this certificate accompanies them.

#### Finance Director Certificate

1. I certify that the attached TAC schedules have been compiled and are in accordance with:
  - the financial records maintained by the NHS trust
  - accounting standards and policies which comply with the Department of Health and Social Care's Group Accounting Manual and
  - the template accounting policies for NHS trusts issued by NHS Improvement, or any deviation from these policies has been fully explained in the Confirmation questions in the TAC schedules.
2. I certify that the TAC schedules are internally consistent and that there are no validation errors\*.
3. I certify that the information in the TAC schedules is consistent with the financial statements of the NHS Trust

[Signature]



[Name], Philip Murray, Director of Finance & Performance

[Date] 24.06.2020

#### Chief Executive Certificate

1. I acknowledge the attached TAC schedules, which have been prepared and certified by the Finance Director, as the TAC schedules which the Trust is required to submit to NHS Improvement.
2. I have reviewed the schedules and agree the statements made by the Director of Finance above.

[Signature]



[Name], Vanessa Ford, Acting Chief Executive

[Date] 24.06.2020



## REMUNERATION AND STAFF REPORT

The remuneration and staff report sets out the Trust's remuneration policy for directors and senior managers, reports on how that policy has been implemented and sets out the amounts awarded to directors and senior managers

### Remuneration and Appointments Committee

The Committee is chaired by the Trust's Chair, and the membership comprises all the Non-Executive Directors. The committee is considered quorate if it has a minimum of three Non-Executive Directors present.

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

The Committee:

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

[Signature]



[Name], Vanessa Ford, Acting Chief Executive

[Date] 24.06.2020

## **Performance arrangements**

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

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

Executive Directors and the Chief Operating Officer remain on local Trust conditions of service, and their salaries are reviewed annually by the Remuneration Committee. Executive Directors received a locally agreed pay award calculated on the same basis as that awarded to staff on Agenda for Change. Their contracts mirror Agenda for Change with the exception that their pay is outside of Agenda for Change and they receive no increments or nationally agreed pay awards. The Medical Director received the national pay award agreed for Consultants. Contractual notice periods are no more than 6 months in accordance with national NHS guidance on notice periods.

## **Fair Pay Disclosure**

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

The banded remuneration of the highest paid director / member in South West London and St Georges Mental Health NHS Trust in the financial year 2019-20 was £150,000 (2018-19, £190,917). This was 4 times (2018-19, 6) the median remuneration of the workforce, which was £36,481 (2018-19, £35,959). In 2019-20, 7 (2018-19, 0) employees received remuneration in excess of the highest-paid director / member.

The reduction in the fair pay ratio and the remuneration of the highest paid director was due to the previous Chief Executive leaving the Trust in July 2019 and being replaced by the current acting Chief Executive on a lower salary band. Remuneration ranged from £16,240 to £197,516 (2018-19, £16,213 to £190,917).

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

## **Diversity issues and equal treatment in employment**

The Trust is committed to breaking down barriers and giving staff a voice through support groups, awareness events and forums which raise the profile of good diversity practice. The Trust is a Disability Confident Employer and a Stonewall Diversity Champion.

We have completed our annual statutory returns for the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES). Our WDES and WRES Action plans are published on our website. The Workforce Disability Equality Standard (WDES) and Workforce Race Equality Standard (WRES) are data-based standards that use

a series of measures (metrics) to help improve the experiences of disabled and BAME staff in the NHS.

The Diversity lead and the Associate Director HR: Employee Engagement & Opportunity completed the WRES Expert Training programme. The programme is part of the NHS WRES programme, intended to ensure health service employees from black and ethnic minority backgrounds are treated fairly at work, and to close the gaps in treatment between BME and white staff. Our HR Director and Medical Director attended the WRES Expert Programme Seminar. We have a 2nd year cohort of our leadership programme for Black, Asian and Minority ethnic (BAME) nursing staff in Band 3-8a roles. This has been extended to include BME staff at the South London and Maudsley NHS Foundation Trust. Feedback from the Burdett programme has been extremely positive, over 60 percent of attendees have gone on to be promoted since attending the programme. We have strengthened our communication and engagement plans to focus on the BAME stories and encouraging more openness.

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

## **Staffing Report**

### *Senior Managers*

In 2019/20, the Trust employed eight very senior managers in the Trust and ten non-Executive Directors as reported within the Director's benefit section of this report. The Trust defines very senior managers as being those people who attend the Trust Board meeting and have authority or responsibility of directing or controlling major activities within the Trust (see page 113).

In addition, during 2018/19 the year the Trust appointed a Director of Human Resources and Organisational Development. This is a joint appointment with South London and Maudsley NHS Foundation Trust and the costs are recharged to the Trust.

### *Staff Numbers and Costs*

As detailed in Figure 1 on page 109 overall staff costs increased by 12.4% to £144.7m compared to £128.8m in 2018/19.

The average number of WTE employed increased by 161 from 2,449 in 2018/19 to 2,610 in 2019/20 as shown in Figure 2 on page 109.

Further information on our workforce composition can be found under the Workforce Report on page 40.

**Figure 1: Staff Costs**

	Permanent	Other	2019/20 Total	2018/19 Total
	£000	£000	£000	£000
Salaries and wages	105,024	1,223	106,247	98,558
Social security costs	11,528	-	11,528	10,643
Apprenticeship levy	556	-	556	426
Employer's contributions to NHS pension scheme	18,059	-	18,059	11,802
Pension cost - other	57	-	57	30
Other post employment benefits	-	-	-	-
Other employment benefits	-	-	-	-
Termination benefits	149	-	149	80
Temporary staff	-	8,135	8,135	7,228
<b>Total gross staff costs</b>	<b>135,373</b>	<b>9,358</b>	<b>144,731</b>	<b>128,767</b>
Recoveries in respect of seconded staff	-	-	-	-
<b>Total staff costs</b>	<b>135,373</b>	<b>9,358</b>	<b>144,731</b>	<b>128,767</b>
<b>Of which</b>				
Costs capitalised as part of assets	2,272	-	2,272	1,714

**Figure 2: Average number of employees (WTE basis)**

	Permanent	Other	2019/20 Total	2018/19 Total
	Number	Number	Number	Number
Medical and dental	198	19	217	208
Ambulance staff	-	-	-	-
Administration and estates	260	64	324	307
Healthcare assistants and other support staff	719	174	893	705
Nursing, midwifery and health visiting staff	624	152	776	749
Nursing, midwifery and health visiting learners	3	-	3	10
Scientific, therapeutic and technical staff	362	29	390	462
Healthcare science staff	-	-	-	-
Social care staff	-	-	-	-
Other	7	-	7	7
<b>Total average numbers</b>	<b>2,173</b>	<b>437</b>	<b>2,610</b>	<b>2,449</b>
<b>Of which:</b>				
Number of employees (WTE) engaged on capital projects	32	-	32	26

## *Staffing Policies*

The Trust applies the Recruitment and Selection policy ratified by the Workforce Group to applications for employment made by disabled persons including shortlisting any candidate with a disability who meets the essential criteria and ensuring reasonable adjustments are made to accommodate candidates with a disability to attend interviews. The Trust is accredited as a 'Disability Confident Committed employer' with the Department of Works and Pensions. As a result of this commitment, the Trust agreed to take five actions over the next 3 Years of its membership as detailed below,

- Ensure our recruitment process is inclusive and accessible
- Communicate and promote vacancies
- Offer an interview to disabled people
- Anticipate and provide reasonable adjustments as required
- Support any existing employee who acquires a disability or long term health condition, enabling them to stay in work

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

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

The Raising Concerns Policy aims to clarify the rights of staff and the Trust and the procedure to be followed when staff raise legitimate concerns about specified matters. The Guardian Service is available to staff to discuss issues and concerns with themes regularly analysed and reported to the Trust to inform organisational development, and to support staff.

We have a mechanism in place for ensuring that organisational changes are managed in line with our policies with early engagement with our trade union representatives and in consultation with our joint staff consultation committee – which is a group represented by staff side and management representatives.

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

## *Sickness Absence*

Data on sickness absence for the Trust can be found on page 43 within the Workforce Report.

### Consultancy Expenditure

In 2019/20, the Trust spent £172k on consultancy services (£199k in 2018/19).

### Off Payroll engagements

A Treasury requirement for public sector bodies to report arrangements whereby individuals are paid through their own companies (and so are responsible for their own tax and NI arrangements, not being classed as employees) was introduced in 2012/13. Revised reporting requirements have been in place since April 2017 and incorporate an increase to the contractor reporting rate to £245 per day and also reformation of legislation underpinning what is normally referred to as IR35. The Trust must disclose all off-payroll engagements earning more than £245 per day and lasting longer than six months.

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

### Exit Packages

Comparative data on exit packages is below and shows a decrease in numbers and an increase in value in 2019/20 compared to the previous year.

#### Reporting of compensation schemes - exit packages 2019/20

	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages Number
<b>Exit package cost band (including any special payment element)</b>			
<£10,000	3	1	4
£10,000 - £25,000	-	-	-
£25,001 - 50,000	-	1	1
£50,001 - £100,000	1	-	1
£100,001 - £150,000	-	-	-
£150,001 - £200,000	-	-	-
>£200,000	-	-	-
<b>Total number of exit packages by type</b>	<b>4</b>	<b>2</b>	<b>6</b>
Total cost (£)	£108,000	£33,000	£141,000

#### Reporting of compensation schemes - exit packages 2018/19

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

## Exit packages: other (non-compulsory) departure payments

	2019/20		2018/19	
	Payments agreed Number	Total value of agreements £000	Payments agreed Number	Total value of agreements £000
Voluntary redundancies including early retirement contractual costs	-	-	-	-
Mutually agreed resignations (MARS) contractual costs	-	-	-	-
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	1	3	4	18
Exit payments following Employment Tribunals or court orders	1	30	3	26
Non-contractual payments requiring HMT approval	-	-	-	-
<b>Total</b>	<b>2</b>	<b>33</b>	<b>7</b>	<b>44</b>
<b>Of which:</b>				
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	-	-	-	-

### *Directors Benefits for 2019/20*

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

### *Cash Equivalent Transfer Values*

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost CETVs are calculated in accordance with Statutory Instrument 2008 no.1050 Occupational Pension Schemes (Transfer Values) Regulations 2008.

### *Real Increase in CETV*

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

## Disclosure of Senior Managers Remuneration for 2019/20

Name and Title	2018-2019						2019-2020					
	(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100	(c) Performance pay and bonuses (bands of £5,000)	(d) Long term performance pay and bonuses (bands of £5,000)	(e) All pension-related benefits (bands of £2,500)	(f) TOTAL (a to e) (bands of £5,000)	(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100	(c) Performance pay and bonuses (bands of £5,000)	(d) Long term performance pay and bonuses (bands of £5,000)	(e) All pension-related benefits (bands of £2,500)	(f) TOTAL (a to e) (bands of £5,000)
	£000	£00	£000	£000	£000	£000	£000	£00	£000	£000	£000	£000
Miss Olufunmike Akiape - Non Executive Director Trust Board	5-10	0	0	0	0	5-10	5-10	0	0	0	0	5-10
Ms Jennifer Allan - Chief Operating Officer (From 02.03.2020)	0	0	0	0	0	0	10-15	0	0	0	535-540	545-550
Ms Juliet Armstrong - Non Executive Director Trust Board (From 12.06.2019)	0	0	0	0	0	0	5-10	0	0	0	0	5-10
Ms Ann Beasley - Board Chairman Trust Board	15-20	0	0	0	0	15-20	35-40	0	0	0	0	35-40
Professor Deborah Bowman - Non Executive Director Trust Board	0-5	0	0	0	0	0-5	5-10	0-5	0	0	0	5-10
Mr David Bradley - Chief Executive (To 31.07.2019)	170-175	0	15-20	0	50-55	240-245	55-60	0	0	0	135-140	190-195
Ms Jean Daintith - Non Executive Director Trust Board	5-10	0	0	0	0	5-10	5-10	0	0	0	0	5-10
Mr Richard Flatman - Non Executive Director Trust Board	5-10	0	0	0	0	5-10	5-10	0	0	0	0	5-10
Ms Vanessa Ford - Director of Nursing and Quality Standards (To 31.07.2019)	130-135	0	0	0	90-95	225-230	40-45	0	0	0	65-70	105-110
Ms Vanessa Ford - Chief Executive (From 01.08.2019)	0	0	0	0	0	0	95-100	0	0	0	55-60	155-160
Dr Charlotte Harrison - Medical Director (From 01.11.2019)	0	0	0	0	0	0	60-65	0	0	0	40-45	105-110
Dr Ali Hasan - Non Executive Director Trust Board (To 30.04.2019)	5-10	0	0	0	0	5-10	0-5	0	0	0	0	0-5
Mr Ranjeet Kaile - Director of Communications and Stakeholder Engagement	105-110	0	0	0	30-35	140-145	115-120	0	0	0	25-30	140-145
Mrs Doreen McCollin - Non Executive Director Trust Board (From 01.10.2019)	0	0	0	0	0	0	0-5	0	0	0	0	0-5
Mrs Susan McKenna - Chief Operating Officer (To 29.12.2019)	70-75	0-5	0	0	90-95	160-165	95-100	0	0	0	0	95-100
Mr Philip Murray - Director of Finance and Performance	135-140	0	0	0	195-200	330-335	125-130	0	0	0	0	125-130
Mr Matthew Neal - Programme Director - Estates Modernisation Programme (EMP) (From 01.11.2019)	0	0	0	0	0	0	50-55	0	0	0	40-45	95-100
Dr Mark Potter - Medical Director (To 25.10.2019)	180-185	0	0	0	0	180-185	105-110	0	0	0	0	105-110
Mr Vikas Sagar - Non Executive Director Trust Board	5-10	0	0	0	0	5-10	5-10	0	0	0	0	5-10
Ms Amy Scammell - Director of Strategy and Commercial Development	85-90	0	0	0	50-55	135-140	110-115	0	0	0	35-40	145-150
Mrs Sharon Spain - Director of Nursing and Quality Standards (From 04.08.2019)	0	0	0	0	0	0	70-75	0	0	0	80-85	150-155

Dr Charlotte Harrison includes remuneration for Medical role of £14,282.16 for 2019/20  
 Dr Mark Potter includes remuneration for Medical role of £41,047.33 for 2019/20  
 Dr Mark Potter includes remuneration for Medical role of £72,227.02 for 2018/19

In addition, during 2019/20 the Trust was recharged a total, inclusive of all employer on-costs, in the band between £95k - £100k (2018/19 £25k - £30k) from South London and Maudsley NHS Foundation Trust and is reflective of the joint Director of Human Resources and Organisational Development. This appointment and arrangement was entered into during 2018/19.

Vanessa Ford, Acting Chief Executive Officer 24.06.2020  
**Directors Pension Benefits for 2019/2020**





Name	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 Mar 2020 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 Mar 2020 (bands of £5,000)	Cash Equivalent Transfer Values at 01 Apr 2019	Real increase in Cash Equivalent Transfer Values	Cash Equivalent Transfer Values at 31 Mar 2020	Employer's contribution to stakeholder pension
	£000	£000	£000	£000	£000	£000	£000	£000
Ms Jennifer Allan	0.0-2.5	2.5-5.0	20-25	40-45	0	25	328	0
Mr David Bradley	0.0-2.5	5.0-7.5	70-75	210-215	1,433	52	1,650	0
Ms Vanessa Ford	2.5-5.0	0.0-2.5	30-35	55-60	375	26	431	0
Dr Charlotte Harrison	0.0-2.5	0.0-2.5	35-40	80-85	618	13	679	0
Mr Ranjeet Kaile	0.0-2.5	0.0-2.5	20-25	0-4	216	10	246	0
Mrs Susan McKenna	(12.5)-(10.0)	(17.5)-(15.0)	40-45	140-145	1,144	0	0	0
Mr Philip Murray	(2.5)-0.0	(15.0)-(12.5)	55-60	140-145	1,150	0	1,135	0
Mr Matthew Neal	0.0-2.5	0.0-2.5	10-15	0-4	112	4	142	0
Dr Mark Potter	(47.5)-(45.0)	(137.5)-(135.0)	0-4	0-4	0	0	0	0
Ms Amy Scammell	0.0-2.5	0.0-2.5	20-25	35-40	261	19	301	0
Mrs Sharon Spain	2.5-5.0	2.5-5.0	25-30	60-65	357	35	434	0

KPMG, our external auditors, audited the table of salaries and allowances of senior managers on the previous page and the table of pension benefits of senior managers on this page as part of their audit of the 2019/20 financial statements.

Signed:



Vanessa Ford Acting Chief Executive

Date 24.06.2020

The following items are subject to audit:

- o Directors remuneration and pension benefits
- o Fair pay disclosures
- o Exit packages
- o Staff numbers and costs

# AUDIT REPORT

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

### Report on the Audit of the Financial Statements

#### Opinion

We have audited the financial statements of South West London and St. George's Mental Health NHS Trust ("the Trust") for the year ended 31 March 2020 which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Taxpayers Equity and Statement of Cash Flows, and the related notes, including the accounting policies in note one.

In our opinion the financial statements:

- give a true and fair view of the state of the Trust's affairs as at 31 March 2020 and of its income and expenditure for the year then ended; and
- have been properly prepared in accordance with the accounting policies directed by the Secretary of State with the consent of the Treasury as being relevant to NHS Trusts in England and included in the Department of Health and Social Care Group Accounting Manual 2019/20.

#### Basis for opinion

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

#### Going concern

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

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

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

#### Other information in the Annual Report

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

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

### **Annual Governance Statement**

We are required to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the Department of Health and Social Care Group Accounting Manual 2019/20. We have nothing to report in this respect.

### **Remuneration and Staff Report**

In our opinion the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2019/20.

### **Directors' and Accountable Officer's responsibilities**

As explained more fully in the statement set out on page 90, the directors are responsible for the preparation of financial statements that give a true and fair view. They are responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity. As explained more fully in the statement of the Chief Executive's responsibilities, as the Accountable Officer of the Trust, on page 89 the Accountable Officer is responsible for ensuring that annual statutory accounts are prepared in a format directed by the Secretary of State.

### **Auditor's responsibilities**

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

A fuller description of our responsibilities is provided on the FRC's website at [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities).

## **REPORT ON OTHER LEGAL AND REGULATORY MATTERS**

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

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

We have nothing to report in this respect.

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

As explained in the statement set out on page 89, the Chief Executive, as the Accountable Officer, is responsible for ensuring that value for money is achieved from the resources available to the Trust. We are required under section 21(3)(c), as amended by schedule 13 paragraph 10(a), of the Local Audit

and Accountability Act 2014 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

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

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the specified criterion issued by the Comptroller and Auditor General (C&AG) in December 2019 and updated in April 2020 as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. We planned our work in accordance with the Code of Audit Practice and related guidance. Based on our risk assessment, we undertook such work as we considered necessary.

### **Statutory reporting matters**

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

- we refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we issue a report in the public interest under section 24 of the Local Audit and Accountability Act 2014; or
- we make a written recommendation to the Trust under section 24 of the Local Audit and Accountability Act 2014.

We have nothing to report in these respects.

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

This report is made solely to the Board of Directors of South West London and St. George's Mental Health NHS Trust, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Board of the Trust, as a body, those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Board of the Trust, as a body, for our audit work, for this report or for the opinions we have formed.

### **CERTIFICATE OF COMPLETION OF THE AUDIT**

We certify that we have completed the audit of the accounts of South West London and St. George's Mental Health NHS Trust for the year ended 31 March 2020 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.



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

25 June 2020

South West London and St George's Mental Health NHS Trust  
Annual accounts for the year ended 31 March 2020

## Statement of Comprehensive Income

		2019/20	2018/19
	Note	£000	£000
Operating income from patient care activities	3	177,391	155,185
Other operating income	4	16,028	29,080
Operating expenses	7,9	<u>(214,677)</u>	<u>(175,303)</u>
<b>Operating surplus/(deficit) from continuing operations</b>		<b><u>(21,258)</u></b>	<b><u>8,962</u></b>
Finance income	12	125	83
Finance expenses	13	-	-
PDC dividends payable		<u>(6,380)</u>	<u>(6,198)</u>
<b>Net finance costs</b>		<b><u>(6,255)</u></b>	<b><u>(6,115)</u></b>
Other gains / (losses)	14	<u>17,037</u>	<u>14,027</u>
<b>Surplus / (deficit) for the year from continuing operations</b>		<b><u>(10,476)</u></b>	<b><u>16,874</u></b>
<b>Surplus / (deficit) for the year</b>		<b><u><u>(10,476)</u></u></b>	<b><u><u>16,874</u></u></b>
<b>Other comprehensive income</b>			
<b>Will not be reclassified to income and expenditure:</b>			
Impairments	8	3,189	(3,371)
Revaluations	19	<u>427</u>	<u>1,772</u>
<b>Total comprehensive income / (expense) for the period</b>		<b><u><u>(6,860)</u></u></b>	<b><u><u>15,275</u></u></b>

## Statement of Financial Position

		31 March 2020	31 March 2019
	Note	£000	£000
<b>Non-current assets</b>			
Intangible assets	16	3,470	3,344
Property, plant and equipment	17	180,286	185,952
Receivables	25	26,485	-
<b>Total non-current assets</b>		<b>210,241</b>	<b>189,296</b>
<b>Current assets</b>			
Inventories	24	285	235
Receivables	25	15,082	26,801
Cash and cash equivalents	28	12,314	20,630
<b>Total current assets</b>		<b>27,681</b>	<b>47,666</b>
<b>Current liabilities</b>			
Trade and other payables	29	(21,723)	(24,871)
Provisions	34	(313)	(110)
Other liabilities	30	(527)	(528)
<b>Total current liabilities</b>		<b>(22,563)</b>	<b>(25,509)</b>
<b>Total assets less current liabilities</b>		<b>215,359</b>	<b>211,453</b>
<b>Non-current liabilities</b>			
Trade and other payables	29	(6,453)	-
Provisions	34	(340)	-
<b>Total non-current liabilities</b>		<b>(6,793)</b>	<b>-</b>
<b>Total assets employed</b>		<b>208,566</b>	<b>211,453</b>
<b>Financed by</b>			
Public dividend capital		132,693	128,720
Revaluation reserve		48,173	49,543
Income and expenditure reserve		27,700	33,190
<b>Total taxpayers' equity</b>		<b>208,566</b>	<b>211,453</b>

The notes on pages 124 to 158 form part of these accounts.



Name	Vanessa Ford
Position	Acting Chief Executive
Date	24 June 2020

## Statement of Changes in Equity for the year ended 31 March 2020

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
<b>Taxpayers' and others' equity at 1 April 2019 - brought forward</b>	<b>128,720</b>	<b>49,543</b>	<b>33,190</b>	<b>211,453</b>
Surplus/(deficit) for the year	-	-	(10,476)	(10,476)
Other transfers between reserves	-	(1,420)	1,420	-
Impairments	-	3,189	-	3,189
Revaluations	-	427	-	427
Transfer to retained earnings on disposal of assets	-	(3,566)	3,566	-
Public dividend capital received	3,973	-	-	3,973
<b>Taxpayers' and others' equity at 31 March 2020</b>	<b>132,693</b>	<b>48,173</b>	<b>27,700</b>	<b>208,566</b>

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

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



## **Information on reserves**

### **Public dividend capital**

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

### **Revaluation reserve**

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

### **Financial assets reserve**

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

### **Income and expenditure reserve**

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

## Statement of Cash Flows

	2019/20	2018/19
Note	£000	£000
<b>Cash flows from operating activities</b>		
Operating surplus / (deficit)	(21,258)	8,962
<b>Non-cash income and expense:</b>		
Depreciation and amortisation	7.1 3,800	4,805
Net impairments	8 28,932	8,965
(Increase) / decrease in receivables and other assets	12,051	(14,206)
(Increase) / decrease in inventories	(50)	(25)
Increase / (decrease) in payables and other liabilities	(8,006)	2,436
Increase / (decrease) in provisions	543	(13)
<b>Net cash flows from / (used in) operating activities</b>	<b>16,012</b>	<b>10,924</b>
<b>Cash flows from investing activities</b>		
Interest received	125	83
Purchase of intangible assets	(631)	-
Purchase of PPE and investment property	(26,181)	(21,340)
Sales of PPE and investment property	5,437	17,103
<b>Net cash flows from / (used in) investing activities</b>	<b>(21,250)</b>	<b>(4,154)</b>
<b>Cash flows from financing activities</b>		
Public dividend capital received	3,973	1,625
PDC dividend (paid) / refunded	(7,052)	(6,189)
<b>Net cash flows from / (used in) financing activities</b>	<b>(3,079)</b>	<b>(4,564)</b>
<b>Increase / (decrease) in cash and cash equivalents</b>	<b>(8,317)</b>	<b>2,206</b>
<b>Cash and cash equivalents at 1 April - brought forward</b>	<b>20,630</b>	<b>18,424</b>
<b>Cash and cash equivalents at 31 March</b>	28.1 <b>12,314</b>	<b>20,630</b>

## **Notes to the Accounts**

### **Note 1 Accounting policies and other information**

#### **Note 1.1 Basis of preparation**

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 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.

#### **Accounting convention**

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

#### **Note 1.2 Going concern**

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

#### **Note 1.3 Interests in other entities**

The Trust has no interests in other entities.

#### **Note 1.4 Revenue from contracts with customers**

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Services are billed for on a monthly basis or at a minimum frequency within the terms specified by the contract.

#### **Revenue from NHS contracts**

The main sources of income for the Trust are block contracts agreed with commissioners for health care services. Where the Trust does not receive block funding, 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 not yet received relating to activity delivered in that year. This accrual is disclosed as a contract receivable as entitlement to payment for work completed is usually only dependent on the passage of time.

Where the Trust is aware of a penalty based on contractual performance, the Trust reflects this in the transaction price for its recognition of revenue. Revenue is reduced by the value of the penalty.

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

#### **Note 1.5 Other forms of income**

##### **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 grants are 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.

##### **Apprenticeship service income**

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

#### **Note 1.6 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**

###### *NHS Pension Scheme*

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 employers, 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 and when they become due.

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

#### **Note 1.7 Expenditure on other goods and services**

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

#### **Note 1.8 Discontinued operations**

Discontinued operations occur where activities either cease without transfer to another entity, or transfer to an entity outside of the boundary of Whole of Government Accounts, such as private or voluntary sectors. Such activities are accounted for in accordance with IFRS 5. Activities that are transferred to other bodies within the boundary of Whole of Government Accounts are 'machinery of government changes' and treated as continuing operations.

The Trust has no discontinued operations.

## **Note 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 cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, e.g. plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives. All assets, including the purchase of IT assets are initially coded to assets under construction before being brought into life.

#### *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.

### **Measurement**

#### *Valuation*

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

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (i.e. operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying 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, modern equivalent asset basis.
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

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 meeting the 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. Assets are revalued and depreciation commences when the assets are brought into use.

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

The Trust undertakes a full valuation every 5 years and a desktop valuation in intermediate years. During 2019/20 the Trust's valuer has undertaken a full valuation of the Trust's land and buildings portfolio as at 31 March 2020.

#### *Depreciation*

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

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

#### *Revaluation gains and losses*

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

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 sale must be highly probable and the asset available for immediate sale in its present condition.

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

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

#### **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.

### Useful lives of property, plant and equipment

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

	<b>Min life</b>	<b>Max life</b>
	<b>Years</b>	<b>Years</b>
Buildings, excluding dwellings	-	90
Dwellings	-	38
Plant & machinery	-	15
Transport equipment	-	2
Information technology	-	7
Furniture & fittings	-	15

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

### Note 1.10 Intangible assets

#### Recognition

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

*Internally generated intangible assets*  
 Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

#### *Software*

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

#### Measurement

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

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value 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.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

### *Amortisation*

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

### **Useful lives of intangible assets**

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

	<b>Min life</b>	<b>Max life</b>
	<b>Years</b>	<b>Years</b>
Information technology	3	6
Software licences	5	6

### **Note 1.11 Inventories**

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method.

### **Note 1.12 Investment properties**

The Trust has no investment properties.

### **Note 1.13 Cash and cash equivalents**

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

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

### **Note 1.14 Carbon Reduction Commitment scheme (CRC)**

This scheme is not applicable to the Trust.

### **Note 1.15 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.

#### **Classification and measurement**

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

Financial assets are classified as subsequently measured at amortised cost.

Financial liabilities are classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost.

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



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

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

#### Impairment of financial assets

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

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

#### Derecognition

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

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

### **Note 1.16 Leases**

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

#### **The Trust as a lessee**

##### *Finance leases*

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

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

The annual rental charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to finance costs in the Statement of Comprehensive Income.

##### *Operating leases*

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially in other liabilities on the statement of financial position and subsequently as a reduction of rentals on a straight-line basis over the lease term. Contingent rentals are recognised as an expense in the period in which they are incurred.

##### *Leases of land and buildings*

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

#### **The Trust as a lessor**

##### *Finance leases*

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

##### *Operating leases*

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

#### **Note 1.17 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:

		<b>Nominal rate</b>
Short-term	Up to 5 years	0.51%
Medium-term	After 5 years up to 10 years	0.55%
Long-term	Exceeding 10 years	1.99%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective 31 March 2020:

	<b>Inflation rate</b>
Year 1	1.90%
Year 2	2.00%
Into perpetuity	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 0.5% in real terms.

#### **Clinical negligence costs**

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at note 34.2 but is not recognised in the Trust's accounts.

#### **Non-clinical risk pooling**

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

#### **Note 1.18 Contingencies**

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

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

Contingent liabilities are defined as:

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

#### **Note 1.19 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.

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

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for

- (i) donated and grant funded assets, and assets purchased as a response to COVID-19
- (ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and
- (iii) any PDC dividend balance receivable or payable.

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

#### **Note 1.20 Value added tax**

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

#### **Note 1.21 Corporation tax**

The Trust is not liable for corporation tax.

#### **Note 1.22 Foreign exchange**

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

#### **Note 1.23 Third party assets**

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

#### **Note 1.24 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.

#### **Note 1.25 Gifts**

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

#### **Note 1.26 Transfers of functions to / from other NHS bodies / local government bodies**

The Wandsworth Learning Disability Services transferred to the Trust on 1 April 2019 from St George's University Hospitals NHS Foundation Trust. No assets and liabilities transferred as a result of this service move.

#### **Note 1.27 Early adoption of standards, amendments and interpretations**

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

#### **Note 1.28 Standards, amendments and interpretations in issue but not yet effective or adopted**

#### **IFRS 16 Leases**

IFRS 16 Leases will replace IAS 17 Leases, *IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations and is applicable in the public sector for periods beginning 1 April 2021. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the re-measurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The Trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2021, the Trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the Trust's incremental borrowing rate. The Trust's incremental borrowing rate will be defined by HM Treasury. Currently this rate is 1.27% but this may change between now and adoption of the standard. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. No adjustments will be made on 1 April 2021 for existing finance leases.

For leases commencing in 2021/22, the Trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

Judgements and estimates made locally by the Trust in implementing IFRS 16 are not expected to have a material effect.

HM Treasury revised the implementation date for IFRS 16 in the UK public sector to 1 April 2021 on 19 March 2020. Due to the need to reassess lease calculations, together with uncertainty on expected leasing activity from April 2021 and beyond, a quantification of the expected impact of applying the standard in 2021/22 is currently impracticable. However, the Trust does not expect this standard to have a material effect.

#### **Other standards, amendments and interpretations**

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

- IFRS 14 Regulatory Deferral Accounts - This standard is not applicable to DHSC group bodies.
- IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2023, but not yet adopted by the FReM: early adoption is not therefore permitted.

#### **Note 1.29 Critical judgements in applying accounting policies**

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the Trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

HM Treasury guidance allows Trusts to value assets using an alternative site methodology. The choice of whether to value an alternative site will normally hinge on whether the proposed alternative site will meet the locational requirements of the service that is being provided. Whilst it notes that where practical requirements of healthcare delivery, for example, require that a hospital is located on the same geographical site it now occupies, the valuation should be based on that site and not an alternative. A valuation on an alternative site basis may however be appropriate where it is clear that the alternative would offer advantages in serving the target population.

In 2015/16 the Trust reviewed its policy in respect of locational requirements for current service provision and identified alternative site locations for several of its assets. This was in line with the fundamental valuation principle that the hypothetical buyer for a modern equivalent asset would purchase the least expensive site that would be suitable and appropriate for its proposed operations.

In respect of the Wandsworth assets (Springfield and Thrale Road), the Trust considered that the services run from these sites could equally well be run from a hypothetical location within the London Borough of Richmond as our clients are spread over the South West London region. Each subsequent year the Trust reviewed its approach and concluded that the hypothetical location within the London Borough of Richmond remained a suitable alternative site and no change in policy was adopted and these assets are valued using the alternative site methodology.

In addition the Trust adopts a modern equivalent asset valuation methodology to value buildings. This does not enhance the existing buildings, but removes from the valuation the areas which, in managements view, represent unused space and areas which would not need to be re-provided in a modern equivalent asset. This includes the removal of unutilised areas, car parks and educational spaces from the valuation as, in managements view, these would not be provided for in a modern equivalent asset.

#### **Note 1.30 Sources of estimation uncertainty**

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

The Trust holds land and buildings at fair value (as defined by our accounting policies). Land and buildings are subject to a full valuation every five years, and indexed between these dates using revaluation indices supplied by a professional third party valuer, to ensure they remain at fair value. This is based upon the professional judgement of the Trust's Independent Valuer with extensive knowledge of the physical estate and influencing market factors.

The Trust carried out a full valuation on all existing Land and Buildings as at 31 March 2020. The exercise was completed by the District Valuer who visited all Trust sites to value new builds and acquisitions. Asset lives are updated by the District Valuer to take effect from 01 April 2020.

Plants, Machinery, Transport and Intangible Assets were not indexed, and are valued at depreciated historic cost in line with national guidance. These assets have short useful economic lives or low values or both, and this is not considered to be materially different from current value in existing use.

On valuing the Trust's assets, the District Valuer has declared a material valuation uncertainty in the valuation report advising that the outbreak of the Novel Coronavirus (COVID-19), declared by the World Health Organisation as a 'Global Pandemic' on 11 March 2020, has impacted on global financial markets. As such their valuation is reported on the basis of 'material valuation uncertainty' as per VPS 3 and VPGA 10 of the RICS Red Book Global and a higher degree of caution should be attached to their valuation than would normally be the case. The District Valuer has advised that it is not possible to estimate and disclose the extent of the uncertainty at the end of the reporting period. The values in the valuation report have been used to inform the measurement of property assets within these financial statements. Whilst the valuer has declared this material valuation uncertainty, the valuer has continued to exercise their professional judgement in providing the valuation and this remains the best information available to the Trust. The Trust recognises the unprecedented circumstances and will be guided by professional consensus and advice as it emerges, and if appropriate will instruct, at a suitable time, a further full revaluation earlier than the usual 5 year cycle.

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

- The useful economic life of Trust tangible and intangible fixed assets as set by Professional third party valuers (buildings) and Trust professionals responsible for the custody and maintenance of the assets. No asset class is estimated to have a residual value, with current fair value depreciated or amortised over its estimated useful life to £nil.
- Provisions are based on the best estimates of future payments that will need to be made to meet current obligations. The basis of these estimates and the timing of the cash flows are described in the relevant note. Provisions are discounted and unwound using rates as set by HM Treasury.

## Note 2 Operating Segments

The Trust manages its operations as one healthcare segment and does not manage its operations as separately identified segments. Therefore, segmental analysis is not applicable to the Trust. Of the overall income to the Trust, 67.2% is from the 6 local CCGs cover the 6 local boroughs in which the Trust operates.

## Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4.

<b>Note 3.1 Income from patient care activities (by nature)</b>	<b>2019/20</b>	<b>2018/19</b>
	<b>£000</b>	<b>£000</b>
<b>Mental health services</b>		
Cost and volume contract income	6,116	34,727
Block contract income	157,182	113,315
Clinical partnerships providing mandatory services (including S75 agreements)	1,319	254
Clinical income for the secondary commissioning of mandatory services	-	-
Other clinical income from mandatory services	6,826	5,319
Agenda for Change pay award central funding*	-	1,570
Additional pension contribution central funding**	5,434	-
Other clinical income	514	-
<b>Total income from activities</b>	<b><u>177,391</u></b>	<b><u>155,185</u></b>

\*Additional costs of the Agenda for Change pay reform in 2018/19 received central funding. From 2019/20 this funding is incorporated into tariff for individual services.

\*\*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.

**Note 3.2 Income from patient care activities (by source)**

	<b>2019/20</b>	<b>2018/19</b>
	<b>£000</b>	<b>£000</b>
<b>Income from patient care activities received from:</b>		
NHS England	36,033	29,076
Clinical commissioning groups	134,502	118,462
Department of Health and Social Care	58	1,570
Other NHS providers	2,868	1,527
NHS other	-	35
Local authorities	2,487	2,440
Non NHS: other	<u>1,443</u>	<u>2,075</u>
<b>Total income from activities</b>	<b><u>177,391</u></b>	<b><u>155,185</u></b>
<b>Of which:</b>		
Related to continuing operations	177,391	155,185

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

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

**Note 4 Other operating income**

	2019/20			2018/19		
	Contract income	Non- contract income	Total	Contract income	Non- contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	587	-	587	835	-	835
Education and training	9,536	203	9,738	8,731	-	8,731
Non-patient care services to other bodies	1,313		1,313	3,030		3,030
Provider sustainability fund (PSF)	1,380		1,380	13,924		13,924
Income in respect of employee benefits accounted on a gross basis	1,689		1,689	1,270		1,270
Rental revenue from operating leases		55	55		100	100
Other income	1,265	-	1,265	1,190	-	1,190
<b>Total other operating income</b>	<b>15,770</b>	<b>258</b>	<b>16,028</b>	<b>28,980</b>	<b>100</b>	<b>29,080</b>
<b>Of which:</b>						
Related to continuing operations			16,028			29,080



**Note 5.1 Additional information on contract revenue (IFRS 15) recognised in the period**

	<b>2019/20</b>	<b>2018/19</b>
	<b>£000</b>	<b>£000</b>
Revenue recognised in the reporting period that was included within contract liabilities at the previous period end	528	91

**Note 5.2 Transaction price allocated to remaining performance obligations**

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

**Note 6.1 Fees and charges**

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

**Note 7.1 Operating expenses**

	<b>2019/20</b>	<b>2018/19</b>
	<b>£000</b>	<b>£000</b>
Purchase of healthcare from NHS and DHSC bodies	1,426	333
Purchase of healthcare from non-NHS and non-DHSC bodies	4,767	5,036
Staff and executive directors costs	142,310	127,053
Remuneration of non-executive directors	96	81
Supplies and services - clinical (excluding drugs costs)	905	589
Supplies and services - general	5,820	5,673
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	2,607	2,413
Consultancy costs	172	199
Establishment	1,976	1,937
Premises	7,859	6,081
Transport (including patient travel)	1,137	1,160
Depreciation on property, plant and equipment	3,295	4,088
Amortisation on intangible assets	505	717
Net impairments	28,932	8,965
Movement in credit loss allowance: all other receivables and investments	54	53
Audit fees payable to the external auditor		
audit services- statutory audit	61	72
other auditor remuneration (external auditor only)	6	14
Internal audit costs	117	103
Clinical negligence	468	426
Legal fees	677	738
Insurance	193	209
Research and development	318	520
Education and training	1,603	886
Rentals under operating leases	7,255	6,724
Early retirements	97	88
Redundancy	149	-
Car parking & security	1,316	979
Hospitality	70	48
Other	485	121
<b>Total</b>	<b><u>214,677</u></b>	<b><u>175,303</u></b>
<b>Of which:</b>		
Related to continuing operations	214,677	175,303
Related to discontinued operations	-	-

## Note 7.2 Other auditor remuneration

	2019/20	2018/19
	£000	£000
<b>Other auditor remuneration paid to the external auditor:</b>		
Audit-related assurance services	6	14
<b>Total</b>	<b>6</b>	<b>14</b>

The statutory audit fee is net of VAT and is £51k in 2019/20 (£60k in 2018/19).

## Note 7.3 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £2m (2018/19: £2m).

The contract signed on 1 July 2017, states that the liability of KPMG, its members, partners and staff (whether in contract, negligence or otherwise) shall in no circumstances exceed £2m, aside from where the liability cannot be limited by law. This is in aggregate in respect of all services.

## Note 8 Impairment of assets

	2019/20	2018/19
	£000	£000
<b>Net impairments charged to operating surplus / deficit resulting from:</b>		
Changes in market price	4,761	4,367
Other	24,171	4,598
<b>Total net impairments charged to operating surplus / deficit</b>	<b>28,932</b>	<b>8,965</b>
Impairments charged to the revaluation reserve	(3,189)	3,371
<b>Total net impairments</b>	<b>25,743</b>	<b>12,336</b>

Impairments of £28.9m arose from the downward revaluation of assets following a full revaluation by the District Valuer and application of Modern Equivalent Asset valuation methodology, and a review of preliminary costs associated with the modernisation of the Estate which is now in the construction phase.

## Note 9 Employee benefits

	2019/20	2018/19
	Total	Total
	£000	£000
Salaries and wages	106,247	98,558
Social security costs	11,528	10,643
Apprenticeship levy	556	426
Employer's contributions to NHS pensions	18,059	11,802
Pension cost - other	57	30
Termination benefits	149	80
Temporary staff (including agency)	8,135	7,228
<b>Total gross staff costs</b>	<b>144,731</b>	<b>128,767</b>
Recoveries in respect of seconded staff	-	-
<b>Total staff costs</b>	<b>144,731</b>	<b>128,767</b>
<b>Of which</b>		
Costs capitalised as part of assets	2,272	1,714

## Note 9.1 Retirements due to ill-health

During 2019/20 there were 2 early retirements from the Trust agreed on the grounds of ill-health (3 in the year ended 31 March 2019). The estimated additional pension liabilities of these ill-health retirements is £157k (£108k in 2018/19).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

## **Note 10 Pension costs**

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

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

### **a) Accounting valuation**

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 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 at 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.

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

## Note 11 Operating leases

### Note 11.1 South West London and St George's Mental Health NHS Trust as a lessor

This note discloses income generated in operating lease agreements where South West London and St George's Mental Health NHS Trust is the lessor.

	2019/20 £000	2018/19 £000
<b>Operating lease revenue</b>		
Minimum lease receipts	55	100
<b>Total</b>	<u>55</u>	<u>100</u>
	<b>31 March 2020 £000</b>	<b>31 March 2019 £000</b>
<b>Future minimum lease receipts due:</b>		
- not later than one year;	-	100
<b>Total</b>	<u>-</u>	<u>100</u>

### Note 11.2 South West London and St George's Mental Health NHS Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where South West London and St George's Mental Health NHS Trust is the lessee.

The main commitment for the Trust is a payment of £4,739k per annum to NHS Property Services for the lease of the 1st and 2nd floors of Queen Mary's Hospital. The lease terminates on 31 March 2021.

All of the operating leases relate to buildings.

	2019/20 £000	2018/19 £000
<b>Operating lease expense</b>		
Minimum lease payments	7,255	6,724
<b>Total</b>	<u>7,255</u>	<u>6,724</u>
	<b>31 March 2020 £000</b>	<b>31 March 2019 £000</b>
<b>Future minimum lease payments due:</b>		
- not later than one year;	7,297	6,694
- later than one year and not later than five years;	6,125	4,631
- later than five years.	7,133	-
<b>Total</b>	<u>20,555</u>	<u>11,325</u>
Future minimum sublease payments to be received	-	-

**Note 12 Finance income**

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

	<b>2019/20</b>	<b>2018/19</b>
	<b>£000</b>	<b>£000</b>
Interest on bank accounts	<u>125</u>	<u>83</u>
<b>Total finance income</b>	<b><u>125</u></b>	<b><u>83</u></b>

**Note 13.1 Finance expenditure**

The Trust has not borrowed money in either 2019/20 or 2018/19.

**Note 13.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015**

The Trust has no commercial debts in 2019/20 or 2018/19.

**Note 14 Other gains / (losses)**

	<b>2019/20</b>	<b>2018/19</b>
	<b>£000</b>	<b>£000</b>
Gains on disposal of assets	<u>17,037</u>	<u>14,027</u>
<b>Total gains / (losses) on disposal of assets</b>	<b><u>17,037</u></b>	<b><u>14,027</u></b>

**Note 15 Discontinued operations**

The Trust has no discontinued operations in 2019/20 or 2018/19.

**Note 16 Intangible assets - 2019/20**

	Software licences £000	Internally generated information technology £000	Total £000
<b>Valuation / gross cost at 1 April 2019 - brought forward</b>	984	6,451	7,434
Additions	291	339	631
Disposals / derecognition	-	-	-
<b>Valuation / gross cost at 31 March 2020</b>	<b>1,275</b>	<b>6,790</b>	<b>8,065</b>
<b>Amortisation at 1 April 2019 - brought forward</b>	799	3,291	4,090
Provided during the year	58	447	505
<b>Amortisation at 31 March 2020</b>	<b>857</b>	<b>3,738</b>	<b>4,595</b>
<b>Net book value at 31 March 2020</b>	418	3,052	3,470
<b>Net book value at 1 April 2019</b>	185	3,160	3,344

**Note 16.1 Intangible assets - 2018/19**

	Software licences £000	Internally generated information technology £000	Total £000
<b>Valuation / gross cost at 1 April 2018 - as previously stated</b>	984	6,451	7,434
Additions	-	-	-
Disposals / derecognition	-	-	-
<b>Valuation / gross cost at 31 March 2019</b>	<b>984</b>	<b>6,451</b>	<b>7,434</b>
<b>Amortisation at 1 April 2018 - as previously stated</b>	799	2,574	3,373
Provided during the year	-	717	717
<b>Amortisation at 31 March 2019</b>	<b>799</b>	<b>3,291</b>	<b>4,090</b>
<b>Net book value at 31 March 2019</b>	185	3,160	3,344
<b>Net book value at 1 April 2018</b>	185	3,877	4,061

**Note 17.1 Property, plant and equipment -2019/20**

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Valuation/gross cost at 1 April 2019 - brought forward</b>	<b>50,942</b>	<b>86,028</b>	<b>2,521</b>	<b>41,356</b>	<b>983</b>	<b>412</b>	<b>14,184</b>	<b>752</b>	<b>197,178</b>
Additions	-	-	-	31,037	-	-	-	-	31,037
Impairments	(252)	(2,146)	-	(24,171)	-	-	-	-	(26,569)
Reversals of impairments	279	5,308	-	-	-	-	-	-	5,587
Revaluations	-	(6,055)	-	-	-	-	-	-	(6,055)
Reclassifications	-	14,960	-	(17,089)	319	-	1,810	-	-
Disposals / derecognition	(750)	(7,622)	-	-	-	-	-	-	(8,372)
<b>Valuation/gross cost at 31 March 2020</b>	<b>50,219</b>	<b>90,473</b>	<b>2,521</b>	<b>31,133</b>	<b>1,302</b>	<b>412</b>	<b>15,994</b>	<b>752</b>	<b>192,806</b>
<b>Accumulated depreciation at 1 April 2019 - brought forward</b>	-	-	<b>63</b>	-	<b>923</b>	<b>410</b>	<b>9,088</b>	<b>742</b>	<b>11,226</b>
Provided during the year	-	2,437	68	-	16	2	767	5	3,295
Impairments	-	6,020	-	-	-	-	-	-	6,020
Reversals of impairments	-	(1,259)	-	-	-	-	-	-	(1,259)
Revaluations	-	(6,415)	(67)	-	-	-	-	-	(6,482)
Reclassifications	-	-	-	-	-	-	-	-	-
Disposals / derecognition	-	(280)	-	-	-	-	-	-	(280)
<b>Accumulated depreciation at 31 March 2020</b>	-	<b>503</b>	<b>64</b>	-	<b>939</b>	<b>412</b>	<b>9,855</b>	<b>747</b>	<b>12,520</b>
<b>Net book value at 31 March 2020</b>	<b>50,219</b>	<b>89,970</b>	<b>2,457</b>	<b>31,133</b>	<b>363</b>	-	<b>6,139</b>	<b>5</b>	<b>180,286</b>
<b>Net book value at 1 April 2019</b>	<b>50,942</b>	<b>86,028</b>	<b>2,458</b>	<b>41,356</b>	<b>60</b>	<b>2</b>	<b>5,096</b>	<b>10</b>	<b>185,952</b>



**Note 17.2 Property, plant and equipment -2018/19**

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Valuation / gross cost at 1 April 2018 - as previously stated</b>	<b>52,294</b>	<b>105,455</b>	<b>3,963</b>	<b>21,287</b>	<b>991</b>	<b>412</b>	<b>11,406</b>	<b>752</b>	<b>196,560</b>
Prior period adjustments	-	-	-	-	-	-	-	-	-
<b>Valuation / gross cost at 1 April 2018 - restated</b>	<b>52,294</b>	<b>105,455</b>	<b>3,963</b>	<b>21,287</b>	<b>991</b>	<b>412</b>	<b>11,406</b>	<b>752</b>	<b>196,560</b>
Additions	-	-	-	25,457	-	-	2,042	-	27,499
Impairments	(7)	(6,531)	(331)	-	-	-	-	-	(6,869)
Reversals of impairments	-	1,297	-	-	-	-	-	-	1,297
Revaluations	69	(17,106)	(1,111)	-	-	-	-	-	(18,148)
Reclassifications	-	4,652	-	(5,388)	-	-	736	-	-
Disposals / derecognition	(1,414)	(1,739)	-	-	(8)	-	-	-	(3,161)
<b>Valuation/gross cost at 31 March 2019</b>	<b>50,942</b>	<b>86,028</b>	<b>2,521</b>	<b>41,356</b>	<b>983</b>	<b>412</b>	<b>14,184</b>	<b>752</b>	<b>197,178</b>
<b>Accumulated depreciation at 1 April 2018 - as previously stated</b>	-	<b>9,441</b>	<b>591</b>	-	<b>913</b>	<b>385</b>	<b>8,313</b>	<b>736</b>	<b>20,379</b>
Prior period adjustments	-	-	-	-	-	-	-	-	-
<b>Accumulated depreciation at 1 April 2018 - restated</b>	-	<b>9,441</b>	<b>591</b>	-	<b>913</b>	<b>385</b>	<b>8,313</b>	<b>736</b>	<b>20,379</b>
Provided during the year	-	3,169	95	-	18	25	775	6	4,088
Impairments	-	6,079	694	-	-	-	-	-	6,773
Reversals of impairments	-	(9)	-	-	-	-	-	-	(9)
Revaluations	-	(18,603)	(1,317)	-	-	-	-	-	(19,920)
Disposals / derecognition	-	(77)	-	-	(8)	-	-	-	(85)
<b>Accumulated depreciation at 31 March 2019</b>	-	-	<b>63</b>	-	<b>923</b>	<b>410</b>	<b>9,088</b>	<b>742</b>	<b>11,226</b>
<b>Net book value at 31 March 2019</b>	<b>50,942</b>	<b>86,028</b>	<b>2,458</b>	<b>41,356</b>	<b>60</b>	<b>2</b>	<b>5,096</b>	<b>10</b>	<b>185,952</b>
<b>Net book value at 1 April 2018</b>	<b>52,294</b>	<b>96,014</b>	<b>3,372</b>	<b>21,287</b>	<b>78</b>	<b>27</b>	<b>3,093</b>	<b>16</b>	<b>176,181</b>

**Note 17.3 Property, plant and equipment financing - 2019/20**

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Net book value at 31 March 2020</b>									
Owned - purchased	50,219	89,379	2,457	31,133	363	-	6,139	5	<b>179,695</b>
Owned - donated	-	591	-	-	-	-	-	-	<b>591</b>
<b>NBV total at 31 March 2020</b>	<b>50,219</b>	<b>89,970</b>	<b>2,457</b>	<b>31,133</b>	<b>363</b>	<b>-</b>	<b>6,139</b>	<b>5</b>	<b>180,286</b>

**Note 17.4 Property, plant and equipment financing - 2018/19**

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Net book value at 31 March 2019</b>									
Owned - purchased	50,942	85,394	2,458	41,356	60	2	5,096	10	<b>185,318</b>
Owned - donated	-	634	-	-	-	-	-	-	<b>634</b>
<b>NBV total at 31 March 2019</b>	<b>50,942</b>	<b>86,028</b>	<b>2,458</b>	<b>41,356</b>	<b>60</b>	<b>2</b>	<b>5,096</b>	<b>10</b>	<b>185,952</b>

**Note 18 Donations of property, plant and equipment**

The Trust had no donations of property, plant or equipment during the year.

**Note 19 Revaluations of property, plant and equipment**

On valuing the Trust's assets, the District Valuer has declared a material valuation uncertainty in the valuation report advising that the outbreak of the Novel Coronavirus (COVID-19), declared by the World Health Organisation as a 'Global Pandemic' on 11 March 2020, has impacted on global financial markets. Please see notes 1.29, 1.30 and 17. The Trust's depreciated replacement cost (DRC) valuation is based on the BCIS (all price) Tender Price Index published in January 2020. All of the Trust's land and buildings are subject to revaluation. The effective date of revaluation of land and buildings owned by the Trust is 31 March 2020. The revaluation was carried out by Ros Johnson MA(Hons) MRICS, a Principle Surveyor (RICS registered valuer) with the DVS property services arm of the Valuation Office Agency, using widely recognised market and cost approach valuation techniques to determine the current value of land and buildings owned by the Trust.

**Note 20 Investment Property**

The Trust has no investment property.

**Note 21 Investments in associates and joint ventures**

The Trust had no investments in associates and joint ventures in 2019/20 or 2018/19.

**Note 22 Other investments / financial assets**

The Trust had no other investments/financial assets in 2019/20 or 2018/19.

**Note 23 Disclosure of interests in other entities**

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

**Note 24 Inventories**

	<b>31 March 2020 £000</b>	<b>31 March 2019 £000</b>
Drugs	92	79
Consumables	193	156
<b>Total inventories</b>	<b><u>285</u></b>	<b><u>235</u></b>

Inventories recognised in expenses for the year were £0k (2018/19: £0k). Write-down of inventories recognised as expenses for the year were £0k (2018/19: £0k).

**Note 25.1 Receivables**

	<b>31 March 2020 £000</b>	<b>31 March 2019 £000</b>
<b>Current</b>		
Contract receivables	12,400	24,825
Allowance for other impaired receivables	(107)	(53)
Capital receivables	-	-
Prepayments (non-PFI)	1,110	744
PDC dividend receivable	806	134
VAT receivable	337	504
Other receivables	536	647
<b>Total current receivables</b>	<b><u>15,082</u></b>	<b><u>26,801</u></b>
<b>Non-current</b>		
Capital receivables	26,145	-
Other receivables	340	-
<b>Total non-current receivables</b>	<b><u>26,485</u></b>	<b><u>-</u></b>
<b>Of which receivable from NHS and DHSC group bodies:</b>		
Current	11,598	23,036
Non-current	340	-

**Note 25.2 Allowances for credit losses**

	2019/20		2018/19	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
<b>Allowances as at 1 April - brought forward</b>	-	53	-	157
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018	-	-	157	(157)
New allowances arising	-	54	-	-
Changes in existing allowances	-	-	-	53
Utilisation of allowances (write offs)	-	-	(157)	-
<b>Allowances as at 31 Mar 2020</b>	<b>-</b>	<b>107</b>	<b>-</b>	<b>53</b>

**Note 25.3 Exposure to credit risk**

See note 39.

### Note 28.1 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2019/20	2018/19
	£000	£000
<b>At 1 April</b>	<b>20,630</b>	<b>18,424</b>
Transfers by absorption	-	-
Net change in year	(8,316)	2,206
<b>At 31 March</b>	<b>12,314</b>	<b>20,630</b>
<b>Broken down into:</b>		
Cash at commercial banks and in hand	32	62
Cash with the Government Banking Service	12,282	20,568
<b>Total cash and cash equivalents as in SoFP</b>	<b>12,314</b>	<b>20,630</b>
<b>Total cash and cash equivalents as in SoCF</b>	<b>12,314</b>	<b>20,630</b>

### Note 28.2 Third party assets held by the Trust

South West London and St George's Mental Health NHS Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties and in which the Trust has no beneficial interest. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2020	31 March 2019
	£000	£000
Bank balances	2,887	2,624
<b>Total third party assets</b>	<b>2,887</b>	<b>2,624</b>

### Note 29.1 Trade and other payables

	31 March 2020	31 March 2019
	£000	£000
<b>Current</b>		
Trade payables	3,223	3,468
Capital payables	7,230	8,827
Accruals	7,846	8,236
Social security costs	1,735	1,553
Other taxes payable	1,269	548
Other payables	420	2,239
<b>Total current trade and other payables</b>	<b>21,723</b>	<b>24,871</b>
<b>Non-current</b>		
Capital Payables	6,453	-
<b>Total non-current trade and other payables</b>	<b>6,453</b>	<b>-</b>
<b>Of which payables from NHS and DHSC group bodies:</b>		
Current	1,195	3,338

### Note 29.2 Early retirements in NHS payables above

The payables note above includes no amounts in relation to early retirements.

### Note 30 Other liabilities

	31 March 2020 £000	31 March 2019 £000
<b>Current</b>		
Deferred income: contract liabilities	527	528
<b>Total other current liabilities</b>	<b>527</b>	<b>528</b>

The Trust has no other non-current Liabilities.

#### Note 31 Borrowings

The Trust has no borrowings. - -

#### Note 32 Other financial liabilities

The Trust has no other financial liabilities.

#### Note 33 Finance leases

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

#### Note 34.1 Provisions for liabilities and charges analysis

	Legal claims £000	Redundancy £000	Other £000	Total £000
<b>At 1 April 2019</b>	<b>110</b>	<b>-</b>	<b>-</b>	<b>110</b>
Arising during the year	31	139	378	548
Utilised during the year	(5)	-	-	(5)
<b>At 31 March 2020</b>	<b>136</b>	<b>139</b>	<b>378</b>	<b>653</b>
<b>Expected timing of cash flows:</b>				
- not later than one year;	136	139	38	313
- later than one year and not later than five years;	-	-	340	340
- later than five years.	-	-	-	-
<b>Total</b>	<b>136</b>	<b>139</b>	<b>378</b>	<b>653</b>

Legal claims: This represents 27 outstanding claims with the NHS Litigation Authority which are expected to be cleared in 2020/21.

Redundancy: This represents redundancy payments agreed and due to be paid in 2020/21.

Other: This represents the potential cost resulting from the Clinical Pensions Tax Scheme and has been calculated using DHSC methodology.

#### Note 34.2 Clinical negligence liabilities

At 31 March 2020, £3,157k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of South West London and St George's Mental Health NHS Trust (31 March 2019: £2,288k).

#### Note 35 Contingent assets and liabilities

	31 March 2020 £000	31 March 2019 £000
<b>Value of contingent liabilities</b>		
NHS Resolution legal claims	(72)	(30)
<b>Gross value of contingent liabilities</b>	<b>(72)</b>	<b>(30)</b>
Amounts recoverable against liabilities	-	-
<b>Net value of contingent liabilities</b>	<b>(72)</b>	<b>(30)</b>
<b>Net value of contingent assets</b>	<b>-</b>	<b>-</b>

**Note 36.1 Contractual capital commitments**

	<b>31 March 2020 £000</b>	<b>31 March 2019 £000</b>
Property, plant and equipment	98,073	10,397
Intangible assets	206	-
<b>Total</b>	<b><u>98,279</u></b>	<b><u>10,397</u></b>

The Trust has signed a contract for the sale of a plot of land during 2020/21 with an agreed sale proceed of £3.6m. The increase between 2018/19 and 2019/20 relates to the Trust's Estate Modernisation Programme.

**Note 36.2 Other financial commitments**

The Trust has no non-cancellable contracts (which are not leases, PFI contracts or other service concession arrangements) to be analysed by the period during which payment is made.

**Note 37 Defined benefit pension schemes**

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

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

The Trust does not have any such arrangements.

**Note 39 Off-SoFP PFI, LIFT and other service concession arrangements**

The Trust does not have any such arrangements.

**Note 40 Financial instruments****Note 40.1 Financial risk management**

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

The Trust's treasury management operations are carried out by the Finance Department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. Trust treasury activity is subject to review by the Trust's Internal Auditors.

#### Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

#### Interest rate risk

The Trust borrows from government for capital expenditure, subject to affordability as confirmed by NHS England & Improvement. The borrowings are for 1 – 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

#### Credit Risk

The majority of the Trust's revenue comes from contracts with other public sector bodies, therefore the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2020 are in receivables from customers, as disclosed in the trade and other receivables note.

#### Liquidity Risk

The Trust's operating costs are incurred under contracts with NHS organisations, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its prudential borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks.



**Note 40.2 Carrying values of financial assets**

	<b>Held at amortised cost</b>	<b>Total book value</b>
	<b>£000</b>	<b>£000</b>
<b>Carrying values of financial assets as at 31 March 2020</b>		
Trade and other receivables excluding non-financial assets	39,314	<b>39,314</b>
Cash and cash equivalents	12,314	<b>12,314</b>
<b>Total at 31 March 2020</b>	<b>51,628</b>	<b>51,628</b>

	<b>Held at amortised cost</b>	<b>Total book value</b>
	<b>£000</b>	<b>£000</b>
<b>Carrying values of financial assets as at 31 March 2019</b>		
Trade and other receivables excluding non-financial assets	24,825	<b>24,825</b>
Cash and cash equivalents	20,630	<b>20,630</b>
<b>Total at 31 March 2019</b>	<b>45,455</b>	<b>45,455</b>

**Note 40.3 Carrying values of financial liabilities**

	<b>Held at amortised cost</b>	<b>Total book value</b>
	<b>£000</b>	<b>£000</b>
<b>Carrying values of financial liabilities as at 31 March 2020</b>		
Trade and other payables excluding non-financial liabilities	25,172	<b>25,172</b>
<b>Total at 31 March 2020</b>	<b>25,172</b>	<b>25,172</b>

	<b>Held at amortised cost</b>	<b>Total book value</b>
	<b>£000</b>	<b>£000</b>
<b>Carrying values of financial liabilities as at 31 March 2019</b>		
Trade and other payables excluding non-financial liabilities	22,770	<b>22,770</b>
<b>Total at 31 March 2019</b>	<b>22,770</b>	<b>22,770</b>

There have been no defaults on loans payable or breaches of loan terms in the period.

**Note 40.4 Maturity of financial liabilities**

	<b>31 March 2020</b>	<b>31 March 2019</b>
	<b>£000</b>	<b>£000</b>
In one year or less	18,719	22,770
In more than one year but not more than five years	6,453	-
In more than five years	-	-
<b>Total</b>	<b><u>25,172</u></b>	<b><u>22,770</u></b>

**Note 40.5 Fair values of financial assets and liabilities**

The book value (carrying value) is a reasonable approximation of fair value of financial assets and liabilities.

**Note 41 Losses and special payments**

	<b>2019/20</b>		<b>2018/19</b>	
	<b>Total number of cases Number</b>	<b>Total value of cases £000</b>	<b>Total number of cases Number</b>	<b>Total value of cases £000</b>
<b>Losses</b>				
Cash losses	1	-	3	-
Bad debts and claims abandoned	1	-	6	-
Stores losses and damage to property	-	-	1	4
<b>Total losses</b>	<b><u>2</u></b>	<b><u>-</u></b>	<b><u>10</u></b>	<b><u>4</u></b>
<b>Special payments</b>				
Ex-gratia payments	14	5	13	3
<b>Total special payments</b>	<b><u>14</u></b>	<b><u>5</u></b>	<b><u>13</u></b>	<b><u>3</u></b>
<b>Total losses and special payments</b>	<b><u>16</u></b>	<b><u>5</u></b>	<b><u>23</u></b>	<b><u>7</u></b>
Compensation payments received		-		-

**Note 42 Gifts**

There were no gifts in either year.

**Note 43 Related parties**

During the year none of the Department of Health Ministers, Trust Board members or members of the key management staff, or parties related to any of them, has undertaken any material transactions with South West London and St. George's Mental Health NHS Trust.

The Trust has a related party interest in South West London and St. George's Mental Health NHS Trust Charitable Fund. The accounts of the charitable fund are not consolidated as they are not material.

The Department of Health is regarded as a related party. During the year the Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. These entities are:

NHS Wandsworth Clinical Commissioning Group  
NHS Sutton Clinical Commissioning Group  
NHS Merton Clinical Commissioning Group  
NHS Richmond Clinical Commissioning Group  
NHS Kingston Clinical Commissioning Group  
NHS Croydon Clinical Commissioning Group  
NHS England  
NHS Litigation Authority  
NHS Business Services Authority  
NHS Property Services Ltd  
Health Education England  
Epsom & St Helier NHS Trust  
Oxleas NHS Foundation Trust  
South London & Maudsley NHS Foundation Trust  
St George's University NHS Foundation Trust  
Kingston Hospital NHS Trust

In addition the Trust had material transactions with the following Government bodies:

HM Revenue and Customs  
NHS Pension Agency

**Note 44 Transfers by absorption**

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

**Note 45 Prior period adjustments**

The Trust is not reporting any prior period adjustments.

**Note 46 Events after the reporting date**

There are no events after the reporting date.

**Note 47 Authorisation of the financial statements**

These accounts were authorised for issue by the Chief Executive, as the Trust's Accounting Officer 24<sup>th</sup> June 2020.

**Note 48 Better Payment Practice code**

	2019/20	2019/20	2018/19	2018/19
<b>Non-NHS Payables</b>	<b>Number</b>	<b>£000</b>	<b>Number</b>	<b>£000</b>
Total non-NHS trade invoices paid in the year	20,763	101,711	18,199	87,441
Total non-NHS trade invoices paid within target	<u>18,911</u>	<u>97,523</u>	<u>16,547</u>	<u>83,040</u>
Percentage of non-NHS trade invoices paid within target	<u>91.1%</u>	<u>95.9%</u>	<u>90.9%</u>	<u>95.0%</u>
<b>NHS Payables</b>				
Total NHS trade invoices paid in the year	519	27,457	452	24,238
Total NHS trade invoices paid within target	<u>345</u>	<u>26,016</u>	<u>363</u>	<u>23,763</u>
Percentage of NHS trade invoices paid within target	<u>66.5%</u>	<u>94.8%</u>	<u>80.3%</u>	<u>98.0%</u>

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

**Note 49 External financing limit**

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

	2019/20	2018/19
	<b>£000</b>	<b>£000</b>
Cash flow financing	<u>12,290</u>	<u>(581)</u>
<b>External financing requirement</b>	<b><u>12,290</u></b>	<b><u>(581)</u></b>
External financing limit (EFL)	<u>12,297</u>	<u>6,880</u>
<b>Under / (over) spend against EFL</b>	<b><u>7</u></b>	<b><u>7,461</u></b>

**Note 50 Capital Resource Limit**

	2019/20	2018/19
	<b>£000</b>	<b>£000</b>
Gross capital expenditure	31,668	27,499
Less: Disposals	(8,092)	(3,076)
Less: Donated and granted capital additions	-	-
Plus: Loss on disposal from capital grants in kind	-	-
<b>Charge against Capital Resource Limit</b>	<b><u>23,576</u></b>	<b><u>24,423</u></b>
Capital Resource Limit	<u>23,577</u>	<u>24,557</u>
<b>Under / (over) spend against CRL</b>	<b><u>1</u></b>	<b><u>134</u></b>

**Note 51 Breakeven duty financial performance**

	2019/20
	<b>£000</b>
Adjusted financial performance surplus / (deficit) (control total basis)	18,499
Remove impairments scoring to Departmental Expenditure Limit	-
Add back income for impact of 2018/19 post-accounts PSF reallocation	-
Add back non-cash element of On-SoFP pension scheme charges	-
IFRIC 12 breakeven adjustment	-
<b>Breakeven duty financial performance surplus / (deficit)</b>	<b><u>18,499</u></b>

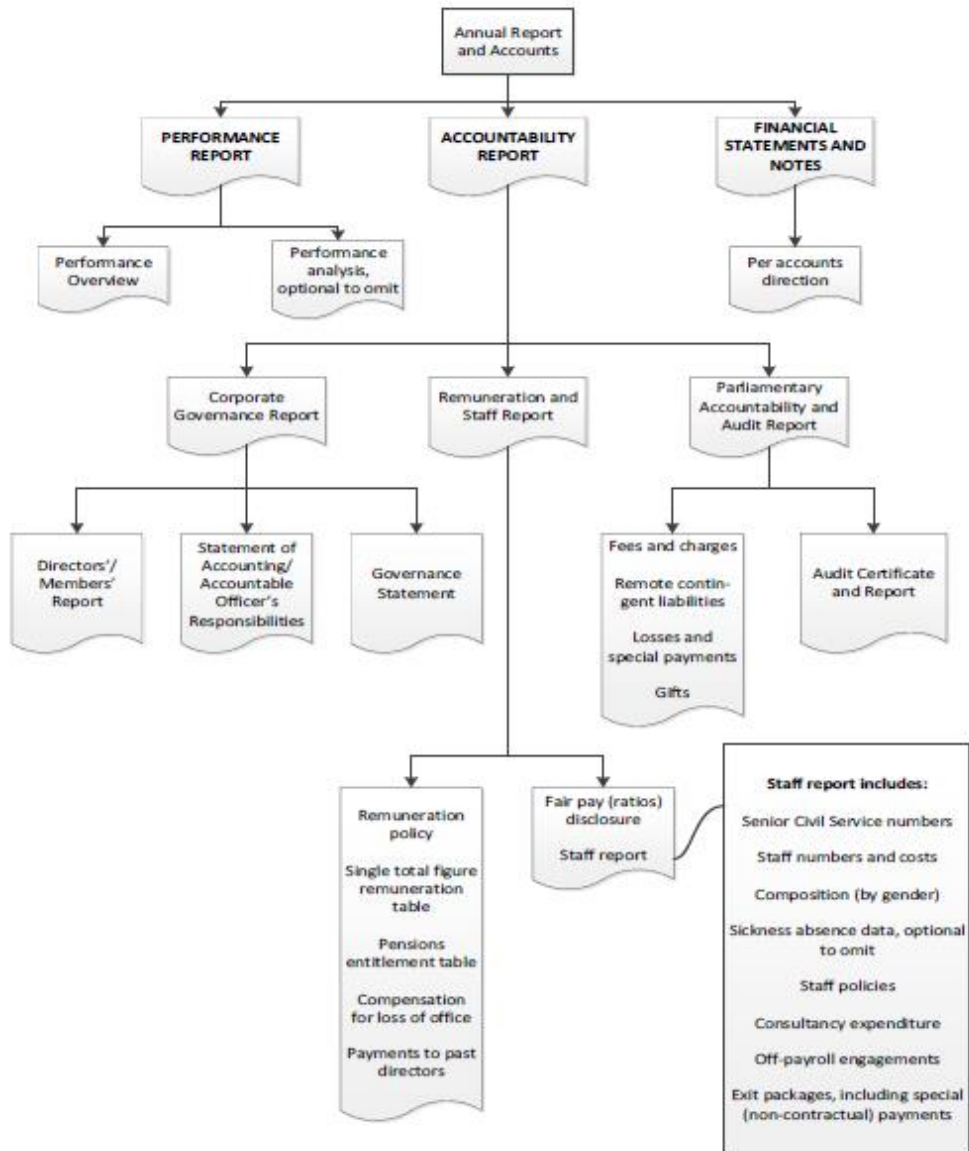
## Note 52 Breakeven duty rolling assessment

	1997/98 to 2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance		2,286	2,579	2,158	1,670	1,953
Breakeven duty cumulative position	8,057	10,343	12,922	15,080	16,750	18,703
Operating income		180,216	176,230	167,281	163,195	160,043
<b>Cumulative breakeven position as a percentage of operating income</b>		5.7%	7.3%	9.0%	10.3%	11.7%

	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	1,642	3,024	2,710	4,254	25,888	18,499
Breakeven duty cumulative position	20,345	23,369	26,079	30,333	56,221	74,720
Operating income	159,702	162,180	163,263	166,004	184,265	193,418
<b>Cumulative breakeven position as a percentage of operating income</b>	12.7%	14.4%	16.0%	18.3%	30.5%	38.6%

The Trust is performance managed by NHS Improvement whose primary mechanism for financial management is an in year control total. The in year control total has traditionally typically been in the region of 1% of operating income and the Trust has achieved or over performed against this target year on year. In 2019/20 the Trust's adjusted performance is £18.5m (10% against operating income) due mainly to profit on asset sales of £17.0m. In 2018/19 the Trust's adjusted performance is £25.9m (14% against operating income), of which £13.9m (7.6%) relates to non-recurrent Provider Sustainability Fund (PSF) earned by the Trust and the balance is due to profit on asset sales.



## Glossary

Organisations, medical and operational terms we use in this annual report.

<b>3iS</b>	Identify, inform, involve, support – the basis of working in partnership with carers
<b>A&amp;E</b>	Accident and Emergency Department
<b>ADHD</b>	Attention deficit hyperactivity disorder
<b>AME</b>	Annually managed expenditure
<b>AOT</b>	Adolescent Outreach Team
<b>ASD</b>	Autistic Spectrum Disorder
<b>BAF</b>	Board Assurance Framework
<b>BC</b>	Business Continuity
<b>BCP</b>	Business Continuity Plan
<b>BAME</b>	Black and minority ethnic
<b>CAMHS</b>	Child and adolescent mental health services
<b>Carbon footprint</b>	The total amount of CO <sub>2</sub> (carbon dioxide) emissions resulting from an organisation's or individual's activities, often calculated over a year
<b>CCG</b>	Clinical commissioning groups. Local organisations led by GPs, responsible for planning and commissioning (buying) healthcare for their communities, including mental health, urgent and emergency care, from hospitals, clinics, ambulance services, community health bodies and others
<b>CDARS</b>	Community drug and alcohol recovery service
<b>CETV</b>	Cash equivalent transfer value
<b>CFF</b>	Carers, families and friends
<b>CFFRG</b>	Carers, families and friends reference group
<b>CGL</b>	Change, grow, live
<b>CIC</b>	Community interest company
<b>CIH</b>	Chief Inspector of Hospitals
<b>CMHT</b>	Community Mental Health Team
<b>% CO<sub>2</sub>e</b>	Percentage of carbon dioxide emissions
<b>Co-production</b>	A way of developing, and sometimes delivering, healthcare services that brings together the knowledge, ability and input of people using the services and the organisations providing services. It puts more power in the hands of the individuals and communities who use the services. They work with healthcare professionals to develop services local people really need, and that are sustainable and cost- effective
<b>CRN</b>	Clinical Research Network
<b>CPA</b>	Care programme approach
<b>CQC</b>	Care Quality Commission. An independent body that monitors, inspects and publishes ratings on health and social care services in England
<b>CQCI</b>	Centre for Creative Quality Improvement
<b>CQRG</b>	Clinical Quality Commissioning reference group
<b>CQUIN</b>	Commissioning for Quality and Innovation
<b>CRIS</b>	Clinical record interactive search
<b>CRU</b>	Clinical research unit
<b>CYPIAPT</b>	Children and Young People's Improving Access to Psychological Therapies
<b>DHSC</b>	Department of Health and Social Care
<b>DPR</b>	Directorate performance review
<b>DToC</b>	Delayed Transfer of Care
<b>ECT</b>	Electroconvulsive therapy
<b>EDGE</b>	The national research database
<b>EIS</b>	Early Intervention Service
<b>EMP</b>	Estates Modernisation Programme

<b>ENRICH</b>	(Project title) Enhanced discharge from inpatient to community health care: a programme of applied research to manualise, pilot and trial a peer worker intervention
<b>EPRR</b>	Emergency preparedness resilience and response
<b>ESQ</b>	Experience of Service Questionnaire
<b>FACT</b>	Family Adolescent and Child Team
<b>FITT</b>	Family Intervention Training Team
<b>FFT</b>	Friends and family test
<b>FOS</b>	Forensic Outreach Service
<b>FPC</b>	Finance and Performance Committee
<b>FSAVC</b>	Free standing additional voluntary contributions
<b>FSN</b>	Forensic Specialist and National
<b>GP</b>	General Practitioner
<b>Hazmat</b>	Hazardous materials
<b>HCA</b>	Health care assistant
<b>HSCA</b>	Health & Social Care Act
<b>HealthWatch</b>	Healthwatch England is the national consumer champion for health and care. Local Healthwatch organisations are made up of local people. They aim to get the best out of their local health and social care services by providing feedback, opinions and input into decision-making, and holding healthcare providers to account
<b>HOIA</b>	Head of internal audit
<b>HR/OD</b>	Human resources/organisational development
<b>IAPT</b>	Improving access to psychological therapies
<b>ICO</b>	Information Commissioners Office
<b>I&amp;E</b>	Investment and expenditure
<b>IOR/CBRN</b>	Initial operational response/chemical biological radiological or nuclear
<b>IM&amp;T</b>	Information Management and Technology
<b>IPS</b>	Individual placement and support
<b>LGBT+</b>	Lesbian, gay, bisexual and transgender
<b>KCC</b>	Kingston co-ordinated care
<b>KPI</b>	Key performance indicator
<b>LD</b>	Learning disabilities
<b>LOS</b>	Length of Stay
<b>LTFM</b>	Long-term financial model
<b>MASH</b>	Multi Agency Safeguarding Hub
<b>MCP</b>	Most capable provider
<b>MDT</b>	Multi Disciplinary Team
<b>MHA</b>	Mental Health Act
<b>MP</b>	Member of Parliament
<b>MST</b>	Multi Systemic Therapy
<b>MUTRIPS</b>	Mechanisms underlying treatment resistance In psychosis
<b>NEDs</b>	Non-executive directors
<b>NHS</b>	National Health Service
<b>NHS BSA</b>	NHS Business Services Authority
<b>NHSE</b>	NHS England
<b>NHSI</b>	NHS Improvement
<b>NICE</b>	National Institute for Health and Care Excellence
<b>NMoC</b>	New Models of Care
<b>NPSA</b>	Named Patient Service Agreement
<b>NoCLoR</b>	North Central London Research Consortium, responsible for research management and governance for NHS organisations in the north Thames region
<b>OBC</b>	Outcome-based commissioning
<b>OBd</b>	Occupied Bed Day
<b>OCD/BDD</b>	Obsessive Compulsive Disorder/ Body Dysmorphic Disorder



<b>OT</b>	Occupational Therapy
<b>PALS</b>	Patient advice and liaison service
<b>PADR</b>	Performance and Development Review
<b>PEER</b>	Peer expertise in education and research
<b>PFP</b>	Positive Families Partnership
<b>PICU</b>	Psychiatric intensive care unit
<b>POMH</b>	Prescribing Observatory for Mental Health
<b>PPiP2</b>	Prevalence of neuronal cell surface antibodies in patients with psychotic illness (extension study)
<b>PSF</b>	Provider sustainability funding (formerly sustainability and transformation funding) - funding from NHS Improvement allocated to support and incentivise the sustainable provision of efficient, effective and economic care by NHS Trusts and Foundation Trusts.
<b>PQF</b>	Patient quality forum
<b>QA</b>	Quality Account - published annually by NHS healthcare providers to report on the quality of their services, covering patient safety, the effectiveness of treatments that patients receive, and patient feedback about the care provided
<b>QII</b>	Quality Improvement and Innovation
<b>QSAC</b>	Quality and Safety Assurance Committee
<b>R&amp;D</b>	Research and development
<b>RAG scores</b>	Red, amber, green states. Red – service suspended; amber – service operating with disruption; green –service operating normally.
<b>RiO</b>	Electronic patient recording system
<b>ROBC</b>	Richmond Mental Health Outcomes Based Commissioning
<b>ReBIND</b>	(Project title) Research into the effectiveness of biographical reminiscence films in dementia
<b>RST</b>	Recovery Support Team
<b>RTF</b>	Real-time feedback
<b>RTT</b>	Referral to Treatment
<b>S136</b>	Section 136
<b>SGUL</b>	St George’s University of London
<b>SLaM</b>	South London and Maudsley NHS Foundation Trust
<b>SLP</b>	South London Mental Health and Community Partnership
<b>SinQUE</b>	Social inclusion in mental health Development and validation of a measure of social inclusion
<b>STP</b>	Strategic transformation plan
<b>SDMP</b>	Sustainable development management plan
<b>SDU</b>	Sustainable development unit
<b>SOF</b>	Single Oversight Framework
<b>SPA</b>	Single Point of Access
<b>STEIS</b>	Strategic Executive Information System
<b>STEP</b>	Springfield and Tolworth Estate Partnership
<b>SWLSTG</b>	South West London and St George’s Mental Health NHS Trust
<b>TIAA</b>	SWLSTG internal auditors
<b>ToC</b>	Triangle of care
<b>TRIANGLE</b>	Transition care in anorexia nervosa
<b>WCEN</b>	Wandsworth community empowerment network
<b>WTE</b>	Whole-time equivalent. A way of calculating the number of people in our organisation that includes those who don’t work a full working week. For example, a person working standard hours each day, but only three days out of five, would count as 0.6 WTE
<b>YTD</b>	Year to date