South West London and St George’s Mental Health NHS Trust
Annual Report 2013/14

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Chair and Chief Executive’s Foreword

Welcome to the South West London and St George’s Mental Health NHS Trust’s annual report, a review of 2013/14 for our Trust.

It has been a successful 12 months for our mental health services in South West London, and a year when our efforts to embed quality in all that we do were pushed to the fore.

Transformation has been a recurrent theme, as staff in all corners of the organisation were tasked with looking at how they can do more and better for service users, within a nationally-reducing funding envelope.

The final touches are now being put to our five-year vision document, A strategic approach 2014 to 2019, which will guide all that we do to achieve our mission of making life better for service users. The vision has the theme of collaboration running throughout; as efforts to actively seek, hear and respond to what service users, their carers, friends and families say about their care moved apace.

With the NHS continuing to feel reverberations from the Francis Inquiry, we know we cannot take quality and safety in services for granted. Making sure both sit at the centre of all that we do has been a major preoccupation for the Board. This saw the publication of a new Quality Strategy, aimed at helping us deliver high quality personalised, integrated health and social care services.

The strategy has been developed with our many health and social care partners; in the knowledge that joined-up, flexible services are best placed to meet the diverse needs of service users. We also responded to the Care Quality Commission’s (CQC) final outstanding compliance issues, and were pleased to receive a clean bill of health in September.

In March we were chosen as one of the first mental health organisations to take part in the new CQC inspection regime, which involved a wide-scale visit by the Chief Inspector of Hospitals. We currently await the outcome of the review, but are confident that the results will reflect the hard work and improvements made by our teams.

This year we have focused on putting words into practice about our ambitions to involve more stakeholders and act on their feedback. A number of new initiatives were launched including the transformation of the complaints department into a broader Patient Experience Team, including a dedicated telephone line for service users, families and carers. On the wards and in our home treatment teams, staff moved from doing paper-based user experience surveys to implementing a real-time feedback system. They are analysed regularly and shared with wards through a dashboard and this is helping us to become a continuously improving organisation. The new system will be rolled out across all our community services in 2014/15, and we are excited at the way it is opening up the organisation to more of the people we serve.

In terms of performance we did well against standards set out by Monitor in the Compliance Framework. You can see our achievements in more detail on page 15 in the Directors’ Report. Thanks to the hard work of staff we also met the savings target set by our commissioners.

Following consultation with our external auditors, a major piece of work was the redesign of the way we report to the Board and commissioners on finance and quality. This has resulted in a new-style monthly Integrated Governance Report giving members greater control over
balancing quality, performance, development and finance metrics in the best interests of our service users.

Our journey to become an NHS Foundation Trust continued and we are now delighted to have over 5,500 members signed up. With our integrated business plan now ready and finances settled, we hope that our application, once reviewed by the Trust Development Agency, will go before Monitor for approval in the Summer of 2014.

Alongside the corporate and strategic development agenda, our services continued to thrive and staff to innovate. We were pleased to host Secretary of State for Health Jeremy Hunt at Springfield Hospital in March, when he visited our children and adolescent mental health services (CAMHS) and praised the quality of care. We have our own outreach facility which is unique in London. No children are placed out of area and they experience excellent recovery outcomes and the shortest hospital stays in the capital.

Dementia is a growing issue of concern in society, with more and more people expected to suffer from the condition as the population ages. An excellent example of collaborative working is the Merton Memory Clinic, run by our Trust with support from the third sector. Workers from the Alzheimer’s Society and Carers Support Merton started work from the premises at St George’s Hospital, meaning that patients can now get medical and social support under one roof at the same time.

There was huge success at helping people with mental health conditions to get back to work, with the Individual Placement Support (IPS) approach pioneered for the UK at our Trust. Latest figures reveal that it is well ahead of the national average for getting patients with severe mental health conditions into work.

We are so proud of our staff and all they have achieved over the past 12 months. Efforts to make it easier for them to have their say and innovate were helped along by the Listening into Action project. This gave hundreds of frontline staff the opportunity to air their concerns and improvement ideas with the Chief Executive face-to-face. Another focus for the year was honing the strategy to modernise our estate, so that our physical environments match the same level of quality as the care given by staff. We will be consulting on some new developments in 2014/15 with local communities.

We will close now by saying a big thank you to everyone who has played a part in the life of our Trust and for their continuing dedication to excellent patient care.

Peter Molyneux, Chairman

David Bradley, Chief Executive
At a glance

South West London and St George’s Mental Health NHS Trust has been part of the local health community for 175 years – providing a wide range of mental health services to the people of Kingston, Merton, Richmond, Sutton, Wandsworth and beyond.

Our services are people-focused, from support to clients in their own homes to a range of regional and national specialist services. Over 2,200 staff provide support and care from multiple settings.

Our future challenge is to offer services that are fully tailored to the individual, so that people are empowered to manage their own mental health with the support of our services as a trusted resource.

Playing our part in becoming a more sustainable NHS is also a key ambition for the year ahead.

Our profile

We are the main provider of NHS mental health care services to a population of over 1 million people of all ages in the London boroughs of Kingston, Merton, Richmond, Sutton and Wandsworth. We also provide some specialist support to people all over the UK.

Our staff provide community and outpatient services in each of the boroughs and inpatient services at Queen Mary’s, Springfield and Tolworth hospitals. In December 2013 our inpatient beds totaled 432.

Our regional and national responsibilities include services for children and adolescents, adults with eating disorders, people who are deaf, people with obsessive compulsive disorder (OCD) and services for people with mental health needs who have been referred through the criminal justice system.

We are the key training organisation for mental health in south west London and nurturing health professionals with the right values for the future is an important part of our role. Our main educational partners are King’s College London, the Tavistock Institute of Medical Psychology, St George’s University of London, Kingston University, London South Bank University, University of Surrey and Brunel University.

How we work

The Trust works in partnership with colleagues in primary care, local authorities and the non-statutory sector to:

• promote mental health and improve awareness of its importance,

• support people with mental health problems and their families,

• provide care and treatment to the highest standards; and

• help to challenge stigma and discrimination.

Our aim is to serve the mental health needs of everyone in the diverse communities it serves.
Services in brief

Services available in south west London:

- Inpatient, outpatient and community services for children, adults and older people with mental health problems.

- Forensic inpatient and community services for people with mental health problems who have been through the criminal justice system;

National services:

- Mental health services for deaf children and adults.

- Eating disorder services for children and adults.

- Services for the treatment of obsessive-compulsive and body-dysmorphic disorders.

Our vital statistics:

- At any one time 20,000 people are receiving treatment and care from the Trust

- We operate from over 90 sites with three main inpatient sites

- Our workforce totals over 2,000 staff

- We manage a budget of £160million and are achieving at least a 1 per cent surplus each year

Get in touch

You can find out more about the many different services we provide and our locations on our website [http://www.swlstg-tr.nhs.uk/](http://www.swlstg-tr.nhs.uk/)

Or contact us at:
Trust Headquarters
Building 15, Springfield University Hospital,
61 Glenburnie Road
London SW17 7DJ
T 020 3513 5000
Mission, vision and values

Our mission is about Making Life Better Together and our ambition, that “we aspire to be a cost effective centre of excellence; a place where patients choose to be treated; where clinicians want to train and work; and where our stakeholders want to work with us”, supports our collaborative approach.

We want to become the first choice mental health provider for growing numbers of people. We will work towards this ambition by putting service users’ needs and wellbeing at the heart of all our decisions. Success will mean more people choosing to have their care with us, more people choosing employment with us and our partners working proactively with us.

Our values

We want to ensure that our values underpin everything we do. They encapsulate what we expect from each and every member of Trust staff. The values are based on:

- **Openness** – being transparent with all our partners
- **Respect** – treating everyone with dignity and encouraging diverse perspectives and views
- **Fairness** – treating everyone as we expect to be treated
- **Collaboration** – working in partnership in everything we do, taking a genuine interest in others
- **Excellence** – always improving, always innovating, rewarding hard work while meeting and surpassing national best practice.

Objectives for the year ahead

We want our services to be recognised as being effective – enabling people to recover and stay well.

We will strive for excellence – providing services that meet and exceed national standards and care that is always based on the best clinical evidence.

Sustainability is another theme – making sure that we make the very best use of our income, people and estate.

Our strategic objective themes will guide our way:

- **Quality and value** – we will provide consistent, high quality, safe services that represent value for money
- **Partnership** – we will continue to develop strong partnerships to create and develop accessible and responsive services
- **Co-production** – we will design and deliver services in partnership with service users, carers, staff and local communities
- **Recovery** – we will empower people who use our services to have increased hope, control and opportunity
- **Innovation** – we will lead the way in providing health and social care services
- **Leadership and talent** – we will nurture the very best people at all levels of our Trust.
Organisational Review

Almost one in five Londoners suffers from mental ill health, accounting for £5.5 billion a year in lost working days and £2.5 billion a year in health and social care costs. With higher than average pockets of deprivation and homelessness, London has some significant, and unique, determinants of mental health.

Like all our NHS colleagues across London, South West London and St George’s Mental Health NHS Trust must transform in order to offer consistently high quality services and maximise the value of every pound we receive. This includes radically rethinking how we deliver services so they are more tailored to the individual, looking at the way we run our business and improving how we interact with our many different stakeholders.

Becoming an NHS Foundation Trust provides a road map for meeting the ambitions above and applying for such status was a major programme of work in 2013/14.

Becoming an NHS Foundation Trust

We believe that applying to become an NHS Foundation Trust will give local people a genuine voice in shaping the services we provide and our future. Organisationally, foundation trust status will give us greater independence to invest directly in improving services while remaining a proud part of the NHS.

Being an NHS Foundation Trust provides real potential to work with local people and partners to create the local health services they want. During the year we have continued to work towards achieving NHS Foundation Trust status as we believe it will deliver the following benefits

Quality, value and accountability
There will be greater freedom to improve the quality of care for service users, as well as fewer restrictions on the disposal of assets and raising of capital to support the Trust’s plans for capital investment to improve inpatient facilities. The Trust will also be more locally accountable for quality through the Council of Governors and the wider membership.

Partnership
We will build on the strength of our relationships with local authorities, local community groups and GPs in order to continue to deliver a high-quality, seamless service for local communities. Establishing lasting partnerships, such as joint ventures, will enable us to better integrate services with other local health, social care and third sector providers. Such ventures will support a cost-effective regeneration of our estate and support the delivery of complex care in community settings such as supported housing.

Working together and recovery
Creating more accountability to service users, carers, staff and the community by becoming a membership organisation with a mainly elected Council of Governors will support even more effective joint working. A culture of positive, local relationships will be integral to our success.

In negotiation with key stakeholders we have now agreed a structure for the Council of Governors. This comprises 40 governors in four constituencies. The four constituencies are service users and carers, public, staff and appointed members. They will include representatives from the five local boroughs and the wider geographical area we serve.
Innovation
Greater freedom to earn income from innovation will help raise capital for development. We will also be able to widen the scope of some of our innovative and specialist services in order to maximise their commercial benefit. Furthermore, we plan to use an innovative PropCo Joint Venture to deliver our exciting estates modernisation programme which will allow the Board to maintain a focus on quality outcomes and user experience at a time of significant estate transformation.

Leadership and talent
We believe greater control over employment terms and conditions, used sensitively, will enable us to reward talent better, create a more motivated workforce and help the organisation become a first choice employer. Increased levels of staff engagement will be achieved through membership and the Council of Governors.

Developing the application

To achieve NHS foundation trust status the Trust will need to demonstrate that the new organisation is legally constituted, well governed and financially viable for the long term.

There is a standard process for all aspirant foundation trusts to follow and in April 2013 the NHS Trust Development Authority (TDA) assumed responsibility for this area. The TDA’s new accountability framework defines the process NHS trusts must follow and the standards they must meet in order for referral of their application to Monitor. Monitor’s role involves carrying out further assessments across the organisation and making the final decision on whether an organisation is ready to become an NHS foundation trust.

2013/14 saw us take a number of significant steps towards the goal of becoming an FT. Core to our efforts was the development of a comprehensive Integrated Business Plan (IBP) covering the five-year period 2013/14 to 2018/19. This articulates what we intend to deliver in relation to our services, quality, finances and how we want to innovate and transform our service offer to become a high-performing integrated provider of personalised care.

We also completed a series of compulsory independent assessments to establish how close we are to meeting the required standards for quality, governance and financial viability. These included:

- A follow-up assessment by KPMG who conducted the initial review against the Monitor Quality Governance Framework where the Trust demonstrated it is operating well within the Monitor thresholds for quality.
- A further review of historical due diligence by PwC originally appointed by the Department of Health to ensure the robustness of our current and future financial position.
- A readiness review in January 2014 between our Board and TDA executive representatives to prepare for our final steps in the FT application process.
- An inspection by the Care Quality Commission (CQC) as part of its new regime of hospital inspections launched in Autumn 2013. Such inspections are now a requirement for all aspirant NHS foundation trusts prior to authorisation by Monitor. Our Trust took part in the first wave of pilot inspections in March 2014.
Have a say

A crucial element to becoming an NHS foundation trust is establishing a membership. Membership comprises members of the public, service users, carers, and staff.

Efforts to involve our stakeholders in the journey to become an FT built on the public consultation of 2012/13. This consultation included meetings, roadshows and presentations involving over 1,000 participants.

There was strong support for our ambition to become an FT and valuable comments on the proposed design of the membership. These have led to a revision in the proposed make-up of the Council of Governors where there will now be an increased number of service user governors from 5 to 10 representing the boroughs. To become a governor, members nominate themselves to stand in election and are voted on by the membership. The governors work with the Board of Directors, Non-executive directors, Chair and Chief Executive to help shape the strategic direction of the organisation.

As at 31 March 2014 we had 5,745 members signed up. This figure comprises 2,122 members of the public, 1,380 service users and carers, and 2,243 members of staff.

Our overall target is the recruitment of 4,000 public and service user members by March 2015. At the time of writing we are around 500 members short of the target. Activity for the next six months will focus on a range of communications and engagement activities aimed at getting more people involved and keeping those members already signed up abreast of our plans.

Becoming a Foundation Trust

Our application is being overseen by a Foundation Trust Steering Committee that was established in late 2012. This includes representatives from key external stakeholder groups including commissioners, the local authorities, health and wellbeing boards, Healthwatch, carers, service users and the third sector.

The purpose of the committee is to continue external engagement and members were instrumental in the development of the Trust’s strategy during the year. They will continue to help with our application.

For more information about our bid to become an NHS foundation trust, what this will mean for local people and how to become a member to help shape the local NHS visit [www.swlstg-tr.nhs.uk/about-us/becoming_a_foundation_trust](http://www.swlstg-tr.nhs.uk/about-us/becoming_a_foundation_trust)

Our estate

One of our biggest challenges is that most of our hospitals date back to the mid 19th century. Because of their age and design the buildings no longer meet today’s high standards for mental health services and they make it harder for staff to deliver high quality care. Our buildings are expensive to run and environmentally unfriendly.

The transformation of community services means more and more people will be supported closer to home; and those who do need to be in hospital will not be admitted so often, or for so long. As a result we have an opportunity to look afresh at our mental health inpatient
facilities. We have a once in a lifetime chance to create modern mental health inpatient facilities that will be the best in the country.

Our estate strategy remains as before in wanting to transform our physical environment so that it offers patients and staff a much better environment for their daily lives.

The main objectives in the strategy include:

- Generating income for new developments by selling land and buildings that the NHS no longer needs for mental health services.
- Supporting the development of more services closer to home throughout all five boroughs. We want to make services more convenient by providing more care through community outpatient clinics and reducing the need for patients to come into hospital.
- Investing in a £160 million programme of new facilities designed to the highest standards.
- Reducing our running costs so that our services are sustainable for the future.

Progress to date

In 2013/14 we made significant progress towards achieving our strategic vision of having modern new facilities conducive to the provision of high quality care, privacy and dignity for our patients and staff.

At Springfield we have planning permission to regenerate the site including a new mental health inpatient facility and housing for local people in a parkland setting. Subject to detailed planning approval, the first phase of the housing development is on track to commence in early 2015.

A business case that sets out our objectives and strategy was submitted to the NHS approvals process and we are now developing our detailed plans. This will include consultation with service users, the public and our partners on proposals for the future configuration of our inpatient facilities. The intention is that our commissioners will take decisions during 2014-15 on the proposal they wish to implement. This will inform how we take forward our modernisation programme for services in the five local boroughs and for the national services we provide. Full details are on our Trust website.

Research and development

We are proud of our research portfolio which is underpinned by strong collaborative partnerships that have helped create a national centre of mental health research excellence.

During 2013/14 we experienced significant growth in both research capacity and expertise, thanks mainly to the Clinical Research Unit in Psychiatry of Old Age and Neuropsychiatry (CRU-POAN).

Our research and development role has also been enhanced by the recent appointment of three new honorary clinical researchers to work on developing research ideas within the mental health section of St George’s, University of London.
The Research & Development (R&D) Department has also successfully appointed three new research nurses to work on commercially funded research, dementia studies and individual projects. The new R&D nursing posts will provide an essential mix of skills within the department and also facilitate better patient recruitment and clinical liaison.

**Key achievements**

The following examples demonstrate some of the Trust’s key achievements in 2013/14.

**Secretary of State Jeremy Hunt praises ‘brilliant’ mental health trust after visit**
We were delighted to welcome Secretary of State for Health the Right Honourable Jeremy Hunt MP on a visit to the Trust in March.

Mr Hunt visited Springfield University Hospital in Tooting, South London to meet staff and service users and experience life on the ward by mucking in with daily activities.

After helping out on Aquarius ward, which cares for 12-17-year-olds with severe mental illness, he said: "It has been great to spend time at Springfield University Hospital and see the brilliant services they provide. Today I met some of the patients on the ward, as well as the dedicated members of staff who care for these young people."

Our children and adolescent mental health services (CAMHS) have their own outreach facility which is unique in London. No children are placed out of area and they experience excellent recovery outcomes and the shortest hospital stays in the capital.

**Health workers and charity join forces for ground-breaking dementia partnership**
Early in 2014, we launched a ground-breaking partnership with third sector workers to provide a one-stop shop for people with Alzheimer’s and other dementia problems.

The Merton Memory Clinic, which is run by the Trust, opened its doors to workers from the Alzheimer’s Society and a local charity, Carers Support Merton, so that patients now get medical and social support under one roof at one time.

Dr Rajen Shah, Consultant Old Age Psychiatrist, said: "Patients and carers are now able to receive comprehensive information in one visit. The Memory Clinic has been running for many years and we came to realise that while we could help with patients’ healthcare needs, other agencies were better equipped to resolve and provide support with other issues.

"Patients and carers tell us that the convenience and speed of everything being in one place is very welcome."

**Eating disorders staff shortlisted for prestigious awards**
Our Eating Disorders services were shortlisted for prestigious awards in two categories by the UK Eating Disorders charity B-EAT.

Avalon, an inpatient ward which treats adults with eating disorders, was nominated for Best Clinical Team and the Adult Eating Disorders Community Team and Day Hospital was nominated for the Best Community Team category.

Tyrone Blackford-Swaries, SWLSTG Service Director for Specialist Services, said: "I am delighted that these teams were shortlisted. It is some recognition of the skill, dedication and sheer hard work of every member of staff. It also highlights the Trust’s position as a leading provider of health and social care for service users living with eating disorders."
Massive success for quit smoking campaign
Smokers at the Trust persisted in stubbing out their cigarettes as a quit campaign continued to achieve massive success during the year.

Providing motivational CDs, offering advice on herbal teas and even rescheduling sessions so that the family dog could be looked after by a patient's husband while she battled her cravings, have all helped service users quit.

Of the Trust's current service users, 81 have been helped to quit smoking altogether and 25 assisted to cut down by more than a quarter. A further 259 service users completed the full 12-week expert supported smoking cessation course and are being helped towards their long-term goal of giving up.

Dawn Chamberlain, SWLSTG Director of Operations, said: "Research shows that people living with mental illness consume 42 per cent of all cigarette products in the UK, individually they smoke more heavily than smokers in the general population and their life expectancy is significantly lower.

"Helping our clients to stop smoking really improves their well-being, not only in terms of health but also financially and socially."

Huge success in helping people back to work
A ground-breaking approach to helping people with mental health conditions get back to work through one-to-one support and guidance recorded spectacular success in 2013/14.

The Individual Placement Support (IPS) approach was pioneered in the UK at our Trust and latest figures reveal that it is well ahead of the national average for getting patients with severe mental health conditions into work. The success has been noted by the Department of Health and the Department for Work and Pensions, which jointly visited the Trust to learn more about how the programmes work.

In England, only 7.9 per cent of people with severe mental health conditions are in employment, while almost 10 per cent of South West London and St George's mental health patients have jobs.

Miles Rinaldi, Head of Recovery and Social Inclusion, said: "Employment is important for maintaining good mental health and promoting recovery from mental health conditions.

"The Trust has well developed and respected employment support services delivering the IPS approach with very successful outcomes."

Alcohol project treats first patients
An innovative project to provide alcohol advice to Section 136 patients started in 2013 with the first people being offered expert guidance on how to cut their drinking.

The project was awarded a £10,000 grant to pilot the scheme which involves a physical health assessment including blood tests, and a session about alcohol consumption.

Ward Consultant Dr Aileen O'Brien said: "We have trained nurses in offering advice and taking blood. Talking about alcohol consumption with our patients could help them to think about dealing with problem drinking."
"Patients' GPs will be informed of the results; this doesn't routinely happen at the moment in the 136 suite unless patients are admitted. This may help to spot problems earlier and lead to quicker diagnosis and treatment."

The project was devised after a recent audit of admissions to the Section 136 unit revealed that of the 245 individuals brought in, 108 (44 per cent) were intoxicated.

Corner House scoops prestigious award for care of mentally ill deaf children

Corner House, our specialist unit for the care of deaf children with severe mental health problems, beat off strong opposition to win a prestigious national award in November 2013.

The Signature awards celebrate excellent work in helping deaf and deaf/blind people achieve full access to society and they praised Corner House for its work in helping children and their families to become 'whole and well'.

Corner House is a six-bed inpatient service based at Springfield University Hospital for deaf 8-17-year-olds with mental health, emotional and behavioural problems.

Corner House, the only facility of its kind in Europe, first opened in 2001 in an existing building on the grounds of Springfield University Hospital, part of South West London and St George's Mental Health Trust, in Tooting, South London and the care and dedication of its staff helped it to pip the likes of Lloyds Banking Group and the BBC National Orchestra and Chorus for Wales, to the Organisational Achievement award which was announced at London's Bloomsbury Ballroom.

Children move into new CAMHS ward

In March, the £3.2million project to create a dedicated campus style centre for children's mental health services moved a step closer when deaf service users moved into their new ward.

The newly-refurbished Corner House will provide 8-18-year-old deaf service users with mental health services and a new integrated education school facility which was rated 'Outstanding' following last year's Ofsted inspection.

Corner House is the first part of the new CAMHS (Child and Adolescent Mental Health Services) Campus to open. In addition to Corner House there are plans underway to provide services for hearing young people with severe mental health difficulties (Aquarius Ward), as well those who have eating disorders (Wisteria Ward).

Psychiatrist Dr Ross Campion, who has worked at Corner House since it opened, said: "Although we were very pleased to have a place at all, the old facility was never ideal for the work we do.

"This new space has plenty to offer, it is light and the facilities have been significantly upgraded. There is room for the children to run about safely.

The new campus boasts a beautiful garden with vegetable patches and soft play areas. The building is wheelchair-friendly, state-of-the-art alarms ensure safety and, of course, there is the latest therapeutic equipment.
ITV documentary focusses on the impact of OCD
In October 2013, ITV aired *OCD Ward*, a documentary looking at the treatment of Obsessive Compulsive Disorder (OCD) at our Trust and the impact the condition has on patients and their family relationships.

The documentary focussed on several people living with some of the most extreme symptoms of OCD. Ranging from Edward - an IT consultant, who has been unable to hug his parents for a number of years for fear of contamination - through to Hayley, a former care worker, who is overwhelmed by thoughts of terrible things happening to her loved ones to the extent that she can spend up to 20 hours a day checking on their safety.

Dr Lynne Drummond explained: "We encourage patients to overcome their obsessive fears and compulsions by gradually facing up to their anxieties. Only a tiny proportion of people living with OCD will need to become inpatients.

Outstanding Ofsted report
In 2013, the school based at Springfield Hospital in Tooting was awarded top marks by Ofsted. The school is for service users from our Children and Adolescent Mental Health Services (CAMHS) and includes provision for deaf children.

In all categories the school was judged outstanding: Achievement of pupils; Quality of teaching; Behaviour and Safety of Pupils; Leadership and Management.

Carla Chandler, the school's Headteacher said, "This is the second time we have been awarded an Outstanding mark by Ofsted who said one of our specific strengths was the ability of staff to meet the individual needs of young people and constantly adapt to ensure they make outstanding progress."
Strategic Report 2013/14

Directors’ Report

Overall, 2013/14 was a success for the Trust. We managed to maintain and improve quality standards throughout our services while delivering target cost-savings of £8 million. This is at a time when the health market is becoming more open, competitive and regulated in the light of the Francis report.

Following consultation with our external auditors, the Trust redesigned the way we report to the Board and commissioners on both finance and quality. This involved the production of a monthly Integrated Governance Report from May 2013. The new style report shows performance on all aspects of the Trust’s business in a unified format. By showing a clearer overview of the organisation, the new tool gives Board members greater control over balancing quality, performance, development and finance metrics in the best interests of patients.

The Trust continues to perform well against Monitor standards (as shown in the table below). Action plans are in place for waiting times and compliance with the annual review target.

<table>
<thead>
<tr>
<th>Area</th>
<th>Indicator</th>
<th>Threshold</th>
<th>2011/12</th>
<th>2012/13</th>
<th>2013/14</th>
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<tr>
<td><strong>Effectiveness</strong></td>
<td>Data completeness: identifiers MHMDS</td>
<td>97%</td>
<td>99%</td>
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<td></td>
<td>Data completeness: outcomes for patients on CPA</td>
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<td>90%</td>
<td>91%</td>
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<td><strong>Patient Experience</strong></td>
<td>Maximum 18 weeks: From point of referral to treatment in aggregate (RTT) – admitted</td>
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<td></td>
<td>Maximum 18 weeks: From point of referral to treatment in aggregate – non-admitted</td>
<td>95%</td>
<td>Yes</td>
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<td>Yes</td>
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<td></td>
<td>Maximum 18 weeks: From point of referral to treatment – incomplete pathway</td>
<td>92%</td>
<td>Yes</td>
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<td>Breaches to 52 week waiting times</td>
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<td>Certification of compliance with requirements for access for people with a learning disability</td>
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<td></td>
<td></td>
<td>Yes</td>
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<td><strong>Quality</strong></td>
<td>Follow-up within 7 days of discharge from inpatient facilities</td>
<td>95%</td>
<td>97%</td>
<td>97%</td>
<td>96%</td>
</tr>
<tr>
<td></td>
<td>CPA clients having formal review within 12 months</td>
<td>95%</td>
<td>96%</td>
<td>97%</td>
<td>92%*</td>
</tr>
<tr>
<td></td>
<td>Minimising mental health delayed transfers of care</td>
<td>≤7.5%</td>
<td>3.7%</td>
<td>2.4%</td>
<td>2.5%</td>
</tr>
<tr>
<td></td>
<td>Admissions to inpatients services had access to Home Treatment</td>
<td>95%</td>
<td>44%</td>
<td>96%</td>
<td>98%</td>
</tr>
</tbody>
</table>
Serve new psychosis cases by early intervention teams | 95% | 218% | 252% | 215%
---|---|---|---|---
Clostridium Difficile: is the Trust below the YTD ceiling? | Yes | Yes | Yes
Clostridium Difficile: is the Trust below the de minimus? | Yes | Yes | Yes
MRSA: is the Trust below the YTD ceiling? | Yes | Yes | Yes
MRSA: is the Trust below the de minimus? | Yes | Yes | Yes

**Safety**

<table>
<thead>
<tr>
<th>CQC Registration</th>
<th>2013/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Compliance with CQC Essential Standards resulting in a Major Impact on Patients</td>
<td>0</td>
</tr>
<tr>
<td>Non-Compliance with CQC Essential Standards resulting in Enforcement Action</td>
<td>0</td>
</tr>
<tr>
<td>NHS Litigation Authority – Failure to maintain, or certify a minimum published CNST level of 1.0 or have in place appropriate alternative arrangements</td>
<td>0</td>
</tr>
</tbody>
</table>

*The Health and Social Care Information Centre changed the indicator construction for annual CPA reviews from April 2013. It is now submitted and reported monthly, rather than quarterly. Using the original construction reported in the previous years the Trust achieved 98% compliance – the highest level achieved for any other year.*

**Headline activity**

<table>
<thead>
<tr>
<th>KPI</th>
<th>2013/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caseload* March 2014</td>
<td>19,352</td>
</tr>
<tr>
<td>Referrals average per month</td>
<td>3,305</td>
</tr>
<tr>
<td>Occupied bed days (Exc Leave)</td>
<td>135,777</td>
</tr>
<tr>
<td>Total contacts</td>
<td>427,360</td>
</tr>
</tbody>
</table>

*Case load refers to the number of service users who are currently actively using our services.*

The Trust continues to embed social care performance information in its routine processes and governance. We have improved our partnership governance systems by integrating them into the management regime. We are confident this will resolve any outstanding concerns about the effectiveness of partnership arrangements. We have also implemented the Triangle of Care (see page 30), a way of working collaboratively with service users, carers and families. This is focused on ensuring all key stakeholders’ perspectives are taken into account in our continuous quality improvement programme.
A transformational approach

At the heart of our plans for the future is supporting service users to have greater control over their mental wellbeing. They expect to receive mental healthcare closer to their homes in ways and at times that are convenient to them. Our five-year strategy, an integral part of our application to become an NHS Foundation Trust, will focus on the following three areas:

- Transforming services to provide integrated care which is closer to home wherever possible, easier to access and to use, and which improves the experience for everyone who uses, visits or works in our services.
- Investing in new inpatient facilities by replacing our Victorian buildings to provide new centres of excellence for modern mental health care.
- Listening and responding to people by putting service users first in shaping our services and increasing accountability by becoming an NHS Foundation Trust.

Factors influencing performance

There were a number of key factors that influenced our performance during the 2013/14 period:

GP-led commissioning - The NHS Health and Social Care Act 2012 introduced new service commissioning arrangements in the form of GP-led clinical commissioning groups (CCGs), which went into operation formally in April 2013. This refreshed focus on clinical priorities has led to a change in some development and performance priorities for the Trust, notably improving access to services and reducing waiting times for patients.

Economic austerity - The ‘Nicholson Challenge’ of 2009 gives the NHS a £20bn savings target to be met by 2014/15. There is also an expectation for a similar savings approach continuing into the next five years. The ambitious target will require a radical restructure of many aspects of service and a refocus on the support and interventions that provide greatest value for patients. Our transformational approach is aimed at helping the Trust meet the savings challenge by re-shaping services to operate within reduced budgets, while at the same time maintaining and improving quality.

Physical health care – Research shows that people who experience mental health problems have a shorter life expectancy than the general population. Some of the influencing factors are mental health patients’ susceptibility to long-term physical conditions like diabetes and that they are more likely to be smokers. In our sector there are efforts to change this picture to improve the physical wellbeing of people experiencing mental health problems. This local work focuses on the full spectrum of health services and includes the introduction of new performance measures.

A focus on partnerships – The provision of mental health support in the future is likely to be through a more complex arrangement of partnerships between statutory agencies, charities, carers and service user networks. This has already been shown as a successful model in some of our local substance misuse services. During the year we agreed a number of formal ‘section 75’ arrangements with local authorities and social services to build on the successes to date.

Benchmarking information – Last year’s changes to commissioning structures has meant that some of the national benchmarking information we used to rely on became unavailable. This is currently making it more difficult to understand our performance position in relation to peers. We understand that the Health and Social Care Information Centre is expecting to start publishing a new suite of mental health information soon which will help us measure further our performance against similar trusts.
Focus on quality – In recent years there has been a strong national focus on care quality which the national Francis Inquiry of 2012/13 has further reinforced. One of the actions resulting from our own review of the report findings has been to invest more in the staffing of inpatient services. We currently await the results of a detailed inspection by the Care Quality Commission’s Chief Inspector of Hospitals in March 2014 into the quality of our services overall.

Service user and public feedback – Recent national drives have placed an even stronger emphasis on the importance of using feedback in the NHS. This is a priority area for our Trust and a number of new initiatives were launched during the year. There is a new real-time feedback initiative on the wards, now generating over 500 surveys a month from patients, carers and staff. We have also signed up to the independent feedback website, Patient Opinion.

The mental health tariff – A new tariff (formerly known as Payment by Results) is on the way to change how we charge for services. In preparation we worked with commissioning colleagues to develop a structure that includes service models, care pathways, activity volumes, local prices and performance measures. This work has also highlighted opportunities for re-designing the way some services are provided to help improve both health outcomes and efficiency.

Technology - The increased use of the internet and social media has provided an opportunity for us to communicate better with service users and other stakeholders. It has also improved performance management systems and has the longer-term possibility of reducing bureaucracy and generating savings.

Objectives 2013/14 and how we performed

We made good progress against our strategic objectives which are to improve quality and value, partnership working, co-production, recovery, innovation and leadership and talent.

Quality and value

There were significant improvements during the year in the quality of many aspects of our services. Additional inpatient staffing has been funded and there has been a stronger focus on improving physical healthcare.

There have also been improvements in the processes to manage and learn from complaints, incidents and safeguarding alerts. The response times to complaints and serious incidents has been reduced significantly and is now well within target. The number of serious incidents has come down and there have been significant improvements in the reporting of less-serious incidents. This suggests that there is an improved culture of risk management within our front line services. See page 41 for more information.

We continued to treat more patients during the year, with service activity 5.5 per cent above target. We managed to accommodate the increased workload within reduced funding, suggesting the success of our ongoing efficiency plans. Commissioners also make some of our income contingent on the achievement of certain quality requirements each year under Commissioning for Quality and Innovation (CQUIN) schemes. We met the majority (96 per cent) of the local CQUIN and the entire specialist services schemes.
Partnership

We developed a number of formal partnerships with local authorities under ‘Section 75’ agreements during the year. These provide a formal basis for partnerships and ensure that the roles and responsibilities of all organisations involved are clear and directed towards the wellbeing of service users.

Co-production

We have made a commitment to utilise the potential of co-production to empower and enable service users, carers and communities to be at the centre of the design and delivery of our services, as well as contribute to the development of the people and communities we serve.

This has seen us playing a pioneering role in the development of co-production and the challenge for the organisation is to embed its principles and practice organisation-wide and take these established building blocks into the mainstream.

Wandsworth Improving Access to Psychological Therapies team has been working in partnership with the Wandsworth Community Empowerment Network (WCEN) to increase the uptake of the service within diverse communities and developed co-location sites in community buildings. This approach has seen a number of benefits including increased numbers accessing psychological therapies from those groups that historically accessed the service less than what would be expected. This work has also supported community capacity building with the local community and improved mental health awareness.

Ward 2 has been working in partnership with Canerows (BME service user group) to establish a peer-led supported discharge programme on the Ward. This initiative has provided significant support to service users once discharged into the local community.

During the year we worked with service users who have developed Prosper. Prosper is an enabling network, run by people with mental health problems, for people with mental health problems. Prosper involves regular contact with over 1,000 service users, 200 of which are at any one time actively engaged in supporting service user groups.

A significant element of the introduction of Prosper was offering training for service users to help them to develop leadership skills. Around 40 service users have received leadership training in the last six months and are now actively engaged in the network.

Recovery

Last year’s national service user survey showed the Trust as performing poorly at supporting patients in a crisis. To address these concerns one of our 2013/14 CQUIN schemes focused on improving the quality of crisis planning. During the year staff received more joint crisis and care planning training through the recovery colleges. Recent audits now show improvements in the quality of our crisis plans.

We also introduced a new recovery goals process as a CQUIN project. Performance in the use and recording of recovery goals has continued to improve and is now beyond the original target expectations.
Innovation

The Research and Development department has made significant progress in expanding its research portfolio, particularly in the areas of hosting clinical trials and fostering strategically and operationally effective collaborative partnerships.

The Clinical Research Unit in Psychiatry of Old Age and Neuropsychiatry is gaining momentum. In addition to two amyloid imaging studies running at the Trust, negotiations are currently underway to adopt a further six studies subject to a local feasibility review. We also achieved the highest recruitment rates in the country for our *Impact of Illness in Schizophrenia* study.

This body of work is aimed at bolstering our reputation for hosting innovative research, while contributing substantially to research income.

Leadership and Talent

We have previously been identified as an outlier in the area of mandatory training. To improve our performance we launched a communications drive to increase staff uptake of this training during the year, which has resulted in an award for the rising numbers of recipients. We are no longer an outlier and continue to improve against this requirement.

During the year, we introduced a monthly programme of leadership events for senior staff. The events are an opportunity for staff at this level to interact with the executive team and other colleagues; to share best practice, and contribute to the organisation's future in a more tangible way. Feedback has been very positive with staff feeling more engaged and being able to take back learning to their teams.
Financial review

As in previous years the Trust performed well in 2013/14, successfully delivered the target underlying operating surplus before impairments and net gain on sale of assets of £1.6m, achieving the target set by the NTDA. This surplus was in line with the plan agreed at the beginning of the year by the Trust Board. A total net surplus of £2.7m, compared to a net deficit of £5.5m (after impairments) and a £1.7m surplus (before impairments) in 2012/13 was reported. This £2.7m surplus includes a £0.8m net gain on impairments and a £0.3m net gain on sale of assets. Impairments and gain on sale of assets are shown in the Trust’s accounts but are not taken into account for measuring the Trust’s breakeven duty.

This year’s surplus before impairments was mainly due to the following positive events:

- Delivery of a significant cost improvement programme and commissioner Quality, Innovation, Productivity and Prevention (QIPP) programme totalling £7.9m without adversely impacting on patient care.
- Securing £3.1m of Commissioning for Quality and Innovation (CQUIN) funding from our clinical commissioners.
- Securing the Sutton and Merton Drug and Alcohol services, £2.5m which had previously only been partly provided by the Trust.

These positive financial events were partially offset by

- Increase in provisions for redundancy payments due to staff of £0.8m as a result of service changes and transformation schemes.
- Increasing the quality of nursing provision on the wards (£1.7m) by increasing numbers and improving skill mix in order to improve quality and funded using CQUIN.

Throughout the year the Trust managed within the cash and capital targets set by the Department of Health.

The following tables summarise the Trust’s financial performance for the year:

<table>
<thead>
<tr>
<th></th>
<th>£m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>160.0</td>
</tr>
<tr>
<td>Operating Costs</td>
<td>-147.8</td>
</tr>
<tr>
<td>Earnings before Interest, Tax, Depreciation and Amortisation (EBITDA)</td>
<td>12.3</td>
</tr>
<tr>
<td>Public Dividend Capital, capital charges and interest</td>
<td>-10.7</td>
</tr>
<tr>
<td>Operating Surplus/(Deficit) Before Impairments &amp; Gain on Sale of Assets</td>
<td>1.6</td>
</tr>
<tr>
<td>Impairments</td>
<td>0.8</td>
</tr>
<tr>
<td>Net Gain on Sale of Assets</td>
<td>0.3</td>
</tr>
<tr>
<td>Net Surplus for the Year</td>
<td>2.7</td>
</tr>
</tbody>
</table>
Financial Results – 3 Year Summary

<table>
<thead>
<tr>
<th></th>
<th>2011/12 £m</th>
<th>2012/13 £m</th>
<th>2013/14 £m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Income</td>
<td>167.3</td>
<td>163.2</td>
<td>160.0</td>
</tr>
<tr>
<td>Surplus/(deficit) for year</td>
<td>1.4</td>
<td>(5.5)</td>
<td>2.7</td>
</tr>
<tr>
<td>Surplus before impairment of asset values and gain on asset sales</td>
<td>2.2</td>
<td>1.7</td>
<td>1.6</td>
</tr>
</tbody>
</table>

Performance this Year
The Trust delivered against the key Department of Health targets and performance against each target as set out below:

<table>
<thead>
<tr>
<th>Target</th>
<th>Target</th>
<th>Actual</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakeven on Income and Expenditure account</td>
<td>Breakeven or better</td>
<td>£1.6m</td>
<td>Achieved</td>
</tr>
<tr>
<td>External financing limit</td>
<td>-£3.9m</td>
<td>-£4.3m</td>
<td>Achieved</td>
</tr>
<tr>
<td>Capital resource limit</td>
<td>£3.1m</td>
<td>£2.0</td>
<td>Achieved</td>
</tr>
<tr>
<td>Capital cost absorption rate</td>
<td>3.0 – 4.0%</td>
<td>3.5%</td>
<td>Achieved</td>
</tr>
<tr>
<td>Better Payments practice code.</td>
<td>95%</td>
<td>NHS 99.4% by value</td>
<td>Achieved</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Non NHS 98.3% by value</td>
<td></td>
</tr>
<tr>
<td>Financial risk rating</td>
<td>3</td>
<td>3</td>
<td>Achieved</td>
</tr>
</tbody>
</table>

Liquidity/External Financing Limit
The Trust is required to remain within a cash borrowing target - the prescribed external financing limit (EFL).

The Department of Health set the Trust an External Financing Limit of negative £3.9m. The Trust sold more assets than planned and consequently under shot this limit by £0.4m. The undershoot was agreed with the Department of Health.

The Trust maintained a positive bank balance throughout the year. The cash held at bank as at 31st March 2014 was a very healthy £16.3m.
Capital Expenditure (Capital Resource Limit)

The Trust is allocated specific funding limit for capital expenditure, and is required to remain within this prescribed capital resource limit (CRL).

The Trust was set a CRL of £3.1m for 2013/14 and used £4.9m of cash receipts from the disposal of land and buildings to fund their capital programme. Trust actually incurred total capital expenditure of £6.9m in 2013/14 which resulted in an allowed under spend against the CRL target of £1.1m. Capital funding was mainly used to enhance the patient environment and investment in information technology. There were two larger building refurbishment schemes during the year; one of these was the first phase to bring together the Child and Adolescent Mental Health inpatient services and the other scheme has seen the completion of the relocation of the inpatient adult deaf mental health service to the Springfield Hospital site.

Capital Cost Absorption Rate

The Trust is required to pay a dividend reflecting the cost of capital at a rate of 3.5%. This return is calculated by comparing the dividend paid on Public Dividend Capital with Average Net Relevant Assets using the average daily cash balances.

The Trust achieved a rate of return of 3.5%, against the target of +/- 0.5 of 3.5%.

Prompt Payment Code and Better Payment Practice Code

The Trust is committed to paying its creditors promptly and has signed up to the Prompt Payment Code. It has also achieved the Government’s target of paying 95% of non-NHS creditors within 30 days of receipt of goods or a valid invoice, whichever is the latter.

Charging for the Supply of Information

The Trust has not charged individuals or organisations for the supply of information in 2013/14.

Financial Risk Rating

The Trust is assessed on four financial criteria: underlying performance, achievement of financial plan, liquidity and financial efficiency. The highest level achievable is a level 5 and for 2013/14 the Trust achieved level 3.

Operating Surplus for 2013/14

The Trust set and achieved a challenging cost reduction programme for the year of £7.9m to cover the national 4.0% efficiency target, QIPP schemes agreed with clinical commissioners and internal cost pressures. 2013/14 was another busy year for the Trust’s staff and managers but the Trust successfully achieved the planned operating surplus of £1.6m.
Operating Income for 2013/14
The following chart shows the different sources of income for the Trust during the year:

<table>
<thead>
<tr>
<th>Operating Income</th>
<th>2013/14</th>
<th>2012/13 Total £163m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total £160m</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NHS Wandsworth</td>
<td>£39m</td>
<td>£44m</td>
</tr>
<tr>
<td>NHS Sutton</td>
<td>£15m</td>
<td>£17m</td>
</tr>
<tr>
<td>NHS Merton</td>
<td>£16m</td>
<td>£17m</td>
</tr>
<tr>
<td>NHS Richmond &amp; Twickenham</td>
<td>£14m</td>
<td>£17m</td>
</tr>
<tr>
<td>NHS Kingston</td>
<td>£15m</td>
<td>£17m</td>
</tr>
<tr>
<td>NHS England</td>
<td>£27m</td>
<td>£14m</td>
</tr>
<tr>
<td>Other Income from activities</td>
<td>£22m</td>
<td>£26m</td>
</tr>
<tr>
<td>Education, training and research</td>
<td>£8m</td>
<td>£8m</td>
</tr>
<tr>
<td>Other non-patient related Income</td>
<td>£4m</td>
<td>£3m</td>
</tr>
</tbody>
</table>

The total level of patient care funding for the year was £147.6m, a £2.2m (1%) reduction on 2012/13. The main cause of this reduction was the national efficiency and QIPP reductions required by commissioners.

The key changes in income are as follows:
- Efficiency/QIIP reductions - £9.6m reduction
- Inflation - £4.1m increase
- New Services (Sutton and Merton Drug and Alcohol services) - £1m
- Increase in Non Contracted patient income/National Contract income - £1.2m

Operating Expenditure for 2013/14
The following chart shows how the Trust spent its money in the year:

<table>
<thead>
<tr>
<th>Operating Expenditure</th>
<th>2013/14</th>
<th>2012/13 Total £151m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total £148m</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical services staffing</td>
<td>£94m</td>
<td>£95m</td>
</tr>
<tr>
<td>Non clinical staffing</td>
<td>£25m</td>
<td>£26m</td>
</tr>
<tr>
<td>Non pay</td>
<td>£29m</td>
<td>£30m</td>
</tr>
</tbody>
</table>

The focus for the year was on achieving the cost reduction programme for efficiency savings whilst managing financial risks. The Trust was successful in all of these areas and in total spent £148m (£151m in 2012/13). Non Operating Costs for the year were £9.6m.
Staff Costs
Of the total expenditure of £118m was spent on staff (£121m in 2012/13).
There has been 4% reduction in the average number of staff employed (both permanent and temporary staffing) during the year, 2,342 compared with 2,443 in 2012/13.
Past and present staff are covered by the provisions of the NHS Pensions Scheme.
Employers’ pension cost contributions are charged to Operating Expenses as and when they become due and there are no pensions’ liabilities within the accounts. There were no special severance payments made to staff during 2013/14.
The following table illustrates how much the Trust spent on exit packages during the year:

| a | Exit package cost band (including any special payment element) | b | Number of compulsory redundancies | c | Number of other departures agreed | d | Total number of exit packages by cost band (total cost) | e | Number of departures included in (b) and (c) where special payments have been made (total of special payment element) |
|---|---|---|---|---|---|---|---|---|
| 1 | Less than £10,000 | 3 | 9 | 8 (£45,665) |
| 2 | £10,001 - £25,000 | 3 | 12 | 15 (£261,730) | 0 |
| 3 | £25,001 - £50,000 | 4 | 9 | 13 (£483,819) | 0 |
| 4 | £50,001 - 100,000 | 4 | 2 | 6 (£445,443) | 0 |
| 5 | £100,001 - £150,000 | 3 | 7 | 4 (£475,783) | 0 |
| 6 | £150,001 - £200,000 | 0 | 0 | 0 | 0 |
| 7 | £200,001 - £400,000 | 1 | 0 | 1 (£235,064) |
| 8 | £400,001 - £500,000 | 0 | 0 | 0 | 0 |
| 9 | Total number of exit packages by type (total cost) | 18 (£1,149,524) | 29 (£795,982) |
| 10 | Total number of exit packages (and cost) | 47 (£1,945,505) | 0 |
| 11 | Total number of special payments (and total cost of special payment element) | 0 |

Senior Managers’ Salaries and Pensions
Full details of senior managers’ remuneration are provided in the Remuneration Report.

Financial outlook
The Trust needs to deliver national efficiency savings targets and also meet any local targets. However whilst making savings it also needs to address quality concerns, remain competitive in a more open market and respond to commissioner intentions around service improvements. Nevertheless, the Trust is in a strong position to achieve both savings and improvements in quality and service delivery. It has no historic debt and has successfully managed its costs within a reduced level of income due primarily to NHS efficiency savings.

Delivering improved efficiency and value for money whilst also delivering service improvements is an integral part of the Trust’s Service Development Plans. This is achieved by: improving productivity, reducing layers of management to create a closer relationship between operations and senior management, reducing bureaucracy, ensuring the appropriate skill mix and grading backed up by supervision and staff development. Furthermore, through improvements in community teams, more care will be delivered closer to home, allowing resources to be switched from high cost inpatient services to community. In addition the areas that have a minimal impact on service quality and delivery have been selected for the savings plans including: reducing unnecessary corporate costs, and efficiency savings from a rationalisation of the Trust’s estate. The estates rationalisation will also deliver improved services as the Trust will be using funds from disposals to re-invest in modernised mental health facilities.

In line with national guidance, the Trust will see net deflation of 1.8% to its income from commissioners in 2014/15. For staff not receiving a pay lift due to length of service, there will be a limited 1% cost of living pay award and non-pay inflation has been funded for the
coming year. The Trust will continue to deliver and improve the quality of its services in a financial climate which continues to see the Trust deliver commissioner QIPP schemes in addition to a 4% efficiency saving being required in 2014/15 and 4.5% in 2015/16. The Trust plans to achieve a 1% annual operating surplus each year.

The following table shows the next two years’ projected income and surplus targets:

<table>
<thead>
<tr>
<th></th>
<th>2014/15 (£m)</th>
<th>2015/16 (£m)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Income</td>
<td>154.8</td>
<td>151.6</td>
</tr>
<tr>
<td>Operating Surplus for the year</td>
<td>1.6</td>
<td>1.6</td>
</tr>
</tbody>
</table>

The Trust is progressing plans for modernising its facilities and part of that entails rationalising its estates to meet the requirements of clinical services. Over the coming years, cash from the disposal of surplus land and buildings will be used to partially fund this modernisation programme. In 2014/15 capital expenditure is planned to be £12.2m, This will be funded from internally generated sources. Key investments that will be completed during 2014/15 include Phase 2 of the Child and Adolescent inpatient CAMPUS, refurbishment of Azaleas ward, and estates modernisation programme.

**Audit Arrangements**

Grant Thornton have been appointed external auditors to the Trust and undertook their first audit for the 2012/13 annual accounts. The audit fee for the statutory audit and the services carried out in relation to the statutory audit for 2013/14 was £86,950 plus VAT.

As part of the final accounts process, each director of the Trust has made a declaration that, as far as they are aware, there is no relevant audit information of which the NHS body’s auditors are unaware, and they have taken all the steps that they ought to have taken as a director in order to make themselves aware of any relevant audit information.
Our People

Over 2000 people work for the Trust, providing a wide range of care and services across five boroughs and more than 90 sites. We recognise that they are the cornerstone of the organisation, responsible for delivering the very quality and excellence we promise to patients. Making sure that our people are supported with clear roles and responsibilities; fair workloads; strong education, support, training; fair pay and conditions is right at the heart of our mission.

2013 Staff Survey

One way that we monitor the morale of the organisation - an important indicator of quality in good patient care - is through the annual national Staff Survey. The Trust’s response rate for the 2013 survey was 54 per cent (1,060 staff), which is a higher than the average response rate for both mental health/learning disability NHS trusts in England (51 per cent) and the overall national response rate for the survey (49 per cent). This also represents a two per cent increase on the response rate from 2012.

Comparison with the 2012 survey

In comparison with the 2012 survey, the Trust was significantly better on eight questions, and significantly worse on four questions.

The survey shows year-on-year improvement in the provision of training to handle violence and infection control training, and improvement in the provision of health and safety and equality and diversity training.

Two areas in which the 2012 survey showed a significantly worse score – the organisation does not fairly treat staff involved in errors and does not encourage reporting of errors – have this year shown a significant improvement.

There continue to be issues regarding satisfaction with pay, perceptions of senior management, decision-making and communication, hand washing facilities and concerns regarding discrimination from service users, carers, managers and colleagues. These were also all highlighted as areas of concern in the 2012 survey.

Areas for improvement

The action plan to address the issues of concern from the most recent survey will focus on a number of priority areas including communication within the organisation; training opportunities for staff; improving staff health, wellbeing and safety; staff engagement in decision-making and fair career progression for staff.

In line with the ethos and principles of the Trust’s Listening into Action programme of staff engagement (see below), staff will be involved in identifying the specific issues within these areas of concern and – more importantly – in agreeing the actions that should be taken to address them.
Listening into Action

In 2013 we joined the third wave of the national Listening into Action (LiA) programme of staff engagement. Led by a dedicated team of three seconded staff, and directly supported by the Chief Executive, LiA began with a series of five ‘staff conversations’, attended by over 300 staff. These provided an opportunity for staff from across the Trust to share with the Chief Executive their frustrations and challenges at work, as well as their suggestions on how things could improve.

The key themes from the conversations formed the basis of the workplan of the LiA team, which has reported on its progress to a Sponsor Group chaired by the Chief Executive. Effort has focused on working with staff from across the organisation on improving communication, recruitment processes, IM & T systems, staff travel issues, health and wellbeing opportunities and staff recognition. Alongside this work, LiA has directly supported over 20 individual ‘pioneer teams’ to make the changes identified to improve the quality of service they provide to patients.

The impact of LiA can be measured through the results of a ‘Pulse Check’ in which staff are able to report on the experience of working for the Trust. A Trust-wide pulse check was carried out in April 2013, and repeated in January 2014, while staff working within the pioneer teams have also been able to complete checks before and after working with LiA.

The data from the pulse checks provides evidence that LiA is having a positive impact on how staff feel about working for the Trust, and also that the intensive work with pioneer teams has produced even greater gains.

Staff numbers

The following tables profile our staff in numbers, by gender, by profession and by pay band.

<table>
<thead>
<tr>
<th>Gender</th>
<th>Headcount</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>1458</td>
<td>65.97%</td>
</tr>
<tr>
<td>Male</td>
<td>752</td>
<td>34.03%</td>
</tr>
<tr>
<td>Total</td>
<td>2210</td>
<td>100.00%</td>
</tr>
</tbody>
</table>
Staff professional groups:

- Nursing staff and health care assistants (43 per cent)
- Medical and dental (12 per cent)
- Allied health professionals (7 per cent)
- Scientific, therapeutic and technical (14 per cent)
- Admin and Clerical (16 per cent)
- Estates, management and other (8 per cent)

Staff absence

The figures below show that absence rates have remained stable at 4.2% for 2013/14.

- 3.7% in 2010/11
- 3.9% in 2011/12
- 4.2% in 2012/13
- 4.2% in 2013/14

While sickness rates are still comparable with other mental health trusts (the average is 4.17%) and below the NHS average, to address the rising sickness numbers we have now introduced a new capability procedure and taken a more rigorous approach to sickness reporting procedures.
Quality and safety

At our Trust we strive to demonstrate the highest possible standards of quality, safety and professionalism in everything we do. This applies to all our interactions with service users, our wider stakeholders and to all our day-to-day processes and procedures.

The Quality Strategy 2013 – 18

In 2013/14 we developed a new five-year strategy designed to support delivery of high quality personalised, integrated health and social care services. Our quality strategy also supports delivery of the Integrated Business Plan (IBP) 2013-2019, and the achievement of our corporate vision to provide innovative, high quality, personalised services.

Our quality approach is also based on close work with staff, patients and all our other key stakeholders – such as clinical commissioning groups, GPs and local authorities. This helps us to constantly monitor what they think about our services and then act on what they say.

Quality achievements to date

With the above aims in mind, the new quality strategy organises our forward planning under three main themes which mirror those set out by the NHS centrally in the 2014/15 Outcomes Framework. The themes are patient safety, clinical effectiveness and patient experience. Good progress was made across a number of these areas, examples of which follow below.

The 15 steps challenge

We successfully established the ‘15 steps challenge’, a Board programme of quality-oriented ward and community visits. This programme will continue to expand in 2014/15 by:

- Devoting the majority of its time to discussing and acting on quality issues and the factors that determine quality. Good financial management is essential to providing a quality service, but is not an end in itself.
- Monitoring the quality of care provided across all services by routinely measuring and benchmarking services internally and externally where information is available.
- Challenging poor performance or variations in quality and recognising quality improvement. We believe that in-depth analysis of the root causes of both poor and exceptional performance is the first step to making effective change.
- Working with other health and social care organisations to ensure care is co-ordinated and personalised. By their nature health and social care systems are highly complex; and partnership working with clear, agreed care pathways can minimise risks for patients.
- Building a culture of listening, transparency and accountability: A crucial element in detecting problems before they become serious failings is listening to concerns from all sources.
- Working to ensure that all staff are motivated and supported to deliver quality care and service. We will do this through clear job descriptions with explicit and achievable performance expectations. Our teams have a right to work in settings that are safe, free from discrimination and bullying and where they have access to expert support.
The Triangle of Care

The Trust is a member of the Carers Trust’s ‘Triangle of Care’ kite mark Scheme, which commits our teams to using audit and action planning tools provided by the charity. Core to the scheme are six key standards which organisations are required to achieve to improve users and carers’ experience of mental health services:

1. Carers and the essential role they play are identified at first contact or as soon as possible afterwards.
2. Staff are ‘carer aware’ and trained in carer engagement strategies.
3. Confidentiality and information-sharing policy and practice protocols are in place.
4. There is/are a defined post(s) responsible for carers.
5. Carers are provided with an introduction to services and staff and also provided with relevant information.
6. A range of carer support services is available.

Originally launched in 2010, the Triangle of Care approach was developed by carers and staff with a view to improving carer engagement in acute inpatient and home treatment services. The scheme received further validation when it was included in No Health without Mental Health, a cross-government mental health outcomes strategy, in February 2011.

Tracking and evaluating progress

We plan for all the objectives in our new five-year quality strategy to have a senior responsible officer, clinical lead and project manager. Progress and action against the objectives will be monitored by our Integrated Governance Group. This group will in turn report progress to the Board via regular feedback to the Quality and Safety Assurance Committee.

In anticipation of implementing the new strategy we have also reviewed our delivery and assurance structures to ensure that they are fit for purpose and based on transparent ‘ward to Board’ principles. This has included:

- Risk monitoring and analysis – so that the Board is at all times sufficiently aware of potential risks to quality.
- Capabilities and culture – so that the Board can sustain the necessary leadership, skills and knowledge to ensure delivery of the quality agenda.
- Assurance, structure and process – so that there are clear roles and accountabilities for quality governance, including clearly defined processes for escalating and resolving issues and managing performance.
- Measurement and performance – so that the Trust can analyse and challenge information on quality on an ongoing basis.

Our aim has been to design a stringent quality control cycle which is fit for purpose, flexible and responsive, and one which not only encompasses every one of our directorates, but also makes each of them accountable.

Listening and acting on feedback

The Trust places high value on learning lessons from the feedback we receive. Good complaints and serious incident handling is a vital part of this process. Managing complaints and issues well helps us ensure that services are run for patients in the best possible way,
and where necessary, that they change for the better. We also monitor and share praise too - an important motivator for good staff morale.

A new Patient Experience Team

A key quality initiative for 2013/14 was to improve the way we manage, respond to and act on the complaints and feedback we receive. Additional resources were allocated to transform the Complaints Department into a Patient Experience Team. The new team, which is now part of the Quality Governance Department, has a broader quality and improving experience remit. Team members now lead on all complaints investigations, working with staff in the services in question.

Improvements in 2013/14

- **Better independence in local investigations**: As the team is managerially separate to the boroughs, there is an improved element of independence in complaints investigations. Working in a corporate context and with the right clinical support, Patient Experience Team members are better able to challenge information from services criticised and reach objective conclusions on patients’ behalf.

- **Improved responses**: There is a new quality review structure in place to assess response letters to complainants. This ensures that letters are easily understood, clearly and thoughtfully written and address all the complainant’s key points.

- **A culture of learning**: The team has developed an open and transparent culture where complaints cases are discussed regularly. Learning is also reported back to each borough’s Clinical Governance Group. The groups are provided with feedback, statistics, actions and learning so that continuous improvement is made at the service level.

- **Board awareness**: The Patient Experience Team ensures that learning from complaints is properly escalated to the Board and its committees. They do this by sharing themes of particular note in monthly ‘patient stories’ where complaints and compliments are told from the patient’s perspective. This is in addition to a monthly report setting out learning and themes alongside the statistics.

- **Patient Advice and Liaison Service (PALS) advice line and surgeries**: The team has improved its customer service approach by running ‘in person’ PALS surgeries in selected service areas so that concerns can be resolved quickly. This initiative is in addition to the PALS telephone advice line.

**Complaints timeliness and responsiveness**

There are two national key performance indicators relating to complaints handling:

1. All complaints must be acknowledged within three working days in 75% of cases; and

2. All complaints must be responded to within 25 working days in 75% of cases.

Since the Patient Experience Team inherited the complaints case load in September 2013, both indicators have been met, except for in the first month (October) handover period:
### Complaints numbers

In 2013/14 we received 403 complaints, which is a reduction from the previous year’s figure of 415.

We continue to improve the quality of resolution and our responses to complainants. Of the 403 complaints received, nine were referred to the Ombudsman for independent review, which is a significant reduction from 24 referrals in the last annual report period.

Three of the 2013/14 cases remain open for a decision, one was withdrawn by the complainant, two were not upheld, one was partially upheld, one was upheld and one was closed as the Trust agreed to send a further response.

### Complaints themes

Poor information to patients and staff attitude remain the most common cause for complaint at the Trust.

A number of initiatives are now in place to improve these areas, including wards making service information more visible and accessible, a pilot to send letters primarily to patients with GPs copied in, improved information in outpatient letters, a Listening into Action programme putting staff at the centre of service improvement changes, telephone stickers sharing our values of polite and courteous service and an Employee of the Month scheme to champion best practice.

### Serious incidents

Since 2011 the Trust has made significant changes to the systems and processes around serious incident reporting with a view to improving the timescales and quality of reporting.

We have worked collaboratively with Kingston Clinical Commissioning Group to improve the quality of the reports we submit and maintain a strong relationship by discussing incidents of concern on a weekly basis. This has led to a joint approach for deciding which incidents should be added to the Strategic Executive Information System (STEIS) rather than investigated at a local level.

### Incident numbers

Overall in 2013/14 36 incidents were added to STEIS. The highest number of incidents was reported in Wandsworth, consistent with its population size.
The safety and quality of our services is of paramount importance and the number of serious incidents the Trust reports is in line with other comparable mental health NHS trusts. We are also in the lowest 25% of NHS trusts in terms of National Patient Safety Agency (NPSA) data.

Incident themes
The four most reported categories for serious incidents in 2013/14 were suicide by an outpatient; the unexpected death of a community patient; slips, trips and falls and attempted suicide by an inpatient.

There was one reported homicide for which the Trust investigation has completed. It is now being managed as a Domestic Homicide Review.

There were no reported ‘Never Events’.

Developing our learning
Trust-wide actions arising from incidents, safeguarding cases and complaints continue to be monitored by the Serious Incident Governance Group and the Quality Tracker. This is a risk tool that is used to monitor performance at the Trust Board. We have also developed structures to ensure that local actions are monitored at the directorate governance groups.

In addition we:

- updated and reviewed all Trust-wide clinical policies
- launched an Incident Reporting Campaign to increase numbers and staff awareness of their duty to report
- developed a Trust-wide action plan to address re-occurring themes
- launched a quarterly report on themes and learning
- reviewed incidents on a daily basis to provide support to staff and encourage a proactive approach to risk management.

Compliments
The Trust values positive feedback and it is really appreciated by staff to hear they have done a good job.

In 2013/14 564 compliments were received in the form of letters, emails, cards and real-time feedback kiosks on our wards. Just some of the words of praise include:

Wisteria ward
“The first thing to say is our heartfelt thanks to all doctors, therapists, nurses, HCAs, for taking care of our child for 15 months, you made life-affirming and life-saving changes to the state of our child. We thank you from the bottom of our hearts”

Adult Eating Disorders (Outpatients)
“...I really just wanted to drop you a line to say thank you... thank you for not turning me away, for not chastising me... for not judging me and for giving me the help and encouragement and access to all of the amazing professional services that have enabled me to recover and move on with my life... I don’t think at the time I realised just how good the services and facilities available to me were, so I would like to repeat my gratitude once more... It has made me understand just how lucky I was in terms of the service available.”
Twickenham and Hampton Community Mental Health Team

“I’m sure I would not have done it without your help and advice. We will be forever grateful to you. We would like to give you a big thank you, you always seem to go that extra mile.”

Praise for the new Patient Experience Team

The Patient Experience Team has received praise for their new approach. Examples from patients and staff include:

- “Thank you for your help. I am happy with this outcome and it is a relief to me especially at this difficult time.”
- “Thanks so much…Very sorry to keep coming back to you, but you seem to be the most efficient source of knowledge.”
- “… a massive thank you for all the help and support that has been available here, you really do have a substantial impact.”
- “Great that there is now a PALS department at Springfield and you are one of the best PALS people I have spoken to.”

From staff:

- “Great to have you manage complaint responses.”
- Thank you… for your support of my service.”

For more detailed information about complaints and serious incidents - their reporting and analysis of the most common themes - please see our Quality Account 2013/14. A Complaints Annual Report is also being prepared in accordance with Regulation 18 of The Local Authority Social Services and National Health Service Complaints (England) Regulation 2009. Both these documents are available from the Patient Experience Team, on 020 3513 6150.

Improving patient experience

The Trust has a long history of seeking feedback and consulting with service users and stakeholders; for example use of national and local surveys, complaints and compliments, setting up and working with the Service User Reference Group and the Carers Families and Friends Reference Group.

In addition, we engage with a range of local groups and organisations that also provide feedback. However, collecting information in itself has no value; it is how the information is used that matters, and there are now a number of ways in which we collate service user feedback, make sense of and use it to improve our services.

Real-time feedback

Along with the transformation of the complaints department into a Patient Experience Team with a dedicated telephone line for service users, families and carers; the Trust also moved from conducting paper-based service user experience surveys to implementing a real-time feedback system across our inpatient wards and home treatment teams in 2013/14.
The real-time feedback system has enabled service users to provide regular feedback which is analysed and shared with wards through their dashboard. This has enabled wards to identify and implement improvements through a 'you said, we did' approach.

The new system will be rolled out across all our community services in 2014/15. In addition to this internal initiative the Trust has been a pilot for the external feedback system, Care Connect, and more recently has begun to work with the website 'Patient Opinion' where the Patient Experience Team respond to experiences and stories submitted by service users.

The Friends and Family Test

In 2014/15, the Trust will be implementing the Friends and Family Test for service users (whether service users would recommend their NHS care), and secondly, the staff Family and Friends Test (whether staff members have faith in the service they are contributing toward).

The Trust has examples of how service user involvement and feedback has contributed to service improvements and there are a number of initiatives that change the nature of day-to-day interactions and the quality of experience for example:

- The programmes of work on care planning and crisis planning are transforming individual service user experience into a collaborative experience underpinned by coproduction, self-management and shared decision-making.

- The innovative work developed and piloted by Dr Brain in Merton based on feedback from service users who have felt written about, rather than actively involved in, written correspondence to them and their GPs. The successful pilot has resulted in service users now being the primary recipient of correspondence with the GP being copied in.

There is a significant amount of work to do to reduce variability and increase reliability of service user experience across all services within the Trust. Many of our teams collect feedback but few make full and effective use of the insights generated to inform service improvements to improve service user experience. There is also difficulty in keeping track of numerous actions plans and activities and thereby having a true steer on how well we are doing and where developments need to be focused.
Equality and diversity

We are committed to delivering the best possible services for our users. Our aim is to deliver care in a way that is appropriate to them by valuing individuality, background and culture.

We take pride in applying the same principles to our workforce. We do this by showing we value the contribution of our many staff, and by striving to create an environment which allows all people to flourish and reach their potential.

A new framework

During 2013/14 the Trust signed up to the Equality and Diversity System (EDS 2), a refreshed version of the original NHS’ EDS. At the re-launch, NHS England was explicit about its commitment to an inclusive NHS, and encouraged early adoption of EDS 2 by all.

The revised approach will help us focus on making significant improvements to the way our services and workplaces are organised, to improve inclusion across the board. Service and workforce reporting supported this process by outlining progress against key equality indicators. The regular reports help us to measure progress and highlight problems for future action.

Physical and environmental improvements

Where possible environmental solutions have been introduced to improve physical access at our sites. These include new ramps into buildings at Springfield and Tolworth hospitals. New user-friendly grab rails were also approved to help reduce the risk of falls on our older people and adult admission wards.

Practical steps to help visitors orientate themselves on the main sites were implemented, including in-person ‘meeter greeters’, and new pictorial direction signs. Hearing loops are also now in situ to improve privacy in clinics and reception areas.

A rolling programme of access impact assessments in clinical areas continued during the year. The assessments have been useful in helping staff overcome some of the current environmental and social barriers faced by people with physical and/or learning disabilities.

More easy-read documents are now being commissioned by the Accessible Information Group to promote compliance with new Care Quality Commission standards and the Mental Health Act. The simpler format and clearly worded materials help improve communication and information-sharing for people with learning disabilities, visual impairment, cognitive difficulties, literacy problems, as well as those who do not have English as their first language.

All the materials are now available on our website and staff intranet. Each ward/hostel and community team base has a ‘communication box’ with paper copies.

Workforce actions

In 2013/14 the Trust’s actions on equality for staff included a number of training and development initiatives.

In October 2013, the Baked Bean theatre group with actors with learning disability delivered a performance on the experience of using health and mental health services. This was
attended by over 100 managers, ward managers and occupational therapists to raise awareness of the need for reasonable adjustments.

A video has been developed with service user involvement aimed at encouraging representation of people with learning disabilities and their families. This provides the Trust with an alternative means of collecting valuable feedback from service users and carers in receipt of learning disability services.

We continued with the Achieving Success Programme (a leadership development programme aimed at staff in Agenda for Change (AfC) bands 5 -7), following positive feedback and evaluation in 2012/13.

The Trust Mentoring Scheme for BME staff also ran for a second year.

There was further development of a Trust Board shadowing scheme. This is a placement programme for senior managers in AfC bands 8 and above, who have a keen interest in progressing their career to NHS Board-level. Under the scheme successful applicants will work shadow executive directors for up to six months. The scheme is now ready for implementation in 2014/15.

A skills based training programme developed and run by Sun and Moon has been recently launched. The training, which focuses on supporting managers to effectively deal with staffing matters that include allegations of harassment and bullying, has so far been delivered to the service directors and will be shortly followed by clinical operational managers.

Core to our governance

The diverse health needs of people with a disability are promoted through structures such as the Disability Equality Steering Group, the Physical Health Group and Design Authority Group.

These groups are now a key part of mainstream governance at the Trust.
**Sustainability**

Sustainability has become increasingly important as the impact of people's lifestyles and business choices are changing the world in which we live. In order to fulfil our responsibilities for the role we play, South West London and St George's Mental Health NHS Trust has set a carbon reduction target of 34% by 2020 as defined in our Sustainable Development Management Plan (SDMP).

**Policies**

One of the ways in which an organisation can embed sustainability is through the use of an SDMP. The Executive Management Committee approved our SDMP in the last 12 months so our plans for a sustainable future are well known within the organisation and clearly laid out.

One of the ways in which we measure our impact as an organisation on corporate social responsibility is through the use of the Good Corporate Citizenship (GCC) tool, which was established by the NHS Sustainable Development Unit to allow Trusts to assess their progress in meeting sustainability targets across a range of areas.

We undertook the GCC self assessment in April 2014, scoring 71%, a 10% improvement on our score last year of 61%.

This means therefore that we are well on the way towards achieving our 2020 target of 75%.

Climate change brings new challenges to our business both in the way it can affect our physical estate, but also to patient health. Examples in recent years include the effects of heat waves, other extreme temperatures and prolonged periods of cold, floods and drought. Our approved plans address the potential need to adapt our infrastructure and the way we deliver services in the event of climate change and adverse weather events.

**Performance**

**Organisation**

Since the 2007 baseline year, the NHS has undergone a significant restructuring process and one which is still on-going. So as to provide some organisational context, the following table helps to explain how both the organisation and its performance on sustainability has changed over time.

<table>
<thead>
<tr>
<th>Context info</th>
<th>2007/08</th>
<th>2011/12</th>
<th>2012/13</th>
<th>2013/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floor Space (m²)</td>
<td>109707</td>
<td>99337</td>
<td>93812</td>
<td>90370</td>
</tr>
<tr>
<td>Number of Staff</td>
<td>2393</td>
<td>2091</td>
<td>2043</td>
<td>1977</td>
</tr>
</tbody>
</table>

As part of the NHS, it is our duty to contribute towards the goal set in 2009 of reducing the carbon footprint of the NHS by 10 per cent (from a 2007 baseline) by 2015. It is our aim to supersede this target by reducing our carbon emissions by 25 per cent by 2015.

**Energy**

In 2013/14 we spent £1,385,273 on energy which equates to a 13.4 per cent decrease on our energy spend from last year.
<table>
<thead>
<tr>
<th>Resource</th>
<th>2011/12</th>
<th>2012/13</th>
<th>2013/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gas Use (kWh)</td>
<td>23,198,201</td>
<td>25,008,084</td>
<td>20,279,429</td>
</tr>
<tr>
<td>tCO₂e</td>
<td>4,741</td>
<td>5,110</td>
<td>4,302</td>
</tr>
<tr>
<td>Oil Use (kWh)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>tCO₂e</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Coal Use (kWh)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>tCO₂e</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Electricity Use (kWh)</td>
<td>7,717,321</td>
<td>7,297,864</td>
<td>6,784,183</td>
</tr>
<tr>
<td>tCO₂e</td>
<td>4,325</td>
<td>4,166</td>
<td>3,799</td>
</tr>
<tr>
<td>Total Energy CO₂e</td>
<td>9,065</td>
<td>9,276</td>
<td>8,101</td>
</tr>
<tr>
<td>Total Energy Spend</td>
<td>£1,678,560</td>
<td>£1,600,315</td>
<td>£1,385,273</td>
</tr>
</tbody>
</table>

Our measured carbon emissions have reduced by 13 per cent this year compared to 2012/2013. This reduction is due to carbon reduction measures such as replacing inefficient boilers, installing energy efficient lighting, optimising the use of the building management system and energy awareness campaigns.

### Waste

<table>
<thead>
<tr>
<th>Waste</th>
<th>2011/12</th>
<th>2012/13</th>
<th>2013/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recycling</td>
<td>283</td>
<td>313</td>
<td>200</td>
</tr>
<tr>
<td>tCO₂e</td>
<td>5.94</td>
<td>6.57</td>
<td>4.20</td>
</tr>
<tr>
<td>Re-use</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>tCO₂e</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Compost</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>tCO₂e</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>WEEE</td>
<td>3</td>
<td>0.6</td>
<td>0</td>
</tr>
<tr>
<td>tCO₂e</td>
<td>0.063</td>
<td>0.0126</td>
<td>0</td>
</tr>
<tr>
<td>High Temp recovery (tonnes)</td>
<td>436</td>
<td>222.05</td>
<td>316.29</td>
</tr>
<tr>
<td>tCO₂e</td>
<td>9.16</td>
<td>4.66</td>
<td>6.64</td>
</tr>
<tr>
<td>High Temp disposal (tonnes)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>tCO₂e</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Non-burn disposal (tonnes)</td>
<td>56</td>
<td>55.04</td>
<td>63.66</td>
</tr>
<tr>
<td>tCO₂e</td>
<td>1.18</td>
<td>1.16</td>
<td>1.34</td>
</tr>
<tr>
<td>Landfill</td>
<td>139</td>
<td>49.75</td>
<td>0</td>
</tr>
<tr>
<td>tCO₂e</td>
<td>34.0</td>
<td>12.2</td>
<td>0.0</td>
</tr>
<tr>
<td>Total Waste (tonnes)</td>
<td>917</td>
<td>640.44</td>
<td>579.95</td>
</tr>
<tr>
<td>% Recycled or Re-used</td>
<td>30.9%</td>
<td>48.9%</td>
<td>34.5%</td>
</tr>
<tr>
<td>Total Waste tCO₂e</td>
<td>50.31</td>
<td>24.56</td>
<td>12.18</td>
</tr>
</tbody>
</table>
The total waste produced by the Trust decreased by 9.4 per cent during the year. We implemented a new waste contract which sends most of our waste to energy recovery and recycling facilities. In addition we have set a target to recycle 60 per cent of our total waste by 2015.

**Water**

<table>
<thead>
<tr>
<th>Water</th>
<th>2011/12</th>
<th>2012/13</th>
<th>2013/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mains m³</td>
<td>109662</td>
<td>94972</td>
<td>88063</td>
</tr>
<tr>
<td>tCO₂e</td>
<td>100</td>
<td>87</td>
<td>80</td>
</tr>
<tr>
<td>Water &amp; Sewage Spend</td>
<td>£187,381</td>
<td>£146,596</td>
<td>£184,686</td>
</tr>
</tbody>
</table>

Our water consumption reduced by 7.3 per cent this financial year. We are currently working in partnership with a water consultant to identify and implement water saving opportunities.

**Modelled Carbon Footprint**

The following information uses a scaled model based on work performed by the Sustainable Development Unit (SDU). Based on the model the Trust's estimated carbon footprint is 20,492 tonnes of equivalent carbon emissions.

**Proportion of Carbon Footprint**

- Energy: 57%
- Travel: 39%
- Procurement: 4%

**Organisation Carbon Emissions Profile**

- Oil
- Electricity
- Travel
- Water and sanitation
- Business services
- Food and catering
- Information and communication...
- Medical Instruments /equipment
- Other procurement
- Pharmaceuticals
- Anaesthetic Gases
**Risk Management and Emergency Planning**

Risk management is an integral component of our governance framework. We face a wide range of risks as a provider of health and social care services – from patient-related treatment risks to organisational issues such as loss of income.

**Strategy review**

Each year the Board reviews its strategy for the management of risk. Ours was last updated in December 2013. This process involved a complete review of the ways by which the Trust identifies, assesses and controls risk.

An external expert carried out the review and their recommendations are currently being implemented. Central to this work is ensuring that a clear pathway exists to escalate risks from ward level to the Board.

Alongside a number of other independent assessments, the December 2013 review has led to a complete refresh of our governance structures. This is aimed at making sure robust processes exist to support the Trust in managing the risks related to us achieving our strategic objectives.

The revised Risk Management Strategy and governance structure are aimed at supporting high performance and helping to foster a positive culture. Our ambition is to cultivate our organisation as one that is resilient; respectful of diverse opinion and involving of staff, service users, carers, families and partners in all that we do.

**Emergency planning**

Emergency and business continuity planning are a core part of our operational management regime.

From April 2013 new arrangements were implemented from NHS England on emergency preparedness, resilience and response (EPRR), through the introduction of EPRR core standards.

As part of these new arrangements all NHS trusts are now required to designate a Board-level lead for EPRR, otherwise known as the accountable emergency officer (AEO). We have designated the Director of Nursing and Quality Standards as our AEO.

During September 2013 we participated in the NHS England EPRR core standards review and submitted evidence in support of compliance with the standards. Following the review we met with NHS England EPRR representatives to agree an action plan to address the outstanding issues. This work will continue throughout 2014/15 to ensure that all the recommendations are made.

For 2013/14 our key achievements in risk management and emergency planning were:

- establishing an Emergency Planning Group which meets monthly
- reviewing our Major Incident Plan
- reviewing and updating threat specific plans for winter planning, severe weather, pandemic flu and fuel shortages
- reviewing our Business Continuity Policy
## The Trust Board

### Board Members & Advisors Declaration of Interests – April 2013 - March 2014

<table>
<thead>
<tr>
<th>Board Member</th>
<th>Name of Organisation</th>
<th>Nature of Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-Executive Directors</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mr Peter Molyneux</td>
<td>Henley Business School, Kensington and Chelsea Tenant and Management Organisation,</td>
<td>Visiting Fellow</td>
</tr>
<tr>
<td>Chairman</td>
<td>Richmond Fellowship, Dementia Services Development Centre</td>
<td>Board Member</td>
</tr>
<tr>
<td>Ms Jean Daintith</td>
<td>Hammersmith and Fulham, Kensington and Chelsea and Westminster (tri-borough) Safeguarding Children Board, Open Age (charity)</td>
<td>Independent Chair of Local Safeguarding Children Board, Trustee</td>
</tr>
<tr>
<td>Senior Independent Director</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professor Andy Kent</td>
<td>St George’s University of London</td>
<td>Dean of Education</td>
</tr>
<tr>
<td>Non-Executive Director</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mr Iain McCusker</td>
<td>T. Clarke PLC, NPA Insurance, Azure Partners, Cass Business School, Cripps Harries Hall LLP, Holmbank Services Ltd</td>
<td>Senior Independent Director, Non Executive Director, Partner, Visiting Fellow, Non Executive Director, Director</td>
</tr>
<tr>
<td>Deputy Chairman/Non-Executive Director</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mr Jonathan Thompson</td>
<td>Argent (Property Development) Services LLP, Argent Kings Cross GP Ltd, Argent Projects No4 GP Ltd, Argent Group PLC, KPMG LLP, British Property Federation Ltd, Investment Property Forum Ltd</td>
<td>Non Executive Director, Non Executive Director, Non Executive Director, Non Executive Director, Consultant (ex partner), Non Executive Director, Non Executive Director</td>
</tr>
<tr>
<td><strong>Executive Directors</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>Mr David Bradley</strong>  &lt;br&gt;Chief Executive</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td><strong>Mr Mike Naylor</strong>  &lt;br&gt;Director of Finance and Deputy Chief Executive</td>
<td>Naylor Healthcare</td>
<td>Director</td>
</tr>
<tr>
<td><strong>Dr Emma Whicher</strong>  &lt;br&gt;Medical Director</td>
<td>Priory Hospital, Roehampton</td>
<td>Visiting consultant until June 2013</td>
</tr>
<tr>
<td><strong>Mr Andrew Dean</strong>  &lt;br&gt;Director of Nursing and Quality Standards</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td><strong>Ms Jocelyn Fisher</strong>  &lt;br&gt;Director of HR, OD and Workforce Transformation</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Non voting Directors</strong></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ms Dawn Chamberlain</strong>  &lt;br&gt;Director of Operations</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>
Remuneration Report 2013/14

Remuneration and Terms of Service Committee

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

The Chief Executive attends all meetings of the Committee but is not present for discussions about his/her own remuneration. The Director of HR, OD and Workforce Transformation is Secretary to the Committee but is not present for discussions about his/her own remuneration.

The Committee:

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

Performance arrangements

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

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

Executive Directors and the Director of Operations remain on local Trust conditions of service, and their salaries are reviewed annually by the Remuneration Committee. Executive Directors received a locally agreed pay award calculated on the same basis as that awarded to staff on Agenda for Change in 2013/14. 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 receive the national pay award agreed for Consultants.

Contractual notice periods are 3 months in accordance with national NHS guidance on notice periods.
Payments to past senior managers

The previous Director of Nursing and Operations postholder was paid in the year up to 31st of December 2013. Total salary for the period was £87,000 and a redundancy payment of £233,000 was made to the senior manager.

Pay Multiples

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

The banded remuneration of the highest paid director in the Trust in the financial year 2013/14 was £230,000 (2012/13, £170,000), this is a pro-rated amount for an interim director and is for comparison purposes only. This was 8 times (2012/13, 6) the median remuneration of the workforce, which was £27,309 (2012/13, £26,575). The highest paid director in 2013/14 has been the temporary cover (April to November 2013) for the Director of Nursing post whose cost has been prorated to the full year equivalent for comparison purposes. The next highest paid director had banded remuneration of £170,000, which was 6 times the median remuneration of the workforce.

In 2013/14, 0 (2012/13, 0) employee received remuneration in excess of the highest paid director. Remuneration ranged from nil (2012/13).

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

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. The requirement remains in place for 2013-14.

The Trust must disclose all off-payroll engagements earning more than £220 per day and lasting longer than six months in the tables below.

Table 1: All off-payroll engagements as of 31 March 2014, for more than £220 per day and that last longer than six months.

<table>
<thead>
<tr>
<th>Number of existing engagements as of 31 March 2014</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Of which, the number that have existed:</td>
<td></td>
</tr>
<tr>
<td>for less than one year at the time of reporting</td>
<td>16</td>
</tr>
<tr>
<td>for between and two years at the time of reporting</td>
<td>8</td>
</tr>
<tr>
<td>for between 2 and 3 years at the time reporting</td>
<td>1</td>
</tr>
<tr>
<td>for between 3 and 4 years at the time of reporting</td>
<td>1</td>
</tr>
<tr>
<td>for 4 or more years at the time of reporting</td>
<td>0</td>
</tr>
</tbody>
</table>

Confirmation that all existing off-payroll engagements have at the some point been subject to a risk based assessment as to whether assurance is required that the individual is paying the right amount of tax and, where necessary, that assurance has been sought.
Table 2: All new off-payroll engagements between 1 April 2013 and 31 March 2014, for more than £220 per day and that last longer than six months

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of new engagements between 1 April 2013 and 31 March 2014</td>
<td>16</td>
</tr>
<tr>
<td>Number of new engagements which contractual clauses giving the (NHS body name) the right to request assurance in relation to Income tax and National Insurance obligations</td>
<td>13</td>
</tr>
<tr>
<td>Number for whom assurance has been requested</td>
<td>13</td>
</tr>
<tr>
<td>Of which:</td>
<td></td>
</tr>
<tr>
<td>Assurance has been received</td>
<td>13</td>
</tr>
<tr>
<td>Assurance has not been received</td>
<td>2 - two have left the Trust and one did not meet the 6 months criteria but was included in the original audit</td>
</tr>
<tr>
<td>Engagement terminated as a result of assurance not being received, or ended before assurance received.</td>
<td>0</td>
</tr>
</tbody>
</table>
### Directors Benefits for 2013/2014

#### Directors Pension Benefits for 2013/2014

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Real increase/ (reduction) in pension at age 60 (bands of £2,500) rounded to the nearest £000</th>
<th>Real increase/ (reduction) in pension lump sum at age 60 (bands of £2,500) rounded to the nearest £000</th>
<th>Total accrued pension at age 60 at 31 Mar 2014 (bands of £5,000)</th>
<th>Lump sum at age 60 related to accrued pension at 31 Mar 2014 (bands of £5,000)</th>
<th>Cash Equivalent Transfer Values at 31 Mar 2013</th>
<th>Cash Equivalent Transfer Values at 31 Mar 2014</th>
<th>Real increase/ (reduction) in Cash Equivalent Transfer Values</th>
<th>Employer's contribution to stakeholder pension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. David Bradley</td>
<td>Chief Executive</td>
<td>110-115</td>
<td>0.0</td>
<td>0.0</td>
<td>165-170</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mrs. Mansa Bimaga</td>
<td>Non Executive Director (to 30.11.2013)</td>
<td>9-10</td>
<td>0.0</td>
<td>0.0</td>
<td>30-35</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mr. Dawn Chamberlain</td>
<td>Interim Director of Operations (from 01.04.2013 to 11.06.2013)</td>
<td>40-45</td>
<td>0.0</td>
<td>0.0</td>
<td>125-130</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ms. Dawn Chamberlain</td>
<td>Interim Director of Operations (from 01.04.2013 to 11.06.2013)</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>125-130</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mr. Michael Naylor</td>
<td>Non Executive Director</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>125-130</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ms. Jean Darlith</td>
<td>Non Executive Director</td>
<td>5-10</td>
<td>0.0</td>
<td>0.0</td>
<td>80.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mr. Andrew Dean</td>
<td>Interim Director of Nursing (to 30.11.2013)</td>
<td>40-45</td>
<td>0.0</td>
<td>0.0</td>
<td>30-50</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ms. Jocelyn Fisher</td>
<td>Director of HR, OD and Workforce Transformation (from 01.04.2013)</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>110-115</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mr. Andrew Kent</td>
<td>Non Executive Director</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>5-10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mr. Peter Molyneux</td>
<td>Interim Director of Nursing (to 30.11.2013)</td>
<td>5-10</td>
<td>0.0</td>
<td>0.0</td>
<td>5-10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mr. Michael Naylor</td>
<td>Non Executive Director</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>5-10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mr. Jonathan Thompson</td>
<td>Interim Director of Nursing (to 30.11.2013)</td>
<td>5-10</td>
<td>0.0</td>
<td>0.0</td>
<td>5-10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

### Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member’s accrued benefits and any contingent spouse’s pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

### Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.
Scope of responsibility
As Chief Executive and Accountable Officer, I have responsibility for maintaining a sound system of internal control, which supports the achievement of the organisation’s aims, objectives and policies, whilst safeguarding public funds.

Responsibility for safeguarding public funds and the Trust’s assets also sits with me as set out in the Accountable Officer Memorandum.

The Governance framework of the organisation

The Board of South West London and St George’s Mental Health NHS Trust leads the organisation and provides a framework of governance within which we deliver high quality health and social care services across south west London and beyond.

During 2013/14 the Trust continued to review of its governance arrangements and structure as part of its preparation for Foundation Trust status. Following several independent assessments towards the end of the 2012/13 financial year, the Board also repeated a self-assessment against the Board Governance Assurance Framework (BGAF), which showed that progress had been made in many areas. In addition, the Trust repeated both a self and independent assessment against the Monitor Quality Governance Framework (MQGF) in October 2013. The independent review by KPMG focused on the recommendations made following the initial assessment and resulted in an overall score of 2.5, against the Trust’s self-assessment of 2.0.

Historical Due Diligence 2 was conducted by PWC in November 2013 and the Trust was found to have made progress particularly in regard to the alignment of the transformation strategy, the governance of the Trust and the establishment of the mechanisms to support it. There were however 2 ratings where the Trust had deteriorated; delivery of CIPs and cash forecasts.

The feedback from these assessments has resulted in action plans which continue to inform the revision of the Trust’s governance arrangements.

The Trust has robust arrangements in place to ensure the discharge of its statutory functions and they are legally compliant.

Committee structure

The Trust Board currently has 4 standing sub committees: Audit Committee; Quality and Safety Assurance Committee; Finance and Investment Committee; and Remuneration and Terms of Service Committee.

The Foundation Trust Steering Committee is time limited subcommittee of the Board, which includes Board members, senior staff, service users, carers and representation from commissioners, local authorities and other external stakeholders. The Committee will be disbanded once the Trust is licensed as a Foundation Trust and the Council of Governors is established.

In addition, the Charitable Funds committee also ensures that there are effective structures and systems in place to manage the charitable funds of the Trust.

Each Board committee’s terms of reference is reviewed by the Board annually and the Board receives a corresponding report at the end of the year. In year, the Board receives regular written and verbal reports in addition to the minutes from the standing committees.
Audit Committee
The Audit Committee has overall responsibility for providing the Board with a means of independent and objective review of the financial and corporate governance assurance processes, including risk management, across the whole of the Trust’s activities, within the framework set by the Board. The Audit committee takes cognisance of the work of the Quality and Safety Assurance committee to provide it and the Board with additional assurance.

In 2013/14 the committee met 6 times, with an overall attendance of 91.5 %. Major reports received by the Committee in year included:

- Annual accounts and associated documents including the annual audit letter and Head of internal audit opinion for 2012/13
- Financial ledger and feeder systems
- Fixed asset management
- Payroll/HR processes
- Updates on counter fraud investigations

Quality and Safety Assurance Committee
The Quality and Safety Assurance committee scrutinises assurance on the Quality management system and its fitness to deliver the quality management strategy and to manage risks to the Trust’s primary objective to deliver safe, high quality care.

The committee receives all quality/clinical based internal audit reports and summaries of these are also presented to the Audit Committee. The chair is also a member of the Audit Committee to provide a conduit between both committees.

The committee held 11 meetings in 2013/14 with an overall attendance of 73%.

Finance and Investment Committee
The Finance and Investment Committee scrutinises the Trust’s financial plans, investment policy and major investment decisions, including those related to estates.

The committee met 12 times in 2013/14 with 75 % attendance.

Remuneration and Terms of Service Committee
The Remuneration and Terms of Service Committee agrees, on behalf of the Board, the remuneration and terms of service of the Chief Executive and those directors that report directly to the Chief Executive and any other very senior staff. The committee also agrees other payments relating to remuneration, such as termination payments, from time to time, in accordance with Trust Standing Orders and Standing Financial Instructions.

The Remuneration and Terms of Service Committee met 4 times in 2013/14 with an overall attendance 87.5 %.

Board performance
The Board receives a monthly integrated governance report, with exception reports on areas where the Trust is not meeting the national targets or local standards set by the Trust Board. The report has been extensively revised and updated during the year following external feedback. It covers performance, quality, risk and finance, to provide information to the Board on all areas of Trust performance. It is also used by the clinical commissioners to provide assurance for their local governance processes.

In April 2013, the Health and Social Care Information Centre changed their system for recording CPA reviews, so that they all needed to be recorded in month. This has caused considerable problems to address and the Trust has missed this new definition of this measure. However, there is still good
performance against the old metric and 97% of service users will have a CPA recorded in the year.

The Trust has successfully met the other Monitor targets for mental health. It has also achieved significant improvements in several areas identified by the commissioners and regulators: the time taken to respond to complaints has reduced significantly and now is within target timescales and all of the Care Quality Commission compliance actions are currently clear. The final report for “Commissioning for Quality and Innovation (CQUIN) is not yet complete, but so far only one of the measures, in one month has been missed.

Board self-assessment

In addition to the BGAF and MQGF self assessments, the Board recently undertook a skills audit of its members and is about to conduct an independent effectiveness review of its performance for the 2013/14 year. Analysis of the feedback from both processes will inform the Board’s short to medium term development programme.

The Chairman also undertook a 360 degree appraisal during 2013/14.

Corporate Governance

The Board recognises that effective corporate governance is the bedrock of the success of any organisation and provides the key to effective leadership and accountability. The Board continually strives to improve its governance arrangements.

As an aspirant Foundation Trust the organisation has begun to put in place systems and structures to ensure that it complies with the Monitor Code of Governance as far as possible in advance of being licensed.

Quality Governance

We are committed to the provision of consistent, high quality, safe services and aim to continually improve the services we provide for staff, service users and carers. The Trust's Quality Strategy articulates three broad quality objectives; safety, clinical effectiveness, and patient experience.

In October 2013 the Trust underwent safety and quality assurance reviews to assess its readiness for Foundation Trust status. Following these reviews, the Trust made significant improvements to its quality governance structure to simplify and clarify the committee roles of assurance, governance and operational delivery. A comprehensive quality manual in the form of a web page was developed for staff with appropriate links to key information and processes available on the Trust intranet site.

In January 2013, a stakeholder event was held to discuss the possible themes for the 2013/14 priorities within the Trust’s Quality Account. Stakeholders included Health Overview and Scrutiny Committee Chairs, Local Involvement Networks (LiNKs) Leads (now Healthwatch) alongside senior clinical leads and operational management staff. Further consultation continued with staff, service users and commissioners from January to March. In May 2013, a first draft of the Quality Account was developed and shared with stakeholders and they were invited to share their feedback. The feedback on the draft version of the Quality Account included the addition of real life case studies demonstrating how the Trust has improved patient quality, changes to the format of the document, and adding illustrations and a glossary to make the document more readable.

The Quality Account was published following formal Board approval and copies made at the Annual general Meeting.

During 2013/14, 7 national clinical audits and a national confidential enquiry covered NHS services that South West London and St George’s Mental Health NHS Trust provide.
During that period, the Trust participated in 100% of national clinical audits and national confidential enquiries of the national clinical audits which it was eligible to participate in.

The Trust did not have any never events in 2013/14.

Risk Assessment
The Trust demonstrates its commitment to delivering safe, high quality services to its patients, their relatives, carers, friends and its staff by retaining overall responsibility for risk management with the Board. The Risk Management strategy, which sets out the framework within which risks are identified, assessed and mitigated, is approved by the Board annually and underwent a review in December 2013 including a revised escalation framework, following a review of the Trust's risk management arrangements by an external risk specialist.

Through the strategy, the Board sets out the specific roles and responsibilities of its sub committees with regards to risk management. The Audit Committee has overarching responsibility for risk, within the framework set by the Board, and provides the Board with assurance that the relevant systems and processes are implemented and maintained. In turn, the Audit Committee takes assurance from the Quality and Safety Assurance and Finance and Investment Committees that effective structures and systems are in place to support the continuous improvement of high quality services and safeguard standards of patient care.

The delegation of specific aspects of risk to staff at various levels of the organisation, is also defined by the Board. Training in general risk management principles is provided for all staff on joining the organisation and periodically thereafter. More specialist training is provided for staff in relation to their respective role and grade to ensure that they are able to manage risks in their day to day work.

The main risks to the Trust during 2013/14 were

- Significant quality failure
- Issues with Capital investment programme
- Increased competition
- Failure to deliver savings targets
- Workforce discontent
- Loss of stakeholder support

These risks have been included in the Board Assurance Framework (BAF) during the year, and in the Trust’s Integrated Business Plan, with appropriate mitigation plans.

In light of the serious consequences regarding breaches of data security, particular attention is paid to the identification and management of these risks. Risks are identified by IM&T and information governance staff, from reviews of incidents and both internal and external audits, including audit of the Information Governance toolkit.

The Trust maintains comprehensive risk registers for both information management and technology and information governance. Both registers are regularly reviewed and action plans monitored by the relevant Trust groups and by periodically by the Executive Management Committee.

The risk and control framework
The key elements of the Trust’s risk management strategy are:-

- a common framework within which risks are identified and assessed and embedded in everyday practice; and
- that action plans are put in place to prevent or mitigate the adverse effects of identified risks.

The Board Assurance Framework underpins the risk management process by setting out the risks to the Trust achieving its strategic objectives and how these will be managed. The Assurance
Framework lists each principle objective, the risks to achieving each objective and current controls and sources of assurance. Where either control or assurance gaps are identified through internal or external scrutiny, action plans are put in place.

The Assurance Framework is supported by risk registers held at corporate, service/department and team levels. Risk management is therefore embedded at all levels of the organisation with high risks being escalated as appropriate, for corporate level action. Risks are assessed using the standard 5x5 ‘likelihood’ x ‘impact’ methodology at all levels of the Trust.

The Assurance Framework and risk registers are reviewed regularly to take into account the implementation of action plans and any newly identified risks.

The Executive Management Committee considers the Board Assurance Framework regularly, monitoring planned actions and considering risks for possible inclusion from directorate/departmental registers.

**Review of the effectiveness of risk management and internal control**

As Accountable Officer, I have responsibility for reviewing the effectiveness 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 managers within the organisation, who have responsibility for the development and maintenance of specific elements of the system of internal control, also provide assurance. The Assurance Framework itself provides evidence that the effectiveness of controls to manage the risks to the organisation achieving its principal objectives have been regularly reviewed. My review is also informed by

- CQC inspections
- CIH inspection
- Internal and external audit reports
- Overview and Scrutiny Committees
- PLACE assessments
- Clinical audit

Both the internal and external auditors are present at meetings of the Audit Committee where the Board Assurance Framework (BAF) is considered. The BAF continues to be developed as a result of discussions at meetings of the Audit Committee and the Board.

An independent review of the Trust’s risk management framework was undertaken by an external expert during 2013/14 and changes made to the Risk Management Strategy in December 2013.

The effectiveness of the system of internal control is maintained through review of the Assurance framework; directorate risk registers and associated action plans. These are monitored by the Executive directors, Audit Committee, Quality and Safety Assurance Committee, and the Finance and Investment Committee, with exception reports being considered by the Board when necessary. Plans to address weaknesses and ensure continuous improvement of the systems are in place.

**Head of Internal Audit Opinion**

The Head of Internal Audit Opinion (HoIA) contributes to the assurances available to me as Accountable Officer and the Board which, underpin the Board’s own assessment of the effectiveness of the organisation’s system of internal control.

On 1 October 2013, Parkhill merged with TIAA Limited. This was shortly after the Trust awarded the internal audit contract to Parkhill. This opinion from TIAA Limited covers the whole of 2013/14, however they have relied on work carried out by the previous auditors, London Audit Consortium prior to the transfer to TIAA (Parkhill) on 1st October 2013.

The overall opinion of internal audit is set out below.
Significant assurance can be given that there is a generally sound system of internal control, designed
to meet the organisation’s objectives, and that controls are generally being applied consistently.
However, some weakness in the design and/or inconsistent application of controls, put the
achievement of particular objectives at risk.

However, the auditors found limited assurance in the following audits as detailed further under the
significant issues section.

Performance information (SIREN and Quality Tracker)
Rapid Tranquilisation

**Significant Issues**

Between April 2013 and March 2014, the CQC conducted inspections at the following registered Trust
sites, Springfield Hospital (July 2013), Haydon House (September 2013 Westmoor House (September
2013).) and Tolworth Hospital (November 2013), , The CQC has not taken enforcement action against
the Trust during 2013-14; however, the Trust has one area of non-compliance with moderate impact:
consent to treatment at Tolworth Hospital.

In March 2014, the CQC conducted its Chief Inspector of Hospital’s visit and the Trust is awaiting the
official report.

The following serious incidents occurred during the year.

<table>
<thead>
<tr>
<th>Date of Incident</th>
<th>Category</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/04/13</td>
<td>Suicide community patient</td>
<td>No specific recommendations could be identified.</td>
</tr>
<tr>
<td>03/04/13</td>
<td>Suspected Suicide (hanging)</td>
<td>No specific recommendations could be identified.</td>
</tr>
</tbody>
</table>
| 04/04/13         | Suspected Suicide                 | - St Georges A&E and Liaison Psychiatry reviewed their triage process  
- Where patients history and social context is unknown and admission not deemed necessary the safety plan and discussion with carers needs to include mitigating measures to protect the patient from being left alone for any length of time including the patient wishing to have ‘space’ go for a walk etc. Once the HTT have engaged with the patient the plan can be reviewed.  
- RCA fed back to team |
| 11/04/13         | Unexpected death of community patient | - OPCMHT developed review process for screening of referrals to ensure all relevant information is accessible,  
- Multi-agency protocol developed with Sutton. |
<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/05/13</td>
<td>Information Governance Contact</td>
<td>- Apology made to all service users involved and a review of processes</td>
</tr>
<tr>
<td></td>
<td>details of 20 service users</td>
<td>involved in sending emails to large numbers</td>
</tr>
<tr>
<td>10/05/13</td>
<td>Attempted Suicide, outpatient</td>
<td>- When the minimum standard for fortnightly face to face visits does not</td>
</tr>
<tr>
<td></td>
<td></td>
<td>take place due to the patient not engaging, a planned review should</td>
</tr>
<tr>
<td></td>
<td></td>
<td>occur within a specified time frame to agree action and the process of</td>
</tr>
<tr>
<td></td>
<td></td>
<td>escalation including possible referral to the HTT and the Trust Virtual</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Risk Service.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- When antipsychotic medication is prescribed, changed or reduced and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>compliance is a risk factor, planned medical reviews should be</td>
</tr>
<tr>
<td></td>
<td></td>
<td>arranged within specific time frames. The aim would be to monitor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>compliance and the effect of the changes in medication on the patient'</td>
</tr>
<tr>
<td></td>
<td></td>
<td>s mental stat</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- The current practice of three DNAs which trigger red zone and a</td>
</tr>
<tr>
<td></td>
<td></td>
<td>doorstep visit should be reviewed to include a time frame.</td>
</tr>
<tr>
<td>10/06/13</td>
<td>Homicide by outpatient</td>
<td>- The Trust Care Programme Approach (CPA) policy is being updated.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- The Core Assessment on RiO to be integrated with the revised CPA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Policy.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Schedule 1 convictions should be highlighted on the alert system on</td>
</tr>
<tr>
<td></td>
<td></td>
<td>the front page of RiO records.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- The impact and learning from the Kingston CMHT reconfiguration during</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2012/13 to be shared with the Trust Integrated Governance Group.</td>
</tr>
<tr>
<td>12/06/13</td>
<td>Inpatient Suicide</td>
<td>- Ward 2 staff to use Trust standardised approach documenting consent</td>
</tr>
<tr>
<td></td>
<td></td>
<td>to share information in all service users notes (documented in the</td>
</tr>
<tr>
<td></td>
<td></td>
<td>appropriate section of RiO).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Ward 2 staff to use Trust standardised approach to documenting</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Crisis, Relapse and contingency planning and general risk management</td>
</tr>
<tr>
<td></td>
<td></td>
<td>plans in all service users notes (documented in the appropriate section</td>
</tr>
<tr>
<td></td>
<td></td>
<td>of RiO).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Requirement for the ward to undertake robust care planning, including</td>
</tr>
<tr>
<td></td>
<td></td>
<td>discharge planning for service users leaving the ward on leave prior</td>
</tr>
<tr>
<td></td>
<td></td>
<td>to discharge. This plan should be communicated to the appropriate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>parties and documented in correct section of RiO.</td>
</tr>
<tr>
<td>Date</td>
<td>Unexpected death of inpatient</td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td>-------------------------------</td>
<td>---</td>
</tr>
<tr>
<td></td>
<td>The Trust should consider options to ensure that staff are sufficiently confident of their CPR skills as to be able to undertake emergency CPR effectively and promptly. Training should include not only the clinical and technical knowledge necessary to successfully undertake emergency CPR but also an awareness of the clinical human factors involved in the execution of safe procedures in situations high emotion and stress for the healthcare staff. Human factors research has shown that attitudes, teamwork and behaviour could be improved and technical and process errors reduced by delivering human-factors based team training to operating theatre staff (McCulloch, Mishra, Handa et al., 2009, Ricci and Brumstead, 2012).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The policy and practices for Intermittent Observations and Intensive Engagement should be reviewed by the Trust to ensure that the practice fulfils the purposes of the observations, and that the recording system should be revised to provide meaningful records that are clear, referable to actual staff, and for which the timing is unambiguous. This should be audited after 6 months.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The arrangements for physical health support, including primary care, and physical health monitoring, including the NEWS system, should be reviewed in order to ensure that monitoring systems are suitable for mental health users, and are effectively used, and that expert physical health advice is readily accessed whenever this is indicated.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The various formats and methods of delivering the several elements of patients’ care plans should be audited and then rationalized to ensure they are fit for purpose, complementary to each other, and allow for clear summaries to be available to the patient and appropriate others.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The senior staff responsible for the delivery of the service should assure themselves that arrangements and practices for effective communication with the families and carers of the patients under their care are optimal, and that this is reflected in any correspondence, minutes of meetings and in care plans.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6. The service should consider whether the ward infrastructure and the various therapeutic approaches used may be managed in such a way as to provide support to the core, primary psychological treatment approaches endorsed by the senior clinical leads.</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Incident Description</td>
<td>Action Points</td>
</tr>
<tr>
<td>-----------</td>
<td>-------------------------------</td>
<td>-------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| 13/10/13  | Suspected suicide, outpatient | - Sutton DART to convene an externally facilitated learning event with regards to the Root Causes identified from this incident.  
- The recording of risk and relapse indicators to be further highlighted as part of the Trust Risk Assessment training.  
- Conduct a Trust wide Training Needs Analysis with regard to Dual Diagnosis training and Risk Assessment/Management. |
| 10/11/13  | Serious incident by outpatient | - To have in place a more robust Crisis and Contingency plan for following up/locating patients who are known to be high risk, and in this case known to have stopped his medication  
- Ensure RiO records are complete and hold the most relevant and up to date information to ensure the safety of staff and the public i.e. Crisis, relapse and contingency plan.  
- To liaise with the patients mother and update her on her son’s well-being and injuries in line with the Duty of Candour and Being Open policy. |
| 22/11/13  | Attempted suicide, in patient | - The ward to look at ways to develop a culture of enquiry/questioning particularly on the days when care plan are reviewed and changes made.  
- Staff check the management ward round book for any updates and changes to patient’s care plans prior to permitting patients to leave the ward.  
- A system to be put in place to ensure and verify clear communication between team members and clear documentation in Rio.  
- The nurse responsibilities (4.3.5.3) in the Patient Leave Policy with regards to Section 17 need to be clarified. It provides insufficient guidance on what actions the nurse should take. The Mental Health Act Manager to review this part of the policy.  
- The patient’s Section 17 forms need to uploaded to the patient’s electronic clinical record as per the Patient Leave Policy for Section 17.  
- More Modern Matrons be trained to deliver the one day risk awareness course to Healthcare Assistants. |
| 29/11/13  | Attempted suicide             | - Staff to be reminded of the CPA Transfer of Care Policy  
- All discussions, decisions and actions regarding a patient to be documented on the patient’s electronic clinical record.  
- When a patient is transferred between teams there should be a reassessment of risk in line with Trust policy.  
- All patients should have a recorded care plan.  
- The HTT and RST operational policies should be reviewed to ensure that there is agreement between the teams about how the frequency of contact is managed for individual patients moving from an intensive level of support to a recovery based model. |
In May 2013 we reported a data breach incident to the Information Commissioner’s Office (ICO) that had occurred the previous year in which a local authority employed social worker had taken patient confidential data (pcd) home and stored it there for personal reasons (also pcd belonging to other Trusts they had worked for). After a lengthy investigation, which also involved the borough, the ICO informed us in March 2014 that no action would be taken because the pcd was accessed only by one individual outside of the Trust and did not enter the public domain. Additionally the fact that the Trust has strengthened its mandatory Information Governance training was also taken into consideration.

The Trust’s internal auditors TIAA provided limited assurance reports in the following audits:

Performance information (SIREN and Quality Tracker)
Rapid Tranquilisation

The Trust is taking steps to implement recommendations in both reports.

**Accountable Officer: Name**  David Bradley, Chief Executive

**Organisation:** South West London and St George’s Mental Health NHS Trust

**Signature:**

**Date:** 23 September 2014
Summary Financial Statement

The following statements represent a summary of financial information about the Trust. The summary financial statements may not contain sufficient information for a full understanding of the Trust’s financial position and performance. The full accounts are available on request from:

Director of Finance, South West London and St. George’s Mental Health NHS Trust
Springfield University Hospital, 61 Glenburnie Road, London SW17 7DJ.

Telephone 0203 513 5000.

Signed on behalf of the Board

David Bradley  
Chief Executive

Mike Naylor  
Deputy Chief Executive and Director of Finance
## STATEMENT OF COMPREHENSIVE INCOME

For the year ended 31 March 2014

<table>
<thead>
<tr>
<th></th>
<th>2013/2014</th>
<th>2012/2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income from activities: Continuing operations</td>
<td>147,669</td>
<td>149,835</td>
</tr>
<tr>
<td>Other operating income</td>
<td>12,374</td>
<td>13,360</td>
</tr>
<tr>
<td>Operating expenses: Continuing operations</td>
<td>(151,601)</td>
<td>(162,564)</td>
</tr>
<tr>
<td>Operating surplus: Continuing operations</td>
<td>8,442</td>
<td>631</td>
</tr>
<tr>
<td>Profit (loss) on disposal of fixed assets</td>
<td>329</td>
<td>0</td>
</tr>
<tr>
<td>Surplus (deficit) before interest</td>
<td>8,771</td>
<td>631</td>
</tr>
<tr>
<td>Interest receivable</td>
<td>62</td>
<td>49</td>
</tr>
<tr>
<td>Interest payable</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Surplus (deficit) for the financial year</td>
<td>8,833</td>
<td>680</td>
</tr>
<tr>
<td>Public Dividend Capital dividends payable</td>
<td>(6,107)</td>
<td>(6,170)</td>
</tr>
<tr>
<td>Retained surplus (deficit) for the year</td>
<td>2,726</td>
<td>(5,490)</td>
</tr>
<tr>
<td>Financial target performance – Capital Cost of Absorption Rate achieved</td>
<td>3.5%</td>
<td>3.5%</td>
</tr>
</tbody>
</table>
**STATEMENT OF FINANCIAL POSITION**

*Figures in £000s*

As at 31 March 2014

<table>
<thead>
<tr>
<th></th>
<th>31/03/14</th>
<th>31/03/13</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fixed assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intangible assets</td>
<td>1,164</td>
<td>1,154</td>
</tr>
<tr>
<td>Property, plant &amp; equipment</td>
<td>192,419</td>
<td>177,728</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>193,583</td>
<td>178,882</td>
</tr>
<tr>
<td><strong>Current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inventories and work in progress</td>
<td>203</td>
<td>162</td>
</tr>
<tr>
<td>Trade Receivables: Amounts falling due:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>within one year</td>
<td>7,973</td>
<td>7,041</td>
</tr>
<tr>
<td>Cash at bank and in hand</td>
<td>16,277</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>24,453</td>
<td>19,230</td>
</tr>
<tr>
<td><strong>Non-Current assets held for sale</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creditors: Amounts falling due within one year</td>
<td>(16,654)</td>
<td>(15,987)</td>
</tr>
<tr>
<td>Net current assets (liabilities)</td>
<td>7,799</td>
<td>10,127</td>
</tr>
<tr>
<td><strong>Total assets less current liabilities</strong></td>
<td>201,382</td>
<td>189,009</td>
</tr>
<tr>
<td>Provisions for liabilities and charges</td>
<td>(87)</td>
<td>(88)</td>
</tr>
<tr>
<td><strong>Total assets employed</strong></td>
<td>201,295</td>
<td>188,921</td>
</tr>
</tbody>
</table>

**Financed by: Capital and reserves**

<table>
<thead>
<tr>
<th></th>
<th>31/03/14</th>
<th>31/03/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Dividend Capital</td>
<td>130,895</td>
<td>130,895</td>
</tr>
<tr>
<td>Revaluation reserve</td>
<td>71,039</td>
<td>62,576</td>
</tr>
<tr>
<td>Income and expenditure reserve</td>
<td>(639)</td>
<td>(4,550)</td>
</tr>
<tr>
<td><strong>Total capital and reserves</strong></td>
<td>201,295</td>
<td>188,921</td>
</tr>
</tbody>
</table>
## STATEMENT OF CHANGES IN TAXPAYERS’ EQUITY

*Figures in £000s*

**(Summarised)**

*For the year ended 31 March 2014*

<table>
<thead>
<tr>
<th></th>
<th>2013/14</th>
<th>2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Balance at 1 April</strong></td>
<td>188,921</td>
<td>189,911</td>
</tr>
<tr>
<td>Retained surplus for the financial year</td>
<td>2,726</td>
<td>(5,490)</td>
</tr>
<tr>
<td>Fixed asset impairment losses</td>
<td>6,231</td>
<td>(4,443)</td>
</tr>
<tr>
<td>Unrealised surplus on fixed asset revaluations/indexation</td>
<td>3,417</td>
<td>1,493</td>
</tr>
</tbody>
</table>

Decreases in the donated asset & government grant reserve due to:

<table>
<thead>
<tr>
<th></th>
<th>2013/14</th>
<th>2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>New PDC received</td>
<td>0</td>
<td>7,450</td>
</tr>
<tr>
<td>PDC repaid in year</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Balance at end the financial year**

<table>
<thead>
<tr>
<th></th>
<th>2013/14</th>
<th>2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Balance at end the financial year</strong></td>
<td>201,295</td>
<td>188,921</td>
</tr>
</tbody>
</table>
CASH FLOW STATEMENT  Figures in £000s
For the year ended 31 March 2014

<table>
<thead>
<tr>
<th></th>
<th>2013/2014</th>
<th>2012/2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash flow from operating activities</td>
<td>11,772</td>
<td>9,842</td>
</tr>
<tr>
<td>Dividends paid</td>
<td>(5,975)</td>
<td>(6,130)</td>
</tr>
<tr>
<td>Net cash inflow/(outflow) from operating activities</td>
<td>5,797</td>
<td>3,712</td>
</tr>
<tr>
<td>Returns on investments and servicing of finance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest received</td>
<td>62</td>
<td>49</td>
</tr>
<tr>
<td>Net cash inflow/(outflow) from returns on investments</td>
<td>62</td>
<td>49</td>
</tr>
<tr>
<td>Capital expenditure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payments to acquire tangible fixed assets</td>
<td>(6,459)</td>
<td>(12,575)</td>
</tr>
<tr>
<td>Receipts from sale of tangible fixed assets</td>
<td>5,192</td>
<td>0</td>
</tr>
<tr>
<td>(Payments to acquire)/receipts from sale of intangible assets</td>
<td>(342)</td>
<td>(970)</td>
</tr>
<tr>
<td>Net cash inflow (outflow) from capital expenditure</td>
<td>(1,609)</td>
<td>(13,545)</td>
</tr>
<tr>
<td>Net cash inflow/(outflow) before management of liquid resources and financing</td>
<td>4,250</td>
<td>(9,784)</td>
</tr>
<tr>
<td>Management of liquid resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net cash inflow/(outflow) from Management of liquid resources</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Net cash inflow/(outflow) before financing</td>
<td>4,250</td>
<td>(9,784)</td>
</tr>
<tr>
<td>Financing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public dividend capital received</td>
<td>0</td>
<td>7,450</td>
</tr>
<tr>
<td>Net cash inflow/(outflow) from financing</td>
<td>0</td>
<td>7,450</td>
</tr>
<tr>
<td>Increase/(decrease) in cash</td>
<td>4,250</td>
<td>(2,334)</td>
</tr>
</tbody>
</table>
Independent Auditor’s Report to the Directors of South West London and St George’s Mental Health NHS Trust

We have examined the summary financial statements of South West London and St George’s Mental Health NHS Trust for the year ended 31 March 2014, which comprise the summary Statement of Comprehensive Income, the summary Statement of Financial Position, the summary Statement of Changes in Taxpayers’ Equity and the summary Cash Flow Statement.

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 II of the Audit Commission Act and for no other purpose, as set out in paragraph 45 of the Statement of Responsibilities of Auditors and Audited Bodies published by the Audit Commission in March 2010. Our work has been undertaken so that we might state to the Board of Directors 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 company and the company’s members as a body, for our work, for this report, or for the opinions we have formed.

Respective responsibilities of directors and auditors

The directors are responsible for preparing the Annual Report including summary financial statements, in accordance with United Kingdom law.

Our responsibility is to report to you our opinion on the consistency of the summary financial statements within the Annual Report with the full annual financial statements. We also read the other information contained in Annual Report and consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the summary financial statement. We conducted our work in accordance with Bulletin 2008/3 'The Auditors' Statement on the Summary Financial Statement in the United Kingdom' issued by the Auditing Practices Board. Our report on the Trust’s full annual financial statements describes the basis of our audit opinion on those financial statements.

Opinion

In our opinion the summary financial statements are consistent with the full financial statements of South West London and St George’s Mental Health NHS Trust for the year ended 31 March 2014.

We have not considered the effects of any events between the date on which we signed our report on the full financial statements, 5 June 2014, and the date of this statement.

Paul Hughes
for and on behalf of Grant Thornton UK LLP
Grant Thornton House, Melton Street, Euston Square, London
23 September 2014