

The NHS logo, consisting of the letters 'NHS' in white on a blue rectangular background.

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

The cover of the annual report features a photograph of two people, a man and a woman, smiling. The man is on the left, wearing a dark jacket over a checkered shirt. The woman is on the right, wearing a blue NHS uniform and a lanyard with an ID badge. The background is a blurred outdoor setting with greenery. A large blue diagonal shape is overlaid on the bottom left, containing the title text.

Annual report and Accounts 2020/21

Message from the Chair and Chief Executive



Ann Beasley, CBE
Chair



Vanessa Ford,
Chief Executive

Welcome to our annual report for 2020/21.

Each year, our annual report gives us an important opportunity to look back over the past twelve months and reflect on our achievements and challenges, as we work to provide our communities in south west London and further afield with the highest quality, patient-centred mental health services.

The last year has been another difficult and challenging one. Once again, we remain exceptionally proud of how, working together, our patients, our staff and our communities have successfully confronted this most profound of challenges. We are also enormously grateful for the support that the Trust received from local people, which was exceptional.

Our teams have maintained their focus on always working with our patients to provide the best care possible. Their dedication, skill and commitment has been truly awe-inspiring. Staff have done this despite the potential risks to their own health, particularly in the case of staff members from Black and other non-white backgrounds, who are often at higher risk.

Throughout the Covid-19 pandemic our staff have worked hard to do the right thing for the safety of our patients and their quality of care. All the wards were flexible and responsive and created a safe environment for patients through testing, managing infections and preventing infections spreading between patients and staff. Throughout, we facilitated visitors in a Covid-19 secure way.

Our patients have been affected by Covid-19 as much as, and in some cases more than, the rest of the local population. Throughout the pandemic, our Trust transformed the way we provide patient care, to maintain services, develop new services and respond to the significant challenges for our patients and local communities.

Our patients and staff have had to learn new ways of working together and providing and accessing services. Our commitment to offering all services through the second wave meant that our staff increased their agile working, while our patients received services in different ways: via a blend of face-to-face, phone and virtual consultations. Our investment in our new digital approach meant that thousands of virtual assessments and appointments were delivered through our digital platform *Attend Anywhere*. Patients and staff alike proved flexible and rose to this challenge.

We have been quick to adapt, supporting the acute sector by setting up mental health A&Es - our successful emergency service which will be enhanced through our mobile Coral Mental Health Crisis

Hub - and 24/7 emergency service access lines. We expanded the Mental Health Support Line (MHSL) to operate 24/7, and tripled the number of staff on duty each day to take calls. We accelerated discharge, reduced avoidable admissions with enhanced crisis care, and moved many home-treatment models and clinical services online.

Communication became even more important this year with services completing welfare checks on service users. We recognised that carers also needed extra support and we organised virtual coffee mornings to help the feeling of connection to continue. We launched a variety of new ways to communicate including, Lockdown Podcasts, our GP Newsletter, Carers Newsletter and involvement newsletter.

We know that maintaining the health and wellbeing of our staff means that they provide the best quality care for our patients. Over the last year we offered enhanced support to our staff including an extended Trust 24/7 Mental Health Support Line and 24/7 advice line. Our vaccination programme has been very successful with more than 82% of our staff vaccinated to date. While this offers some light at the end of the tunnel, we know that there is still a lot of work to do and we must not be complacent.

We also recognise that we have an important role to play in supporting our communities to address the wider impact on mental wellbeing as the UK tackles the challenges of Covid-19. In July 2020, the Trust, working with local stakeholders, our partners the South West London Health and Care Partnership and a number of vital community groups, hosted the 'Covid-19: Preventing a Mental Health Crisis Summit'.

Together we have set out a 12-month targeted programme of prevention which aims to tackle the impact Covid-19 may have on the mental wellbeing of our communities. We are determined to work together with our stakeholders to take positive action.

Of course, while the pandemic has been the focal point for much of our activity throughout the year, we also continued to celebrate a number of other events and developments.

We are bringing forward innovations and investments to improve the services we deliver to patients through our transformational Integrated Programme. This is supporting our cultural, clinical and physical evolution and is delivered through three sub-programmes:

- **An internal culture change programme** - enabling our staff to work in agile ways and providing training and support to empower our staff to be the best they can be and deliver outstanding care.
- **Our Community Transformation Programme** - developing our services to make both community and inpatient services work together and provide joined-up care, improving service user experience and outcomes
- **Our Estate Modernisation Programme (EMP)** - investing in delivering modern mental health facilities in Wandsworth, Richmond and Kingston so that our patients have the best environment in which to recover. Set to open in late 2022, new facilities at our Springfield site will provide high quality inpatient services that are designed to deliver the most modern mental health care in the country; giving people the best chance to recover in the best environment, and supporting staff to deliver the outstanding care our service users deserve from us.

Alongside the work on our integrated programme, we have continued to improve and develop in all other areas in the Trust.

Our services continue to receive positive feedback, for example following a peer review by the Quality Network at the Royal College of Psychiatrists, our Perinatal Service team were described as “very

impressive” and the service to patients as “outstanding” and “engaged”. While our Pharmacists have been recognised for the work they have been doing to improve services for adults with learning disabilities living in care homes.

Following a peer review, we were awarded the prestigious Stage 2 Triangle of Care Membership Scheme, one of only 20 Mental Health Trusts across the UK who have been given this award.

As part of our Equality, Diversity and Inclusion strategy, we launched our ‘Diverse Representation in Decision Making Programme’ which has given ten members of staff speaking rights on Board level committees. We also rolled out our 3rd Cohort of its CEO BAME Leadership programme which aims to equip BAME nurses with leadership skills. The Trust is a member of the Employers Network for Equality and Inclusion (ENEI), The Trust is now a Stonewall Diversity Champion member and has improved it’s score on the Stonewall Index.

Our amazing staff networks continue to do great things and have been an important source of support for members of staff over the last year. Our Deaf Staff Network has been featured in the equality best practice blog. The Evolve (BAME) staff network have held several events for our staff to raise awareness and mark milestones such as the Evolve Staff Conference, Healing our Broken Village Conference and Windrush Day. Our Disabilities staff network celebrated International Day of People with Disabilities and our Women’s Staff Network held a special event to mark International Women’s Day and our LGBTQ+ network celebrated Pride and LGBTQ+ History Month.

In December, we celebrated our annual quality awards acknowledging the hard work and dedication of our staff, who continue to go above and beyond to our patients. Though this year the setting may have been different, it was an important celebration, with staff joining the ceremony virtually to come together and acknowledge the hard work of colleagues throughout this challenging year.

We also took part in the second BBC documentary with Stacey Dooley which was released on Tuesday 13 April. In the documentary, Stacey talked to some of our amazing staff and patients about their experiences throughout the pandemic. The programme showed the great dedication and compassion that members of staff show every day.

Finally, the last year has continued to highlight the importance of our partnerships. Our Trust has always been dedicated to partnership working and this year we continued to work as part of our south west London Integrated Care System and as part of our South London Partnership with our south London mental health Trusts. We are also committed to ‘place’ based working at a Borough level.

This has been a challenging year, but our patients, local communities and our teams have risen to that challenge. Together we have continued to do amazing work against the backdrop of the pandemic. While the impact of Covid-19 will continue to be felt for some time, our focus on Making Lives Better Together will mean that we continue to provide the high quality, effective services, that our patients, communities and staff deserve.



A Beasley
Chair
10 06 2021



V Ford
Chief Executive
10 06 2021

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 2020/21.

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 2,800 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. Most of our existing inpatient facilities were not designed with today's needs in mind and we still care for some service users in buildings which are extremely old and not fit for purpose. Much of the Trust's estate therefore requires modernisation. By 2024 the Trust's Integrated Programme will transform mental health services in south west London, providing better care, closer to home. The Programme represents major innovation and investment in our local communities.

The new facilities will provide high quality inpatient services that are designed to deliver the most modern mental health care in the country; giving people the best chance to recover in the best environment, and will support staff to deliver the outstanding care our service users deserve from us. Works began on site in January 2020 and have continued throughout the year. We are pleased to confirm that the development of our new facilities remains on track despite the impact of Covid-19 and we are currently around halfway through the Springfield development.

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, we also provide 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.

The Trust also continues with joint working through the South London Mental Health and Community Partnership (SLP) along with Oxleas NHS Foundation Trust and South London and Maudsley NHS Foundation Trust (SLAM), focusing on collaborating to improve quality, outcomes and efficiency.

With more than 100 clinical teams working to make sure that high quality, patient centred care is its key priority, the Trust ensures that co-production is at the heart of what we do, working with service users and carers to ensure their voices are heard in everything we do. As part of this the Trust is proud to be one of only 20 Mental Health Trusts in the country to be recognised as a stage 2 member of the Triangle of Care, which recognises the efforts that have been made to improve carer support.

In addition to our commitment to co-production and involvement, our underlying emphasis is on recovery, which means helping people to get on with their lives and to focus on the things which are important to them. And reflective of our holistic approach to providing effective mental health services we also host the SW London 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

Our Trust mission remains 'Making Life Better Together' and this is even more important given the impact of Covid19 during 2020/21. Collaboratively 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 we want to become the first choice for mental health for more and more people within our local communities, and within our specialist services.

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 behaviours framework, detailed here:



Trust Strategy

The Trust continues to work to deliver the four strategic ambitions defined in the Trust Strategy (2018-2023) which specifically focus on delivering improved outcomes and:

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

Implementation of the strategy is led by the Director of Strategy, Transformation and Commercial Development. A small project team at the Trust oversees the implementation and is advised by a steering group formed from service users, carers and external stakeholders. Prior to the impact of COVID-19, the steering group met in person quarterly. During 2020/21 the steering group moved to “virtual” online meetings, and continues to meet quarterly.

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

An Equality, Diversity and Inclusion (EDI) enabling strategy was also commissioned by the Trust Board in August 2020. It was approved at the Equality and Diversity Committee in February 2021 and Trust Board in March 2021 in support of the Trust’s commitment to improving equality, diversity and inclusion across all Trust services and partnership working arrangements. Implementation of the EDI strategy will begin in 2021/22.

Trust priorities 2020/21

Corporate objectives provide a way in which we can assess our progress towards delivering improved outcomes related to our four strategic ambitions. In June 2020, the Trust Board agreed that, due to the level of uncertainty around Covid19, the delivery of extensive and stretching corporate objectives in 2020/21 was not possible. A condensed set of 2020/21 corporate objectives was agreed, structured across seven key areas:

- Financial sustainability;
- Safe clinical services;

- Reduction of inequalities;
- Delivery of transformation and strategic programmes;
- System leadership;
- Workforce priorities; and,
- Organisational recovery from Covid19.

Progress against these corporate objectives has continued to be reviewed quarterly at the Trust Board and by the steering group during 2020/21.

The external strategic environment

The Trust 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:

- 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, and the development of a new integrated model of provision for those with serious mental illness (SMI)
- NHS 111 as the single universal point of access for people experiencing mental health crises; alternatives to A&E and inpatient admissions developed.
- Mental health liaison, ambulance service and mental health transport vehicles.
- Investment in mental health inpatient environment.

During 2020/21, the Trust continued to work closely with partners within 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 health and care providers, and the NHS South West London Clinical Commissioning Group (CCG) which was formed on 1 April 2020, in a merger of the six previous south west London borough CCGs: Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth. The award of ICS status recognises the strength of the partnership.



In April 2020 South West London Health and Care Partnership was authorised as an integrated care system (ICS) by NHS England. ICSs 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. The SWL HCP has worked to restart, reshape and recover from

COVID-19 during 2020, and going forward will review the South West London Five Year Plan and local borough health and care plans in the context of COVID-19.

In the Trust's geographical footprint, five place-based, borough-level integration programmes continued during 2020/21 with a key focus on responding collaboratively to COVID-19. Additionally, Primary Care Networks (PCNs) continue to develop across south west London. 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.

In recognition of the publication of the white paper Integration and Innovation and plans for the further development of integrated care in England, the SWL HCP is strengthening place-based developments through the implementation of borough 'transition teams' comprising of senior health and local authority leaders. The Trust has worked in 2020/21 to establish clear leadership in each place and is the nominated overarching place-based leader in one borough. These arrangements will further develop in 2021/22.

South London Mental Health and Community Partnership (SLP)

The Trust continues with joint working through the South London Mental Health and Community Partnership (SLP) along with Oxleas NHS Foundation Trust and South London and Maudsley NHS Foundation Trust (SLAM). The SLP continues to focus on collaborating to improve quality, outcomes and efficiency.

The SLP began with providing successful New Models of Care for Forensics and CAMHS Tier 4 and this has evolved into successful bids for provider collaboratives in both areas and also in Adult Eating Disorders. The provider collaboratives are now operational and continue to develop and implement change. The SLP also continues other programmes of work related to Complex Care, Workforce Development, Acute Care and identification of more efficient working practices particularly in corporate services. The SLP continues to deliver improvements in outcomes for service users and their families including reducing out of area placements, supporting step down to the least restrictive setting and improved community support. Renewed commissioning and planning processes link the work of the SLP into national MH planning rounds and strategic and financial planning within each SLP trust.

Moving forward the SLP model will act as a blueprint for provider collaboration under ICS development plans illustrating how strong, trusting relationships can facilitate significant improvements in service user outcomes and deliver greater efficiencies and effectiveness. The SLP model also offers an opportunity to scale up individual trust transformation programmes and achieve greater impacts.

Coronavirus

The Board's final meeting of the last financial year took place on 11 March 2021. By then, the COVID-19 outbreak was already at the forefront of discussion. This year, Trust staff successfully confronted the most profound challenges that we 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.

Our COVID-19 response was managed through our command and control structure, with leadership through the executive team, and outstanding contributions from departmental leads in every area. The incident response has been adapted and sustained throughout the year as

the pandemic has progressed, enabling the Trust to manage the situation effectively. The trust has managed the Covid-19 pandemic as a Board Assurance Framework risk, reflecting the unprecedented scale of the challenge and the need for regular, formal oversight as well as a robust clinical and operational response.

Many staff had to work in new ways including remote clinical appointments and working from home, 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 video calls to complete our assessments. We are clear there are some patients who must be seen face-to-face to support their treatment and recovery, and our staff have done a tremendous job to make sure this has happened. Our inpatient services also used technology to support patients to connect with their families and carers, and to facilitate multi-disciplinary discussions and assessments to ensure we continued to deliver the most effective care.

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 a mental health emergency service and 24/7 crisis line. We accelerated discharge, reduced avoidable admissions with enhanced crisis care, and moved many important clinical services online, so patients were able to continue to receive therapies during lockdown.

Mental health services in South West London will continue to face significant pressures, as demand for support is anticipated to surge post-pandemic, alongside predictions of a serious economic recession. 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-19 and temporary changes to national funding arrangements. However, a key priority remains addressing historic demand pressures in our services and populations, as well as finding the funding needed to sustain new and innovative solutions that we have invested in during COVID-19, 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.

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 30 March. The service operated from 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, and has been successful in diverting significant numbers of people in crisis to a dedicated mental health setting. Building on the learning from the Orchid service, we have worked closely with commissioners, partners and service users to develop a new crisis pathway for the coming year, the Coral Crisis Hub. This will replace the Orchid service with an integrated mobile service, enabling service users and professionals to access the support they need through our Mental Health Crisis Line and to be assessed and cared for as close to home as possible. The new Coral service will be evaluated in partnership with the South

London Partnership acute care programme to inform further improvement opportunities for our Mental Health crisis pathway.

24/7 mental health support line: 0800 028 8000

The Trust had always run a support line for patients. In April 2020 this was extended and strengthened with additional clinically registered staff now taking calls 24 hours a day, seven days a week.

We are in the process of building on Orchid and the 24/7 support line service to create an integrated mental health crisis hub delivering mobile and on-site support and assessment.



Digital enablement and Agile working

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, increased server capacity and installed increased broadband bandwidth to help support the larger demand for remote access with over 1000 concurrent users being supported. A new workstyle assessment for all staff members was rolled out to ensure that staff had the equipment they needed for their role, with additional laptops, headsets and mobiles sourced. Our informatics team also worked to introduce new COVID-19 dashboards and RiO functionality at pace. The adoption of Agile working was supported by extensive guidance and input from our HR team, as well as a series of webinars and bespoke support where needed.

The Trust also introduced a video consultation system called Attend Anywhere to enable us to continue treating and supporting our service users in the most appropriate ways. At its peak, across all domains, some 25% of consultations were by video; within Children & Young People and IAPT services rates of digital contact were higher whilst within our Older Adult services it has been lower. In December 2020 across all domains the Trust had the 5th highest video consultation rate nationally.

"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.

Infection Control and COVID-secure working

In common with the wider NHS, the Trust had to quickly respond to new infection control requirements, led by rapidly evolving national guidance as we learned about COVID-19. Through robust engagement with our clinical teams, and our clinical and professional Infection Prevention and Control leadership, we were able to rise to these challenges and keep our staff and patients safe.

During the early summer, we undertook a significant programme of COVID-secure working in all our wards, community and corporate areas, including both adapting working practice (for example rotating staff working on site and from home in community teams), and putting controls in place in our workplaces (such as FFP3 fit testing, signage, sanitising stations, and social distancing). We ensured all staff and patients had the necessary and appropriate

personal protective equipment (PPE) and our environments were kept safe through rigorous cleaning. Our effective response and management of Infection Prevention and Control (IPC) was reviewed through our internal and external governance bodies with approval and we continue to respond to newly emerging National IPC guidance.

Staff support and wellbeing

Keeping our staff safe and well, while they look after our patients, has been a key priority through the pandemic. We undertook an internal survey of our staff in May 2020, to understand the impact of covid on the staff health and wellbeing and understanding the staff experience of remote and agile working during pandemic. 533 staff participated in the survey and the overall feedback was that staff felt that the Trust had adapted and performed well during these uncertain times. We have offered a risk assessment to all staff, as well as promoting a range of health and wellbeing resources, including mental health support. The impact of the pandemic on health and social care staff across our wider system is likely to be significant. We have consistently supported our partners in south west London to access mental health and wellbeing support, including prioritising health and care staff in our IAPT services.

Vaccination

More recently, we have been proud to deliver over 3,187 first doses of the Oxford-AstraZeneca vaccine to staff, primarily within the Trust but also as part of the wider south west London vaccination efforts, and to our support services such as Sodexo and charitable partners. We continue to work to address vaccine hesitancy in some of our teams and encourage full vaccine take-up, while rolling out our second dose vaccine programme.



SWLSTG @SWLSTG · Jan 25

Another busy day at the #COVIDVaccination clinic today. Thank you to our amazing physical health team and @SSwlstg for working long hours to fit everybody in #Covid_19





Do's and don'ts for wearing a mask

You should make sure:

- Your mask covers your nose, mouth and chin completely
- Your mask is fitted securely around your nose
- Your mask does not have any rips or tears
- You do not touch the front of your mask once it is on
- You do not pull your mask down around your neck when it is not in use



Hand hygiene

Washing your hands is the most effective way to prevent against Covid-19. You should clean your hands regularly throughout the day, including when you arrive at work, before and after eating and when before you leave work.



We recognise how challenging this year has been both for our staff and our patients, with the COVID-19 pandemic affecting all of us, as well as highlighting existing inequalities and vulnerability. We will continue to look after our staff and deliver safe and high-quality care to our patients despite these challenges and build on the learning and innovation of the last year as we move forward.

Highlights and New Developments

While the pandemic has quite rightly been the focal point for much of our activity throughout the year, we also continued to celebrate a number of other events and developments throughout the year:


- The development of our new facilities remains on track despite the impact of Covid-19 and we are currently around halfway through the Springfield development. To celebrate this milestone the Trust hosted a [‘Making Life Better Together community event’](#) in April 2021. At this event we came together with residents, service users and our partners to share more on our progress to deliver modern mental health facilities and work to deliver joined-up care closer to home.
- As a token of our appreciation for all the sacrifices that our staff have made throughout the pandemic, all substantive members of staff received a special ‘Friends and Family Day golden ticket’ which allowed them to spend a day with loved ones that they might not have had the opportunity to spend as much time with because of Covid.
- Our Annual Summer BBQ evolved this year into an online Summer Festival as we hosted a week of festivities for staff and patients including a ‘SWLSTG bake off’ with personalised prizes for the best decorated cakes, fancy dress day, a virtual quiz, a mindfulness session and a 5k run.
- We continued to support a number of campaigns including delivering a Flu campaign to drive up vaccination numbers as well as encouraging staff to complete their staff survey and other campaigns including Beyond Bullying, Freedom to Speak Up, Feedback Live and Health and wellbeing.
- The health and wellbeing of our staff has been at the forefront of our activity over the last year and as a way of helping staff we put together a health and wellbeing program

which focuses on promoting positive mental health and wellbeing, providing staff with coping techniques and ensuring they feel generally better supported. Resources have included webinars on a variety of subjects such as stress management relaxation and self-care, positive living, improving sleep, and nutrition for wellbeing. We also introduced a wellbeing wall where staff can openly engage with each other and form a collective dialogue to support each other. We also organised wellbeing bingo and other activities with prizes to be won.

- We celebrated Carers' week and, following a peer review, we were awarded the prestigious Stage 2 Triangle of Care Membership Scheme, one of only 20 Mental Health Trusts across the UK who have been given this award.
- We celebrated our highly successful Mental Health Month in October with a series of virtual events including our annual digital photography competition, #upliftingimage.
- We also celebrated International Women's Day, International Nurses Day, Black History Month, Pride and LGBT History Month with a series of inspirational events, such as quiz nights, webinars and podcasts.
- We launched a variety of new ways to communicate including webinars, masterclasses, Lockdown Podcasts, our GP Newsletter, Carers Newsletter and involvement newsletter.
- In December, we celebrated our annual quality awards acknowledging the hard work and dedication of our staff, who continue to go above and beyond for our patients. Though this year the setting may have been different, it was a celebration, with staff joining the ceremony virtually to come together and acknowledge the hard work of colleagues throughout this challenging year. The awards covered categories which are open to teams, individual members of staff and external partners we work with. This year we added a new COVID-19 Heroes award for individuals and teams that have gone over and above during the pandemic.
- In November, the Trust rolled out new patient safety technology across all its seclusion units which supports staff to care for patients through use of optical sensors. This innovative monitoring technology, called '[Oxehealth](#)' does not replace, but is in addition to, the face-to-face, in-person care delivered by our specialist mental health staff, thereby improving the quality of care and patient experience we deliver, alongside improving the safety of staff. These non-contact sensors allow staff to monitor the patients' safety and wellbeing when they are in a seclusion unit through taking vital signs, without needing to disturb a recovering patient unnecessarily.
- Pharmacists at South West London and St George's Mental Health NHS Trust have been recognised for the work they have been doing to improve services for adults with learning disabilities living in care homes. The two-year pilot project providing medicines optimisation reviews for adults with learning disabilities living in care homes was launched in January 2019 to address unmet needs surrounding medicines optimisation.



Get Involved




South London Listens extended to February

This Winter we're calling on our whole community to get involved in a groundbreaking [new listening campaign](#) to help tackle the psychological fall out from Covid-19.

[Read More](#)

Like (1)




Help us find names for our new hospitals

Share your ideas for naming our two new buildings - we're looking for names that reflect the history of the area, its people and those who've made their mark on our services.

[Read More](#)

Like (2)



New Talk Wandsworth podcast

Listen to Noel Brown, Wellbeing Lead at Talk Wandsworth, sharing his personal experience of what wellbeing means and why it's so important to manage during these tough times.

[Read More](#)

Like (2)



Quality Improvement and Innovation Programme (QII)



This has been a challenging year for all services. Throughout the COVID-19 pandemic, the QII team applied QI methodology to support services and teams to adapt to the frequently changing and often uncertain context in the following ways:

- During the first wave of the pandemic the QII team created a visual monitoring process for the medical workforce, to ensure there was adequate medical cover across the organisation. This was upgraded to a remote digital version during the second wave allowing agile data sharing.
- Several members of the QII team provided cover to the central PPE team and COVID-19 contact centre.
- Three members of the team supported the development of the enhanced physical healthcare programme.
- Together with the Nursing Development team the QII team set-up and implemented an asymptomatic COVID-19 swabbing clinic at speed across the organisation. The clinic tested over 370 staff.
- Supported the evaluation of the Orchid Mental Health Emergency Service through data collection and analysis.
- The creation and analysis of several surveys including:
 - The Transition out of Lockdown (Tool) Survey- A survey to capture the experience of changed patterns of working of consultants and Staff and Associate Specialist doctors as a result of the COVID-19 pandemic.
 - A survey measuring the impact on care of the changes to care delivery for service users.
 - The design, analysis and feedback of a cultural survey for the Forensic and National Specialist service line.
- The QII team supported the set up and successful delivery of the COVID-19 vaccination clinics at Springfield and Tolworth sites.

In addition to supporting the organisational COVID-19 response, the QII programme completed its third year of work since the five-year business case was approved in March 2018. Adapting to the new COVID-19 environment, the team 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.

As we were unable to provide face-to-face training, we adapted our training programme to a virtual offer on MS Teams. The new training offer now available for staff consists of the following:

Introduction to QI Webinar	The webinar is the first opportunity for staff to engage in an interactive session designed to help them think about how using a QI mindset/approach might help them make improvements in their team. The webinar includes either a live interview with a staff member who has undertaken a project or a video interview from our repository. We have delivered six webinars to date.
Foundations in QI for Teams	This is a bespoke training package in which teams apply the 9 modules focused on QI methodology to their specific live project. This builds capability whilst the project progresses
QSIR-V	NHSI adapted their Quality Service Improvement and Redesign Course into a virtual offer and we are in the process of delivering a pilot of this programme to 20 psychiatry trainees across the SLP. This is a collaboration of the SLP QI Academy.
Preceptorship	The Nursing Development team and QII team members collaborated to design a full day's training for each cohort of preceptees programme. Each preceptee, works on an improvement idea/poster which has the potential to be scaled up into a project within their service lines. This is particularly important in embedding a continuous improvement mindset in the emerging workforce and in shifting to an organisational culture of continuous improvement.

The QII team has continued to support teams who have come forward with project ideas, however COVID-19 has had an impact on the progress of a number of these projects. There are currently 24 active projects across the organisation; 17 projects have been closed and an additional 10 projects completed.

Two projects are notable for their progress and impact:

- The Kingston perinatal team co-produced a weekly newsletter, with the women using their service. It provided support on managing isolation and mental health during the lockdown. The work was reported in detail in the Royal College of Psychiatrists magazine - 'The Psychiatric Eye'.
- The Avalon Ward co-produced induction video utilised an innovative strategy of creating a video to better support bank staff to provide quality care.

In addition to projects, the QII team brought QI methodology to larger pieces of work, such as the Safety in Motion programme, FNS cultural change workstream, Community Transformation Programme, Avalon Ward support package and the Suicide Prevention Virtual Summit.

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 and a synopsis of each project. The presentation of projects was paused between March and November 2020, recommencing in December 2020.

<p><i>Increasing use of Routine Outcome Measures in Tier 2 CAMHS</i> In line with CYP-IAPT principles of evidence based practice and research indicating that routine outcome monitoring can; improve relationship between therapist and client (Law 2012), improve retention (Miller et al 2006) and the findings of a randomised control trial (RCT) across 28 CAMHS sites, that regular feedback improves outcomes (Bickman et al 2011).</p>	Sutton CAMHS assessment service
<p><i>Induction video for Bank staff and new starters</i> The team were aiming to provide a more consistent and ED specific induction for Bank staff who will have more of an awareness of the communication styles required on the ward for patients with eating disorders; reducing the amount of time that staff spend completing inductions and therefore create more capacity for the nursing team.</p>	Avalon Ward
<p><i>Trauma informed and responsive practice in schools</i> The aim is to use an Attachment, Regulation Competency (ARC) informed framework to organise thinking about and implement trauma informed approaches principles at Canterbury Campus, Merton's pupil referral unit.</p>	Merton YOT and Merton CAMHS

Supported by the Associate Medical Director for QII, the Executive Leadership team have been exploring how to move the organisation closer to a culture of continuous improvement through a series of individual and group conversations. This, along with a collaborative effort between QII and the MLBT programme exploring compassionate and collective leadership, will continue in year ahead.

Looking forward, we envisage a year of productive activity as we create opportunities for staff to learn, showcase and celebrate the range of their improvement work through a QII summit and the preceptorship celebratory event. Additionally, the QII team will support the newly created Improvement Apprenticeships, supporting their projects and helping to embed the principles of QI and understanding measurement and data handling.

Emergency Preparedness, Resilience and Response (EPRR)

Emergency and business continuity planning remain a core part of the organisational and operational management of the Trust and this became central to how the Trust was able to effectively respond to the global COVID-19 pandemic.

We continue to strengthen our resilience, ensuring we are prepared to respond and recover from a range of possible events that may jeopardise safety and/or business continuity. We continue to work with NHS England/Improvement and multi-agency partners as part of this process.

NHS England undertakes an annual EPRR Assurance Process to assess the preparedness of healthcare providers against the NHS EPRR 'Core Standards'. This is to receive assurance that a Trust can effectively responded to a major, critical and business continuity incident whilst maintaining services to patients.

In 2019/20 the Trust was assessed as fully compliant with 56 of the 69 core standards. However, 13 areas were deemed to require improvement which were mainly around the CBRN / HAZMAT standards (Chemical, Biological, Radiological, Nuclear and other industrial material standards). As a result, the overall assurance level was assessed and reduced to 'partial' assurance. An action plan to address the shortfalls was quickly established.

In the 2020/21 Annual Review as a result of COVID-19 and the impact and associated work that NHS trusts have had to embark on, there were some changes made to the NHSE annual assurance processes this year. It was agreed that NHSE would focus on the areas of poor compliance from 2019 in each trust against the core standards. Therefore, the existing areas of compliance would 'carry over'. This means the Trust maintained its position of full compliance for 56 of the core standards, with the focus being on an in-depth NHSE review of the 13 non-compliant areas largely around CBRNE (Chemical, Biological, Radiological, Nuclear, and Explosives) and Hazardous Materials (HazMat) standards.

The outcome of this review was very positive and concluded that due to the work undertaken, the Trust was now fully compliant with 10 of the 13 outstanding areas. In turn this meant that the overall compliance level achieved was assessed as being of 'substantial compliance'.

NHSE praised the Trust in what had been achieved since the last review, particularly during the impact of COVID-19 and with the EPRR lead remaining on long-term sickness absence. However, whilst the NHSE noted progress in the other three areas, they concluded that these would remain as partial compliance. These concern training and exercising, with a new action plan being developed to resolve the remaining gaps.

EU Exit 'No Deal' Scenario Planning

Throughout the year the Trust continued to strengthen its plans in relation to an EU Exit, through the oversight of an executive lead for the EU Exit planning and a working group that oversaw the work and assurance processes across seven key areas:

- 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 continually 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. As a result of national and local planning there was no material impact within the Trust when the UK formally left the EU on 31 December 2020.

Financial Review

Overall Position



£0.0m

net surplus retained (after adjusting for impairments)

Cash

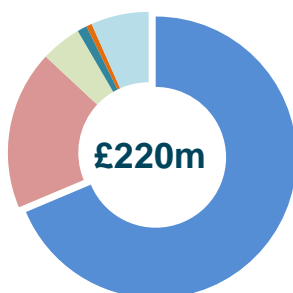


£41.1m

closing balance as at 31st March

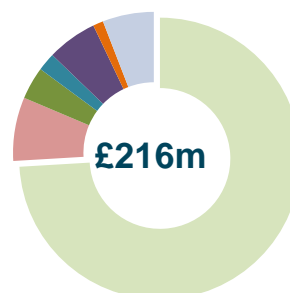
The Trust continues to build planned cash reserves which are required in future years in order to partly fund the Estates Modernisation Programme.

Income Earnings



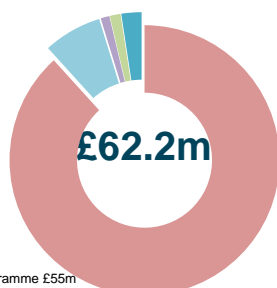
- Services to NHS CCGs £151m
- Services to NHS England £40m
- Education, Training & Research £10m
- Services to Local Authorities £2m
- Recoveries in respect employee benefits £1m
- Other £15m

Expenditure



- Employee Expenses £160m
- Premises £16m
- Supplies and Services £8m
- Depreciation £4m
- Purchase of Healthcare from Non-NHS Bodies £12m
- Drugs £3m
- Other £13m

Capital Investments



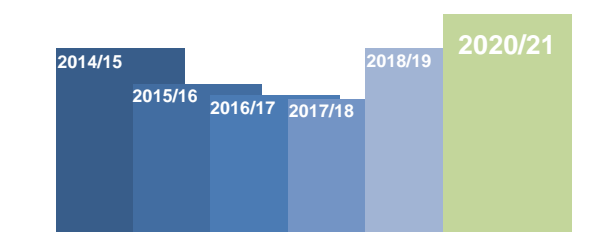
- Estates Modernisation Programme £55m
- Technology £4m
- Other Investments £1m
- Maintenance £1m
- Wards/Other Refurbishments £2m

Savings Programmes



£9.2m

savings for the year



Our financial statements can be found from pages 134 onwards which comply with our regulatory requirements.

The Trust is reporting a surplus of £50k before impairments (a technical deficit of £1,117k 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 £55.8m
- ✓ Operate within a Capital Resource Limit of £64.0m
- ✓ Maintain a Capital Cost Absorption rate of 3.5%
- ✓ Achieve the Public Sector Prompt Payment target by value

The surplus of £50k excludes impairments as these are technical in nature and are exceptional items against which the Trust is not performance managed. A reconciliation of these items can be found in note 8 to the accounts.

The Trust's target was one of break-even and actual performance exceeded this. This is representative of strong operational success in delivering challenging cost improvements whilst managing the impacts of the Covid pandemic alongside high levels of inpatient demand. Within the £50k surplus is £8k profit from the sale of assets. The Trust continues to sell surplus assets to fund its Estate Modernisation Programme. The Trust has also secured a loan from the Department of Health and Social Care and utilised £55m of the £99m loan facility available to fund the in-year construction costs of the new hospital.

Capital expenditure for the year was £62.2m which was used primarily to modernise the Trust's estate for both patients and staff. Over 88% was spent on the Estate Modernisation Programme and the development of the Springfield site; the new buildings, which will transform our fabric into a modern mental health facility fit for the 21st century, are now a very visible sign of that exciting future.

The Trust's cash balance of £41.1m remains at a healthy level and will be used to fund future estate modernisation.

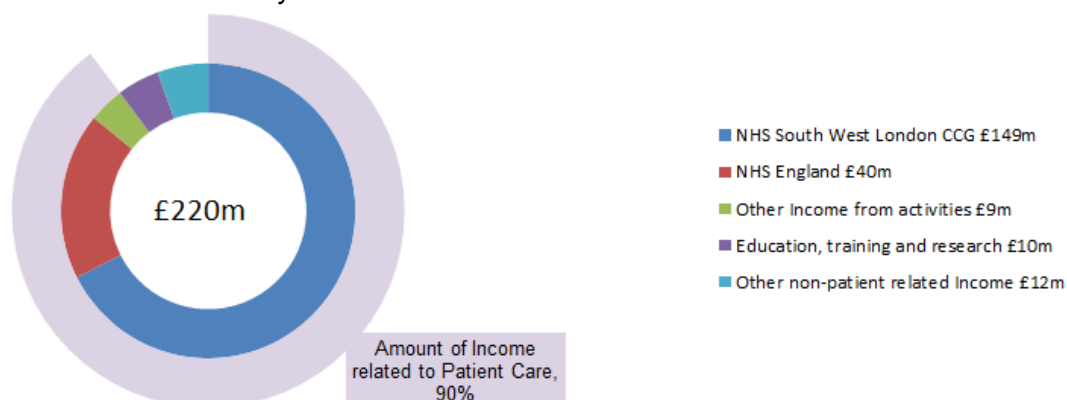
The table below summarises the Trust's financial performance for the year against which it is performance managed. Impairments are reported within operating costs and therefore are deducted to get to the position before impairments.

	£m
Income	220.3
Operating Costs	-216.7
Operating Surplus	3.6
Profit on Disposal of Assets	0.0
Surplus for the Financial Year	3.6
Public Dividend Capital and Interest	-4.7
Retained Surplus/(-Deficit) for the Year	-1.1
Impairments	1.1
NET Retained Surplus for the Year	0.0

Income

Total income received by the Trust in the year ended 31 March 2021 was £219.4m, with 93% coming from patient care activities. This includes £7.5m of Retrospective top up funding received primarily in relation to Covid costs. The significant majority of non-patient care income related to either education and training or to central funding of prior years' superannuation increases.

A breakdown of total income by source is shown below:



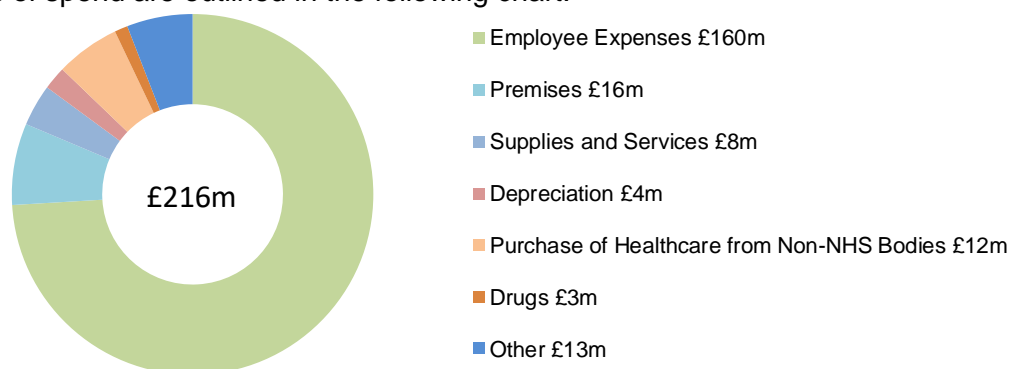
Better Payment Practice Code

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 96.2% with an over performance against non-NHS payments offsetting a small under performance for NHS payments. In terms of the absolute volume of invoices, 92.4% were paid within the 30 day target.

Expenditure

The Trust spent £214.7m on operating expenditure (excluding impairments) during the year. The emphasis has remained one of utilising this resource as efficiently as possible whilst maintaining and improving quality.

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



The most significant area of expenditure is staffing which accounted for £160m or 75% of the total. This expenditure includes salaries and employers pension and national insurance contributions as well as contributions to the Apprenticeship Levy.

Staff are the Trust's key asset: only with high quality staff can the Trust deliver high quality services. The Trust continues to develop strategies to recruit, train and retain staff to ensure that high quality services are first maintained and then improved.

Capital Investment Programme

During the year, the Trust invested in capital schemes to the value of £62.2m. These are schemes to acquire, upgrade or maintain physical assets such as buildings and equipment. The high value of investment primarily reflects the construction of the new hospital on the Springfield site and the additional funding the Trust received as a Global Digital Exemplar Fast Follower Trust (GDE). The Trust is grateful for the additional funding it received to eradicate dormitory provision and to ensure continuation of services during Covid.

A summary of the investments is shown in the following table:

Capital Programme	Benefits	£m
Estates Modernisation Programme	Design and construction of the main phases of the Estates Modernisation Programme	54.9
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	4.4
Ward & Other refurbishments	Improvements to ward areas including investment in outpatient facilities	0.9
Maintenance	Investment in the maintenance of the Trust's Estate including: boiler works, security, safeguarding works	0.8
Eradication of Dormitories	Refurbishment project to eradicate dormitory provision	0.6
Covid-19	Improvements to ward areas and the enabling of staff to work remotely to ensure continuity of services	0.4
Relocation/Space Rationalisation	Rationalisation of space, reducing the footprint occupied as an enabler for the Trust's Estate's Modernisation Programme	0.3
Total		62.2

Financial Outlook for 2021/22

The financial outlook for the NHS for the coming year continues to be impacted by the Covid pandemic. The suspension of usual contracting arrangements implemented during 2020/21 continues for the first half of 2021/22 with payments to the Trust comprising centrally prescribed block amounts, top ups (both Covid and baseline) and some local investment.

The Government have made it clear, however, that Mental Health remains a priority area of investment and have made three main sources of additional funding available: Mental Health Investment Standard (MHIS), Service Development Funding (SDF), and the additional £500m announced by the Government in the Spending Review.

The Trust can expect significant additional funding from these three streams and is currently working through the allocations and priorities with Commissioners. Areas expected to benefit include CAMHS, Crisis Services and Community Services. The target date for agreement with the CCG and Integrated Care System is early May.

2021/22 also sees Richmond IAPT services and some elements of the Wandsworth Perinatal service transfer to the Trust from other providers.

It is the current expectation that usual contracting arrangements will be employed for the second half of the year. The detailed planning work currently being undertaken will provide a solid foundation for revised contracts.

As in every year, the Trust will have to deliver Cost Improvement Plans (CIPs) to deliver a financial break-even. The requirement for CIPs emanates from both centrally ascribed efficiency targets and internal investments in quality which do not form part of national funding uplifts. The Trust has strengthened its approach by recruiting a specialist dedicated resource to support the delivery of efficiencies whilst ensuring quality is maintained. The key areas of focus for savings for 2021/22 will be: Community Productivity, Inpatient Multi-Disciplinary Working, Corporate Efficiency, Income Generation and our Integrated Programme; the Trust recognises that building upon our GDE work and continuing our digital development will be a key enabler to these aspirations.

The Trust will also ensure its financial sustainability by maintaining a focus on controlling expenditure. This will be achieved by:

- Regular monthly reporting and monitoring of expenditure
- Close control of Covid related expenditure
- Introduction of additional controls relating to agency staffing expenditure

- Monthly Executive led review of Service Line financial performance
- Continued review of expenditure controls and authorisation limits
- Planning for anticipated upsurges in activity as a consequence of the pandemic

The Trust continues to be a core member of the South London Partnership (SLP). The key areas of activity are Provider Collaboratives (in relation to Adult Eating Disorders, Forensics and CAMHS) and Complex Care. The driving principles are the same across all areas: to improve the patient experience by delivering the most appropriate care closer to home which also improves efficiency and delivers savings. Expected developments during 2021/22 are the expansion of Provider Collaboratives and movements towards taking over the shared care elements of Complex Care. A number of corporate workstreams are also being undertaken across the SLP with the dual aim of improving both quality and efficiency.

The Trust is committed to the ongoing modernisation of its sites transforming them into a collective modern mental health facility. The Trust is planning on investing £73m in 2021/22 primarily on the construction of new hospital buildings on the Springfield site. The Trust is investing in information technology to adapt clinical pathways where appropriate and to support agile working of its staff.

Donations

The Trust continues to operate an official charity and is grateful for the unprecedented level of support it has received during the Covid pandemic.

The Trust Charity is a member of NHS Charities Together, who following the generous donations from the public allocated grants to individual NHS charities. We received over £100,000 and this money is held within the Trust's charity and is being spent on equipment to improve the health and wellbeing of patients, and on staff support and welfare.

The Trust charity is not consolidated into the Trust's accounts and is reported on separately.

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 the NHS, going concern is assessed on the basis of the continuation of service provision. The Trust's anticipation to continue to provide services in the public sector is documented in its published strategy. There is national continued and increasing investment in Mental Health Services in South West London and ongoing work with commissioners in relation to the investments and transformation required.

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

- Surpluses of £18.5m and £0m (before impairments) were included in the audited accounts for 2019/20 and 2020/21 respectively.
- Prior to the suspension of NHS planning due to the national response to COVID-19, the Trust submitted operating plans 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 during the pandemic.

- Nationally the annual NHS finance and operational planning round has been delayed. The current financial framework will continue into H1 2021/22 and is designed to provide certainty and support continuing operational response to the pandemic. Organisational plans for 2020/21 Q1 are being generated centrally and funding will be based on 2019/20 arrangements and include inflationary funding.
- Despite the pandemic, the Trust received £7.8m additional funding, during 2020/21 to support the Mental Health Investment Standard and priorities identified nationally for Mental Health Services in the long-term plan. Prior to the pandemic there was a commitment to an increase in funding between 2020 and 2025 years under the Mental Health Investment Scheme of 33%, including a 7% increase in 2020/21 which equates to an extra £7.1m. There remains a national commitment to maintain and/or increase funding into Mental Health Services including during 2021/22.
- The provision of public health is set out in the NHS Act and any plan to withdraw services would require additional legislation. There is currently no legislation being progressed.
- 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). Asset sales provide significant cash injections to fund the building of the new hospitals during the life of the project; the Trust will need to use some of the existing land/buildings, which it plans to sell, until the new hospital is complete; this causes a temporary shortfall in cash during the building phase and in 2020/21 the Trust secured a £99.4m loan with the Department of Health which supports the construction of the new hospital on the Springfield site. Both the loan and the full business case approved in 2019/20 underwent significant scrutiny by NHSI/E, Department of Health and HM Treasury to ensure financial sustainability for the life of the project.
- The Trust has drawn down £54.9m of its available loan in 20/21 which is £11m less than the scheduled loan due to a reduction in EMP spend in the year. This leaves £44.5m to draw down over the next two years.
- The Trust continues to implement its financial strategy to reduce required efficiency savings whilst achieving the control total set by NHSI/E which is breakeven. The Trust has achieved its CIP target for 2020/21 of £9.2m of which £4.9m is recurrent. The Trust has set itself a target of c£10.5m for 2021/22 and is progressing plans to achieve this. The actual target may reduce once guidance for the whole of 2021/22 operating plans is received from NHSI/E.
- The Trust's underlying run rate for 2020/21 has remained within the envelope set by NHSI/E, and an overall position of break-even is expected. Significant work on the opening run rate for 2021/22 has been undertaken in conjunction with the ICS. The Trust is required to work within the SWL ICS to ensure system financial sustainability and a common methodology has been adopted in setting financial plans. This has included Director level challenge across all organisations with the SWL ICS.
- The expected opening run rate for 2021/22 shows an improvement on 2020/21, with Covid costs expected to fall. There will be some areas of additional spend (e.g. Community Transformation), however these are linked to the Long-Term Plan and the Mental Health Investment Standard. These investments previously outlined by the Department of Health evidence a continued provision of Mental Health Services by the Trust.
- Through the South London Partnership the Trust continues to work collaboratively with its neighbouring mental health providers to maximise efficiency opportunity and

secure additional income. During 2020/21 the Trust has expanded the provider collaborative portfolio with the addition of adult eating disorders. These initiatives increase turnover and reduce overall portfolio risk through increased scale and control.

- During 2020/21 The Trust, building on the learning from the NHSE led provider collaborative initiatives, assumed the lead for system health funded complex care funding; during this pilot period working with the SLP the Trust has successfully reduced expenditure run rate and is moving to extend the arrangement for a further 2 ½ years (£20m p.a. income stream). SLP partners are working with commissioners around undertaking due diligence for phase 2 of this model and the management of the shared care elements.
- 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 2020/21.
- The Trust recognises the importance of cash flow forecasting and this is demonstrated by increased reporting of cash to the Finance & Performance Committee and Trust Board during 2020/21. Recent cashflow scenario modelling covering the whole of 2021/22 and the first three months of 22/23 has shown no instances where the cash balance falls below the required £5m
- The Trust had an unqualified financial statements opinion in 2019/20, no significant issues have been identified in the 2020/21 interim financial audit and no significant risks associated with financial sustainability from the VFM assessment; both of which were completed in March 2021. In addition, the Trust also received substantial assurance on its core financial processes internal audit.
- The financial risks in the Trust's risk register are routinely monitored for amendments/additions and deletions and reported to the Finance and Performance Committee and onward to Board.
- The Trust is considered low risk by NHSi/E and is not the subject of any financial distress monitoring. During the 20/21 year all COVID top-up bids were approved for both revenue and capital; Trust systems and governance were able in all cases to explain and justify expenditure to the satisfaction of national scrutiny.

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 104 in the Annual Governance Statement.

Operational Performance Review

This report reviews key indicators that were used to measure performance and quality of delivered care delivered by the Trust during 2020/21. The Information is taken from the Trust Quality and Performance Report focusing on those metrics that in March 2020 were agreed by the Executive Leadership team as of priority during the COVID-19 pandemic and that would provide the Board and sub-committees with assurance, or otherwise, that the Trust was providing effective and safe care.

Monitoring and managing performance

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

Internally, we have a robust governance structure for managing performance from floor to Board. This includes, deep dive performance meetings, 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 scrutinise performance on behalf of the Board providing oversight and assurance as do the Quality and Safety Assurance and the Workforce & Organisational Development Committees.

Reporting was adapted at the beginning of 2020 to align with priority KPIs set by the Trust Executive. The metric focus was aligned to patient safety, access and Workforce and position was reviewed in quarter two where quality measures around restrictive practice, incident reporting and complaints were added. Regular audit checks have been carried 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.

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

A review of performance against objectives is set out below. This also includes a summary of referrals, contacts and admissions immediately below.

During the period, 2020/21, our services received:

- 37,970 referrals to our secondary services;
- Made 420,613 individual contacts with our services users;
- Admitted 1775 people to our inpatient services (excludes Lotus and Out of area admissions).
- Received 25,596 referrals into our Improving Access to Psychological Therapy (IAPT) services.
- Seen 35,017 distinct patients in year.



Received **25,596**
referrals into our Improving Access
to Psychological Therapy (IAPT) services



Made **420,613**
individual contacts with
our services users



37,970
referrals to our
secondary services



Admitted **1,775**
people to our inpatient services
(excludes Lotus and Out of area admissions)



Seen
35,017
distinct patients in year

Clinical services success

The Trust's performance improved considerably in a number of areas in 2020/21; these are summarised below:

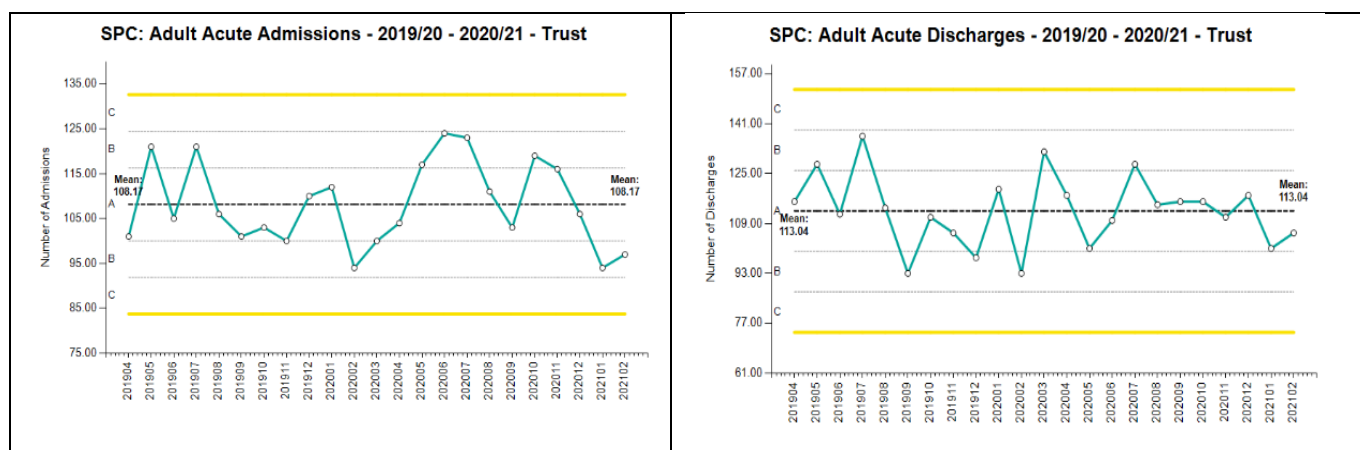
- Sustained improvement in year for first episode psychosis cases receiving treatment within two weeks of referral. Tighter scrutiny on validation has improved the position although referrals to early intervention services from ward areas need to be completed in a timelier fashion once the psychosis is identified.
- The IAPT recovery rate performance was compliant year to date for all three services in 2020/21.
- There has been sustained improvement in cluster accuracy reporting with five of the last six months in 2020/21 being above 90% target.
- There has been improvement in cardio metabolic reporting (especially in Q4 2020/21) in inpatients, community (where target was met throughout 2020/21) and EIS services.
- Good performance to access to CMHT for non-urgent referrals has been maintained but there was variation at the start of the first lock down in April 2020 and in Quarter 4 an increase in urgent referrals has led to some deterioration in performance but the position is now improving.

Adult Acute Bed Management

We have incurred significant bed pressures in year with the bed occupancy remaining high and the average length of stay in adult acute services has remained high and above national average. In year the Trust implemented the use of surge beds in order to manage peaks in demand and minimise out of area bed use. This has been successful with significantly reduced out of area use during 2020/21.

The Trust also introduced amber/green wards system in adult acute wards as part of its COVID-19 response. The system was impacted by COVID-19 outbreaks in year resulting in a change in model. The four short length of stay wards (Ward 2, Ward 3, Lilacs, Ellis) are amber wards or admission wards, whilst the four long length of stay wards (Lavender, Jupiter, Rose, Laurel) are all green wards, to where patients cannot be directly admitted from the community.

Admissions and Discharges: Admissions were below average in first quarter of 2020/21 (linked to COVID) but have increased subsequently and are subject to monthly variation. Discharge levels in 2020/21 have been in line with a low level of variation.



Figures 1 and 2 : Admissions and Discharge 2019/20 – 2020/21

Adult acute bed occupancy: The adult acute bed occupancy rate has fallen in 2020/21 with the mean position being just below the 94% target, at 93.0%. At the beginning of the year, bed occupancy decreased markedly as the Trust put plans in place to deal with the COVID-19 pandemic. In year the Trust has had to deal with peaks in demand for bed use and has implemented the use of surge beds and super surge beds in order to mitigate peaks in demand and minimise the use of out of area bed use. The implementation of surge beds was discussed at executive level and formally approved as part of the updated Bed Management policy in year.

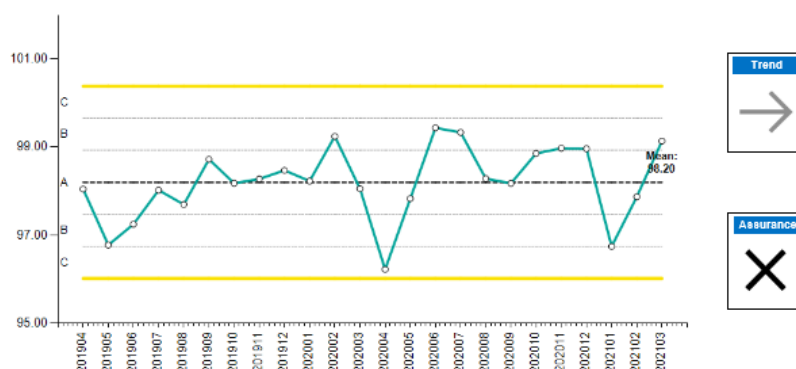


Figure 3: Adult Acute Bed Occupancy Rate

- **Out of area placement bed days:** There has been reduced variation in 2020/21 with the 0 target being met in nine out of 12 months. During peak times, the Trust has opened surge/super surge beds which has allowed it to keep out of area use to a minimum. A

definition change was also introduced for 2020/21 which meant that female PICU usage at East London Foundation Trust (who the Trust has a contract with) was no longer reported as out of area usage.

In 2020/21 the Trust has consistently benchmarked well on this indicator (please see benchmark section Figure 4).

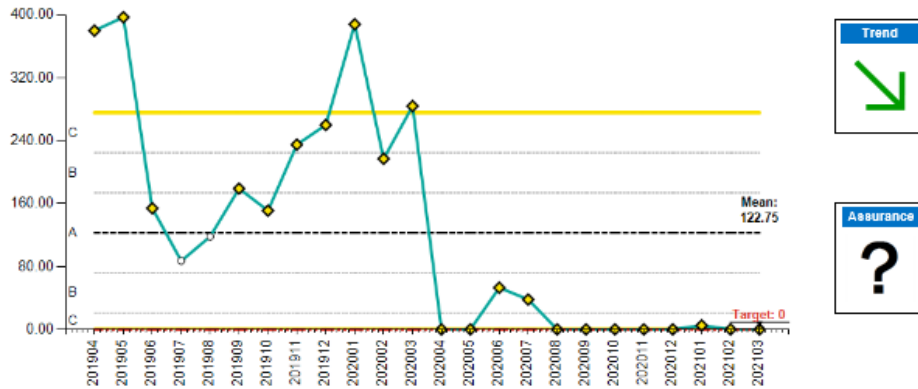
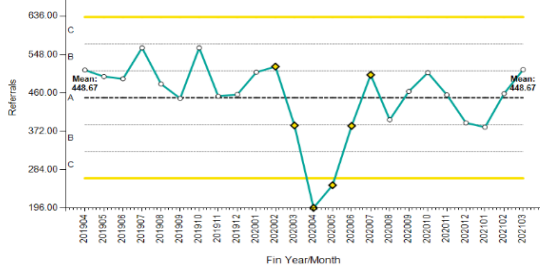


Figure 4: Out of area placement bed days

Community Referrals

<p>Adult CMHT Referrals</p> <p>Number of Referrals</p> <p>Mean: 1101.50</p> <p>Mean: 1101.50</p> <p>Fin Year Month</p>	<p>Adult CMHT Urgent Referrals</p> <p>Number of Urgent Referrals</p> <p>Mean: 64.83</p> <p>Mean: 64.83</p> <p>Fin Year Month</p>
<p>In Adult CMHT areas there was a significant drop off in referrals at the start 2020/21 due to the COVID-19 pandemic and the national lockdown. Levels have subsequently increased with some variation.</p>	<p>Growth in proportion of referrals marked as urgent has generated increased team workload but with no change in their capacity. Responding to an increase in urgent referrals impacts on assessment team's capacity to respond to non-urgent appointments within 28 days.</p>
<p>IAPT Referrals</p> <p>Referrals</p> <p>Mean: 2779.79</p> <p>Mean: 2779.79</p> <p>Fin Year Month</p>	<p>CAMHS SPA Referrals</p> <p>Referrals</p> <p>Mean: 919.71</p> <p>Mean: 919.71</p> <p>Fin Year Month</p>
<p>In IAPT services there was a significant reduction (of up to 70%) in referrals due to the COVID-19 pandemic and subsequent national lockdown. Referrals have now started to return to near-expected levels but referral position at start of year has affected Trust's cumulative access performance for 2020/21 (see IAPT access performance further below).</p>	<p>There was a significant reduction in referrals at the beginning of the year due to COVID-19 pandemic. The last seven months have seen referral levels increase. CAMHS referrals in addition do historically vary in year with reduced levels in school holiday periods.</p>

Older Peoples Referrals

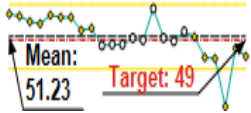
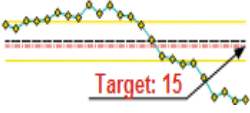
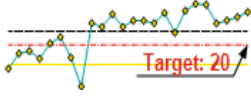


In Cognition and Mental Health in Ageing Service line there was a drop off in referrals at the start of the year due to the COVID 19 pandemic and national lockdown. Levels of referrals have subsequently recovered (although in slightly lower levels than in 2019/20) with low level variation.

Summary analysis COVID-19 Priority Metrics

	Priority Metrics	Mar-21	Target	Trend	Assurance*	SPC Chart		Priority Metrics	Mar-21	Target	Trend	Assurance*	SPC Chart	
Access and Primary Care	1st episode of psychosis - Treatment with a NICE recommended package within 2 weeks of referral (%)	78.6	≥ 60.0	→	?		Access and Primary Care	People waiting over 30 weeks for treatment (including IAPT & Non-RTT teams) ©	416	0	↘	×		
	Responsive							Responsive						
	Expected population need met by IAPT	TW 7887	TW 10013.6						IAPT recovery rate - Merton Uplift (%)	46.0	≥ 52.0	→	?	
		SU 4042	SU 4964.7	-	-				IAPT recovery rate - Sutton Uplift (%)	53.4	≥ 50.0	→	✓	
		MU 4750	MU 5512.2						IAPT recovery rate - Talk Wandsworth (%) (see page Error! Bookmark not defined.)	58.5	≥ 50.0	→	✓	
Responsive						Responsive								
Community	Referral to treatment (RTT): Patients waiting less than 18 weeks for treatment at month end (%)	91.5	≥ 92.0	→	?		Crisis Care	Liaison psychiatry - Seen within 1 hour in A&E (%)	87.7	≥ 95.0	→	×		
	Responsive							Responsive						
Community	Cardiometabolic Assessments - Community services (%)	82.6	≥ 75.0	↗	✓		Liaison psychiatry - People waiting over 12 hours in A&E for a bed	9	-	→	-			
	Effective						Responsive							
	Cardiometabolic Assessments - EIS (%)	94.4	≥ 90.0	↗	?		Orchid MHES - triage within 1 hour of arrival (%)	88	≥ 90.0	→	?			
Effective						Responsive								
Community	Risk assessments reviewed within the last 12 months (%)	94.3	≥ 95.0	↗	×		Orchid MHES - stays of over 12 hours	38	-	→	-			
	Safe						Responsive							
Community	Adult acute average length of stay (Excluding PICU) (see page Error! Bookmark not defined.)	31.9	≤ 35	→	?		Cardiometabolic Assessments - Inpatients (%)	92.4	≥ 90.0	→	?			
	Effective						Effective							
	Delayed transfers of care (%)	5.3	≤ 2.5	→	?		Discharge follow up within 48 hours of discharge from inpatient services (%)	80.2	≥ 95.0	↗	×			

	Responsive													
Inpatients	Inpatient discharge letters sent within 24 hours (%)	81	≥ 90.0	→	?		Inpatients	Inappropriate out of area placement bed days - Adult Acute & PICU ©	0	= 0	↘	?		
	Effective							Effective						
	Physical Health Assessment attempted within 48 hours of admission (%) ©	96.9	≥ 95.0	→	?			Physical Health Assessment completed within 7 days of admission (%)	81.5	≥ 90.0	→	×		
	Safe							Safe						
	Risk Assessments within 48 hours of admission or acceptance onto caseload (%)	92.6	≥ 95.0	↘	×			Complaints Answered Within 25 Days (%)	78.6	≥ 85.0	→	?		
	Safe						Effective							
Quality	Efficient Ward Staffing	120.8	≤ 105	→	×		Quality	Cluster Accuracy & Quality (%)	91.1	≥ 90.0	↗	?		
	Effective							Effective						
	Patient Safety incidents	457	≤ 360	↗	✓			Patient Safety Incidents – Severe Harm	2	≤ 1.5	↗	?		
	Safe							Safe						
	Number of Individual Clients Being Restrained	58	-	→	-			Reducing restrictive practices - Prone restraint	55	-	↘	-		
Safe						Safe								
	Total number of restraints (physical restraints and rapid tranquilisation)	169	-	→	-			Agency as a % to NHSI Target (%)	163.1	≤ 100	↗	?		
	Safe						Workforce							
Workforce	Statutory and Mandatory Training: Priority Course Compliance (%)	88.9	≥ 95.0	→	×		Workforce	Supervision (%) ©	84	≥ 85.0	↗	?		
	Workforce							Workforce						
	Vacancy Rate (%)	15.6	≤ 15	↘	×			PADR (%)	85.5	≥ 95.0	↗	×		
	Workforce						Workforce							

Time to Recruit (days)	38.5	≤ 49	↘	?		Turnover (%)	12.8	≤ 15	↘	✓	
Workforce						Workforce					
Staff Leaving within 12 months of appointment (%)	22.6	≤ 20	↗	✗							
Workforce											

Assurance Key:

✓	Assurance given: Target is in zone C or beyond (3+ standard deviations) and below the mean; reversed for when target goal is low and target is above the mean.
?	Questionable Assurance: Target is within zones A and B (1-2 standard deviations). Assurance not given: Target is in zone C or beyond (3+ standard deviations) and above the mean; reversed for when target goal is low and target is below the mean
✗	Assurance not given: Target is in zone C or beyond (3+ standard deviations) and above the mean; reversed for when target goal is low and target is below the mean

Access and primary care key indicators

First Episode Psychosis: Waiting times to treat first episode psychosis showed sustained improvement above target in 2020/21 and above historical levels following an increase to the national standard. Treatment commencing outside the fourteen days are often linked with delays in cases being referred to early intervention services. These are predominantly cases in adult acute ward areas but there have been delays within adult assessment teams also. In order to mitigate weekly meetings between senior clinical leads in community and acute services have been initiated. Additionally in 2020/21, patients, understandably due to COVID-19 concerns, were reluctant to be assessed face-to-face; the Trust adapted to circumstances and enabled staff/patients to use e-consultation as an appointment medium enabling staff and clients to have alternative to face to face appointment at the height of the pandemic.

IAPT services: the number of long waiters significantly reduced throughout 2020/21 and remain at a sustained lower level with two out of three services at just above zero. In year the Trust has used a third-party provider who provided treatment, and this has reduced waits across all services. IAPT recovery rates remained above the national target throughout the year.

However, expected referral levels across all three services were below targets (circa up to 70%) reflecting the national position affected by COVID-19. Whilst there has been some improvement during the latter months of 2020 and into 2021, the cumulative access targets were not met in year. The three IAPT services have put in considerable effort to increase referrals, implementing/adapting marketing plans and engaging with partner organisations, but were unable to recover the position. In Quarter 4 the Chief Operating Officer (COO) and IAPT management undertook a further review of the marketing strategy to look at alternate ways to promote services and increase referral rates in 2021/22.

Referral to treatment: The Trust missed the 18 week referral to treatment target in nine out of 12 months during 2020/21 and is below historic levels for the following reasons: (1) long waiters in adult Attention Deficit Hyperactivity Disorder (ADHD) and Merton Primary Care Recovery Service (PCRS) related to demand exceeding capacity and (2) unprecedented reduction in referrals in Q1 following the March lockdown leading to a reduced proportion of people waiting less than 18 weeks. Plans are in place to continue to address the long waits in 2021/22. In year the Trust has continued discussions on demand capacity issues for ADHD and Merton PCRS with commissioners. In Q4 2020/21 the Trust has been given some additional resource by commissioners to increase the capacity and impact on the number of patients waiting for extended periods. Further proposals for both Adult and CAMHS ADHD/ASD services are being made to commissioners for the 2021/22 contracting round.

30-week breaches: The Trust continues to have sustained and higher than historic levels of people waiting more than 30 weeks, and this is mainly attributable to the CAMHS Neuro Development service (c80% of long waiters). Monies are secured to reduce the numbers of CAMHS waiters but this will only address about 40% of the long waiters by mid-2021. Additional in year mitigations include a review of the structure within the CAMHS Neurodevelopment team and this being completed in parallel with the waiting list initiative referenced above.

Community key indicators

There has been a sustained improvement in recording cardio-metabolic assessments and annual risk assessments during 2020 following the introduction of improved processes and workflows in teams. There remain some outlying teams and service lines have provided executives with assurance that plans are in place to further improve during 2021/22.

Patients who were seen appropriately based on frequency and consultation medium:

In year there has been a reduction in the levels of face to face contacts within the Trust. The reduction in year is linked to COVID-19 and also to the Trust implementing the use of e-consultation as a contact medium for staff to meet with clients. However, the Trust has not achieved expected levels of face contacts and wants to ensure that the most vulnerable clients receive a face to face contact. Internal standards aligned to clinical zoning and risk (agreed within service lines) were implemented at year end and the Trust expects the levels of face to face contacts to increase in 2021/22, especially for its most vulnerable clients.

Crisis care key indicators

Liaison services: No improvement in seeing patients within one hour, and Kingston and St. George's continue to be below target. Performance generally relates to high levels of referrals and availability of a sufficient number of staff.

Orchid ward: As part of the Trust's response to the pandemic, Orchid Mental Health Emergency Service was set up to offer alternative places of safety for patients with primary mental health problems who would otherwise have had to go to an Emergency Department (ED).

Inpatients key indicators

Length of stay in adult acute services remains broadly the same over the past two years, albeit with variation within wards. Some of the ward length of stay variation as alluded to earlier is accounted for by the introduced amber/green ward system; amber wards being admission/short stay wards whilst green wards do not take directly admitted patients from the community and have a longer length of stay. The Trust has implemented mitigations in year including consistent recording in the clinical record of estimated discharge dates; more assertive use of delayed transfer of care process and later in year the revised discharge policy (for use by discharge co-ordinators) has been issued to partner organisations for comment.

Delayed transfers of care rose significantly in 2020, reflecting in part better identification of delayed patients but also a greater proportion of complex cases as bed numbers are reduced, a reduction in care home places and the challenges of collaborative working with local authorities during the pandemic. Investment has been made centrally in Quarter 4 2020/21 and following a Multi Agency Discharge Event (MADE) event with system partners in December 2020 a number of initiatives have been put in place for February and March. These included a mental health specific discharge hostel with 24-hour support for patients who required a period of assessment or further support prior to their long-term destination as an alternative to remaining in hospital

In November 2020 the Trust rationalised key indicators related to post discharge follow-up and implemented a 48-hour follow up target across all services. Following review of follow up processes via a task and finish group (over seen by COO) actions are in place; follow up dashboard has been enhanced to support services and improvement is expected during 2021/22. In addition, automated monitoring systems have been enhanced (allowing data capture on attempt to contact).

The Trust has remained able to usually exceed the target to issue discharge letters to GPs within 24 hours.

Completion of physical health assessments continued to remain well below target in 2020/21. The COO set up a working group in Q3 2020 to understand the issues and work is in progress to rationalise physical health assessment forms in RiO and to embed the use of a ward caseload report for daily checking of PHA compliance as well as inpatient discharge letters, which will be rolled out in 2021/22.

Quality key indicators

Restrictive Practice: There was a reduction in recorded physical restraints during 2020 following a change in policy where restrictive practice incidents were required to be reported on the clinical record, RiO. To assure this position, the Nursing Directorate undertook an audit and review of recording practice; recommendations of findings were submitted to the Executive Leadership Team and Quality, Safety and Assurance Committee in April 2021.

Complaints: There was a deterioration in 2020 in answering complaints within 25 days and the Trust is now able to only sometimes exceed the target. There has also been a reduction in the number of complaints received.

Patient Safety Incidents and Strategic Executive Information System (STEIS): Patient safety incident reporting has remained comfortably above target in year. It should be noted increases in the number of reported incidents generally reflects an improved safety reporting culture, particularly low level and near-miss incidents and should not be interpreted as a decrease in the safety of the Trust.

The levels of STEIS or patient safety incidents with severe level of harm have remained in line with expected levels. Incidents within the Trust are reviewed during the daily Multi-Disciplinary Team handover meetings and issues of concerns escalated to the Matron and the Head of Nursing and Quality. All STEIS incidents are reviewed by the Quality Matters process to identify themes and learning. A full root cause analysis (a methodology used to investigate serious incidents) is always completed to make further recommendations for learning.

Workforce key indicators Overall vacancy rates (although some increase in Q4) and turnover fell during 2020/21 to below target and it is likely that this in part relates to COVID-19. Conversely, there has been a significant rise in the proportion of staff leaving within 12 months of appointment. Workload is often cited as the reason for leaving. The Trust also benchmarks well for its sickness rates against national comparisons and has closely managed the impact of the COVID-19 outbreaks in inpatient areas.

Agency spend has been consistently above the NHSI target (with some improvement year-end). Contributory factors have included recruiting managers not pre-planning the recruitment activity, meaning there are delays in the recruitment activity which ultimately leads to longer gaps between the leaver and the new joiner and in community service line there has been a lack of centralised scrutiny over agency use. Mitigations implemented in year have included managers to pre-plan (proactive approach) their recruitment activity and flag up any challenges at the earliest possible to the recruitment team; Monthly recruitment meetings with each service lines to develop recruitment plans with a focus on reducing vacancies and dependence on agency, launched in November.

Supervision rates improved during much of 2020, despite the increased work pressures related to COVID.

The Performance Appraisal and Development Review (PADR) rates throughout 2020/21 have been consistently below target and remain a challenge for the Trust. A new approach to PADR to focus on completing all PADRs in Q1 of the year 2021 has been confirmed. In the meantime, clinical service lines and corporate areas were asked to focus on completing PADRs and setting objectives for all staff ahead of this. Improvement is expected in 2021 as appraisals will be part of the process to secure a pay increment in the new financial year.

There was some improvement in statutory and mandatory training compliance during 2020 and this is related to Adult Basic Life Support training. Underlying historic issues relate to weak processes to book staff and manage DNA rates and insufficient courses. Course places were increased in 2020 and following interventions from executives to hold service lines to account significant improvement, close to the target, is projected for March 2021 onwards.

Non-Priority Metrics

Staff Sickness: Staff Sickness rate performance follows seasonal trends with Trust performance above target but benchmarks well nationally. Effects of COVID-19 have been seen in March / April 2020 and also in January/February 2021 where peaks in COVID-19 have been reported nationally. There were some short-term sickness days recorded in January 2021 attributed to effects of vaccination. COVID-19 related mitigations initiated in year have included staff COVID-19 vaccination programme, on-site testing (no longer provided) and issue of lateral flow testing kits for frontline staff. At year end the Trust was awaiting approval of a business case to support staff managers with absence related to stress, anxiety or depression.

Adult CMHTs – Non urgent referrals assessed within 28 days: There has been variation in performance with year start and end (Q4) showing some deterioration with the intervening period showing consistently good performance. Initial deterioration linked to COVID-19 lockdown with clients being reluctant to be seen face-to-face. Towards the end of Quarter 1 the Trust had adapted to changing circumstances and had enabled the use of e-consultation as a contact medium which helped to improve performance. The dip in Q4 is linked to an increase in urgent referrals which impacted on the slots available for routine assessment (especially in Wandsworth) and the Community service line is undertaking a demand and capacity review for Wandsworth SPA.

Mental Health Benchmarking:

Trust	Out of Area Placements (3 Month Total)	% Annual CPA Review	7 Day Follow Up	% in Employment (CPA)	% in Settled Accommodation (CPA)	Data Quality Maturity Index (DQMI)	Patient FFT (recommend for treatment)	Staff FFT (recommend for treatment)	Gatekeeping	FEP % within 2 weeks	ED Urgent Referrals	ED Routine Referrals	CQC community survey	Sickness Rate	Staff FFT (recommend as a place to work)	Stability Index	Delayed Transfers of Care	NHS staff survey
	Dec-20	Dec-20	2019/20 Q3	Dec-20	Dec-20	Nov-20	Feb-20	2019/20 Q2	2019/20 Q3	Dec-20	2019/20	2019/20	2020	Nov-20	2019/20 Q2	2018/19	Feb-20	2020
Barnet, Enfield and Haringey Mental Health NHS Trust	80	94.9	99.2	4.9	64.6	96.1	87.7	61.2	96.5	66.0	0.0	36.4	7.3	4.3	53.7	86.5	2.0	7.1
Camden and Islington NHS Foundation Trust	15	74.7	96.1	6.3	60.8	N/A	92.1	N/A	98.7	82.0	N/A	N/A	7.4	3.7	N/A	77.7	1.1	7.1
Central and North West London NHS Foundation Trust	50	82.0	98.4	5.8	69.6	96.6	88.0	74.0	98.6	90.0	94.6	73.8	7.2	2.8	63.4	81.2	0.0	7.2
East London NHS Foundation Trust	5	93.4	88.7	6.0	46.1	98.6	87.8	79.6	93.6	79.0	95.0	92.0	7.1	3.9	76.3	83.3	0.0	7.3
North East London NHS Foundation Trust	0	90.7	97.4	6.3	68.2	89.0	87.8	73.2	98.4	84.0	76.4	82.0	7.7	4.1	64.8	84.9	0.9	7.3
Oxleas NHS Foundation Trust	105	95.1	96.6	8.0	70.7	92.6	79.2	72.8	97.6	68.0	N/A	N/A	7.1	4.1	65.4	84.7	3.4	7.3
South London and Maudsley NHS Foundation Trust	25	58.6	88.8	4.5	34.4	N/A	85.2	72.2	95.2	56.0	100.0	100.0	7.3	3.0	65.0	82.5	1.0	7.1
South West London and St George's Mental Health NHS Trust	0	97.6	94.1	10.4	80.9	98.0	82.2	65.0	100.0	69.0	100.0	88.1	7.4	3.2	61.7	82.6	0.6	7.1
West London Mental Health NHS Trust	0	78.8	94.6	7.4	63.1	97.4	92.9	76.0	95.9	95.0	87.5	93.4	7.3	4.8	76.0	83.2	0.0	7.3
Trust Rank (London)	1	1	7	1	1	2	8	7	1	6	1	4	2	3	7	6	4	6
London Average	29.0	85.1	92.1	6.5	60.0	95.5	87.0	71.8	96.2	76.6	80.5	86.9	7.3	3.8	65.8	83.0	1.0	7.2
England Average	32.8	72.1	95.5	8.7	56.1	69.0	88.6	81.3	97.1	67.8	76.6	85.2	7.3	3.8	66.0		2.4	7.2

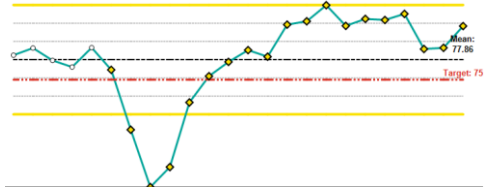

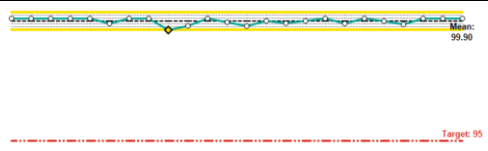
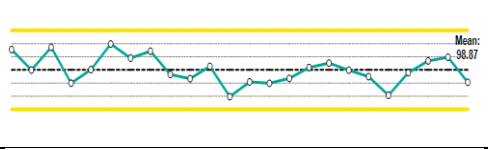
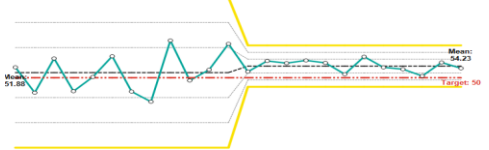
Figure 5 : The most recent benchmarking for London Trusts. Source: NHS Digital and NHS England

Due to the COVID-19 pandemic some publications on benchmark data have been suspended. There were no publications for seven day follow up delayed transfer of care or gate keeping for instance.


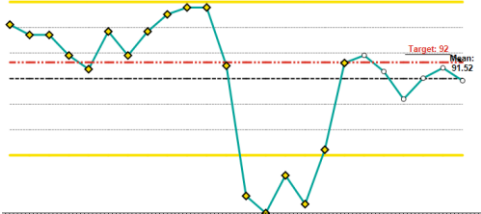
The Trust managed to frequently meet the revised 60% target for first episode psychosis two week waiting times, however it is lower than the England average and ranks 6th out of the 9 London trusts. The Trust continues to benchmark well on social inclusion measures (settled accommodation and employment) and is ranked number one in London Trusts, whilst sickness rates have been below national/London average with the Trust ranked 3rd in November's publication. Improvement is required in regard to staff survey where Trust/service line action plans have been developed.

NHSI performance review

We were compliant against 10 out of 12 NHSI compliance indicators.

NHSI SOF Operational Performance Metrics	Mar-21	Target	Trend	Assurance on consistently meeting the target	SPC Chart	Comments
Cardiometabolic Assessments - Community services (%)	82.6	≥ 75.0	↗	✓		Sustained improvement following the implementation of a recovery plan in January 2020. Data forms have been simplified and were introduced across the Trust in September 2020. Staff continue to be trained on the use of the new forms and guidance has been issued.
Data quality maturity index (DQMI) (%)	98.4	≥ 95.0	↗	✓		Performance remains stable and consistently exceeds the target following the introduction revised administrative processes to collect missing data. The Trust is reported by NHS Digital as being one of the highest performers in England.
IAPT/talking therapies - Waiting time to begin treatment within 18 weeks (%)	100.0	≥ 95.0	→	✓		Performance is consistently above target.
IAPT/talking therapies - Waiting time to begin treatment within 6 weeks (%)	98.5	≥ 75.0	→	✓		Performance is consistently above target.
IAPT recovery rate - Sutton Uplift (%)	53.4	≥ 50.0	→	✓		Performance in March 2021 is above target. A recovery plan was issued to the commissioners in December 2019 in response to concerns.

IAPT recovery rate - Talk Wandsworth (%)	58.5	≥ 50.0	→	✓		Performance in March 2021 is above target.
Inappropriate out of area placement bed days - Adult Acute & PICU ©	0	= 0	↙	?		The East London Foundation Trust has now been excluded from this KPI, from April 2020 onwards. The Trust has opened surge beds to help manage peak demand and keep out of area usage to minimum.
1st episode of psychosis - Treatment with a NICE recommended package within 2 weeks of referral (%)	78.6	≥ 60.0	→	?		There has been an improvement in performance and the Trust had been able to meet the increased target of 60%. However, there is still some risk that the Trust will fail the target due to late referrals from wards and assessment teams.
Cardiometabolic Assessments - Inpatients (%)	92.4	≥ 90.0	→	?		Task and finish group to review the process for capturing physical health information on clinical systems and coordinate their work with requirements already identified by the Electronic Clinical Records Group. Data forms have been simplified and were introduced across the Trust in September 2020.
Cardiometabolic Assessments - EIS (%)	94.4	≥ 90.0	↗	?		There is some monthly variation, but performance is now above target. A 'deep dive' review of performance and issues was provided to QSAC in September 2019. Action as above.
IAPT recovery rate - Merton Uplift (%)	46.0	≥ 52.0	→	?		Average performance remains above target.

<p>Referral to treatment (RTT): Patients waiting less than 18 weeks for treatment at month end (%)</p>	<p>91.5</p>	<p>≥ 92.0</p>		<p>?</p>		<p>The number of referrals has increased to approx. 3800 and there has been a slight increase in the number of long waiters. Subsequently, the proportion waiting less than 18 weeks as increased.</p> <p>Demand and capacity issues within adult ADHD services and short-term funding is agreed with commissioners. The Trust's Chief Operating Officer has escalated concerns with local commissioners and future funding of service will further be discussed in the 2020/21 contract round.</p>
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Care Quality Commission

The last routine inspection the CQC conducted was of clinical services in September 2019, followed by 'well led' interviews in October 2019 and the Trust maintained and strengthened the 'Good' rating across all areas.

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 2020/21?

Due to the Coronavirus pandemic, early in March 2020, the CQUINs were put on hold for Quarter 1. In July 2020, the CQUINs were formally suspended for all providers until 31 March 2021. This meant that providers were not required to implement CQUIN requirements, carry out CQUIN audits nor submit CQUIN performance data whilst being focused on the pandemic work. An allowance of CQUIN was built into nationally set payments for trusts for the year.

What do we have planned for 2021/2022?

It is anticipated that the same CQUINs for 2020/21 will be continued for 2021/22, though this is not confirmed. Following the Healthcare Leaders Update from Amanda Pritchard, NHS England and NHS Improvement's Chief Operating Officer, and NHS Improvement's Chief Executive, the current financial arrangement will roll forward into next year and we are not expecting CQUINs to be implemented in Q1 of 2021/22.

2020/21 CQUINs	Goals
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.
Prescribed Specialist Services	
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 last routine inspection the CQC conducted was of clinical services in September 2019, followed by 'well led' interviews in October 2019 and the Trust maintained and strengthened the 'Good' rating across all areas.

The Trust received six requirement notices (must do actions) for the Specialist Eating Disorder services (both Child and Adult). These were around physical health, restrictive practices, ligatures, Gillick competence, good governance and food quality concerns. The Trust has received reasonable assurance for five of the 'must do' actions. There are still concerns around food quality and work remains on-going.

The Trust also received 30 'should do' actions, which the Trust has received reasonable assurance for most of these actions, with eight still progressing.

The CQC has changed its approach during the pandemic, taking a 'risk-based approach' to concerns raised and conducting focussed visits. As such, in August 2020 the CQC conducted an unannounced visit to Avalon Ward, due to concerns about staff support and attitude, plus issues around the food on the ward.

When the CQC visited Avalon, they noted significant improvements had been made for patient's NEWS2/PEWS (National Early Warning Signs/Paediatric Early Warning Signs) physical health recording and escalation. The CQC also noted that the knowledge of staff around potential ligature points and where ligature cutters were stored in the nursing office had improved, although some staff were not aware that cutters were also stored in clinic room two. The CQC also found:

- The service had suitable infection control arrangements in place.
- Staff assessed and managed risks to patients; ligature risks had been assessed and staff knew where they were.
- Staff undertook observations on patients' physical health and escalated concerns when required.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice.
- Most staff were described as treating patients with compassion and kindness. Patients and family members described particular staff in very positive terms. The manager had taken appropriate action in line with trust policies to address isolated concerns relating to staff attitude.

- The service treated concerns and complaints seriously, investigated them and invited patients and/or their carers to discuss their concerns with management.

However:

- Patients had not always received the meal which they had ordered from the catering department. Ward staff had not sufficiently escalated this to the catering contractor.
- Staff did not always serve the correct portion size to patients at mealtimes.
- Patients reported that some staff were unhelpful and inexperienced at supporting them during mealtimes. Whilst a training course on therapeutic eating had been established and was being rolled out, the service had not kept records of attendance.
- There was limited support from a qualified dietitian due to temporary arrangements to cover maternity leave.
- Patients reported that a small number of staff had been rude and on occasion had shouted at them including at mealtimes. It was noted that the Trust was aware of this and is taking steps to address poor and unprofessional behaviour by specific staff and improve overall staff engagement with patients.

As a result, there is an additional 'must do' action that the Trust must take to improve and three additional 'should do' actions.

- The Trust must ensure that patients receive the meal ordered and that where this is not possible patients are informed in advance of their mealtime. Portion sizes must be in accordance with the patients agreed meal plan. Regulation 14 (1)(4)(c)
- The Trust should ensure that there is adequate cover provided by a dietician.
- The Trust should ensure staff complete training in therapeutic eating and that records of who has completed the training are maintained.
- The provider should ensure all staff are always polite, respectful and approachable when engaging with patients.

The Trust received the final report for the Avalon inspection in October 2020 and immediately developed actions to improve the whole catering pathway with a collaborative plan with Facilities, Sodexo (the Trust external catering company) and the clinical staff on Avalon. A report on the actions taken and outcome was provided to the CQC in November 2020, highlighting the work the Trust is doing to meet the regulation. There are regular meetings held with service lines to review progress made on actions received in the inspections.

The CQC did not change the Trust rating, which remains Good.

The CQC reported that they are not returning to a routine of planned inspections and will continue doing focused visits when they have specific concerns that warrant a physical inspection.

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
Overall	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.

CQC Mental Health Act Reviews

The Trust began to facilitate a new type of CQC MHA ward visits called ‘desktop reviews’, where a CQC reviewer makes a virtual visit to the ward and speaks to staff, patients and relatives over the phone on MS Teams. There has been at least one visit per month consistent with the pre-Covid practice. Some such visits were accompanied by an additional in-person visit to an admin area of the hospital to conduct a record check on RiO.

Quality Awards

In December 2020, the Trust celebrated its annual Making Life Better Together Awards with staff from across the Trust. This was the first virtual awards that we have held at the Trust, however that did not make the event any less special. We had around three hundred members of staff join from all around the Trust to celebrate the achievements of their colleagues who regularly go above and beyond to provide high quality care to our patients.

The awards covered categories which were open to teams, individual members of staff and external partners that we work with on a regular basis. This year, we also included awards for those who have gone above and beyond during the Covid-19 pandemic with our Covid Heroes awards. The winners for the Making Life Better Together Quality Awards 2020 are listed below:

- Chair's Award – Ian Higgins
- Chief Executive Leadership Award – Patrick Bull
- Frontline Clinician of the Year - Frankie Campbell
- Mental Health Innovation Award - Lavender Ward
- Equality and Diversity Award - Ranti Lawumi
- Health and Wellbeing Innovation Award – Exercise Therapy Team
- Partnership and Co-production Award– Malik Gul (Wandsworth Community Empowerment Network)
- Special Award– Jayne Evans and Ward 2
- Clinical Team of the Year - Bluebell Ward
- Corporate Team of the Year - Patient Safety Team

Covid-19 Heroes – Individuals

- Sabrina Hodgson
- Chris Gerlach
- Brenda Ndiweni
- Lindsay Fox
- Neil Fox

Covid-19 Heroes - Teams

- Sutton HTT
- Physical Health
- Jasmines Ward
- Clozapine Clinic
- Occupational Therapists



Winners of the Clinical Team of the Year – Bluebell Ward team

Vanessa Ford
Chief Executive
10 06 2021

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. Figure 38 demonstrates the average whole time equivalent of substantive staff.

Staff Group	20/21	19/20	18/19
Medical and Dental	211.75	197.88	193.94
Administration and Estates	519.87	483.47	451
Health Care Assistants and Other Support	566.12	498.46	455.2
Nursing and Midwifery	662.17	623.93	604.23
Scientific, Therapeutic and Technical	386.96	361.72	330.41
Other	8.00	7.33	7.17
Grand Total	2354.87	2172.78	2041.95

Figure 38: Workforce breakdown by staff group

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

Staff Group	Female	Male	Total
Directors	4.00	3.50	7.50
Snr Civil Service	6.00	2.00	8.00
Other Employees	1592.12	747.25	2339.37
Grand Total	1602.12	752.75	2354.87

Figure 39: Workforce by Gender

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

Band / Grade	Average over 20/21		Snapshot 31/03/2021	
	Female	Male	Female	Male
Student	1.42	0.00	3.00	0.00
Band 2	17.76	19.39	13.93	15.05
Band 3	201.69	116.72	201.29	115.40
Band 4	278.79	91.10	248.87	86.63
Band 5	241.87	111.09	260.07	111.37
Band 6	291.06	141.96	298.41	147.51
Band 7	238.65	84.87	244.26	89.07
Band 8a	134.28	41.28	136.47	36.30
Band 8b	32.12	24.66	33.11	25.49
Band 8c	17.90	14.28	17.22	15.60
Band 8d	7.93	7.72	8.10	8.60
Band 9	5.75	5.33	5.50	6.00
Core Trainee	29.42	16.42	29.90	18.00
Higher Trainee	28.22	17.45	30.30	15.00
SAS Doctor	11.50	8.77	11.20	8.86
Medical Consultant	53.77	46.22	56.35	45.95
NED / Chairman	6.00	2.00	6.00	2.00
Very Senior Manager	4.00	3.50	4.00	3.00
Grand Total	1602.12	752.75	1607.97	749.83

Note: The above table is a snapshot of the workforce as at 31st March 2021, whereas the first 2 tables are an average over the course of 2020/21

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

Workforce Performance Summary

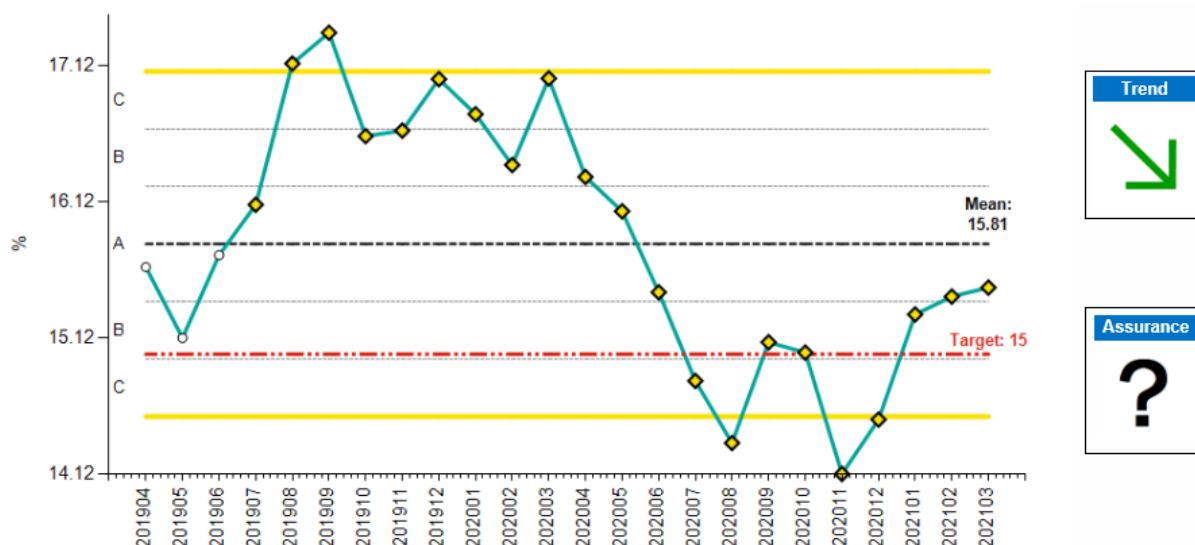
Metric	Target (%)	20/21 (%)	19/20 (%)	18/19 (%)	17/18 (%)
Vacancy	15	15.29	16.63	15.6	16.8
Sickness	3.5	4.04	4.27	3.8	3.9
Turnover	15	12.99	17.04	16	15.6
Mandatory Training	95% Courses	93.18	86.5	89.7	88.3
	85% Courses	93.15	87.2		
Supervision	85	83.5	81	80	79.2
Appraisal (PADR)	95	82.3	80.4	79.2	77.6

Key workforce performance indicators

Whilst for some areas, we did not meet the Trust's key workforce targets in the reporting period, we have improved last year's outcomes for mandatory training and supervision and there have been improvements in relation to PADR performance. The Trust turnover and vacancy rates have reduced in 2020/21 and are within target.

- **Vacancy Rate:** The vacancy rate has reduced since 2019/20. This is in part due to targeted action with services to fill vacancies particularly in hard to fill areas. We continue

to make progress in filling vacancies but have not kept pace as we would have wished with the increase in establishment and some turnover.

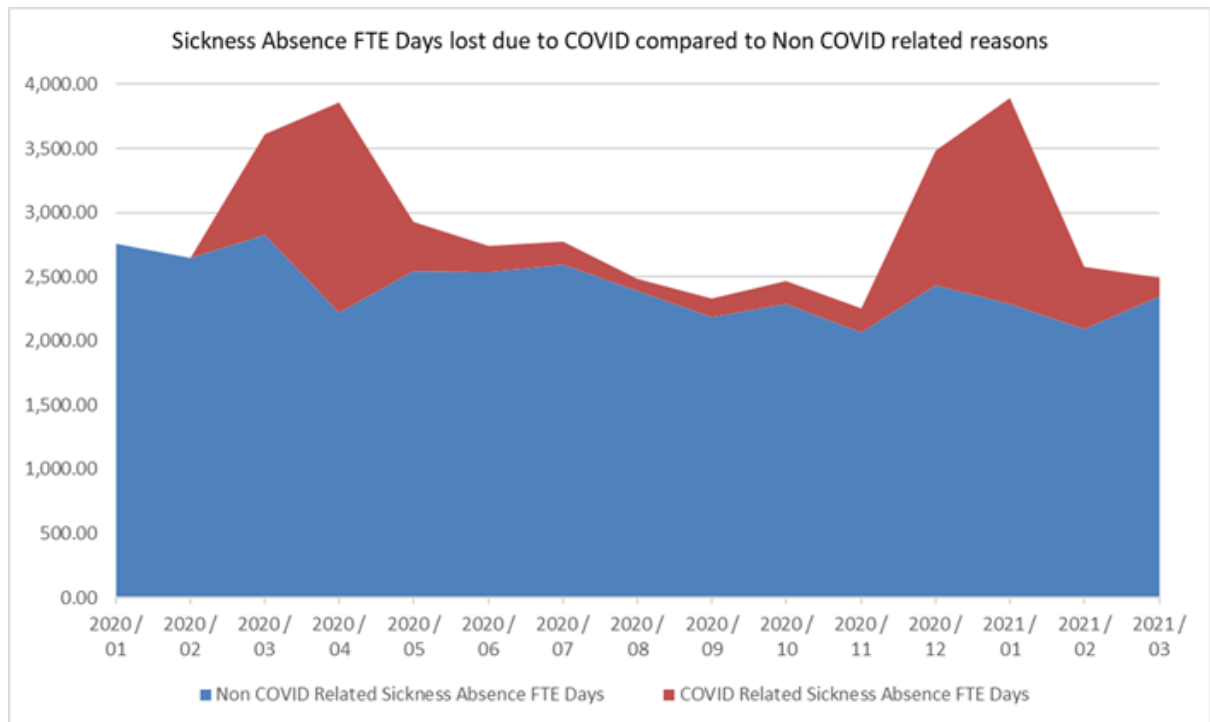


We recognise the importance of our workforce in delivering the highest level of care and support to our patients and service users. We therefore introduced several initiatives during 2020/21 to ensure that vacancy rates are reduced. These include:

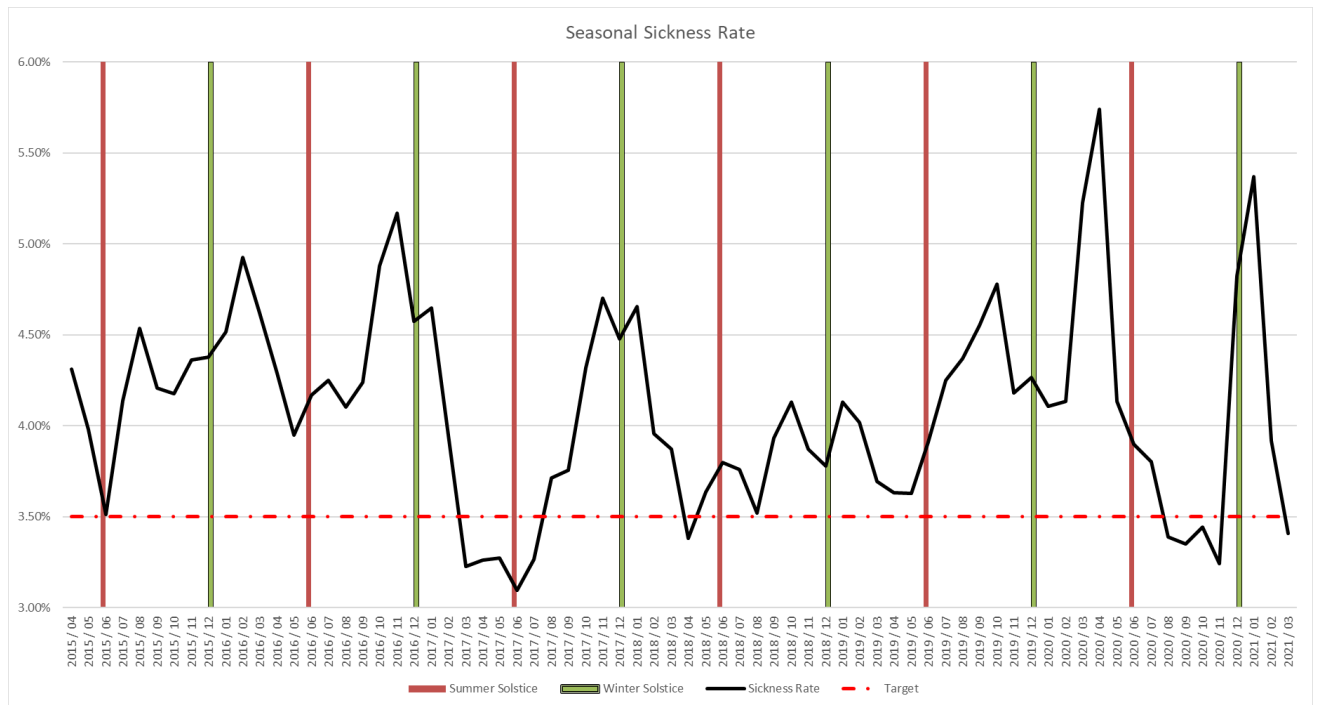
- Individual workforce plans for all service lines.
- Continuing to embed the ‘creating our culture’ change programme, including delivering values based recruitment and unconscious bias training and ensuring that values questions are included at interview.
- A LinkedIn licence allocated to the recruitment team. The team is now able to conduct targeted recruitment sourcing to specific professions. This has helped to reach audiences for some of our hard to fill roles and led to more applications from these hard to reach audiences.
- We have launched our new recruitment page and updated temporary staffing page on the intranet, so we can share our recently developed and improved processes, interview templates, Diversity in Recruitment processes, recruitment KPIs and manager pre-planning guide with our managers across the Trust
- A high percentage of vacancies are in the pipeline for recruitment campaigns.
- Targeted action to convert agency and bank posts to permanent appointments
- The Recruitment service is working with service lines and Finance to reconcile true vacancies – with a particular focus on long-standing vacancies. This is likely to reduce the overall vacancy number.
- HR continues to carry out a number of focused recruitment campaigns and other actions to reduce reliance on agency staff. The recruitment team, in partnership with the HR Business Partners, commenced monthly meetings with the operational directorates to review their recruitment planning, vacancies and temporary staffing usage.

% of all Hours worked by Temporary staff	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021
Agency	52.44%	56.27%	29.83%	25.30%	26.13%	23.52%
Bank	47.56%	43.73%	70.17%	74.70%	73.87%	76.48%

- Sickness Rate:** the average sickness rate for 2020/21 is RAG rated red at 0.59% 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. However, sickness rates have also been impacted by higher rates of staff absence due to COVID-19 (as shown in the chart below). A joint sickness policy with South London and Maudsley NHS Trust (SLaM) is currently being drafted.



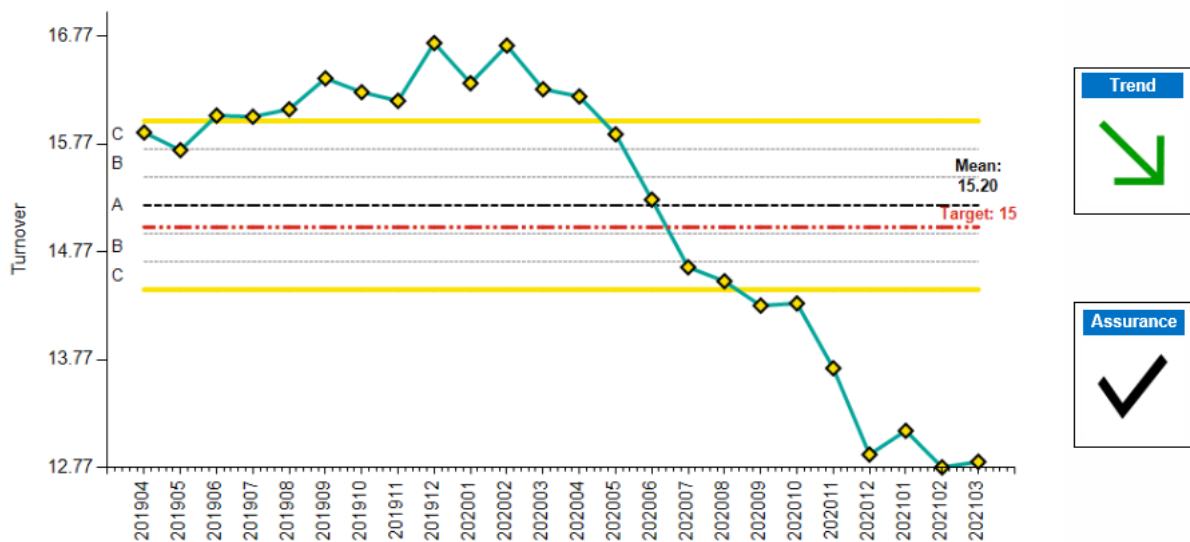
- A monthly triage of long-term sickness cases is now being carried out by the HRBP team to ensure that issues and delays are mitigated. This includes meetings with service lines to tackle hotspot areas with long-term sickness. These monthly meetings are led by the Trust Chief Operating Officer and Director of Nursing.
- A disability policy is being developed by the Trust to help with managing staff whose absences are affected by a known disability impacting on their health. This action is incorporated in our Workforce Disability Equality Standard (WDES). We are also considering best practice from other trusts to enable us to manage long-term sickness absence more quickly.
- A multidisciplinary task and finish group has developed a joint Stress Management Policy with SLaM. 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 directorates (Finance and Human Resources) during 2020 having been identified as hotspot areas in 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 2020/21 Trust staff attended and were trained in sickness absence management.



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 12.95% in year and is RAG rated green, which is below target. Turnover has reduced in 2020/21 and the position is now significantly below target.

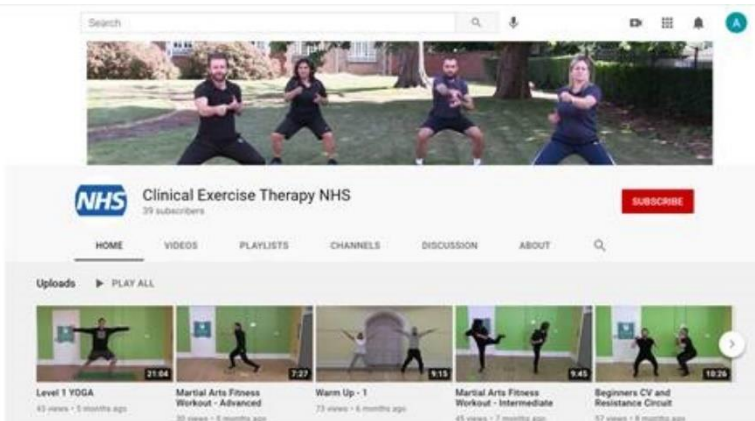


The Trust is committed to retaining staff and has put a robust recruitment and retention strategy in place. Since Making Life Better Together was fully launched, we have designed and implemented a number of staff engagement initiatives to improve our culture and aid retention.

During 2020/21, we:

- Ran focused work with the Psychology team to make psychological support easily available to staff.
- Live risk assessment Webinars held to address staff concerns around COVID-19.

- The HR team actively promoted and offered all staff individual risk assessments with appropriate adjustments put in place as required.
- The Physical Exercise team produced You Tube weekly videos for staff to tune into, Promotion of Health and Wellbeing apps, coaching, Care First, Guardian Service and Trade Union support were all maintained, as well as providing support to staff working remotely.



- Beyond Bullying toolkit has been launched, providing a variety of resources for staff and managers. This is available for all and can be accessed via our Intranet.
- Following the 'Creating our Culture' sessions involving over 1500 of our staff and service users, we have continued with this work this year. Our Beyond Bullying posters have been distributed to team areas.
- A Beyond Bullying virtual training pack has been designed which has been shared with our Freedom to Speak up Guardian, Staff Network Chairs and HRBPs for comments.
- A Beyond Bullying promotional event took place in support of National Anti-Bullying week in November 2020. The event included live breakout and Q&A sessions. The event focussed on Zero tolerance in clinical settings along with promoting support resources available to staff to help individuals in dealing with inappropriate behaviour.
- Ran weekly Q&As for staff led by the Chief Executive, including a staff engagement event at the end of the Summer Festival week. This includes a pulse check to understand the impact of COVID-19 on our staff which helped inform improvements to staff experience through MLBT.
- The Trust held a staff engagement master class on 7 October with colleagues from NHS England/Improvement.
- We launched a MLBT forum, chaired by our Chief Executive, including our staff network chairs.
- Secured charitable donations to fund improvements to staff and patient experience through MLBT.
- Delivered a joint webinar training session for line managers in December 2020 across both SLAM and SWLSTG on "Getting the Most from Occupational Health Referrals". This 90-minute webinar aimed to improve awareness and understanding of the OH referral process to maximise benefits for staff wellbeing and service delivery at a time when health and wellbeing of staff has never been more important. More webinars are planned in the coming year.
- In line with the NHS People Plan, the Trust has embedded wellbeing conversation as a part of supervision and local induction. Local staff induction forms have been updated and guidance has been included in the supervision, PADR and job planning processes to include reminders and links to relevant documents on having a risk assessment and workplace assessment along with the importance around discussions

on how to request the ability to work flexibly and hold health and wellbeing conversations. These documents are now available for each manager and staff interaction starting from when staff join the Trust.

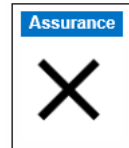
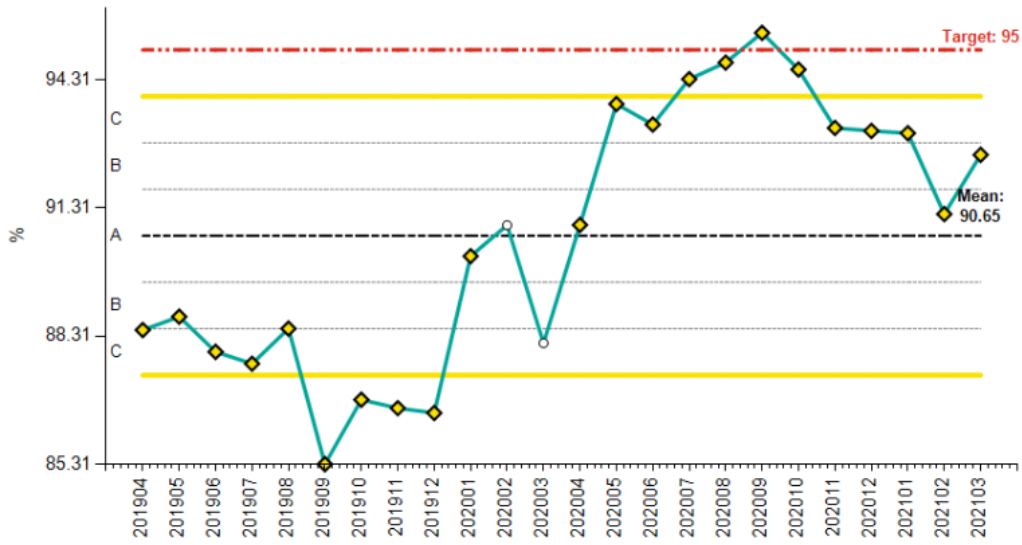
- A full Review of staff benefits available in the Trust has been undertaken in the last year. We developed and launched webinars in October for staff to learn more about the Trust benefits and created drop-in sessions for all staff to get direct answers for queries regarding staff benefits. A session on staff benefits has been incorporated into the Trust induction and job adverts and intranet pages now promote our staff benefits more widely for existing staff and potential recruits.
- We have conducted a survey to understand the recruitment and onboarding experience with our new starters and the impact of improvements through Page Tiger and alongside our joint health and wellbeing lead we are using Page Tiger to develop further content to promote our Trust's health and wellbeing offer. Our joint Trust ED&I lead has also helped to create an infographic to promote diversity at the Trust to make us a more attractive employer.
- The Trust is currently working through its application to join **Kick Start work experience programme**. This scheme, which enables the creation of a six-month job placement for young people who are currently on Universal Credit and at risk of long-term unemployment, has been introduced in recognition that young people are more likely to have been furloughed, with many working in sectors disproportionately hit by the pandemic.

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 and has continued to improve in 2020/21 moving from an average of 88.7% to 93%. The compliance target for mandatory training changed during 2020/21, 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. The number of staff failing to attend classroom-based courses remains an issue despite regular review at monthly performance meetings.

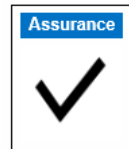
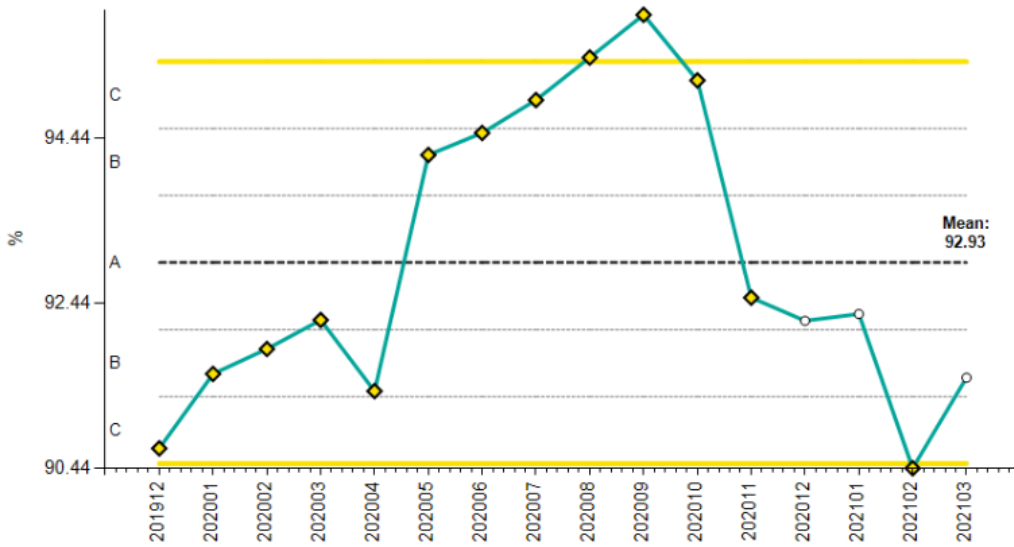
Mitigation plans include:

- A three-month grace period is in place for new starters.
- Managers receive automated emails for staff who fail to attend training. The Trust can use booking data to predict future training compliance and plans to use this to plan proactively.
- Courses are now planned up to six months in advance (automated reports showing availability six months in advance are now available).
- Non-compliance with mandatory training is being included as a criterion for successful PADR and will be linked to the Agenda for Change pay progression.
- Service lines are now required to meet weekly with COO and DoNQ to account for improvement plans and trajectory.

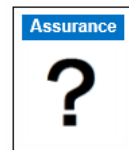
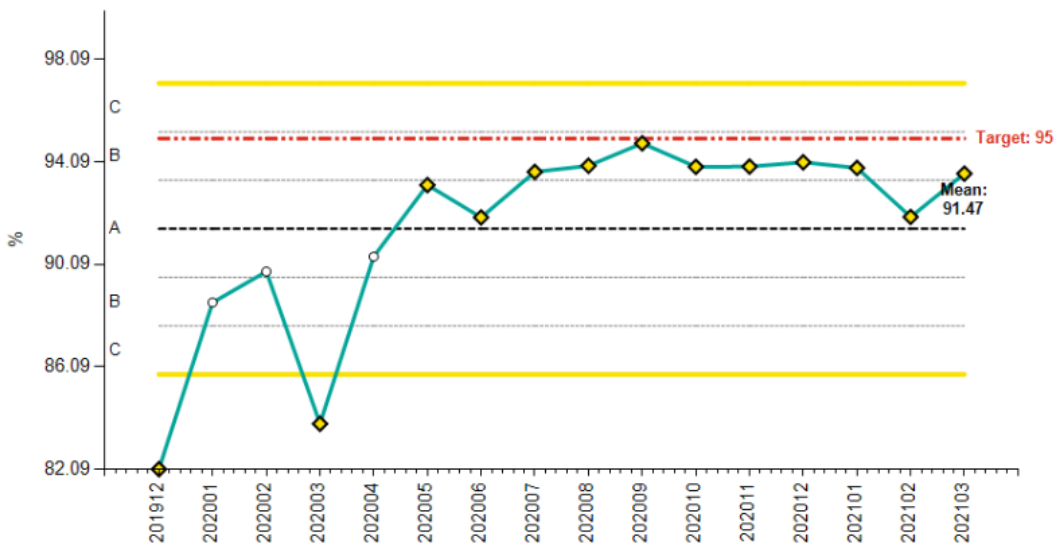
MAST (all courses)



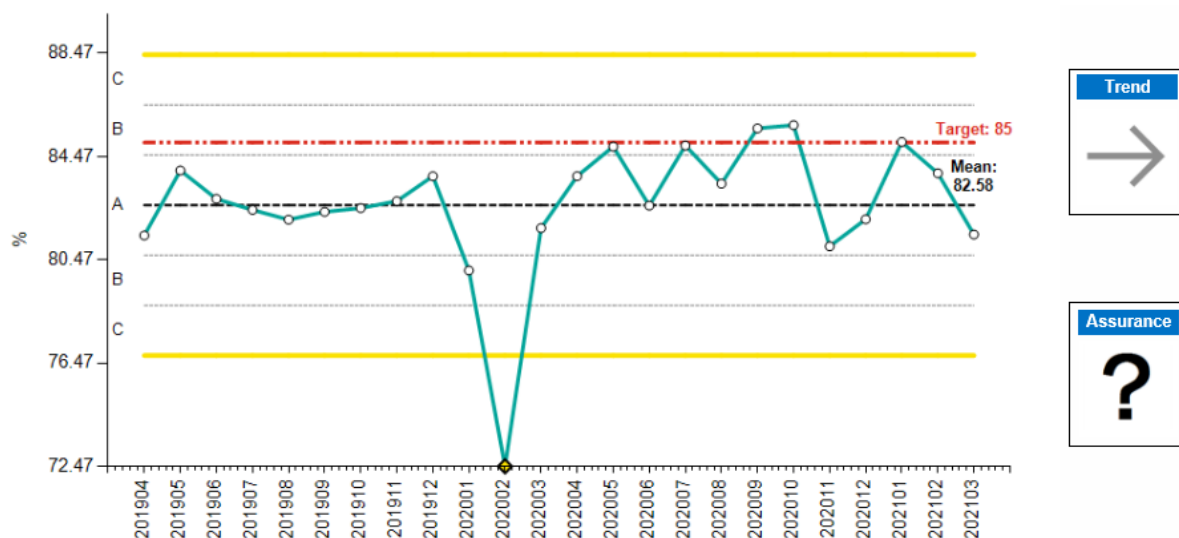
MAST (85% courses)



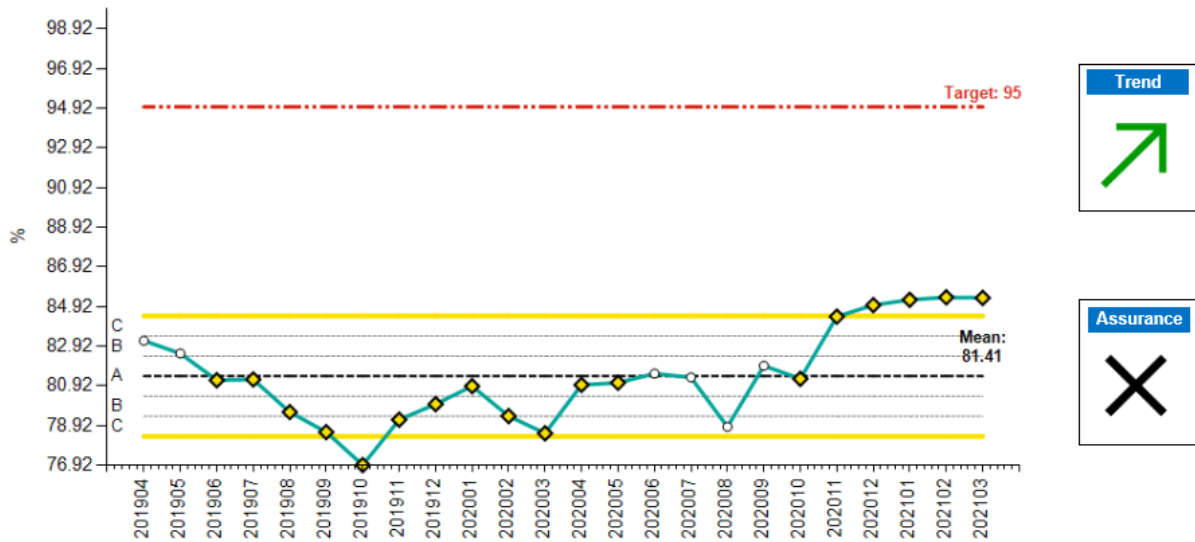
MAST (95% courses)



- 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 four 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.



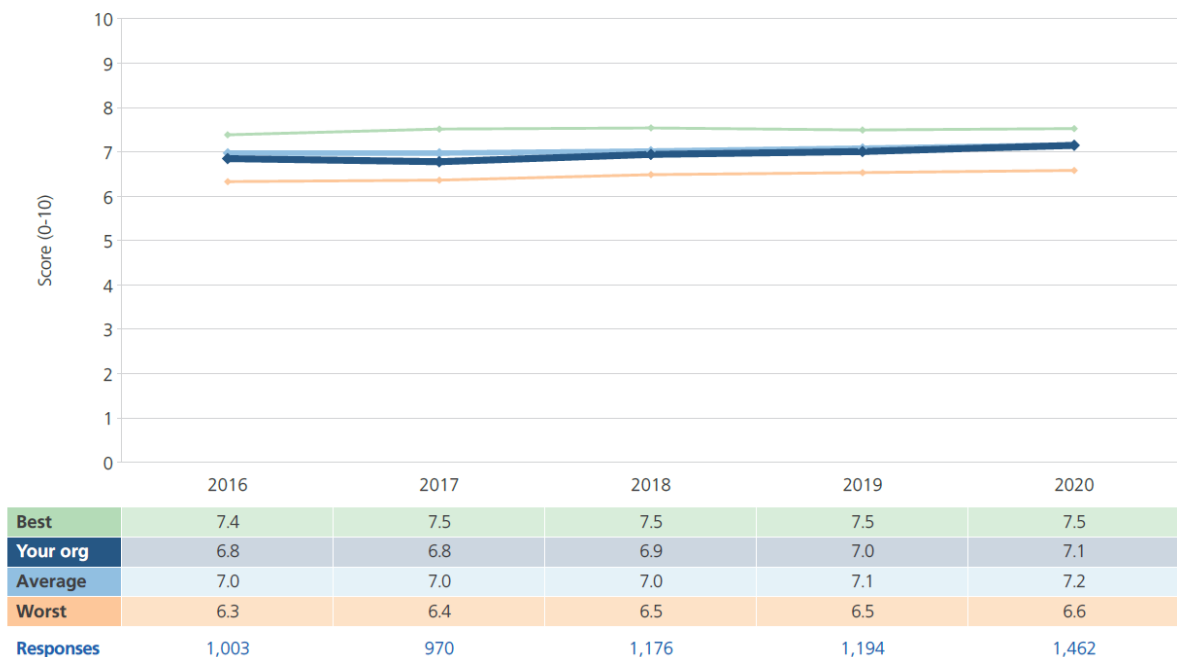
- Performance Appraisal Development Review (PADR):** The Trust remains committed to the use of PADRs as a tool; good quality appraisal and personal development planning is linked to excellence of service delivery, higher staff engagement and better staff wellbeing. The Trust has again shown an improvement in PADR compliance in 2020/21 but at a mean of 81.95% against a target of 95%. Performance is tracked monthly by service line at quality and performance review meetings and at relevant workforce forums.
- An options appraisal was developed in 2019/20, outlining the benefits and risks related to implementing a three-month window, it is envisaged that all PADRs will be completed in Q1 of each financial year. This should lead to an improvement in compliance in 2021/22. This has now been approved.
- Work is now underway, to change the way and timing of when we complete staff PADRs. All managers have been asked to ensure their current staff have had a recent appraisal undertaken by December 2021. A full review of the appraisal documentation as well as reporting systems has taken place. The revised process will align to an “Appraisal window” to be in place during Quarter 1 of each financial year.
- 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 NHS Staff Survey is undertaken annually and enables us to target action at the things that will improve staff experience at the Trust and make it a great place to work. Fieldwork for this survey was between the 5 October and 27 November 2020. The 2020 results were shared with the Trust in December 2020 under the embargo. The embargo was lifted on 11 March 2021.

The 2020 staff survey reporting outlines improvements in the Trust areas of focus. The Trust's engagement score improved to 7.1 (this is compared to the national mental health average of 7.2). In our 2019 action plan, in line with the Joint Workforce Strategy, we have set a target to be in the top 20% of mental health trusts by 2022 (based on the 2018 staff engagement score). In 2019, the top 20% of mental health trusts achieved a staff engagement score between 7.3 – 7.5, showing that if we continue to make a 0.1 improvement year on year, we could indeed achieve 7.3 by 2022.



There has been an improvement (3.4%) in staff feeling that patient care is the organisation's top priority and a significant improvement in staff recommending the Trust as a place to work (5.8%). There has also been a 5% increase in staff being happy with the standard of care being provided to a friend or relative.

The results are used in a range of ways including:

- to help NHS organisations 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 Together and Workforce Matters Committees
- to inform action plans for Trust areas of focus.
- to inform service line/directorate action plans.
- to improve efforts to retain our staff.

The 2020 National Staff Survey closed on Friday 27th November 2020 and we saw the best response rate in seven years, with 61.1% of staff completing the survey. It was also higher than the national average for Mental Health/Learning Disability trusts, which was 51.8%. Despite the challenging times we are experiencing, we have been able to achieve a fantastic response, and this was only possible because of all those who got involved.

We've seen improvements in all of our Trust areas of focus:

- **Staff engagement:** there was a 0.1 increase on our staff engagement score, with this year's score being 7.1 (compared to 7.0 in 2019).
- **Health and wellbeing:** there was a 0.4 increase in our health and wellbeing score, which is now 6.1 (compared to 5.7 in 2019)
- **Equality, diversity and inclusion:** there was a 0.1 increase on our equality, diversity and inclusion score, with this year's score being 8.5 (compared to 8.4 in 2019).
- **Bullying and harassment:** there was a 0.2 increase in our bullying and harassment score, which is now 7.9 (compared to 7.7 in 2019)

Results have shown that we make improvements in areas that we focus on and therefore it is recommended that the Trust continues to focus on these four themes to ensure work and activity is embedded.

- **Staff engagement:** activity for 2021/22 will focus on improving our reputation of being a great place to work as well as increasing opportunities for staff involvement and recognition. We will also continue to work on embedding our values and culture work, as well as supporting teams in fostering a values-led culture.
- **Health and wellbeing:** during the pandemic, health and wellbeing was a priority for the Trust and many initiatives were put in place to support staff during this time. Activity in 2021/22 will continue to support staff through this challenging time and beyond.
- **Equality, diversity and inclusion:** activity for 2021/22 will primarily be governed and driven by the delivery of Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) action plans, as well as work via our staff networks. However, there will be the continued assurance of a link to other Trust action plans for staff engagement, health and wellbeing and bullying and harassment.
- **Bullying and harassment:** activity for 2021/22 will be driven through the Beyond Bullying workstream, which has a newly established task and finish group. The Beyond

Bullying workstream is closely aligned to both the NHS People Plan and more locally the Joint Trust Workforce and OD Strategy.

We continue to take 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 no more than three key areas of focus.
- **Local action plans** – the HRBPs are supporting with action planning for their areas, which will be collated by the Joint Trust Employee Engagement Manager. 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 'You Said, We Did' communications to staff, to show what has been done as a result of the survey throughout the year.

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 value, respect and celebrate the diversity of our workforce and are committed to reducing inequalities and discrimination that groups may face. Now more than ever, we realise as a Trust the importance of addressing issues surrounding inequalities and discrimination within our organisation. We have worked tirelessly as a Trust to ensure that staff feel valued, appreciated, celebrated and belonging, no matter their background or protected characteristic.

We know that the experience of our Black, Asian and Minority Ethnic (Black, Asian and Minority Ethnic) colleagues are not the same as that of our White colleagues and patients/service users. We are committed to making our Trust truly diverse and inclusive for all. We will not tolerate any form of racism or discrimination at our Trust.

As part of our commitment to advancing racial equity, equality, diversity and inclusion each of our Trust board members have written an individual pledge describing how they will champion equalities in their roles. (see page 95). The Trust has also developed an Equality, Diversity and Inclusion enabling strategy which is launching in 2021.

- We have an established 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 Black, Asian and Minority Ethnic representation of any NHS Trust, with three Black, Asian and Minority Ethnic non executive directors and two Black, Asian and Minority Ethnic executive directors. We were rated the top trusts for this in the WRES report published in February 2021.
- Our Equality and Diversity Induction training features discussions on WRES and WDES.
- A Black, Asian and Minority Ethnic Expert Panel was established to improve the experience of Black, Asian and Minority Ethnic service users and reduce detention rates for Black, Asian and Minority Ethnic patients. This includes local stakeholders and leading academics in this area. The panel's work is now being taken forward through the **Ethnicity and Mental Health Improvement Project (EMHIP)**.
- During the pandemic we realised as a Trust the importance of addressing issues surrounding inequalities and discrimination within our organisation. We have worked with our staff networks to ensure that staff feel valued, appreciated, celebrated and belonging, no matter their background or protected characteristic. Some of the key achievements during the pandemic includes:
 - The Trust is building better and more transparent collection and reporting of ethnicity data to understand the full impact of COVID-19 on Black, Asian and Minority Ethnic staff.
 - The Chief Executive Officer, Staff Network Chair and HR Director held a webinar with the Black, Asian and Minority Ethnic staff Network chair and members of the network where any concerns were raised and discussed.
 - We established a Black, Asian and Minority Ethnic Working Party for COVID-19 which included members of our Black, Asian and Minority Ethnic Staff Network, our Staff Side Union, Guardian service and Human Resources leaders across our Trust.
 - We recognised that COVID-19 has a disproportionate effect on Black, Asian and Minority Ethnic groups, and therefore we took action to offer every member of staff in our organisation a risk assessment, which takes place through a meaningful and important conversation with a member of staff's line manager. We particularly encouraged Black, Asian and Minority Ethnic staff to take up the opportunity of a risk assessment, in which existing health conditions are discussed and working and travel arrangements are considered so we can ensure that each member of staff is kept as safe as possible from infection.
 - The Trust developed Equality and Diversity guidance (COVID-19) for line managers/staff to support the completion of risk assessments.
 - The CEO has held several meetings with the Staff Network Chairs, where discussions centred on COVID -19 issues and feedback from the Chairs.
 - The Trust held a one-minute silence in honour of George Floyd.
 - The Evolve Black, Asian and Minority Ethnic Staff network has held several webinars with their Executive Champion, Mary Foulkes, HR Director.

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 Mental Health Staff Network.
- Collaborative work is being delivered between HR, trade unions and staff networks to develop a Disability Action plan (WDES) which has been updated in 2020/21.

- The Trust is accredited as Disability Confident employer status Level 1.
- The Trust is a member of the Employers Network for Equality and Inclusion (ENEI) and our Deaf Staff Network has been featured in their equality best practice blog.
- International Day of People with Disabilities (3 December) was celebrated with an event held by the Disabilities Staff Network.
- 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 Trust is a Stonewall Diversity Champion member and has significantly improved our 2019 score on the Stonewall Workforce Equality Index (Stonewall is the largest LGBT charity in Europe).
- The Stonewall Workplace Equality Index (WEI) is the UK's leading tool for benchmarking LGBT inclusion in the workplace. It is a framework to help create more inclusive workplaces. In the 2019 Workplace Equality Index we were 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. The Trust is making plans to enter the index in September 2021 (the index was closed in 2020 due to the pandemic).
- To mark LGBT History Month, the Trust's LGBT+ Staff Network created a number of screen savers which profiled some interesting facts about LGBT History.
- Our LGBT+ Staff Network held an LGBT History Month event entitled "Working with LGBTQ+ service users" on 18 February.
- The EDI team delivered a workshop on 27 February 2021, entitled "Managing gender identity in the workplace". This workshop was aimed at all members of staff, but managers of teams were encouraged to attend.
- We raised awareness of good practice and encouraged staff to complete Transgender Awareness training. The Gender Identity Research and Education Society (GIRES) has created a Transgender Awareness e-learning resource. The resource is intended for use by organisations in the public and private sectors.
- In June 2020 the Trust supported NHS Virtual Pride. The Trust continues to promote its in house rainbow lanyards, which are available to all staff who sign a pledge supporting LGBT inclusion.

Gender and gender pay gap

The Trust published its gender pay gap data to the Trust website and government portal in accordance with initial government guidance. Due to COVID-19, the deadline for UK businesses (including NHS trusts) to submit 2019/2020 Gender pay gap data (March 2020 snapshot) was extended until 5 October 2021.

At the time of writing, 52 NHS trusts had published their gender pay gap data results to the government portal. Of those 52 NHS trusts who had reported, SWLSTG had the 5th lowest mean gender pay gap. A full benchmark comparison will be completed following the new deadline in October 2021 once all relevant NHS trusts have submitted their returns
SWLSTG March 2020 snapshot Gender Pay Gap:

Staff on agenda for change contracts	Female	Male	GPG
Mean Hourly Rate	£19.28	£20.16	4.37%
Medical Staff	Female	Male	GPG
Mean Hourly Rate	£37.47	£39.04	4.02%

The average gender pay gap for Agenda for Change staff has decreased (6.53% to 4.37%), while for medical staff there has been an increase (1.76% to 4.02%). The biggest reason for this increase is that fewer female junior doctors work out of hours on-call shifts and by doing so do not attract the same enhancements to their pay that those on the on-call rotas do.

The Trust has an Active Women's Staff Network. The Trust's Women's Staff Network held a special celebration lunch to mark International Women's Day- 8th March 2020. The event included inspirational speakers, a video of staff network members, a competition and collection of clothes in support of the smart works charity who coach and dress unemployed women. The Trust published its 2019 Gender Pay Gap Report and commenced discussions with our staff Network to build a robust Gender Pay Gap Action plan.

Our Black, Asian and Minority Ethnic Staff

- The Evolve (Black, Asian and Minority Ethnic) staff network has held several events for our staff to raise awareness and mark milestones such as the Evolve Black, Asian and Minority Ethnic Staff Conference, Healing our Broken Village Conference and Windrush Day.
- The Trust rolled out the 3rd Cohort of its CEO Black, Asian and Minority Ethnic Leadership programme which aims to equip Black, Asian and Minority Ethnic nurses with leadership skills.
- We launched a Board level reverse mentoring programme to support our commitment to creating a more diverse and inclusive culture. In addition, each of our Trust board members has produced an Equality and Diversity pledge, which was shared with our staff.
- We have launched our Diversity in Recruitment champions; this means that Black, Asian and Minority Ethnic staff are panel members for all recruitment panels for Band 7 upwards.
- We have revised our recruitment and selection training so all recruitment panel chairs must complete mandatory recruitment and selection and unconscious bias training.

Black History Month (BHM)

As in previous years Black History Month/Windrush banners were displayed at both Springfield and Tolworth hospitals, and we ran a special BHM competition on InSite.

We also supported a Black History Month NHS London initiative. To celebrate the importance and impact of Black Londoners to the NHS, NHS London created an interactive London map whereby each hospital will have a 'face' of a black Londoner who is an inspirational figurehead to the hospital or local area. Olive Morris is featured as the Trust's figure in support of this initiative.

Equality and Diversity training

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 are in place for inclusive interview panels and

unconscious bias “train the trainer” programmes 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.

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.

Strategic Development and Innovation

Responding to Covid19

In March 2020, the Trust opened the **Orchid Mental Health Emergency Service (MHES)** for patients of all ages on the Springfield site in Tooting. The Care Quality Commission described Orchid as “innovative and inspirational”, seeing people with mental health problems who would otherwise have had to have gone to A&E during the COVID-19 pandemic. Additionally, the Trust expanded and enhanced its **Mental Health Support Line (MHSL)** to ensure 24/7 emotional support and advice to people affected by urgent mental health issues, at any time of the day or night.

The Trust also responded to COVID-19 by rolling out digital solutions to enable services and care to continue virtually rather than face to face. Attend Anywhere, a secure NHS video call service for service users was successfully put in place, and Microsoft Teams was rolled out to enable Trust staff to continue working effectively remotely.

Strategic Developments

During 2020/21 the Trust continued to expand its portfolio of services.

Extra funding for those with serious mental illness (SMI) in the community

The Trust was part of a successful South West London Health and Care Partnership (SWL HCP) bid to develop a transformed care model of community mental health support for adults and older adults with serious/severe mental illness (SMI). The bid will also improve support and care for individuals with an eating disorder, with a diagnosis of personality disorder, or those requiring mental health rehabilitation. The new model of care will be delivered with

wider partners especially primary care, voluntary and community sector organisations and local authority provision. Changes will be implemented in 2021/22.

Funding to develop a mobile crisis response

The Trust has received additional funding to further enhance the available crisis offer by implementing a mobile mental health crisis response. This formed part of the SWL HCP bid to develop crisis alternatives in south west London and will see the Trust deploying crisis practitioners in a car, accessed through the MHSL.

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 develop an additional mental health support team for children and young people, their families and teachers in Sutton. The team will be provided in partnership with Cognus and will include a focus on supporting those experiencing or witnessing domestic abuse.

Funding to pilot Maternal Mental Health Services

The South West London Health and Care Partnership successfully bid to develop an approach to piloting Maternal Mental Health Services (MMHS) for women experiencing mental health issues associated with loss and trauma directly arising from, or related to, their maternity experience. For the Trust this involves a small psychological service pilot working with existing perinatal and maternity services at Kingston Hospital to understand the needs of these women.

Integrated Programme (Estate Management Programme, People Readiness and Culture Change, Clinical Transformation)

Estate Modernisation Programme

By 2022 the Trust's Integrated Programme will transform mental health services in south west London, providing better care, closer to home. The Programme represents major innovation and investment in our local communities. Most of our existing inpatient facilities were not designed with today's needs in mind and we still care for some service users in buildings which are more than 150 years old.

The Integrated Programme is made up of three interdependent programmes – People Readiness and Culture Change, the Estate Modernisation Programme, and Clinical Transformation – supported by the Integrated Communications team.

Through these programmes we are:

- Ensuring the Trust is a great place to work by empowering staff to develop so that they can be the best they can be, and provide outstanding quality of care;
- Investing in up to date healthcare facilities so that our patients have the best environment in which to recover;
- Making both community and inpatient services work together so that our patients get the right care and support as they need it.

Set to open during 2022, the new hospitals on the Springfield University Hospital site will provide high quality inpatient services that are designed to deliver the most modern mental health care in the country; giving people the best chance to recover in the best environment, and will support staff to deliver the outstanding care our service users deserve from us.

In addition to providing high quality hospital facilities, the completion of the new 'Springfield Village' will provide a huge boost to the local community including:

- Expanded community healthcare – treating people closer to their families and their home.
- Mental health services which provide the right care in the right place at the right time.
- 839 brand new homes: providing housing for families in Tooting.
- Community shops and a café for local residents to meet and relax.
- Land for a new school – investing in our children's future.
- Investment in local transport facilities – boosting transport links for residents.

We are pleased that, despite the impact of COVID-19, the development of our new facilities remains on track and huge developments have taken place on site over the last year including:

- Completion of the structural frames on the new hospital buildings and commencement of key internal trades.
- Barratt London beginning the first phase of new house building and heritage developer City & Country continuing work to rejuvenate the listed buildings.
- Completed works on the road outside the Trust's corporate buildings and the reopening of our Burntwood Lane entrance.
- Major earthworks within the new 32-acre park area.
- All infrastructure services diversions completed.





Beyond Springfield Village, the Integrated Programme will bring forward a range of benefits for our other sites across south west London, including new and up to date hospital buildings at Tolworth Hospital and refurbished mental health facilities in Richmond and Barnes.

Creating an agile workforce

We want to make the Trust an even better place to work, and that means empowering staff to be the best they can be and provide outstanding quality of care. We are embracing technology to create an agile workforce; we are increasing training opportunities so that our staff can grow their skills; and we are investing in our Making Life Better Together programme so that we can create an outstanding culture.

You can find out more and keep up to date with the developments by visiting the 'Estate Modernisation' section of our website, or by emailing EstateModernisation@swlstg.nhs.uk

Research and Development (R&D) 2020/21

The department promotes Research and Development (R&D) as core business in SWLSTG through information, education, training, multidisciplinary involvement, Patient and Public Involvement and co-production. In 2020/21 we have continued to work on ensuring robust multidisciplinary leadership and engagement in research, developing internal and external productive research alliances, maintaining and increasing research activity. The department has further focused on ensuring business continuity, sustainability and growth, creating a solid core of research delivery infrastructure for national portfolio and commercial projects, and in supporting local research projects for National Institute of Health Research (NIHR) grants applications.

COVID-19

In early 2020 the COVID-19 pandemic impacted all clinical research undertaken in NHS Trusts. The NIHR issued guidance to suspend the set-up of new clinical research where it could not be undertaken remotely or in line with research regulations, and to expedite the set-up of Urgent Public Health (UPH) COVID-19 research studies.

The R&D department suspended studies in line with the national guidance, however preserved productivity beyond expectations, recruiting 171 participants in 2020/21 by conducting COVID-19 UPH and non COVID-19 National Portfolio research studies remotely. Local COVID related

projects were also set up looking at stress and resilience during the pandemic in staff working in community teams for older people and in care homes staff. The project on young onset dementias also progressed with added focus on outcomes during the pandemic.

RESTART

Following the publication of the RESTART guidelines, the R&D Department has been steadily re-starting those active research studies that had been previously suspended. The R&D department is also working with external sponsors to resume setting up of those studies that had not progressed to opening upon lockdown in Spring 2020. Currently there are six research studies in set-up, of which four had previously been suspended. It is anticipated that the final re-start date for all studies in set-up will be June 2021. Specific COVID safe adjustments have been made for each protocol, in order to carry out the studies in a safe environment.

The Clinical Research Unit (CRU) will resume clinical research delivery for face to face phase II-IV commercial and non-commercial trials within the clinical research facilities at Barnes Hospital. Further, CRU researchers and CRN flexible research staff will also return to operate from Springfield University Hospital R&D office for less complex interventional and observational studies.

Research Activity

In the year 2020/21 the NIHR research portfolio includes a total of 24 studies, of which 21 are on the NIHR non-commercial portfolio and three are on the non-commercial non-NIHR portfolio. The department is developing a total of three NIHR grants, in which SWLSTG is the lead site. The department has also supported the application and use of the Clinical Register Interactive System (CRIS) in collaborative projects with external collaborators, and in-house retrospective data collection research studies.

Prominent examples of current NIHR portfolio COVID-19 research studies open are:

- Clinical Characterisation Protocol for Severe Emerging Infection: an observational research study
- Psychological impact of COVID-19

Prominent Examples of current NIHR Portfolio Research are:

- Improving outcomes in patients who self-harm - Adapting and evaluating a brief psychological intervention in Emergency Department (ASsuRED)
- Child Anxiety Treatment in the context of COVID-19 (Co-CAT): Enabling Child and Adolescent Mental Health Services (CAMHS) to provide efficient remote treatment for child anxiety problems (DAISIES)
- Early evaluation of the CYP Mental Health Trailblazers
- EMHeP: Efficiency, cost and quality of mental healthcare provision
- Evaluating Mental Health Decision Units in acute care pathways
- Exploring the cause and prevalence of memory problems in mental health (CAP-MEM)
- Genetic Links to Anxiety and Depression (GLAD)
- Hearing nasty voices: Developing new ways to measure the experience
- National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH)
- OPTYC Online PTSD Treatment for Young People and Carers - RCT
- Randomised placebo-controlled trial of Pramipexole addition to mood stabilisers for treatment resistant bipolar depression (the PAX-BD study)

- Prevalence of neuronal cell surface antibodies in patients with psychotic illness (PPiP2)
- Developing a visual identification method for people with cognitive impairment in institutional settings (DA VINCI) Activity 1a: Curation of current practice around visual identification of people with cognitive impairment in hospital settings using citizen science
- Assessment of the Dementia Diagnostic Pathway to Identify Opportunities for Improvement by Digital Technology Integration
- Assessment of the Dementia Diagnostic Pathway to Identify Opportunities for Improvement by Digital Technology Integration (PETALS) A Validation Study of a computerized, Artificial Intelligence assisted cognitive assessment test compared to a widely used cognitive assessment test and specialist clinical diagnosis in patients with Alzheimer's Dementia and Mild Cognitive

Local NIHR grants

Throughout the COVID-19 pandemic the R&D Department has been committed to the development of NIHR in-house clinical research and grant applications. These have included:

- Group treatment for Functional Cognitive Disorders
- Research into the Effectiveness of Biographical Films for Individuals with moderate-severe Dementia with an abbreviated My Life Films tool: (REBIND 2) A Feasibility Study
- Randomised feasibility study of eye movement desensitisation and reprocessing therapy for functional neurological disorder (EMDR for FND)

Successful award of these grant applications will endorse the R&D Department to foster future collaborations and partnerships with key academic partners and stakeholders in the development of research grant applications, participation in novel and innovative research studies and to become a centre of excellence in mental health clinical research. Of key importance to this effort will be the collaboration with our academic partners.

R&D and Population Health Research Institute (PHRI) St George's University – London (SGUL) collaborative framework review

The R&D department has led on enabling a successful collaborative framework review carried out by a joint SWLSTG and PHRI (SGUL) working group chaired by the SWLSTG R&D Director and the Director of PHRI. Senior Researchers in PHRI (SGUL) will be integrated into the SWLSTG clinical research unit through honorary contracts, and contribute to the development of local research bids, support training and education in research as well as audit and quality improvement projects as appropriate. A redesigned senior research management group, also including PPI representation, has been established between SWLSTG R&D and PHRI in order to provide governance and oversight for the senior researchers and in the development of joint SWLSTG and PHRI (SGUL) projects. This team will further support SGUL undergraduate students undertaking research across PHRI and SWLSTG, and will work on ensuring 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

External Collaborators

The department maintains established collaborations with external partners, such as South London & Maudsley NHS Foundation Trust (SLaM), the Institute of Psychiatry, Kings College London (KCL), Imperial College London (ICL), Cardiff University, Manchester University, Southampton University, the Biomedical Research Centre (BRC), Roehampton University, the University of East Anglia and the University of Newcastle, North East London NHS Foundation Trust (NELFT), Sheffield University, Northumberland University and City University.

Work reviewing specific joint research programmes collaborative frameworks is taking place with ICL and Roehampton University.

CRN: South London – Smaller Partner Organisations Network

The Trust maintains a lead role in progressing closer research collaboration and integration amongst the CRN: South London Smaller Partners group of trusts.

The Smaller Partner Organisations are funded as a single cluster of clinical research providers from the LCRN, and annually review and agree individual shared budget allocations. The group includes three acute trusts (Croydon, Kingston and Epsom and St Helier), one community Trust (Hounslow and Richmond) and two mental health trusts (SWLSTG and Oxleas).

R&D Information, education and training

The R&D website is being developed further and will include more information on research governance, educational and training sections and publications updates. It will also include a PPI research specific section. A research leaflet is being developed to be made available to staff and service users in order to promote easier access to information and engagement.

The R&D department education and training section organises R&D conferences, seminars and workshops, training for principal investigators in Good Clinical Practice and CRIS (Case register Interactive System). Research and Development is now embedded into the Trust corporate induction for new members of staff.

The R&D conferences have been moved to an online platform and now run as quarterly multidisciplinary themed events lasting two hours for different specialties in turn to show case their research projects and ideas. The first such event was recently led by neuropsychiatry, and it is planned to have two further events this year, for CAMHS and Learning Disabilities.

Joint work with the Communications team developing an external interface was interrupted owing to the pandemic and will be resumed.

Special Interest Session

A formal Special Interest Session in R&D for senior trainees is now available. The Clinical Research Unit continues to encourage juniors to support its work in different projects, for which they are given a contribution report for their portfolios.

Links with Quality Improvement (QI) and Audit

The R&D Department has actively liaised with other key departments within the Trust such as Communications, Medical Education, QI and Audit, in order to build a cohesive overarching network sustaining projects from small to large, open to all disciplines, in order to set up pathways for identification, classification and recording of projects in a Trust-wide database. A clear pathway is now in place for clinical and academic staff to register research studies, quality improvement and audit projects. A clear registration pathway will contribute to improved clinical governance processes and output of research publications for the Trust.

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 patient experience and feedback. We review all response letters to patients, ensuring they are clear, thoughtfully written and address all the complainants' key points. Our culture of openness and transparency includes sharing feedback, data, learning and actions across Service Line governance groups to drive continuous improvement in our services.

The Trust's patient experience platform, *Feedback Live!* has survey questions that were co-produced with patient, carer and staff involvement and align to developed 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 internet enabled device to complete the survey, this means our patients and carers can access the platform and give their feedback anonymously at any time via feedback.swlstg.nhs.uk This year over 40,040 survey questions from 7,390 surveys have been completed.

The most answered themes were questions regarding Communication at 4,595 questions with 62% agreement with the positive statements in the survey, and Care Planning and Treatment at 3,635 questions with 52% agreement. Environment then followed with 3,521 questions with 57% agreement and Relationships with Staff at 3,457 questions, with 59% agreement.

The Friends and Family Test is an NHS wide initiative that asks patients a simple but important question about the service by asking 'would you recommend our care to your friends and family?'. This is collected by both SMS text as well as being a question on Feedback Live! On average the score of people who would score 'Likely' or 'Extremely Likely' to recommend the Trust is 84% from internal data.

Stories are presented to the Board by the service users themselves to share their personal experience (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 appreciates the candour and power of the told stories which take considerable time and effort for the service user to prepare as well as having the confidence to speak publicly. The stories are presented at the start of the Board meeting recognising the commitment to place patients and those that care for them at the centre of Trust Board's work.

The following are summaries of the stories presented to the Trust Board over the last year.

Date	Story	Board Reflection
<p>July 2020</p> <p>A story concerning the MHA Tribunal experience whilst a patient on ward three.</p>	<p><i>MHA Tribunal</i></p> <p>Focused on the changes made due to the Covid-19 pandemic, meaning that tribunals were now being held virtually. The story presented a patient's experience of attending an online MHA Tribunal, who gave positive feedback about how this was conducted. The patient suggested that it would be helpful to have an information leaflet for patients explaining what happens at a MHA Tribunal, describing the roles of participants and proceedings in general.</p>	<p>The risks of digital inequality were noted and the need to mitigate against such risks was emphasised. The decision to produce a patients' guide to online tribunals was welcomed.</p> <p>In response to the patient's suggestion the Trust has produced a proposed leaflet and this is being reviewed by service users and carers in accordance with the Trust's commitment to coproduction and involvement.</p>
<p>September 2020</p> <p>A carer's experience was presented by the mother of two boys who had used CAMHS services.</p>	<p><i>Experiences of CAMHS; two patient journeys</i></p> <p>These were largely positive experiences and the mother noted that one of her sons was so inspired by the care he received that he now wanted to become a child psychologist. One of her sons did experience a long waiting time when waiting for an assessment with Tier 3 services. The story also noted that the mother felt her son had benefitted from receiving online therapy, as he was more able to be open and honest about his feelings.</p>	<p>The Board noted that it was especially rewarding to hear that her son has been so inspired by the care he has received that he now wants to become a Child Psychologist.</p> <p>The issue of the long waiting time which she experienced for assessment for Tier 3 services was highlighted. Since the story was presented, a significant piece of work commenced to bring down the waiting times and good progress is being made.</p> <p>A particular point of interest was the positive impact that remote consultations had on the other son who benefitted from the therapy not being face to face, as he felt able to be more open and honest about what he was feeling. The Board noted the importance of being able to provide online therapy to certain patients when needed.</p>
<p>November 2020</p> <p>Focussed on a patient's journey from Psychiatric Liaison and Psychiatric Intensive Care Unit (PICU), to the Kingston Early Intervention Service (EIS).</p>	<p><i>A patient's journey – a mother's perspective</i></p> <p>The patient's mother provided a written document that described the difficult experience they had in A&E and noted that they felt the patient suffered from Post-Traumatic Stress Disorder as a result of a traumatic admission to PICU. The mother highlighted that they found nursing staff to be very compassionate and helpful.</p>	<p>As part of an extensive discussion, the significance of the patient's mother's determination and confidence to tackle 'the system' to seek the best outcomes for her family was highlighted.</p> <p>Since this story, the Trust's Bed Management Policy has been amended to improve the process of patient's transferring from an acute hospital as well as improving communications between wards. The patient's long wait in this story was due to the acuity on the receiving ward.</p>

		<p>at the time that was not communicated well. The Acute Care Coordination Centre now communicates with wards and the Service Line has put in place a standard wait time between admissions of 3 hours. There are plans to audit the position for additional assurance.</p> <p>The Board noted the written patient story relating to the experience of accessing support from Trust services prior to and during the pandemic. The Board expressed their regret on the adverse impact the situation had on the family.</p>
<p>January 2021</p> <p>A story was presented from the mother of a patient under the care of the Sutton and Merton Mental Health Learning Disability (MHL) Team and who had transitioned from Child and Adolescent Mental Health Services (CAMHS) to adult services.</p>	<p>Learning Disability Mental Health Transition from CAMHS to adult services</p> <p>The story focused on the positive steps that the team had taken to ensure that the transition was smooth, and also captured the patient's difficult experience with other organisations when he was detained under the Mental Health Act.</p>	<p>It was discussed how the service worked well with the patient and his mother to manage his care to avoid him requiring an admission and there has been close working with Social Care to effectively manage his care. The service was able to build trust to be able to effectively support the patient.</p> <p>The Board discussed the impact of Covid19 and effects of the changes of routine on young people and how this is being managed in both the CAMHS and Learning Disability services. Some young people liked not needing to go to school, so they could stay at home and play whilst others did not like the lack of routine. Families have been supported through face to face consultations or e-consultations.</p> <p>The Board commended the great work of the CAMHS Learning Disability service, their support of patients and reflected upon a poem that was read out from the patient's father. It was noted that the work the Trust is undertaking around complex care across the South London Partnership further reduces out of area placements.</p>
<p>March 2021</p> <p>The story was presented by two patients on Turner Ward who shared their experience of care and treatment on a forensic ward.</p>	<p>Turner Ward</p> <p>Their experience highlighted engagement and communication approaches in the service and how staff act on patient feedback, as well as the balance of least restrictive practices approaches in the context of a medium security ward.</p>	<p>The two stories were generally positive, and the patients asked for their thanks to be shared with the staff group. Some improvements were suggested by the patients such as more frequent CPA reviews, and improvements in the caring provision which are currently being worked through to ensure a greater variety. The patients noted that even when going</p>

		through difficult experiences on the ward, they felt staff treated them with respect and care.
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The Trust has received and reviewed over 981 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 494.

Examples of compliments that the Trust has received are set out below.

- *“I was very impressed with the service after being on the waiting list for so long and considering the current situation with covid-19. I felt it was an amazing service and highly professional” (CAMHS Neurodevelopmental Team)*
- *“To the management and whole team of staff at Orchid at Springfield hospital. We are writing on behalf of LH and ER mum as a commendation for your staff and the way they have treated ER in her numerous admissions recently. Firstly, we would lie to say a huge thank you to all the amazing staff that you have at Orchid. They truly are an asset to the NHS and have gone above and beyond to pull out all of the stops in order to get ER the necessary and appropriate treatment and care whilst she has been there. Secondly, the way that your staff communicate and respond to ER and her poor mental health whilst she has been under your care is admirable and we have felt reassured and rested well knowing how well looked after she has been under Orchid's care. You have always communicated with us both updates, and we really do appreciate you enabling ER to see her boyfriend whilst being on the ward as he is a big support to her and this was kind of you to facilitate whenever he has visited.” (Orchid MHES)*
- *“To Dr A - I have wanted to write to you since your zoom consultation with my mum and I. I was very impressed with the way you talked to my mum ED about Dementia and how you worked your way to being very open with her. You hit exactly the right notes and i love how she invited to have coffee next time. we ended the call with good eye contact between you and i knew we were in good hands. I can't thank you enough we are going to call you Dr Lovely from now on and you left my mum felling comforted. I am grateful to team particularly C who is so kind and considerate too.” (Richmond OPCMHT)*
- *“Kat is exceptional, I was going through an extremely challenging and stressful time with my employer, without her support and guidance the eventual positive outcome would not have been possible. I will be forever indebted to her and I only wish there were more people with her focus and dedication to helping others, in the way she has helped me.” (Sutton Uplift IAPT)*
- *“You have taught me how to be healthy and strong. P now has a mum that she can learn from in a positive way. I now have the energy to raise my daughter. Thank you so much.” (Eating Disorders Outpatients)*

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 the support they provide in complaints handling, in particular their swift responses to requests, listening skills and understanding of services. One case was taken on by the Local Government Ombudsman in 2020-21 however this has not been concluded.

The Trust has two performance indicators to monitor the timeliness of complaint responses:

- To acknowledge complaints within three working days in 100% of cases. This KPI was not met as in 2020-21 the Trust acknowledged 97.4% of complaints within three working days.
- To respond to complaints within 25 working days in 85% of cases (with the exception of complex complaints which is 40 days). This KPI was not met as in 2020-21 the Trust responded to 82.2% of complaints within 25 working days.

Ensuring compassion in complaints handling continues to be a key area of focus and the 'Complaints Review Group' which meets quarterly, continues to take place. This is made up of four 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. Meetings were not held at the beginning of the year due to the impact of COVID-19, but resumed in the second half of the year, carrying out audits of anonymised complaints and their responses and reviewing templates in the complaints policy. The group also conducted a 'look back' of how the complaints handling had changed since the group started in 2019. Service user and carer representatives all felt that there had been significant improvement to complaints responses and that letters were much more compassionate in their approach. The plan for next year is to embed these improvements into the Complaints Policy and formally incorporate the changes that have been made and piloted as the changes recommended by the group have been carried out.

Examples of complaint actions are as follows:

- You said: *You were unhappy that there had been a lack of communication and follow up after their child's appointment, and your telephone calls to the team were not returned.*

We did: *We apologised and ensured this was discussed with the whole team. The response also noted that the issue of communication with family members was highlighted in the Trust's monthly learning bulletin.*

- You said: *You were unhappy that your treatment was delivered by telephone as you did not feel this was beneficial.*

We did: *We apologised for the negative experience and noted that the treatment would have been provided face to face if not for the COVID-19 pandemic. It was reassuring to*

note that the team manager had spoken with you and had offered options for further treatment for you to consider going forward.

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

A Complaints Annual Report for 2020/21 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: Approach, Advice Line and Surgeries.

The PALS approach is to resolve concerns proactively and swiftly, placing the patient's or carer's needs at the centre of the call or contact. Our aim is to see the concern from the patient's or carer's viewpoint and perspective and help them to swiftly 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 - 5 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 2020/21, there were 1171 concerns or queries received through the PALS inbox or advice line, which were handled by the Engagement and Experience team. 534 (45.6%) of these required further action by the PALS team that might include linking with the relevant team or person to help resolve the issue. Of these only 114 (9.74%) were escalated further or 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 2020/21, the team held 63 surgeries across the Trust.

Involvement and Co-production including Triangle of Care and the Volunteering and Peer Support Workforce

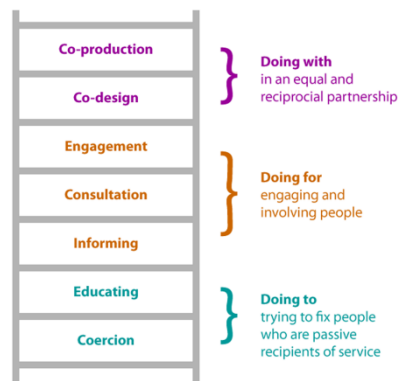
Co-production and service user and carer involvement are well-established programmes of work within SWLSTG and we remain committed to improving and increasing opportunities to work alongside people with lived experience of using our services, as a vehicle to delivering transformational improvements to the way we plan and deliver services.

Involvement is providing opportunities that ensure that our organisation can listen to the voices of people who have first-hand experience of using our services; of what they need, what works well, what doesn't and how they should be developed and delivered. It is about service users, carers and staff working together to improve what we offer.

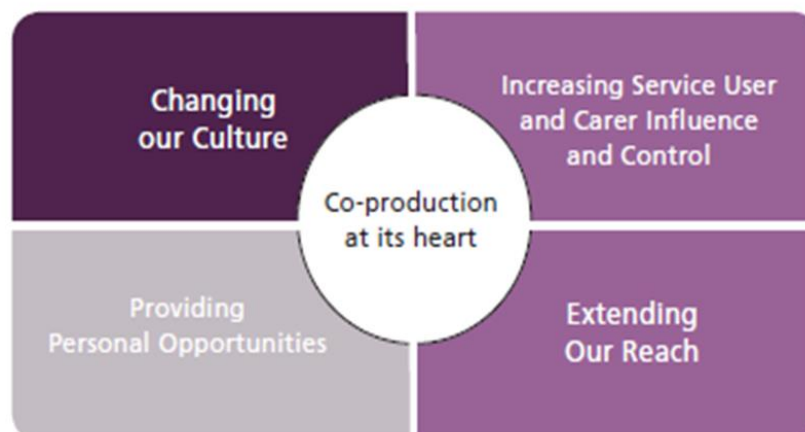
Co-production has various definitions but at its simplest, is an approach to working together in equal partnership and for equal benefit towards shared goals – most often in our case, that goal is to improve services. Co-production has six key principles:

- Recognising people as assets.
- Building on people's capabilities.
- Developing two-way, reciprocal relationships.
- Encouraging peer support.
- Blurring boundaries between delivering and receiving services.
- Facilitating rather than delivering

Alongside these principles we aim to work with people with lived experience expertise at the highest level of the 'Ladder of Participation' and build this principle into the day to day activity of the Trust in order to maximise the opportunities to improve services ensuring they are both more effective and more efficient.



The Trust continues to invest in expansion of the Involvement team to support delivery of these ambitions. The team are made up of individuals with lived experience of mental distress and of using mental health services and work within the objectives set within the Service User and Carer Involvement Plan that was co-produced in 2018. The Involvement Team is on target to meet all the original objectives and is in the process of coproducing a strategy to move this agenda forward with innovative ideas.

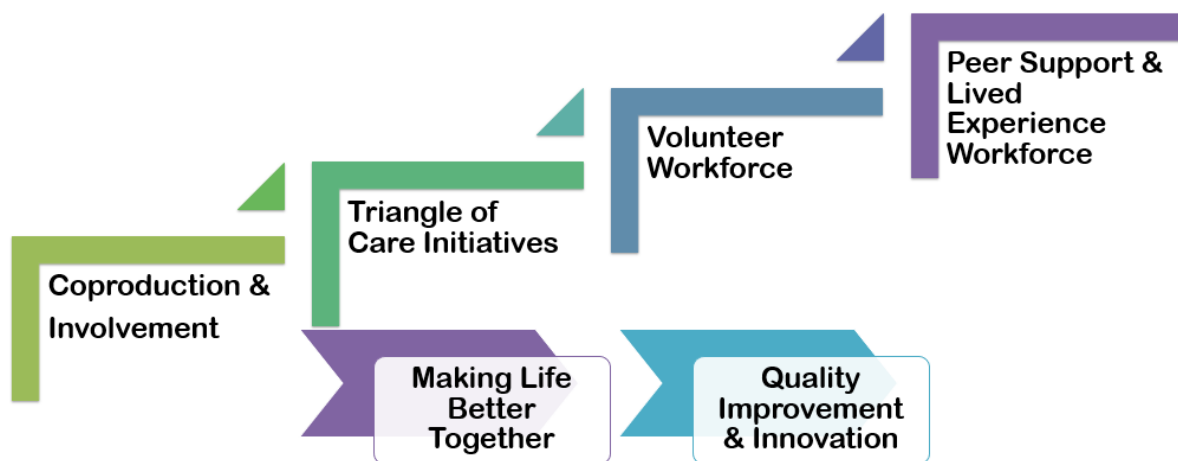


- **Change the culture of the Trust** so that coproduction and involvement are a first thought. Where it isn't taking place, the Trust asks why not?

- **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 Team's main areas of work fit within the Trust's Making Life Better Together programme and we work with colleagues across the Trust using Quality Improvement and Innovation approaches to build capacity within the following areas:

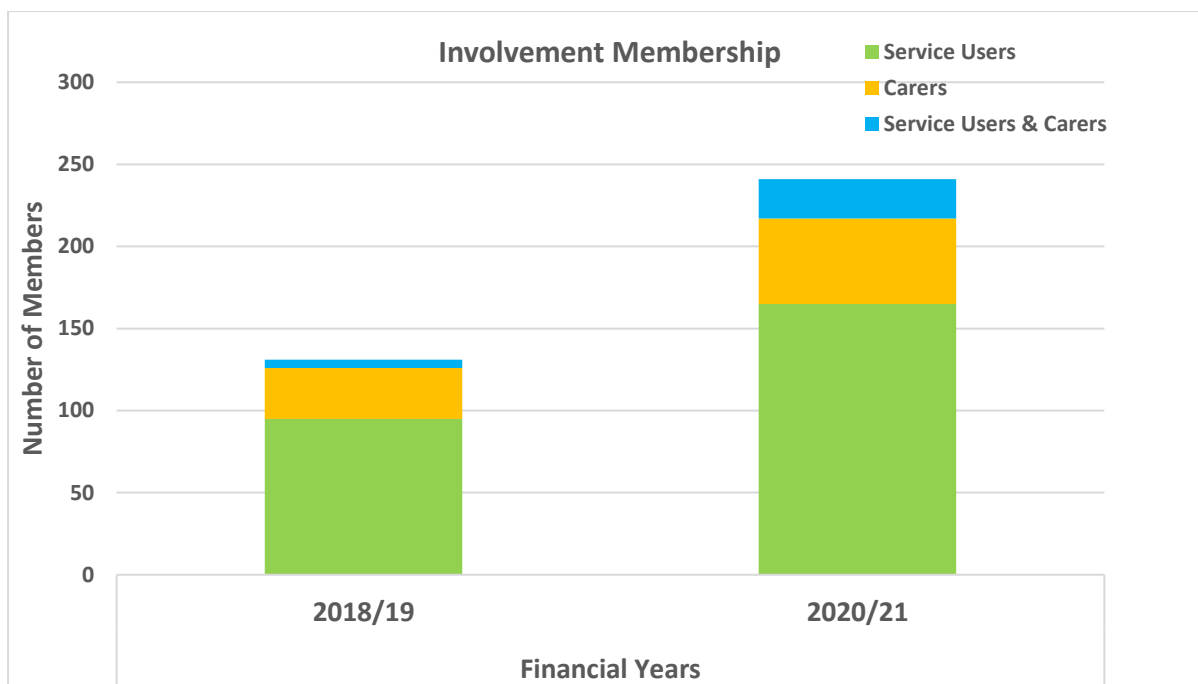
- Coproduction and Involvement
- Carer Involvement including Triangle of Care initiatives
- The Volunteer Workforce
- The Peer Support Workforce



Co-production and Involvement

During 2020/21 the Involvement Team has undertaken extensive work in continuing to maintain and build an involvement member register of diverse people with recent (within five years) lived experience of using a range of our services, across the breadth of our geographical areas. Involvement membership has increased by 72% since the enhanced Involvement Team came into post in late Feb 2019. At the end of Q4 (Jan-Mar) 2018/2019 there were a total of 126 people on the register - 95 people on the service user register and 31 on the carer register; (5 people reported they were both a service user and a carer).

In 2021 we now have a total of 217 on the register -165 people on the service user register and 52 on the carer register. (24 people are on both registers). We are also working with the CAMHS Participation Worker to support the development of CAMHS involvement including setting up systems and processes and offering administrative support to develop a child and young person's involvement register.



Involvement Register Membership		Service Users	Carers	Service Users & Carers	Total
Financial Years	2018/19	95	31	5	126
	2020/21	165	52	24	217

We have produced a protocol to promote inclusivity and the selection and targeting of a diverse range of people with the relevant skills and experience for opportunities. Supplementing this we support members to build on their lived experience expertise to develop the confidence and skills to be meaningfully involved in Trust activity complementing this work with the following:

- Support, training, guidance and advice to staff who are planning involvement opportunities or who want to develop existing involvement opportunities.
- Supporting staff to find service users and carers with the appropriate experience to take part in opportunities.

In order to support colleagues seeking to increase involvement and coproduction opportunities we have been running a weekly involvement drop-in for staff to learn how involvement works and to offer support in planning and running involvement opportunities.

We have been promoting involvement and coproduction in a variety of ways including:

- monthly attendance at the Trust new staff induction,
- a one-off masterclass attended by over 90 staff and co-delivered with service users and carers
- development of a video on involvement and coproduction for QII staff webinar and attendance the Qii steering group contributing to in a number of QII projects, including medicines management and Avalon Eating Disorders service project
- regular updates to the website and the staff intranet (Insite)
- production of a member's and carer's newsletter

- supporting service lines to develop robust structures for involvement e,g processes for involvement in Learning Disability services

The input and influence of people with lived experience is a key component to every area of the development of Involvement & Coproduction activity:

- The Implementation group oversee the plans towards the objectives in the Involvement Plan and direct our focus and determine the priorities of the team
- The Patient's Quality Forum (PQF) has membership primarily of people who have used service and acts as a conduit for the scrutiny of service users for the development and design of Trust services
- The Carer, Family and Friends Reference Group (CFFRG) is an open carers forum, supporting two-way communication between the Trust and carers and carers' organisations regarding their experience of services.

In line with other services the past year has required a creative response and renewed energy to ensure momentum is continued alongside identifying new opportunities for developments for coproduction and involvement. Interventions to address the decreased level of activity due to restrictions as a result of the pandemic have included:

- A virtual review offered to 100% of registered members to check in with people and to ascertain if they were willing and able to be involved virtually.
- The team offered support to trial Microsoft Teams to enable people to be involved virtually should a return to face-to-face contact not be possible
- An iPad loan scheme was set up to enable the team to loan out five wi-fi enabled iPads to people who have been identified as wishing to be able to contribute to virtual opportunities but not having access to appropriate IT.
- We have provided information and a template for risk assessments to support face to face involvement and to highlight to staff and members the need to involve people in a COVID secure environment, following the necessary precautions.
- Increased communications and networking opportunities for members to improve feelings of connectedness and decrease feelings of social isolation during the pandemic for example three weekly virtual coffee mornings for carers and newsletters for members and carers
- Staff teams/members were contacted to encourage and support them to pick up with opportunities that had been planned.

Although we do have service user and carer involvement within the existing governance structures of the trust, we have completed a review of how our systems for involvement works and we have a plan to improve the effectiveness of systems and the breadth of service user involvement model by embedding involvement in the day to day business for service lines.

In order to increase capacity for meaningful involvement we deliver training co-designed by our members to raise awareness and consolidate good practice. We have run awareness events for staff, planning, designing and delivering these together when appropriate

Involvement in recruitment and selection continues as a key element of involvement opportunities as well as implementation of an increase to the hourly rate for involvement (from £10 to £10.55). We are currently running a pilot to promote service user and carer

representation on all senior recruitment panels in the Trust. Changes have been made to the service user and carer payment form, to aid in reporting and the form has moved to e-workflow.

Service user and carer involvement opportunities 2020/21

There was a total of 754 paid opportunities for service user and carer involvement during 2020/21, not including opportunities within recruitment and selection. The impact of covid restrictions is reflected in the total figures (especially during Q1) but have gradually increased; 2020/21 figures for Q4 (20/21) are similar to Q3 (19/20).

Year	Quarter	No. of opportunities
April 2020 - March 2021	Q1	87
	Q2	160
	Q3	224
	Q4	283
	Total	754

A selection of examples of opportunities during 2020/21 include:

1. #upliftingdigital Photo Competition - Judge
2. 15 Steps Review Workshop
3. Acute Care Forums at Springfield, Queen Marys & Tolworth Hospitals
4. Adult Acute Inpatient Service Redesign Project (AAISR) – Crisis Pathway, Core and Complex admissions, inpatient processes steering groups
5. Art Therapy Support Group
6. Attend Anywhere Trial (video & questionnaire)
7. Black, Asian and Minority Ethnic survey and focus group for Wandsworth Early Intervention Service - listening to Black, Asian and Minority Ethnic experiences
8. Bank Staff Training - Eating Disorder Services
9. Burdett Black, Asian and Minority Ethnic Mental Health Nurse Mental Health Act Project (BBMMHA)
10. CAMHS LGBTQ+ & Black, Asian and Minority Ethnic for service environment design
11. CAMHS Participation Group review of Social Media
12. CAMHS Training Young People for recruitment of staff
13. Carers Friends and Family Reference Group
14. Carers Newsletter Development
15. Clinical Oversight and Operational Group
16. Community Transformation workshops & Service User & Carer webinar
17. Competition - name new buildings
18. Complaints Review Group
19. Coproduction & Involvement Trust-wide Staff Masterclass
20. Coproduction of the Coproduction, Involvement & Patient Experience Strategy
21. Coproduction of role description for service user and carer representatives and supporting staff (in Coproduction and Involvement)
22. Coproduction of the South London Partnership Eating Disorder Awareness Summit
23. Coproduction Workshop – New Model for Involvement
24. Covid-19 Feedback Live consultation
25. Crisis Hub naming service user focus group
26. Crisis Pathways Hackathon 111 service interface meeting
27. Crisis Resolution & Home Treatment Team Clinical Model Project – South London Partnership Project

28. Deaf Service User Group
29. Domestic Violence and Abuse Committee
30. Domestic Violence Conference Planning Meetings
31. Door Panel Designs (survey monkey voting on images for privacy screens)
32. Drugs & Therapeutics Committee
33. Eating Disorder Service Cluster Governance Meeting
34. Eating Disorder Service Patient Forum
35. Eating Disorders Restrictive Practice group
36. Eating Disorders Service Bank staff training
37. Equality, Diversity, and Inclusion Enabling Strategy – 3 webinars
38. Estates Modernisation survey feedback
39. Executive Safeguarding Committee and panel member opportunity
40. Experts in Experience in training medical students
41. Feedback Live review consultation
42. Flu Vaccination Preparation Group
43. Home Treatment Team carer session
44. IAPT: Increasing Access to Psychological Therapies; Personality Disorder: Complex and emotional needs Programme; Community Adult Eating Disorders Programme.
45. Infection Control Committee
46. Integrated Community Based Mental Health Services Workshop
47. Involvement feedback for guidance for training framework
48. Involvement in Forensic Cluster Clinical Governance Meetings
49. Involvement in Quality Governance Group
50. Involvement in Quality Safety Advisory Committee
51. Involvement Members Newsletter
52. Involvement Open Day Planning Meetings
53. Involvement Plan Implementation Group
54. Joint Recovery Café meetings
55. Kingston Clinical Governance Meeting Service User Representatives
56. Lived Experience Experts - London Adult Mental Health Transformation
57. Medical Resuscitation Committee
58. Medicines Counselling Service Steering Group
59. Mental Health Act law governance group
60. Nursing & Development Team Preceptorship Programme
61. Parent /carer of a CAMHS patient participation in the Estate Modernisation Programme
62. Patient Council in Forensic Services
63. Patient Quality Forum
64. Physical Health and Mental Health Committee
65. Quality Improvement Innovation (QII) Project Group - embedding the Triangle of Care (ToC) in the Community
66. Quality Account Review Group
67. Quality Start-up Summit for Provider Collaboratives
68. Self - Harm Policy Working Group
69. Service User Consultation for DIALOG
70. Sexual Safety Working Group
71. South London Covid-19 - Preventing a Mental Health Crisis Summit
72. South London Listens – summit, feedback session, training and survey
73. Sutton & Merton Service User Reference Panel
74. Talk Wandsworth/Sutton Uplift/Merton Uplift Service User Groups
75. Transition out of Lockdown (Tool) Working Group
76. Trauma Informed Care Steering Group
77. Triangle of Care (ToC) Task and finish group
78. Triangle of Care Peer Review
79. Trust Strategy Group
80. Trust Strategy Stakeholder Steering Group
81. Trust-wide Restrictive Practice Group
82. Wisteria Environment meetings

Total Number of Paid Recruitment Opportunities (2020/21)

There was also a total of 71 paid recruitment opportunities, in addition to other opportunities during 2020/21. As with other opportunities for involvement the impact of covid restrictions can be noted but again have gradually increased and figures for Q4 (2020/21) are similar to Q3 (2019/20)

Please note:

Graph indicates the number of *paid* opportunities; a number of members undertake opportunities without payment.

Q4 figures will not be complete as payment submissions will not be completed at time of reporting; actual figures will be higher.

April 2020-March 2021		
Quarter	Month	Number of recruitment opportunities (by interview date)
Q1	April	0
	May	0
	June	5
	Total	5
Q2	July	8
	August	6
	September	8
	Total	22
Q3	October	0
	November	10
	December	14
	Total	24
Q4	January	6
	February	8
	March	6
	Total	20
Q1-Q4	Total	71

Carer Involvement including Triangle of Care initiatives

The Trust are committed to informing, involving and supporting carers, family members and friends as partners in the care of people using our services. We are aiming towards an ambitious but achievable culture shift from one that asks 'shall we have a carer or service user involved' to this being the standard Trust way of working and situations where *not* involving carers or service users is questioned by all.

The benefits of recognising, identifying, involving and supporting carers are wide-ranging and include:

- produce a better experience and aid recovery for the individual involved;
- reduce the use of crisis/ emergency services;
- can potentially 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
- reduce the risk of deterioration of the mental wellbeing for the carer themselves; and
- improve the experience for all involved.

We continue to focus our efforts around the six key standards of the ToC which are:

1. Carers and the essential role they play are identified at first contact or as soon as possible thereafter.
2. Staff are 'carer aware' and trained in carer engagement strategies.
3. Policy and practice protocols regarding confidentiality and sharing information, are in place.
4. Defined post(s) responsible for carers are in place.
5. A carer introduction to the service and staff is available, with a relevant range of information across the care pathway.
6. A range of carer support services is available.



During 2020 we achieved Stage 2 membership of the Triangle of Care Scheme. We are one of only 20 trusts to hold this award and were the first trust in the country to achieve this via a virtual peer review. The award recognises the efforts that have been made over the last two years to improve carer support and the methodology enables you to see more clearly where focussed efforts should be made in order to maintain momentum on improvements.

We have:

- 100% service compliance with Triangle of Care self-assessments
- Roll out of a Carer Awareness training for Carers Champions, coproduced, designed and delivered with carers and partners within Carers Centres changing to a virtual format during 2020.
- Production of an E-learning basic carer awareness package is in the final stages of being rolled out as an additional training offer to staff teams.
- Continued delivery of stand-alone carers courses from the Recovery College.
- Produced a confidentiality leaflet
- Produced a Carers newsletter
- Hold regular virtual Carer coffee mornings to support our carers.

The Involvement team has been invited to contribute and support carers to contribute to two QII projects aimed at improving carer experience in community services and also inpatient services

The Volunteer Workforce

There is robust evidence to support the benefits of volunteering to the individual, organisations and the wider community. The Trust has a history of working alongside volunteers. The recruitment and deployment of volunteers in the Trust remains crucial to workforce

development with volunteers, supplementing and working alongside paid staff at every level of the organisation. Volunteers build capacity to deliver an increased and improved level of activity and additionally address wider systemic issues around stigma and discrimination through building community links and enhancing mental health awareness.

In May 2020 the volunteering portfolio was assigned to the Involvement service. During the pandemic a successful recruitment campaign was run to increase the number of Volunteers working across the Trust.

The Involvement service has developed the infrastructure around supporting volunteers including:

- A full review of the recruitment approach for volunteers.
- Formalisation and consolidation of the training and support available to volunteers.
- Extending roles and opportunities for volunteers.
- Positively promoting and celebrating the value of volunteering in the Trust.
- Preparing teams and services to be able to accept and work with volunteers.
- A revised induction and training programme for the volunteer workforce.
- Introducing a nationally recognised Volunteer certificate for our volunteers supported by Health Education England funding.

This work has been further enhanced through a successful £20k bid to Health Education England the outcomes of which will include, development of systems to map the volunteer journey, as well as offering opportunity for volunteers to gain accredited training.

Alongside this work, there has been a need for an urgent response for the needs of volunteers and service areas working alongside volunteers as a result of the pandemic. Protocols have been developed to maximise safety of those involved and it has been agreed for volunteers working in clinical areas to be part of the vaccination programme.

The Peer Support Workforce

The Trust has a long history of innovation in terms of capitalising on the expertise of people with lived experience of mental health challenges including Peer Trainers in the Recovery College, the ENRICH programme and Peer Support Workers in the Home Treatment Teams. The Trust is committed to and values the unique role that Peer Support Workers (PSWs), also referred to as Lived Experience Practitioners (LEPs) bring to the quality of mental health services we can offer.

The Trust is supporting national directives and committed to:

- Well defined job roles for LEPs and a professional identity
- A robust framework for training and supervision
- An expansion of the roles of LEPs within the Trust
- A cultural change towards valuing the lived experience expertise in line with clinical expertise
- Support to services to integrate and embed roles for people with lived experience.

The benefits will be an expanded LEP workforce and improved quality for everyone who accesses our services.

During 2020/21, two cohorts of people with lived experience completed Lived Experience Practitioner training consolidating their knowledge and skills to be able to remain or enter a career pathway within roles with lived experience as an essential criterion. Training consisted of 60 hours classroom based (which was adapted to virtual training) and 20 hours self-directed learning with three assessments to be completed within the eight-week programme.

In October 2020 we were successful in achieving a Health Education England bid with considerable investment to become a Trailblazer site promoting and building upon this unique workforce of lived experience practitioners.

We have created 26 new sessional “work experience posts” for Peer Engagement Facilitators (PEFs) who will work across our inpatient wards to ensure we are listening and consulting with our service users.

This lived experience workforce will be able to access enhanced supervision from more experienced peers working within the Trust, a regular Support and Development group and specific Peer Support Worker training based on the competency framework.

The potential to develop this area is huge and is an essential component to embedding the level of transformational and cultural change we hope to make possible.

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.

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	2017/18	2018/19	2019/20	2020/21
Floor Space (m ²)	103,033	101,477	89,883	63,223
Number of Staff	2,143	2,214	2,346	2,551

Energy

The Trust spent £993,580 on energy in 2020/21, which is a 19.62% decrease on energy spending from the previous year. This decrease is primarily due to our total gross internal floor area which has decreased by over 20,000 square meters as part of the realisation of estate modernisation programme. Secondly, a marked reduction in energy usage was due to a proportion of the workforce moving to a remote working model during the global pandemic. It is expected that should this model continue, this may yield continued savings in energy usage as a result.

The below table outlines the measurable usage of gas and electricity across all sites;

Resource		2018/19	2019/20	2020/21
Gas	Use kWh	17,200,330	18,515,041	13,102,918.08
	tCO ₂ e	3,647	3,403.99	2413.03
Oil	Use kWh	0	0	0
	tCO ₂ e	0	0	0
Coal	Use kWh	0	0	0
	tCO ₂ e	0	0	0
Electricity	Use kWh	5,336,550	6,274,732	4,142,346.29
	tCO ₂ e	2,379	5,143.97	1456.28
Green Electricity	Use kWh	0	0	0
	tCO ₂ e	0	0	0
Total Energy CO ₂ e		6,025	8,547.60	3869.31
Total Energy Spend		£1,033,622	£ 1,236,071	£ 993,580.00

Waste

There has been a 27.25% reduction in total in year waste creation due to less staff and visitors on site.

Waste		2017/18	2017/18	2018/19	2020/21
Recycling	(tonnes)	163	131.72	314.74	198.78
Other recovery	(tonnes)	92	19	0	14.23
High Temp disposal	(tonnes)	17	20	281.18	220.54
Landfill	(tonnes)	7	5	0	0
Total Waste (tonnes)		279	175.72	595.92	433.55
% Recycled or Re-used		58%	75%	54%	46%

Water

Following the wider trend, water usage showed a 43.68% drop in comparison to 2019/20 and this is due to the heavy site clearing works and the associated water usage caused by cleaning roads and limiting dust creation.

Water		2017/18	2018/19	2019/20	2020/21
Mains Water	m ³	75,877	85,227	100,010	56,325
Water and Sewage Spend	£	£154,556	£130,297	251,613	£197,720

Carbon footprint

The Trust continues to take its duty to monitor and reduce the carbon impact of its work, and we continue to assess our estate and its usage to ascertain where applicable grants and schemes may be utilised in order to reduce our less efficient systems, and to replace with assets and systems which in turn produce less carbon dioxide.

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 table on page 101.

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 2020 - 31 March 2021) can be found on page 101.

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/about-the-trust/trust-board/board>

Board of Directors

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

Chief Executive and Chair

 <p>Chief Executive Vanessa Ford</p>	 <p>Chair Ann Beasley</p>																		
<h3>Executive Directors</h3> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">  <p>Medical Director Dr Billy Boland</p> </td> <td style="width: 33%; text-align: center;">  <p>Chief Operating Officer Jennifer Allan</p> </td> <td style="width: 33%; text-align: center;">  <p>Director of Finance and Performance Philp Murray</p> </td> </tr> <tr> <td style="width: 33%; text-align: center;">  <p>Director of Nursing and Quality Sharon Spain</p> </td> <td style="width: 33%; text-align: center;">  <p>Director of HR & OD Mary Foulkes</p> </td> <td style="width: 33%; text-align: center;">  <p>Director of Strategy, Transformation and Commercial Development Amy Scammell</p> </td> </tr> <tr> <td colspan="3" style="text-align: center;">  <p>Trust Secretary David Lee</p> </td> </tr> </table>	 <p>Medical Director Dr Billy Boland</p>	 <p>Chief Operating Officer Jennifer Allan</p>	 <p>Director of Finance and Performance Philp Murray</p>	 <p>Director of Nursing and Quality Sharon Spain</p>	 <p>Director of HR & OD Mary Foulkes</p>	 <p>Director of Strategy, Transformation and Commercial Development Amy Scammell</p>	 <p>Trust Secretary David Lee</p>			<h3>Non - Executive Directors</h3> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">  <p>Non - Executive Director Sola Afuape</p> </td> <td style="width: 33%; text-align: center;">  <p>Non - Executive Director Prof. Deborah Bowman</p> </td> <td style="width: 33%; text-align: center;">  <p>Non - Executive Director Jean Daintith</p> </td> </tr> <tr> <td style="width: 33%; text-align: center;">  <p>Non - Executive Director Richard Flatman</p> </td> <td style="width: 33%; text-align: center;">  <p>Non - Executive Director Vik Sagar</p> </td> <td style="width: 33%; text-align: center;">  <p>Non - Executive Director Juliet Armstrong</p> </td> </tr> <tr> <td colspan="3" style="text-align: center;">  <p>Non - Executive Director Doreen McCollin</p> </td> </tr> </table>	 <p>Non - Executive Director Sola Afuape</p>	 <p>Non - Executive Director Prof. Deborah Bowman</p>	 <p>Non - Executive Director Jean Daintith</p>	 <p>Non - Executive Director Richard Flatman</p>	 <p>Non - Executive Director Vik Sagar</p>	 <p>Non - Executive Director Juliet Armstrong</p>	 <p>Non - Executive Director Doreen McCollin</p>		
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Non Executive Directors

Ms Ann Beasley, CBE, 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 was elected as a Trustee of NHS Providers in May 2020 and is a member of the Finance and General Purposes Committee.

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 and Senior Independent Director

Jean joined the Trust at the end of 2011 and is the Senior Independent Director, Vice Chair and Chair of the Workforce and Organisational Development Committee.

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 Director of Social Services for over 12 years in both the North West and in London. Jean was then Independent Chair of a Local Safeguarding Children Board for five years. Jean had previously been a member of a Primary Care Trust Board.

Jean is a Trustee of Change, Grow, Live, a national voluntary sector organisation specialising in substance misuse and criminal justice intervention projects in England, Scotland and Wales. She is also a Trustee of Open Age, a London-based charity providing opportunities for older people to participate in activities and learning, strengthen involvement in their communities and improve their health and well-being.

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. Before joining London South Bank, Richard specialised in audit and risk consulting services with Deloitte.

Ms Sola Afuape, Non-Executive Director

Sola was appointed in August 2016. She is the chair of the Equality and Diversity Committee and member of both the Workforce and Estates Modernisation Committees.

Sola has over 20 years' experience in health and social care advising, designing and implementing national and regional programmes most notably in health inequality improvements. She 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. In 2019, Sola joined Kent Community Health Foundation Trust as a Non Executive Director. She is currently a Special Advisor with the Care Quality Commission and independent member of the London Main Advisory Committee for HMCTs.

She has a deep passion for patient, staff and citizen voice, co- production and systems leadership. She currently runs her own consultancy specialising in Strategy, Workforce and Organisation Development and Equalities, working with regulators, innovator organisations and non-departmental government organisation as well as undertakes independent reviews.

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 Emeritus Professor of Bioethics, Clinical Ethics and Medical Law at St. George's University of London where she was Deputy Principal (Institutional Affairs) until November 2019. Deborah has combined senior leadership with her expertise in ethics throughout her career working often at national level on policy and questions of applied ethics. She currently holds a portfolio of public roles, including serving on the Board of the Human Tissue Authority and as a Trustee of Princess Alice Hospice. She continues to work in clinical ethics, chairing and serving as a member of several ethics committees, both regional and national. She has recently completed research commissioned by the Professional Standards Authority on the ethical experiences of practitioners from a range of professions during the pandemic. Deborah has written widely about clinical ethics in both academic and popular publications, including the British Medical Journal, Medical Humanities, Medical Education and The Conversation. She also works as a radio broadcaster, including as a presenter of Test Case and 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.

Mr 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 Chief Financial Officer 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 now chair of the Finance and Performance Committee as well as being a member of the Audit and Estate Modernisation Committee.

Ms Juliet Armstrong, Non-Executive Director

With over 30 years' experience in more than 20 FTSE100/250, public and PE-backed organisations, Juliet's core skills are in large-scale transformation programmes including digital. As a partner she helped to lead and grow a successful management consultancy organisation.

Juliet is 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. She is also a Meyler-Campbell trained Business Coach, and a mentor for [Digitalhealth.London](https://www.digitalhealth.london/) and the NHS Innovation Accelerator.

Juliet joined the Trust in July 2019 and is chair of the Estates Modernisation Committee, and a member of the Finance and Performance 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, Chief Executive

Vanessa was substantively appointed to the role of Chief Executive Officer in September 2020, after taking on the role of Acting Chief Executive in August 2019 and previously holding the post of Director of Nursing and Quality Standards since 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 also an Honorary Lecturer at Kings College in London and is the Merton Placed based lead.

Vanessa is a Registered Mental Health Nurse and member of the Royal College of Nursing. In addition, Vanessa is the co-chair of the NHS Confederation Mental Health Digital Forum and is joint Senior Responsible Officer for the ICS Digital Programme.

Dr Charlotte Harrison, Acting Medical Director

Charlotte held the role of Acting Medical Director from September 2019 to March 2021.

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.

Dr Billy Boland, Medical Director

Billy joined the Trust in March 2021. He brings a wealth of experience to the role and previously worked as the Deputy Medical Director at Hertfordshire Partnership University NHS Foundation Trust where he was also a Consultant in community psychiatry. Billy is an Honorary Senior Lecturer (Clinical) at the University of Hertfordshire. He was elected to the Royal College of Psychiatry General Adult Faculty Executive Committee in 2013 and took over as Chair in 2019. Billy is on the Advisory Board of the Money and Mental Health Policy Unit. Billy first trained as a Consultant Psychiatrist here at the Trust.

Ms Sharon Spain, Director of Nursing and Quality Standards

Sharon was appointed to the role of Director of Nursing and Quality Standards in November 2020 having been acting in the role since 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 35 years of NHS and public sector experience encompassing time within Mental Health, Acute and community providers as well as within the commissioning and shared service environments. 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.

Philip's responsibilities include estates and digital; he represents the Trust in a number of system wide fora including digital, estates and finance.

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

Ms 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.

Ms Mary Foulkes Director of Human Resources and Organisational Development - Non-Voting

Mary Foulkes, OBE, joined the Trust in November 2018, as Director of Human Resources 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 has Board level experience in four organisations and worked in Human Resources for over 30 years and at Director level for over 20 years in the private sector where she managed and developed HR teams across Europe and Asia. Mary also led HR transformational projects in Canada and Australia.

Mary's most recent experience includes two years as a member of a Joint Executive Group that provides Board leadership to three acute hospitals in Essex with a workforce of more than 14,000.

Mary was local councillor in Southwark for four years, and in 2004 she was invited to Buckingham Palace to receive an OBE for the time and effort she has spent on voluntary work and fundraising for charities such as the Stephen Lawrence Trust and Sickle Cell Society.

Ms 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.

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

- Ranjeet Kaile, Director of Communications and Stakeholder Engagement left in February 2021 and he took up the same role at South London and Maudsley NHS Foundation Trust
- Matthew Neal, Estate Modernisation Director left in July 2020

Details of Board members appointments can be found on page 90 and in the table on page 127. There have been no changes to Board membership between the end of the financial and the submission of the annual report and accounts.

Board Pledges

Board Member	Pledge
Ann Beasley Chair	I pledge , to actively promote equity for all staff and patients and I will also challenge inappropriate language and behaviour at all times.
Sola Afuape Non Executive Director	I pledge , to continue to advocate on behalf of the staff networks and amplify their voice at Board.
Juliet Armstrong Non Executive Director	I pledge , to champion inclusivity and equity in all we do, including in our estates modernisation and transformation.
Deborah Bowman Non Executive Director	I pledge , to ensure that SWLSTG builds on its work in relation to diversity and inclusion, and makes progress towards being an anti-racist organisation which identified and responds to inequality and inequity in mental health care and services.
Jean Daintith Non Executive Director	I pledge , to be a strong, consistent ally and challenge myself and others to actively promote actions to improve diversity and challenge discrimination in the workplace.
Richard Flatman Non Executive Director	I pledge , to listen, better understand, and do whatever I can help deliver a more equitable and inclusive environment within the Trust.
Doreen McCollin Non Executive Director	I pledge , to do all that is within my power to achieve high quality care and treatment that is, safe, fair, equitable, timely and appropriate.

Vik Sagar Non Executive Director	I pledge , to constructively challenge our decision making processes so that we can deliver the most equitable outcomes for our community.
Vanessa Ford Chief Executive	I pledge , to ensure that being inclusive and equitable is at the heart of our Trust.
Jennifer Allen Chief Operating Officer	I pledge , to put equality at the heart of how we deliver care, and to empower our teams to improve the lives of all our diverse service users
Sharon Spain Director of Nursing and Quality Standards	I pledge to improve the experience of our staff and patients who have a disability and ensure the right support is available to them.
Mary Foulkes Director of Human Resources & OD	I pledge , to improve Black, Asian and Minority Ethnic representation at a senior leadership level and to reduce the number of Black, Asian and Minority Ethnic staff in the formal disciplinary process.
Billy Boland Medical Director	I pledge , to focus on reducing health inequalities for people who use our services and the community.
David Lee Trust Secretary	I pledge , to promote the use of equality impact assessments for all key decisions by the Trust.
Philip Murray Director of Finance & Performance	I pledge , my commitment to stamp out inequality and to promote equal opportunity for all.
Amy Scammell Director of Strategy, Transformation and Commercial Development	I pledge , to proactively value and include diversity in our strategic and transformational developments.

To support its work, the Board established the following committees during the period 1 April 2020– 31 March 2021 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 101.

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 estate 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 measurable 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 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 119.

		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			11		5		6		10		3		6		11		11
CURRENT BOARD MEMBERS (AS AT 31 March 2021)																	
Ann Beasley	Trust Chair	V	M*	11/11			4/6			M*	3/3		3/6		8/11	M	6/11
Jean Daintith	Non-Executive Director	V	M	11/11		1/5	2/6			M	2/3	M*	6/6			M	7/11
Richard Flatman	Non-Executive Director	V	M	11/11	M*	5/5				M	3/3					M	2/11
Deborah Bowman	Non-Executive Director	V	M	8/11		1/5	4/6			M	3/3			M*	11/11		3/11
Sola Afuape	Non-Executive Director	V	M	8/11			M* 6/6			M	3/3	M	5/6		1/11		3/11
Vik Sagar	Non-Executive Director	V	M	10/11	M	4/5	1/6	M*	10/10	M	2/3					M	5/11
Juliet Armstrong	Non-Executive Director	V	M	11/11			1/6	M	7/10	M	3/3				1/11	M*	11/11
Doreen McCollin	Non-Executive Director	V	M	10/11	M	4/5	3/6			M	3/3			M	9/11		3/11
Vanessa Ford	Chief Executive	V	M	11/11		5/5	M 3/6	M	6/10		2/3			M	8/11		6/11
Philip Murray	Director of Finance & Performance	V	M	11/11		5/5		M	10/10							M	6/11
Sharon Spain	Director of Nursing & Quality Standards	V	M	11/11			M 3/6					M	3/6	M	11/11		8/11
Jennifer Allan	Chief Operating Officer	V	M	11/11			M 2/6	M	7/10			M	3/6	M	10/11	M	2/11
Charlotte Harrison	Acting Medical Director	V	M	11/11		1/1	M 5/6	M	2/10					M	10/11	M	3/11
Amy Scammell	Director of Strategy, Transformation and Commercial Development	NV	M	11/11		1/1	2/6	M	8/10								6/11
Mary Foulkes	Director of Workforce & Organisation Development	NV	M	11/11			M 6/6				3/3	M	6/6				4/11
Ian Garlington	Programme Director (started Oct 2020)	n/a														M	6/11
William Boland	Medical Director (started March 2021)	V	M	1/1			M		M 1/1								
PAST BOARD MEMBERS (PRESENT BETWEEN 1 April 2020 - 31 March 2021)																	
Ranjeet Kaile	Director of Communications & Engagement (left in Feb 2021)	NV	M	10/10			M 2						M	2/6			
Matthew Neal	Programme Director (left in July 2020)	NV	M	5/5												M	4/5

Key:
M* Meeting Chair
M Member
V Voting Board Member
NV Non-Voting Member
A Attendee



Vanessa Ford, Chief Executive Date 10.06.2021

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.



Vanessa Ford, Chief Executive, 10.06.2021

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



Vanessa Ford, Chief Executive, 10.06.2021



Philip Murray, Director of Finance & Performance, 10.06.2021

ANNUAL GOVERNANCE STATEMENT 2020/2021

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 2021 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, as well as input from Health Overview and Scrutiny Committees and local Healthwatch organisations
- Through the work of committees and groups
- Quality, equality and privacy impact assessments of change programmes
- Staff, patient, carer and stakeholder 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.

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 2020/21 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 Integrated 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 and it will be formally reviewed in 2021. 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 sets 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, and includes full reference to the risk appetite agreed by the Board.

The framework covers the strategic elements for risk and 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 regard 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. In addition, the Trust has been subject to a review of the process by Internal Audit to provide assurance on the appropriateness of the process and its operation

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 executive leadership team receives monthly assurance reports on the Trust's policies.

The Trust statutory and mandatory training policy identifies the key areas of training which staff must 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. Performance is subject to regular senior level scrutiny as part of the service line performance reviews.

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

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

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

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

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

The Audit Committee receives regular and detailed counter fraud reports.

The counter fraud annual report 2020/21 provides assurance that anti-crime measures are embedded at all levels across the Trust. Anti-fraud, bribery and corruption objectives are discussed and reviewed at a strategic level and corrective action is taken if necessary. In addition, there are effective lines of communication between the Anti-Crime Specialist and key staff groups. The report further states that "the ACS is pleased to advise that the Executive Team has always been amenable to meet, to discuss fraud risks and to facilitate the ACS in addressing any concerns identified."

A self-review toolkit assessment (SRT) carried out in line with updated NHS Counter Fraud Authority guidelines resulted in no red ratings being assigned. Four standards were rated as met (green) and the remaining nine were rated as partially met (amber). An action plan has been put in place and the implementation of this will be monitored by the Audit Committee.

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 several 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. 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 remains in place.

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.

Consultation on a new NHS System Oversight Framework for 2021/22 commenced on 25 March 2021 and concluded in May 2021. It is expected that the new framework will be issued in the Summer.

COVID-19

The outbreak of the novel coronavirus named COVID-19 was recognised as a pandemic on 11th March 2020, shortly before the reporting period for this annual report commenced. A Standard Operating Procedure for the Trust's response to Covid-19 was established in 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 15th March 2020.

The Trust does not consider that the emergence of COVID-19 in itself should be considered a significant internal control issue.

The implications of COVID-19 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. Board committees resumed standard operations from July 2020, with the exception that they have continued as virtual rather than face to face meetings. During the second wave, some temporary changes were agreed to executive attendance at committees to ensure sufficient executive capacity was available for leadership of the pandemic response in that period. In addition, the Trust introduced adapted financial controls, considered and agreed by Audit Committee, which centralised approvals for associated costs through Bronze and Silver (the Chief Operating Officer and the Director of Nursing and Quality).

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.

The Trust's response was consistent with its overall control environment, but due to the profound nature of the risks posed by COVID-19, originally 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. Further monthly Board meetings received detailed Gold command reports for the period that these arrangements in place.

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.

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 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 2020. 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 **2020/21** 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 2021, based upon the criteria of informed decision making, sustainable resource deployment and working with partners and third parties.

Domain	Risk assessment	Summary of arrangements
Financial sustainability	No significant risks identified	No significant weaknesses identified
Governance	No significant risks identified	No significant weaknesses identified
Improving economy, efficiency and effectiveness	No significant risks identified	No significant weaknesses identified

The Head of Internal Audit Opinion for the period 2020/21 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.

This opinion is based solely on the matters that came to the attention of The Head of Internal Audit during the course of the internal audit reviews carried out during the year and is not an opinion on all elements of the risk management, control and governance processes or the ongoing financial viability or your ability to meet financial obligations which must be obtained by South West London and St George's Mental Health NHS Trust from its various sources of assurance.

There has been minimal or no impact on the delivery of the internal audit work for 2020/21 as a result of the COVID-19 pandemic. Whilst there was an impact on delivery of the work in the early part of the year during the initial lockdown they were able to deliver the planned work by year-end (or shortly thereafter). There have been no changes to the planned work as a result of COVID-19; any changes to the plan were based on purely on business/operational need.

During the year 10 audits were undertaken the resultant assurance levels of which are summarised in the table below (with the prior year comparator); during the year there were no internal audit reports that provided either limited or no assurance.

Assurance Assessments	Number of Reviews	Previous Year 2019/20
Substantial Assurance	4	5
Reasonable Assurance	6	7
Limited Assurance	0	0
No Assurance	0	0

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

The Trust's compliance with its information governance (IG) work programme is monitored by NHS Digital via its online Data Security Protection (DSP) Toolkit. This contains 10 standards, divided into 42 "assertions" requiring a total of 149 requirements that must be evidenced in an annual online assessment. The Trust completed its 2020/21 evidence gathering by the end of March and this was subsequently audited by TIAA and formally published well ahead of the deadline of 30th June 2021. Notable in this year's submission was a record compliance level with mandatory IG training of 97%.

The Trust continues to operate a Data Protection and Information Governance Group chaired by the SIRO, with the Caldicott Guardian in the vice chair.

One data breach incident was reported to the Information Commissioner's Office (ICO) during 2020/21. A member of staff disclosed confidential information about a service user to a family member despite there being instructions from the service user not to do so in their health records. The Trust has provided a full report to the ICO who are currently undertaking an investigation.

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. The trust will publish Quality Accounts for 2020/21 by the end of June 2021, in line with the deadline set in the regulations.

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.

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 and there is real-time collective oversight through a weekly group called Quality Matters, Chaired by the Director of Nursing and Quality.

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 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 Trust's monthly quality and performance report, and the process around it, provides a regular opportunity for data quality issues to be scrutinised and addressed.

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 regarding 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.

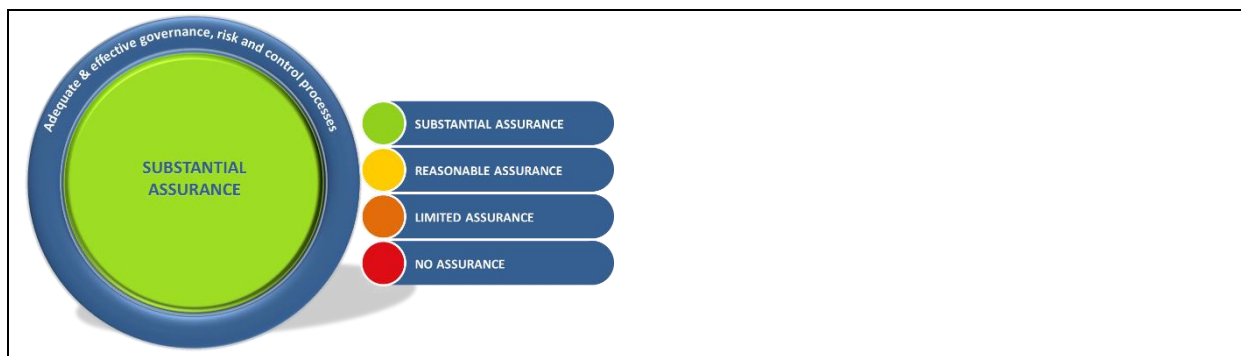
All new risks are reviewed by QGG where additional support and advice is provided. Where necessary, risks are escalated to the Executive Risk Register and onward to the Executive

Leadership Team and the Quality Safety and Assurance Committee to ensure there is enough 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. 2020/21 saw the Trust achieve the best possible assurance level of 'substantial assurance' for the second consecutive year. The audit findings established there were "generally robust risk management arrangements in place at the Trust, with clear and comprehensive reporting." Areas of good practice were identified and no urgent or important actions were recommended.



Conclusion

No significant internal control issues have been identified.

Vanessa Ford, Chief Executive, 10.06.2021

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 2020/21 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] 10.06.2021

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, Chief Executive

[Date] 10.06.2021

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, Chief Executive

[Date] 10.06.2021

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 highest paid director in their organisation and the median remuneration of the organisation's workforce.

The remuneration of the highest paid director / member in South West London and St Georges Mental Health NHS Trust in the financial year 2020-21 was £170,227 (2019-20, £150,000). This was 4 times (2019-20, 4) the median remuneration of the workforce, which was £41,171 (2019-20, £36,481). In 2020-21, 2 (2019-20, 7) employees received remuneration in excess of the highest-paid director / member.

The increase in the fair pay ratio and the remuneration of the highest paid director was due to the substantive appointment of the Chief Executive during the year. The previous substantive Chief Executive left the Trust in July 2019. Remuneration ranged from £16,380 to £188,676 (2019-20, £16,240 to £197,516).

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 Black, Asian and Minority Ethnic 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 Black, Asian and Minority Ethnic 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 (Black, Asian and Minority Ethnic) nursing staff in Band 3-8a roles. This has been extended to include Black, Asian and Minority Ethnic 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 Black, Asian and Minority Ethnic stories and encouraging more openness.

The Trust supports seven staff networks: Disability, Deaf, Black, Asian and Minority Ethnic (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 2020/21, the Trust employed nine very senior managers in the Trust and eight 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 126).

Staff Numbers and Costs

As detailed in Figure 1 on page 122 overall staff costs increased by 12.7% to £163.1m compared to £144.7m in 2019/20.

The average number of WTE employed increased by 214 (8.2%) from 2,610 in 2019/20 to 2,824 in 2020/21 as shown in Figure 2 on page 122.

Further information on our workforce composition can be found under the Workforce Report on page 48

Figure 1: Staff Costs

	Permanent	Other	2020/21	2019/20
	£000	£000	Total	Total
	£000	£000	£000	£000
Salaries and wages	117,605	2,848	120,453	106,247
Social security costs	12,980	-	12,980	11,528
Apprenticeship levy	571	-	571	556
Employer's contributions to NHS pension scheme	20,062	-	20,062	18,059
Pension cost - other	62	-	62	57
Other post employment benefits	-	-	-	-
Other employment benefits	-	-	-	-
Termination benefits	77	-	77	149
Temporary staff	-	8,856	8,856	8,135
Total gross staff costs	151,357	11,704	163,061	144,731
Recoveries in respect of seconded staff	-	-	-	-
Total staff costs	151,357	11,704	163,061	144,731
Of which				
Costs capitalised as part of assets	3,326	-	3,326	2,272

Figure 2: Average number of employees (WTE basis)

	Permanent	Other	2020/21	2019/20
	Number	Number	Total	Total
	Number	Number	Number	Number
Medical and dental	212	19	231	217
Ambulance staff	-	-	-	-
Administration and estates	283	53	336	324
Healthcare assistants and other support staff	812	197	1,009	893
Nursing, midwifery and health visiting staff	662	170	832	776
Nursing, midwifery and health visiting learners	-	-	-	3
Scientific, therapeutic and technical staff	378	30	408	390
Healthcare science staff	-	-	-	-
Social care staff	-	-	-	-
Other	8	-	8	7
Total average numbers	2,355	469	2,824	2,610
Of which:				
Number of employees (WTE) engaged on capital projects	49	-	49	32

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 within the Workforce Report on page 51.

Consultancy Expenditure

In 2020/21, the Trust spent £81k on consultancy services (£172k in 2019/20).

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 an increase in number and value in 2020/21 compared to the previous year.

Reporting of compensation schemes - exit packages 2020/21

	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages Number
Exit package cost band (including any special payment element)			
<£10,000	-	4	4
£10,000 - £25,000	-	2	2
£25,001 - 50,000	-	-	-
£50,001 - £100,000	1	-	1
£100,001 - £150,000	1	-	1
£150,001 - £200,000	-	-	-
>£200,000	-	-	-
Total number of exit packages by type	2	6	8
Total cost (£)	190,000	£49,000	£239,000

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
Exit package cost band (including any special payment element)			
<£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	-	-	-
Total number of exit packages by type	4	2	6
Total cost (£)	£108,000	£33,000	£141,000

Exit packages: other (non-compulsory) departure payments

	2020/21		2019/20	
	Payments agreed Number	Total value of agreements £000	Payments agreed Number	Total value of agreements £000
Voluntary redundancies including early retirement contractual costs	-	-	-	-
Mutually agreed resignations (MARS) contractual costs	-	-	-	-
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	4	17	1	3
Exit payments following Employment Tribunals or court orders	3	32	1	30
Non-contractual payments requiring HMT approval	-	-	-	-
Total	7	49	2	33
Of which:				
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	-	-	-	-

Directors Benefits for 2020/21

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 2020/21

Name and Title	2019-2020						2020-2021					
	(a)	(b)	(c)	(d)	(e)	(f)	(a)	(b)	(c)	(d)	(e)	(f)
	Salary (bands of £5,000)	Expense payments (taxable) to nearest £100	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension-related benefits (bands of £2,500)	TOTAL (a to e) (bands of £5,000)	Salary (bands of £5,000)	Expense payments (taxable) to nearest £100	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension-related benefits (bands of £2,500)	TOTAL (a to e) (bands of £5,000)
£000	£00	£000	£000	£000	£000	£000	£00	£000	£000	£000	£000	£000
Miss Olufunmike Afuape - Non Executive Director Trust Board	5-10	0	0	0	0	5-10	10-15	0	0	0	0	10-15
Ms. Jennifer Allan - Chief Operating Officer	10-15	0	0	0	15-20	25-30	125-130	0	0	0	90-95	215-220
Ms. Juliet Armstrong - Non Executive Director Trust Board	5-10	0	0	0	0	5-10	10-15	0	0	0	0	10-15
Dr William Boland - Medical Director (From 09.03.2021)	0	0	0	0	0	0	5-10	0	0	0	60-65	70-75
Professor Deborah Bowman - Non Executive Director Trust Board	5-10	0-5	0	0	0	5-10	10-15	0	0	0	0	10-15
Ms. Jean Daintith - Non Executive Director Trust Board	5-10	0	0	0	0	5-10	10-15	0	0	0	0	10-15
Mr. Richard Flatman - Non Executive Director Trust Board	5-10	0	0	0	0	5-10	10-15	0	0	0	0	10-15
Ms. Vanessa Ford - Acting Chief Executive (To 26.09.2020)	95-100	0	0	0	55-60	155-160	65-70	0	5-10	0	50-55	125-130
Ms. Vanessa Ford - Chief Executive (From 27.09.2020)	0	0	0	0	0	0	80-85	0	0	0	50-55	130-135
Mrs. Mary Foulkes - Director of Human Resources & OD	0	0	0	0	0	0	65-70	0	0	0	60-65	125-130
Dr Charlotte Harrison - Medical Director (To 31.03.2021)	60-65	0	0	0	40-45	105-110	155-160	0	0	0	30-35	190-195
Mr. Ranjeet Kaile - Director of Communications and Stakeholder Engagement (To 22.02.2021)	115-120	0	0	0	25-30	140-145	115-120	0	0	0	25-30	140-145
Ms. Ann Beasley - Board Chairman Trust Board	35-40	0	0	0	0	35-40	35-40	0	0	0	0	35-40
Mrs. Doreen McCollin - Non Executive Director Trust Board	0-5	0	0	0	0	0-5	10-15	0	0	0	0	10-15
Mr. Philip Murray - Director of Finance and Performance	125-130	0	0	0	0	125-130	130-135	0	0	0	10-15	145-150
Mr. Matthew Neal - Programme Director - Estates Modernisation Programme (EMP) (To 19.07.2020)	50-55	0	0	0	40-45	95-100	40-45	0	0	0	25-30	70-75
Mr. Vikas Sagar - Non Executive Director Trust Board	5-10	0	0	0	0	5-10	10-15	0	0	0	0	10-15
Ms. Amy Scammell - Director of Strategy and Commercial Development	110-115	0	0	0	35-40	145-150	115-120	0	0	0	25-30	140-145
Mrs. Sharon Spain - Director of Nursing and Quality Standards	70-75	0	0	0	80-85	150-155	115-120	0	0	0	45-50	160-165

Dr Charlotte Harrison includes remuneration for Medical role in band 30-35 for 2020-21

Dr William Boland includes remuneration for Medical role in band 0-5 for 2020-21

Mrs Mary Foulkes remuneration is 50% of total pay split with South London & Maudsley Foundation Trust



Vanessa Ford, Chief Executive Officer 10.06.2021

Directors Pension Benefits for 2020/21

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 2021 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 Mar 2021 (bands of £5,000)	Cash Equivalent Transfer Values at 01 Apr 2020	Real increase in Cash Equivalent Transfer Values	Cash Equivalent Transfer Values at 31 Mar 2021	Employer's contribution to stakeholder pension
	£000	£000	£000	£000	£000	£000	£000	£000
Ms. Jennifer Allan	5.0-7.5	5.0-7.5	30-35	50-55	328	55	408	0
Dr William Boland	0.0-2.5	0.0-2.5	45-50	90-95	646	2	705	0
Ms. Vanessa Ford	0.0-2.5	0.0-2.5	30-35	55-60	431	11	480	0
Ms. Vanessa Ford	0.0-2.5	0.0-2.5	30-35	55-60	431	9	480	0
Mrs. Mary Foulkes	2.5-5.0	(2.5)-0.0	25-30	30-35	399	31	447	0
Dr Charlotte Harrison	2.5-5.0	0.0-2.5	40-45	80-85	679	31	739	0
Mr. Ranjeet Kaile	0.0-2.5	0.0-2.5	20-25	0-4	246	11	277	0
Mr. Philip Murray	0.0-2.5	(2.5)-0.0	60-65	140-145	1,135	24	1,197	0
Mr. Matthew Neal	0.0-2.5	0.0-2.5	15-20	0-4	142	0	166	0
Ms. Amy Scammell	0.0-2.5	(2.5)-0.0	20-25	35-40	301	15	337	0
Mrs. Sharon Spain	2.5-5.0	0.0-2.5	30-35	60-65	434	30	489	0

The factors used to calculate a CETV increased in September 2020

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

The pension benefit table provides further information on the pension benefits accruing to the individual.

NHS Pensions are using pension and lump sum data from their systems without any adjustment for a potential future legal remedy required as a result of the McCloud judgement. (This is a legal case concerning age discrimination over the manner in which UK public service pension schemes introduced a CARE benefit design in 2015 for all but the oldest members who retained a Final Salary design.). We believe this approach is appropriate given that there is still considerable uncertainty on how the affected benefits within the new NHS 2015 Scheme would be adjusted in future once legal proceedings are completed.

Signed:  Vanessa Ford - Chief Executive

Date 10.06.2021

The following items are subject to audit:

- Directors remuneration and pension benefits
- Fair pay disclosures
- Exit packages
- 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 2021 which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Taxpayers Equity and Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the state of the Trust's affairs as at 31 March 2021 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 2020/21.

Basis for opinion

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

Going concern

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

In our evaluation of the Directors' conclusions, we considered the inherent risks to the Trust's business model and analysed how those risks might affect the Trust's financial resources or ability to continue operations over the going concern period.

Our conclusions based on this work:

- we consider that the Directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate;
- we have not identified, and concur with the Directors' assessment that there is not, a material uncertainty related to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for the going concern period.

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.

Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

To identify risks of material misstatement due to fraud (“fraud risks”) we assessed events or conditions that could indicate an incentive or pressure to commit fraud or provide an opportunity to commit fraud. Our risk assessment procedures included:

- Enquiring of management, the Audit Committee and internal audit and inspection of policy documentation as to the Trust’s high-level policies and procedures to prevent and detect fraud ,including the internal audit function, and the Trust’s channel for “whistleblowing”, as well as whether they have knowledge of any actual, suspected or alleged fraud.
- Reading Board and Audit Committee minutes.
- Using analytical procedures to identify any unusual or unexpected relationships.
- Reviewing the Trust’s accounting policies.

We communicated identified fraud risks throughout the audit team and remained alert to any indications of fraud throughout the audit.

As required by auditing standards, we performed procedures to address the risk of management override of controls, the risk of fraudulent revenue recognition, and the risk that Trust management may be in a position to make inappropriate accounting entries.

In line with the guidance set out in Practice Note 10 Audit of Financial Statements of Public Sector Bodies in the United Kingdom, we also recognised a fraud risk related to expenditure recognition, particularly in relation to year-end accruals.

We did not identify any additional fraud risks.

In determining the audit procedures, we took into account the results of our evaluation and testing of the operating effectiveness of some Trust-wide fraud risk management controls.

We also performed procedures including:

- Identifying journal entries to test based on risk criteria and comparing the identified entries to supporting documentation. These included those posted by senior finance management or other unexpected individuals, those posted to unusual accounts combinations, and those posted in the vicinity of key NHSI submission dates;
- Assessing significant estimates, such as the valuation of land and buildings, for bias.
- Assessing the completeness of disclosed related party transactions and verifying they had been accurately recorded within the financial statements.
- Agreeing a sample of year end accruals to relevant supporting documents, including actual invoices after year end, where applicable.
- Performing cut-off testing of income and expenditure in the period before and after 31 March 2021 to determine whether amounts have been recorded in the correct period

Identifying and responding to risks of material misstatement due to non-compliance with laws and regulations

We identified areas of laws and regulations that could reasonably be expected to have a material effect on the financial statements from our general sector experience and through discussion with the directors and other management (as required by auditing standards), and discussed with the directors and other management the policies and procedures regarding compliance with laws and regulations.

As the Trust is regulated, our assessment of risks involved gaining an understanding of the control environment including the entity’s procedures for complying with regulatory requirements.

We communicated identified laws and regulations throughout our team and remained alert to any indications of non-compliance throughout the audit.

The potential effect of these laws and regulations on the financial statements varies considerably.

The Trust is subject to laws and regulations that directly affect the financial statements including financial reporting legislation. Under paragraph 2(1) of Schedule 5 to the National Health Service Act 2006 the Trust must ensure that its revenue is not less than sufficient, taking one financial year with another, to meet outgoings properly chargeable to revenue account (the breakeven duty). In reporting on compliance with the breakeven duty the Trust is required to comply with the Department of Health and Social Care's 'Guidance on Breakeven Duty and Provisions', We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items.

Whilst the Trust is subject to many other laws and regulations, we did not identify any others where the consequences of non-compliance alone could have a material effect on amounts or disclosures in the financial statements.

Context of the ability of the audit to detect fraud or breaches of law or regulation

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it.

In addition, as with any audit, there remained a higher risk of non-detection of fraud, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. Our audit procedures are designed to detect material misstatement. We are not responsible for preventing non-compliance or fraud and cannot be expected to detect non-compliance with all laws and regulations.

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; and
- 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 2020/21. 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 2020/21.

Directors' and Accountable Officer's responsibilities

As explained more fully in the statement set out on page 103, the directors are responsible for the preparation of financial statements that give a true and fair view. They are also responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity. As explained more fully in the statement of the Chief Executive's responsibilities, as the Accountable Officer of the Trust, on Page 102 the Accountable Officer is responsible for ensuring that annual statutory accounts are prepared in a format directed by the Secretary of State.

Auditor's responsibilities

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

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

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

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

Under the Code of Audit Practice, we are required to report if we identify any significant weaknesses in the arrangements that have been made by the Trust to secure 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 102, 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 and related statutory guidance having regard to whether the Trust had proper arrangements in place to ensure financial sustainability, proper governance and to use information about costs and performance to improve the way it manages and delivers its services. 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 2021 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.



Joanne Lees
for and on behalf of KPMG LLP
Chartered Accountants
15 Canada Square
London E14 5GL

15 June 2021

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

Annual accounts for the year ended 31 March 2021

Statement of Comprehensive Income

		2020/21	2019/20
	Note	£000	£000
Operating income from patient care activities	3	197,729	177,391
Other operating income	4	22,578	16,028
Operating expenses	6, 8	<u>(216,727)</u>	<u>(214,677)</u>
Operating surplus/(deficit) from continuing operations		<u>3,580</u>	<u>(21,258)</u>
Finance income	11	-	125
Finance expenses	12	(68)	-
PDC dividends payable		<u>(4,637)</u>	<u>(6,380)</u>
Net finance costs		<u>(4,705)</u>	<u>(6,255)</u>
Other gains / (losses)	13	<u>8</u>	<u>17,037</u>
Surplus / (deficit) for the year from continuing operations		<u>(1,117)</u>	<u>(10,476)</u>
Surplus / (deficit) for the year		<u>(1,117)</u>	<u>(10,476)</u>
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	(3,355)	3,189
Revaluations	18	<u>105</u>	<u>427</u>
Total comprehensive income / (expense) for the period		<u>(4,367)</u>	<u>(6,860)</u>

Statement of Financial Position

		31 March 2021	31 March 2020
	Note	£000	£000
Non-current assets			
Intangible assets	15	5,927	3,470
Property, plant and equipment	16	231,127	180,286
Receivables	20	26,695	26,485
Total non-current assets		263,749	210,241
Current assets			
Inventories	19	244	285
Receivables	20	4,666	15,082
Cash and cash equivalents	21	41,117	12,314
Total current assets		46,027	27,681
Current liabilities			
Trade and other payables	22	(36,565)	(21,723)
Provisions	25	(543)	(313)
Other liabilities	23	(2,948)	(527)
Total current liabilities		(40,056)	(22,563)
Total assets less current liabilities		269,720	215,359
Non-current liabilities			
Trade and other payables	22	(7,904)	(6,453)
Borrowings	24	(54,938)	-
Provisions	25	(546)	(340)
Total non-current liabilities		(63,388)	(6,793)
Total assets employed		206,332	208,566
Financed by			
Public dividend capital		134,826	132,693
Revaluation reserve		44,261	48,173
Income and expenditure reserve		27,245	27,700
Total taxpayers' equity		206,332	208,566

The notes on pages 138 to 168 form part of these accounts.



Name	Vanessa Ford
Position	Chief Executive
Date	10 June 2021

Statement of Changes in Equity for the year ended 31 March 2021

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2020 - brought forward	132,693	48,173	27,700	208,566
Surplus/(deficit) for the year	-	-	(1,117)	(1,117)
Other transfers between reserves	-	(662)	662	-
Impairments	-	(3,355)	-	(3,355)
Revaluations	-	105	-	105
Transfer to retained earnings on disposal of assets	-	-	-	-
Public dividend capital received	2,133	-	-	2,133
Taxpayers' and others' equity at 31 March 2021	134,826	44,261	27,245	206,332

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
Taxpayers' and others' equity at 1 April 2019 - brought forward	128,720	49,543	33,190	211,453
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
Taxpayers' and others' equity at 31 March 2020	132,693	48,173	27,700	208,566

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 T trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the T trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve

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

Income and expenditure reserve

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

Statement of Cash Flows

	2020/21	2019/20
Note	£000	£000
Cash flows from operating activities		
Operating surplus / (deficit)	3,579	(21,258)
Non-cash income and expense:		
Depreciation and amortisation	6.1 4,495	3,800
Net impairments	7 1,142	28,932
(Increase) / decrease in receivables and other assets	9,872	12,051
(Increase) / decrease in inventories	41	(50)
Increase / (decrease) in payables and other liabilities	10,170	(8,006)
Increase / (decrease) in provisions	436	543
Net cash flows from / (used in) operating activities	29,735	16,012
Cash flows from investing activities		
Interest received	-	125
Purchase of intangible assets	(2,988)	(631)
Purchase of PPE and investment property	(53,889)	(26,181)
Sales of PPE and investment property	3,100	5,437
Net cash flows from / (used in) investing activities	(53,777)	(21,250)
Cash flows from financing activities		
Public dividend capital received	2,133	3,973
Movement on loans from DHSC	54,938	-
Interest on loans	(63)	-
PDC dividend (paid) / refunded	(4,163)	(7,052)
Net cash flows from / (used in) financing activities	52,845	(3,079)
Increase / (decrease) in cash and cash equivalents	28,803	(8,317)
Cash and cash equivalents at 1 April - brought forward	12,314	20,630
Cash and cash equivalents at 31 March	21.1 41,117	12,314

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 2020/21 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 on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

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 accounting policies for revenue recognition and the application of IFRS 15 are consistently applied. The contracting arrangements in the NHS changed between 2019/20 and 2020/21 affecting the application of the accounting policy under IFRS 15. This difference in application is explained below.

2020/21

The main source of income for the Trust is contracts with commissioners for health care services. In 2020/21, the majority of the Trust's income from NHS commissioners was in the form of block contract arrangements. During the first half of the year the Trust received block funding from its commissioners. For the second half of the year, block contract arrangements were agreed at a [Integrated Care System/Sustainability and Transformation Partnership] level. The related performance obligation is the delivery of healthcare and related services during the period, with the Trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust has received additional income outside of the block and system envelopes to reimburse specific costs incurred and other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

From 1 October 2020 the Trust became a Provide Collaborative as part of the South London Mental Health Partnership (SLP) for Forensic, Tier 4 CAMHS and Adult Eating Disorder Services. The SLP has taken on the commissioning role for these services which was previously undertaken by NHS England.

From 1 November 2020 commissioning for the 'health funded' element of Complex Care for South West London patients transferred from the SWL Health and Care Partnership to the Trust.

Comparative period (2019/20)

In the comparative period (2019/20), the Trust's contracts with NHS commissioners included those where the Trust's entitlement to income varied according to services delivered. A performance obligation relating to delivery of a spell of health care was generally satisfied over time as healthcare was received and consumed simultaneously by the customer as the Trust performed it. The customer in such a contract was the commissioner, but the customer benefited as services were provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligned with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that were substantially the same and had a similar pattern of transfer. At the year end, the Trust accrued income relating to activity delivered in that year, where a patient care spell was incomplete. This accrual was disclosed as a contract receivable as entitlement to payment for work completed was usually only dependent on the passage of time.

In 2019/20, the Provider Sustainability Fund and Financial Recovery Fund enabled providers to earn income linked to the achievement of financial controls and performance targets. Income earned from the funds is accounted for as variable consideration.

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

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 employer, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the Trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as they become due.

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

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 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, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

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
- 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 2020/21 the Trust's valuer has undertaken a desktop valuation of the Trust's land and buildings portfolio as at 31 March 2021. A full valuation was performed in 2019/2020.

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 the criteria in IFRS 5 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 and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. 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.

In 2020/21 this includes assets donated to the Trust by the Department of Health and Social Care as part of the response to the coronavirus pandemic. As defined in the GAM, the Trust applies the principle of donated asset accounting to assets that the Trust controls and is obtaining economic benefits from at the year end.

Useful lives of property, plant and equipment

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

	Min life Years	Max life Years
Buildings, excluding dwellings	-	90
Dwellings	-	29
Plant & machinery	-	14
Transport equipment	-	11
Information technology	-	9
Furniture & fittings	-	14

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

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:

	Min life Years	Max life Years
Information technology	5	9
Development expenditure	5	9
Software licences	5	9

Note 1.10 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.

In 2020/21, the Trust received inventories including personal protective equipment from the Department of Health and Social Care. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

Note 1.11 Cash and cash equivalents

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

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

Note 1.12 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 classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

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

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

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Impairment of financial assets

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

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

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

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 1.13 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 1.14 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective for 31 March 2021.

		Nominal rate
Short-term	Up to 5 years	(0.02%)
Medium-term	After 5 years up to 10 years	0.18%
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 2021:

	Inflation rate
Year 1	1.20%
Year 2	1.60%
Into perpetuity	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 0.95% 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 25.2 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 1.15 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 26 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 26, 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 1.16 Public dividend capital

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

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, with certain additions and deductions as defined by the Department of Health and Social Care. In 2020/21 the Trust's Estate Modernisation Programme was granted PDC dividend relief and is therefore excluded from the PDC calculation.

This policy is available at <https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts>.

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 1.17 Value added tax

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

Note 1.18 Corporation tax

The Trust is not liable for corporation tax.

Note 1.19 Climate change levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

Note 1.20 Foreign exchange

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

Note 1.21 Third party assets

Assets belonging to third parties 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 1.22 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

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

Note 1.23 Transfers of functions to / from other NHS bodies / local government bodies

From 1 October 2020 the Trust became a Provide Collaborative as part of the South London Mental Health Partnership (SLP) for Forensic, Tier 4 CAMHS and Adult Eating Disorder Services. The SLP has taken on the commissioning role for these services which was previously undertaken by NHS England.

From 1 November 2020 commissioning for the 'health funded' element of Complex Care for South West London patients transferred from the SWL Health and Care Partnership to the Trust.

There were no other transfers of functions to or from other NHS bodies or local government bodies in 2020/21.

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 1.24 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2020/21.

Note 1.25 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 2022. 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 remeasurement 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 2022, 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 0.91% 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 2022 for existing finance leases.

For leases commencing in 2022/23, 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.

The implementation date for IFRS16 in the NHS was revised to 1 April 2022 in November 2020. Due to the need to reassess lease calculations, together with uncertainty on expected leasing activity from April 2022 and beyond, a quantification of the expected impact of applying the standard in 2022/23 is currently impracticable. However, the Trust does not expect this standard to have a material impact on non-current assets, liabilities and depreciation.

Other standards, amendments and interpretations

The DHSC GAM does not require the following IFRS standards and interpretations to be applied in 2020/21.

- IFRS 17 Insurance contracts - The effective date for IFRS17 replacing IFRS4 is 2023/24, work has not yet started to assess the impact of this new standard.

Note 1.26 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 Thrle 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 1.27 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 desktop revaluation on all existing Land and Buildings as at 31 March 2021. 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 1 April 2021.

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.

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. During 2020/21 the Trust became the lead provider, under the Provider Collaborative arrangement, with the South London Mental Health Partnership, for the provision of Adult Eating Disorder services across South London, and as such have a number of sub-contracting arrangements in place. The financial impact of this increases income by £2.1m (1%). The Trust does not view this arrangement as material for purposes of segmental reporting. Of the overall income to the Trust, 68% is from South West London CCG which covers 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.

Note 3.1 Income from patient care activities (by nature)	2020/21	2019/20
	£000	£000
Mental health services		
Block contract / system envelope income*	175,914	163,298
Clinical partnerships providing mandatory services (including S75 agreements)	10,135	1,319
Clinical income for the secondary commissioning of mandatory services	-	-
Other clinical income from mandatory services	4,216	6,826
Additional pension contribution central funding**	6,037	5,434
Other clinical income	1,427	514
Total income from activities	197,729	177,391

*As part of the coronavirus pandemic response, transaction flows were simplified in the NHS and providers and their commissioners moved onto block contract payments at the start of 2020/21. In the second half of the year, a revised financial framework built on these arrangements but with a greater focus on system partnership and providers derived most of their income from these system envelopes. Comparatives in this note are presented to be comparable with the current year activity. This does not reflect the contracting and payment mechanisms in place during the prior year.

**The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have 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)

	2020/21	2019/20
	£000	£000
Income from patient care activities received from:		
NHS England	32,022	36,033
Clinical commissioning groups	151,425	134,502
Department of Health and Social Care	12	58
Other NHS providers	11,343	2,868
NHS other	-	-
Local authorities	2,452	2,487
Non NHS: other	475	1,443
Total income from activities	197,729	177,391
Of which:		
Related to continuing operations	197,729	177,391

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

	2020/21			2019/20		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	221	-	221	587	-	587
Education and training	9,874	164	10,038	9,536	203	9,738
Non-patient care services to other bodies	798	-	798	1,313	-	1,313
Provider sustainability fund (2019/20 only)	-	-	-	1,380	-	1,380
Reimbursement and top up funding	8,295	-	8,295	-	-	-
Income in respect of employee benefits accounted on a gross basis	1,410	-	1,410	1,689	-	1,689
Charitable and other contributions to expenditure	-	897	897	-	-	-
Rental revenue from operating leases	-	66	66	-	55	55
Other income	853	-	853	1,265	-	1,265
Total other operating income	21,451	1,127	22,578	15,770	258	16,028
Of which:						
Related to continuing operations			22,578			16,028

Note 5.1 Additional information on contract revenue (IFRS 15) recognised in the period

	2020/21	2019/20
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	527	528

Note 5.2 Transaction price allocated to remaining performance obligations

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

Note 5.3 Fees and charges

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

Note 6.1 Operating expenses

	2020/21	2019/20
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	3,385	1,426
Purchase of healthcare from non-NHS and non-DHSC bodies	12,389	4,767
Staff and executive directors costs	159,658	142,310
Remuneration of non-executive directors	127	96
Supplies and services - clinical (excluding drugs costs)	1,776	905
Supplies and services - general	6,281	5,820
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	2,542	2,607
Consultancy costs	81	172
Establishment	2,064	1,976
Premises	8,572	7,859
Transport (including patient travel)	912	1,137
Depreciation on property, plant and equipment	3,838	3,295
Amortisation on intangible assets	657	505
Net impairments	1,142	28,932
Movement in credit loss allowance: all other receivables and investments	337	54
Audit fees payable to the external auditor		
audit services- statutory audit	65	61
other auditor remuneration (external auditor only)	-	6
Internal audit costs	87	117
Clinical negligence	599	468
Legal fees	555	677
Insurance	272	193
Research and development	13	318
Education and training	1,462	1,603
Rentals under operating leases	7,188	7,255
Early retirements	224	97
Redundancy	77	149
Car parking & security	1,512	1,316
Hospitality	10	70
Other	902	485
Total	216,727	214,677
Of which:		
Related to continuing operations	216,727	214,677

Note 6.2 Other auditor remuneration

	2020/21	2019/20
	£000	£000
Other auditor remuneration paid to the external auditor:		
Audit-related assurance services	-	6
Total	-	6

The statutory audit fee is net of VAT and is £54k in 2020/21 (£51k in 2019/20).

Note 6.3 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £2 million (2019/20: £2 million).

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 7 Impairment of assets

	2020/21	2019/20
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	1,142	4,761
Other	-	24,171
Total net impairments charged to operating surplus / deficit	1,142	28,932
Impairments charged to the revaluation reserve	3,355	(3,189)
Total net impairments	4,497	25,743

Impairments of £1.1m (£4.8m in 2019/20) arose from the downward revaluation of assets following a revaluation by the District Valuer and application of Modern Equivalent Asset valuation methodology. In 2019/20 a review of preliminary costs associated with the modernisation of the Estate which is now in the construction phase resulted in a £24.2m impairment.

Note 8 Employee benefits

	2020/21	2019/20
	Total	Total
	£000	£000
Salaries and wages	120,453	106,247
Social security costs	12,980	11,528
Apprenticeship levy	571	556
Employer's contributions to NHS pensions	20,062	18,059
Pension cost - other	62	57
Termination benefits	77	149
Temporary staff (including agency)	8,856	8,135
Total gross staff costs	163,061	144,731
Recoveries in respect of seconded staff	-	-
Total staff costs	163,061	144,731
Of which		
Costs capitalised as part of assets	3,326	2,272

Note 8.1 Retirements due to ill-health

During 2020/21 there was 1 early retirement from the Trust agreed on the grounds of ill-health (2 in the year ended 31 March 2020). The estimated additional pension liabilities of these ill-health retirements is £46k (£157k in 2019/20).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 9 Pension costs

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

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

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2021, is based on valuation data as at 31 March 2020, updated to 31 March 2021 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay. The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

The Government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government has set out that the costs of remedy of the discrimination will be included in this process. HMT valuation directions will set out the technical detail of how the costs of remedy will be included in the valuation process. The Government has also confirmed that the Government Actuary is reviewing the cost control mechanism (as was originally announced in 2018). The review will assess whether the cost control mechanism is working in line with original government objectives and reported to Government in April 2021. The findings of this review will not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

Note 10 Operating leases

Note 10.1 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.

	2020/21 £000	2019/20 £000
Operating lease revenue		
Minimum lease receipts	66	55
Total	66	55
	31 March 2021 £000	31 March 2020 £000
Future minimum lease receipts due:		
- not later than one year;	47	-
- later than one year and not later than five years;	8	-
- later than five years.	-	-
Total	55	-

Note 10.2 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 £4,877k per annum to NHS Property Services for the lease of the 1st and 2nd floors of Queen Mary's Hospital. The lease terminates in 2023.

All of the operating leases relate to buildings.

	2020/21 £000	2019/20 £000
Operating lease expense		
Minimum lease payments	7,188	7,255
Total	7,188	7,255
	31 March 2021 £000	31 March 2020 £000
Future minimum lease payments due:		
- not later than one year;	7,203	7,297
- later than one year and not later than five years;	10,264	6,125
- later than five years.	5,296	7,133
Total	22,763	20,555
Future minimum sublease payments to be received	-	-

Note 11 Finance income

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

	2020/21	2019/20
	£000	£000
Interest on bank accounts	-	125
Total finance income	-	125

Note 12.1 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2020/21	2019/20
	£000	£000
Interest expense:		
Loans from the Department of Health and Social Care	68	-
Total interest expense	68	-

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

The Trust has no commercial debts in 2020/21 or 2019/20.

Note 13 Other gains / (losses)

	2020/21	2019/20
	£000	£000
Gains on disposal of assets	8	17,037
Losses on disposal of assets	-	-
Total gains / (losses) on disposal of assets	8	17,037

As part of its Estates Modernisation Programme the Trust has been disposing of assets in recent years to fund the new hospital construction on the Springfield Site. During 2020/21 a plot of land was sold on the Springfield site with a gain of £3.1m. This gain was offset by costs of sale associated with plots not disposed of in year. The resulting impact was an in year gain of £8k.

Note 14 Discontinued operations

The Trust has no discontinued operations in 2020/21 or 2019/20.

Note 15.1 Intangible assets - 2020/21

	Software licences £000	Internally generated information technology £000	Development expenditure £000	Intangible assets under construction £000	Total £000
Valuation / gross cost at 1 April 2020 - brought forward	1,275	6,790	-	-	8,065
Additions	3	-	-	2,985	2,988
Reclassifications	1,340	-	6	(1,220)	126
Disposals / derecognition	-	-	-	-	-
Valuation / gross cost at 31 March 2021	2,618	6,790	6	1,765	11,179
Amortisation at 1 April 2020 - brought forward	857	3,738	-	-	4,595
Provided during the year	657	-	-	-	657
Reclassifications	-	-	-	-	-
Amortisation at 31 March 2021	1,514	3,738	-	-	5,252
Net book value at 31 March 2021	1,104	3,052	6	1,765	5,927
Net book value at 1 April 2020	418	3,052	-	-	3,470

Note 15.2 Intangible assets - 2019/20

	Software licences £000	Internally generated information technology £000	Development expenditure £000	Intangible assets under construction £000	Total £000
Valuation / gross cost at 1 April 2019 - as previously stated	984	6,451	-	-	7,434
Additions	291	339	-	-	631
Disposals / derecognition	-	-	-	-	-
Valuation / gross cost at 31 March 2020	1,275	6,790	-	-	8,065
Amortisation at 1 April 2019 - as previously stated	799	3,291	-	-	4,090
Prior period adjustments	-	-	-	-	-
Amortisation at 1 April 2019 - restated	799	3,291	-	-	4,090
Provided during the year	58	447	-	-	505
Amortisation at 31 March 2020	857	3,738	-	-	4,595
Net book value at 31 March 2020	418	3,052	-	-	3,470
Net book value at 1 April 2019	185	3,160	-	-	3,344

Note 16.1 Property, plant and equipment - 2020/21

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2020 - brought forward	50,219	90,473	2,521	31,133	1,302	412	15,994	752	192,806
Additions	-	1,781	4	57,412	-	-	-	-	59,197
Impairments	-	(3,369)	-	-	-	-	-	-	(3,369)
Reversals of impairments	-	14	-	-	-	-	-	-	14
Revaluations	-	(4,208)	(4)	-	-	-	-	-	(4,212)
Reclassifications	-	(42)	-	(1,583)	(305)	30	1,737	37	(126)
Valuation/gross cost at 31 March 2021	50,219	84,649	2,521	86,962	997	442	17,731	789	244,310
Accumulated depreciation at 1 April 2020 - brought forward	-	503	64	-	939	412	9,855	747	12,520
Provided during the year	-	2,625	70	-	10	-	1,130	3	3,838
Impairments	-	1,159	-	-	-	-	-	-	1,159
Reversals of impairments	-	(17)	-	-	-	-	-	-	(17)
Revaluations	-	(4,247)	(70)	-	-	-	-	-	(4,317)
Accumulated depreciation at 31 March 2021	-	23	64	-	949	412	10,985	750	13,183
Net book value at 31 March 2021	50,219	84,626	2,457	86,962	48	30	6,746	39	231,127
Net book value at 1 April 2020	50,219	89,970	2,457	31,133	363	-	6,139	5	180,286

Note 16.2 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
Valuation / gross cost at 1 April 2019 - as previously stated	50,942	86,028	2,521	41,356	983	412	14,184	752	197,178
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)
Valuation/gross cost at 31 March 2020	50,219	90,473	2,521	31,133	1,302	412	15,994	752	192,806
Accumulated depreciation at 1 April 2019 - as previously stated	-	-	63	-	923	410	9,088	742	11,226
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)
Disposals / derecognition	-	(280)	-	-	-	-	-	-	(280)
Accumulated depreciation at 31 March 2020	-	503	64	-	939	412	9,855	747	12,520
Net book value at 31 March 2020	50,219	89,970	2,457	31,133	363	-	6,139	5	180,286
Net book value at 1 April 2019	50,942	86,028	2,458	41,356	60	2	5,096	10	185,952

Note 16.3 Property, plant and equipment financing - 2020/21

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2021									
Owned - purchased	50,219	84,083	2,457	86,961	49	30	6,746	39	230,584
Owned - donated/granted	-	543	-	-	-	-	-	-	543
NBV total at 31 March 2021	50,219	84,626	2,457	86,961	49	30	6,746	39	231,127

Note 16.4 Property, plant and equipment financing - 2019/20

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2020									
Owned - purchased	50,219	89,379	2,457	31,133	363	-	6,139	5	179,695
Owned - donated/granted	-	591	-	-	-	-	-	-	591
NBV total at 31 March 2020	50,219	89,970	2,457	31,133	363	-	6,139	5	180,286

Note 17 Donations of property, plant and equipment

The Trust had no material donations of property, plant or equipment during 2020/21 or 2019/20.

Note 18 Revaluations of property, plant and equipment

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 2021. 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.

There have been no material changes to accounting estimates in relation to the valuation of property, plant and equipment.

Note 19 Inventories

	31 March 2021 £000	31 March 2020 £000
Drugs	75	92
Consumables	169	193
Total inventories	244	285
of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £938k (2019/20: £0k). Write-down of inventories recognised as expenses for the year were £0k (2019/20: £0k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2020/21 the Trust received £897k of items purchased by DHSC. The deemed cost of these inventories was charged directly to expenditure on receipt with the corresponding benefit recognised in income.

Note 20.1 Receivables

	31 March 2021 £000	31 March 2020 £000
Current		
Contract receivables	3,490	12,400
Allowance for other impaired receivables	(444)	(107)
Prepayments (non-PFI)	1,020	1,110
PDC dividend receivable	332	806
VAT receivable	-	337
Other receivables	268	536
Total current receivables	4,666	15,082
Non-current		
Capital receivables	26,285	26,145
Other receivables	410	340
Total non-current receivables	26,695	26,485
Of which receivable from NHS and DHSC group bodies:		
Current	2,510	11,598
Non-current	410	340

Note 20.2 Allowances for credit losses

	2020/21		2019/20	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 April - brought forward	-	107	-	53
New allowances arising	-	337	-	54
Allowances as at 31 Mar 2021	-	444	-	107

Note 20.3 Exposure to credit risk

See note 28 Financial instruments.

Note 21.1 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.

	2020/21	2019/20
	£000	£000
At 1 April	12,314	20,630
Net change in year	28,803	(8,316)
At 31 March	41,117	12,314
Broken down into:		
Cash at commercial banks and in hand	48	32
Cash with the Government Banking Service	41,069	12,282
Total cash and cash equivalents as in SoFP	41,117	12,314
Total cash and cash equivalents as in SoCF	41,117	12,314

Note 21.2 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 2021	31 March 2020
	£000	£000
Bank balances	2,948	2,887
Total third party assets	2,948	2,887

Note 22.1 Trade and other payables

	31 March 2021 £000	31 March 2020 £000
Current		
Trade payables	5,850	3,223
Capital payables	11,087	7,230
Accruals	15,941	7,846
Social security costs	1,908	1,735
VAT payables	3	-
Other taxes payable	1,575	1,269
PDC dividend payable	-	-
Other payables	201	420
Total current trade and other payables	36,565	21,723
Non-current		
Capital payables	7,904	6,453
Total non-current trade and other payables	7,904	6,453
Of which payables from NHS and DHSC group bodies:		
Current	2,437	1,195

Note 22.2 Early retirements in NHS payables above

The payables note above includes no amounts in relation to early retirements.

Note 23 Other liabilities

	31 March 2021 £000	31 March 2020 £000
Current		
Deferred income: contract liabilities	2,948	527
Total other current liabilities	2,948	527

The Trust has no other non-current liabilities.

Note 24.1 Borrowings

	31 March 2021 £000	31 March 2020 £000
Non-current		
Loans from DHSC	54,938	-
Total non-current borrowings	54,938	-

The Trust has no current borrowings. During 2020/21 the Trust agreed a loan facility of £99m with the DHSC to fund the construction of a new hospital on the Springfield Site as part of its Estates Modernisation Programme. During the year the Trust drawdown £54.9m against the loan facility.

Note 24.2 Reconciliation of liabilities arising from financing activities - 2020/21

	Loans from DHSC £000	Other loans £000	Total £000
Carrying value at 1 April 2020	-	-	-
Cash movements:			
Financing cash flows - payments and receipts of principal	54,938	-	54,938
Financing cash flows - payments of interest	(63)	-	(63)
Non-cash movements:			
Transfers by absorption	-	-	-
Additions	-	-	-
Application of effective interest rate	63	-	63
Change in effective interest rate	-	-	-
Changes in fair value	-	-	-
Early terminations	-	-	-
Other changes	-	-	-
Carrying value at 31 March 2021	54,938	-	54,938

Note 25.1 Provisions for liabilities and charges analysis

	Legal claims £000	Redundancy £000	Other £000	Total £000
At 1 April 2020	136	139	378	653
At start of period for new FTs	-	-	-	-
Arising during the year	420	189	78	687
Utilised during the year	-	(251)	-	(251)
At 31 March 2021	556	77	456	1,089
Expected timing of cash flows:				
- not later than one year;	420	77	46	543
- later than one year and not later than five years;	-	-	410	410
- later than five years.	136	-	-	136
Total	556	77	456	1,089

Legal claims: This represents 24 outstanding claims with the NHS Litigation Authority which are anticipated to be cleared in 2021/22.

Redundancy: This represents redundancy payments agreed and due to be paid in 2021/22.

Other: This represents the potential cost resulting from the Clinical Pensions Tax Scheme and has been calculated using DHSC methodology.

Note 25.2 Clinical negligence liabilities

At 31 March 2021, £2,897k 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 2020: £3,157k).

Note 26 Contingent assets and liabilities

	31 March 2021 £000	31 March 2020 £000
Value of contingent liabilities		
NHS Resolution legal claims	(47)	(72)
Employment tribunal and other employee related litigation	(155)	-
Gross value of contingent liabilities	(202)	(72)
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	(202)	(72)
Net value of contingent assets	-	-

Note 27 Contractual capital commitments

	31 March 2021 £000	31 March 2020 £000
Property, plant and equipment	67,500	98,073
Intangible assets	311	206
Total	67,811	98,279

The Trust is midway through a major Estate Modernisation Programme. The capital commitments reflect the construction costs at Springfield Hospital. During 2020/21, as part of the re-development of the Springfield site, the Trust signed a contract for the purchase of the existing care home on the site, this is due to complete in 2021/22 for £3.8m.

Note 28 Financial instruments

Note 28.1 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 28.2 Carrying values of financial assets

	Held at amortised cost £000	Held at fair value through I&E £000	Held at fair value through OCI £000	Total book value £000
Carrying values of financial assets as at 31 March 2021				
Trade and other receivables excluding non financial assets	30,009	-	-	30,009
Cash and cash equivalents	41,117	-	-	41,117
Total at 31 March 2021	71,126	-	-	71,126
	Held at amortised cost £000	Held at fair value through I&E £000	Held at fair value through OCI £000	Total book value £000
Carrying values of financial assets as at 31 March 2020				
Trade and other receivables excluding non financial assets	39,314	-	-	39,314
Cash and cash equivalents	12,314	-	-	12,314
Total at 31 March 2020	51,628	-	-	51,628

Note 28.3 Carrying values of financial liabilities

	Held at amortised cost £000	Held at fair value through I&E £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2021			
Loans from the Department of Health and Social Care	54,938	-	54,938
Trade and other payables excluding non financial liabilities	40,598	-	40,598
Total at 31 March 2021	95,536	-	95,536
	Held at amortised cost £000	Held at fair value through I&E £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2020			
Loans from the Department of Health and Social Care	-	-	-
Trade and other payables excluding non financial liabilities	25,172	-	25,172
Total at 31 March 2020	25,172	-	25,172

There have been no defaults on loans payable or breaches of loan terms in the period.

Note 28.4 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March 2021 £000	31 March 2020 restated £000
In one year or less	34,235	18,719
In more than one year but not more than five years	6,389	6,453
In more than five years	99,374	-
Total	139,998	25,172

The prior year comparator figures in this note were previously prepared on a discounted cash flow basis. In line with the recommendations of the Group Accounting Manual this has been updated to be shown on an undiscounted basis. This has no impact on the value of the liabilities within the Statement of Financial Position.

Note 29 Losses and special payments

	2020/21		2019/20	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
Cash losses	1	-	1	-
Bad debts and claims abandoned	-	-	1	-
Stores losses and damage to property	11	8	-	-
Total losses	12	8	2	-
Special payments				
Ex-gratia payments	11	3	14	5
Total special payments	11	3	14	5
Total losses and special payments	23	11	16	5
Compensation payments received		-		-

Note 30 Gifts

There were no gifts in either year.

Note 31 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:

The South West London Health & Care Partnership (formed 1 April 2020 in a merger of the six previous South West London CCGs). This is not a legal entity in its own right and all transactions are done with NHS South West London Clinical Commissioning Group
NHS South East London Clinical Commissioning Group
NHS England
NHS Litigation Authority
NHS Business Services Authority
NHS Property Services Ltd
Health Education England
Epsom & St Helier University Hospitals NHS Trust
Oxleas NHS Foundation Trust
South London & Maudsley NHS Foundation Trust
St George's University Hospitals NHS Foundation Trust
Kingston Hospital NHS Foundation Trust

In addition the Trust had material transactions with the following Government bodies:

HM Revenue and Customs
NHS Pension Agency

Note 32 Prior period adjustments

The Trust is not reporting any prior period adjustments.

Note 33 Events after the reporting date

There are no events after the reporting date.

Note 34 Better Payment Practice code

	2020/21	2020/21	2019/20	2019/20
Non-NHS Payables	Number	£000	Number	£000
Total non-NHS trade invoices paid in the year	18,398	135,516	20,763	101,711
Total non-NHS trade invoices paid within target	17,086	131,424	18,911	97,523
Percentage of non-NHS trade invoices paid within target	92.9%	97.0%	91.1%	95.9%
NHS Payables				
Total NHS trade invoices paid in the year	482	38,378	519	27,457
Total NHS trade invoices paid within target	360	35,806	345	26,016
Percentage of NHS trade invoices paid within target	74.7%	93.3%	66.5%	94.8%

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 35 External financing limit

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

	2020/21	2019/20
	£000	£000
Cash flow financing	28,268	12,290
External financing requirement	28,268	12,290
External financing limit (EFL)	55,803	12,297
Under / (over) spend against EFL	27,535	7

Note 36 Capital Resource Limit

	2020/21	2019/20
	£000	£000
Gross capital expenditure	62,185	31,668
Less: Disposals	-	(8,092)
Charge against Capital Resource Limit	62,185	23,576
Capital Resource Limit	64,030	23,577
Under / (over) spend against CRL	1,845	1

Note 37 Breakeven duty financial performance

	2020/21
	£000
Adjusted financial performance surplus / (deficit) (control total basis)	50
Breakeven duty financial performance surplus / (deficit)	50

Note 38 Breakeven duty rolling assessment

	1997/98 to 2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance		2,286	2,579	2,158	1,670	1,953	1,642
Breakeven duty cumulative position	8,057	10,343	12,922	15,080	16,750	18,703	20,345
Operating income		180,216	176,230	167,281	163,195	160,043	159,702
Cumulative breakeven position as a percentage of operating income		5.7%	7.3%	9.0%	10.3%	11.7%	12.7%
		2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
		£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance		3,024	2,710	4,254	25,888	18,499	50
Breakeven duty cumulative position		23,369	26,079	30,333	56,221	74,720	74,770
Operating income		162,180	163,263	166,004	184,265	193,418	220,307
Cumulative breakeven position as a percentage of operating income		14.4%	16.0%	18.3%	30.5%	38.6%	33.9%

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 historically been in the region of 1% of operating income and the Trust has achieved or over performed against this target year on year. In 2020/21 in response to the pandemic the financial regime for NHS Trusts changed and as a result the Trust was required to achieve break-even as its control total for the year. This was achieved with a marginal surplus of £50k. 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.

3iS	Identify, inform, involve, support – the basis of working in partnership with carers
A&E	Accident and Emergency Department
ADHD	Attention deficit hyperactivity disorder
AME	Annually managed expenditure
AOT	Adolescent Outreach Team
ASD	Autistic Spectrum Disorder
BAF	Board Assurance Framework
BC	Business Continuity
BCP	Business Continuity Plan
CAMHS	Child and adolescent mental health services
Carbon footprint	The total amount of CO ₂ (carbon dioxide) emissions resulting from an organisation's or individual's activities, often calculated over a year
CCG	Clinical commissioning groups. Local organisations led by GPs, responsible for planning and commissioning (buying) healthcare for their communities, including mental health, urgent and emergency care, from hospitals, clinics, ambulance services, community health bodies and others
CDARS	Community drug and alcohol recovery service
CETV	Cash equivalent transfer value
CFF	Carers, families and friends
CFFRG	Carers, families and friends reference group
CGL	Change, grow, live
CIC	Community interest company
CIH	Chief Inspector of Hospitals
CMHT	Community Mental Health Team
% CO₂e	Percentage of carbon dioxide emissions
Co-production	A way of developing, and sometimes delivering, healthcare services that brings together the knowledge, ability and input of people using the services and the organisations providing services. It puts more power in the hands of the individuals and communities who use the services. They work with healthcare professionals to develop services local people really need, and that are sustainable and cost- effective
CRN	Clinical Research Network
CPA	Care programme approach
CQC	Care Quality Commission. An independent body that monitors, inspects and publishes ratings on health and social care services in England
CQCI	Centre for Creative Quality Improvement
CQRG	Clinical Quality Commissioning reference group
CQUIN	Commissioning for Quality and Innovation
CRIS	Clinical record interactive search
CRU	Clinical research unit
CYPIAPT	Children and Young People's Improving Access to Psychological Therapies
DHSC	Department of Health and Social Care
DPR	Directorate performance review
DToC	Delayed Transfer of Care
ECT	Electroconvulsive therapy
EDGE	The national research database
EIS	Early Intervention Service
EMP	Estates Modernisation Programme

ENRICH	(Project title) Enhanced discharge from inpatient to community health care: a programme of applied research to manualise, pilot and trial a peer worker intervention
EPRR	Emergency preparedness resilience and response
ESQ	Experience of Service Questionnaire
FACT	Family Adolescent and Child Team
FITT	Family Intervention Training Team
FFT	Friends and Family Test
FOS	Forensic Outreach Service
FPC	Finance and Performance Committee
FSAVC	Free standing additional voluntary contributions
FSN	Forensic Specialist and National
GP	General Practitioner
Hazmat	Hazardous materials
HCA	Health Care Assistant
HSCA	Health & Social Care Act
HealthWatch	Healthwatch England is the national consumer champion for health and care. Local Healthwatch organisations are made up of local people. They aim to get the best out of their local health and social care services by providing feedback, opinions and input into decision-making, and holding healthcare providers to account
HOIA	Head of internal audit
HR/OD	Human resources/organisational development
IAPT	Improving access to psychological therapies
ICO	Information Commissioners Office
I&E	Investment and expenditure
IOR/CBRN	Initial operational response/chemical biological radiological or nuclear
IM&T	Information Management and Technology
IPS	Individual placement and support
LGBT+	Lesbian, gay, bisexual and transgender
KCC	Kingston co-ordinated care
KPI	Key performance indicator
LD	Learning disabilities
LOS	Length of Stay
LTFM	Long-term financial model
MASH	Multi Agency Safeguarding Hub
MCP	Most capable provider
MDT	Multi Disciplinary Team
MHA	Mental Health Act
MP	Member of Parliament
MST	Multi Systemic Therapy
MUTRIPS	Mechanisms underlying treatment resistance In psychosis
NEDs	Non-executive directors
NHS	National Health Service
NHS BSA	NHS Business Services Authority
NHSE	NHS England
NHSI	NHS Improvement
NICE	National Institute for Health and Care Excellence
NMoC	New Models of Care
NPSA	Named Patient Service Agreement
NoCLoR	North Central London Research Consortium, responsible for research management and governance for NHS organisations in the north Thames region
OBC	Outcome-based commissioning
OBd	Occupied Bed Day
OCD/BDD	Obsessive Compulsive Disorder/ Body Dysmorphic Disorder

OT	Occupational Therapy
PALS	Patient advice and liaison service
PADR	Performance and Development Review
PEER	Peer expertise in education and research
PFP	Positive Families Partnership
PICU	Psychiatric intensive care unit
POMH	Prescribing Observatory for Mental Health
PPiP2	Prevalence of neuronal cell surface antibodies in patients with psychotic illness (extension study)
PSF	Provider sustainability funding (formerly sustainability and transformation funding) - funding from NHS Improvement allocated to support and incentivise the sustainable provision of efficient, effective and economic care by NHS Trusts and Foundation Trusts.
PQF	Patient quality forum
QA	Quality Account - published annually by NHS healthcare providers to report on the quality of their services, covering patient safety, the effectiveness of treatments that patients receive, and patient feedback about the care provided
QII	Quality Improvement and Innovation
QSAC	Quality and Safety Assurance Committee
R&D	Research and development
RAG scores	Red, amber, green states. Red – service suspended; amber – service operating with disruption; green –service operating normally.
RiO	Electronic patient recording system
ROBC	Richmond Mental Health Outcomes Based Commissioning
ReBIND	(Project title) Research into the effectiveness of biographical reminiscence films in dementia
RST	Recovery Support Team
RTF	Real-time feedback
RTT	Referral to Treatment
S136	Section 136
SGUL	St George’s University of London
SLaM	South London and Maudsley NHS Foundation Trust
SLP	South London Mental Health and Community Partnership
SinQUE	Social inclusion in mental health Development and validation of a measure of social inclusion
STP	Strategic transformation plan
SDMP	Sustainable development management plan
SDU	Sustainable development unit
SOF	Single Oversight Framework
SPA	Single Point of Access
STEIS	Strategic Executive Information System
STEP	Springfield and Tolworth Estate Partnership
SWLSTG	South West London and St George’s Mental Health NHS Trust
TIAA	SWLSTG internal auditors
ToC	Triangle of care
TRIANGLE	Transition care in anorexia nervosa
WCEN	Wandsworth community empowerment network
WTE	Whole-time equivalent. A way of calculating the number of people in our organisation that includes those who don’t work a full working week. For example, a person working standard hours each day, but only three days out of five, would count as 0.6 WTE
YTD	Year to date



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Our values



Respectful



Open



Collaborative



Compassionate



Consistent

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